

Scheme Document

OUT-PATIENT COVER

The Company shall indemnify the Insured for the Out-Patient Cover reasonably incurred by the Insured whilst on a Trip during the Period of Insurance.

- a) The Company has provided an option to cover either Clause (1) : Out-patient care or Clause (2) : Out-patient care for injury.

1. OUT-PATIENT CARE

If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out-patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out-patient Care.

Out-patient Care includes 'Pre-Existing Disease Cover in Life Threatening Medical Condition' for up to 10% of Sum Insured of Out-patient Cover, subject to the conditions specified in Clause 2.26 (b) (i).

2. OUT-PATIENT CARE FOR INJURY

If an Insured Person suffers an Injury that requires the Insured Person to take Out-patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out-patient Care.

PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred by the Insured Person for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease, provided that:

- (i) The Company will indemnify for the Out-Patient Cover incurred on that life threatening medical condition due to pre-existing disease up to the limits specified in the Certificate of Insurance.
- (ii) The approval of the Company or the Assistance Service Provider is obtained within 48 hours of Consultation.
- (iii) Claim under this Optional Extension shall be admissible till the Insured Person becomes medically stable or is relieved from acute pain; and
- (iv) All further Medical Expenses including but not limited to those expenses related to maintaining the medically stable state or to prevent the onset of acute pain or any further treatment would not be covered by the Company;

DAILY ALLOWANCE

- a) If the Illness or Injury suffered by the Insured Person solely and directly requires the Insured Person's Hospitalization during the Period of Insurance, then the Company will pay for each continuous and completed day of Hospitalization for a maximum duration as specified in the Certificate of Insurance (maximum up to 60 days), provided that:
- (i) The Insured Person is hospitalized for Medically Necessary Emergency Care of any Injury or Illness suffered; and
 - (ii) In case of "Zero day" deductible applicability, the Company will pay 50% of Daily Allowance Limit under this Optional Benefit in case of day care treatment

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

Copy of pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.

COMMON CARRIER FATALITY

- a) The Company has provided an option to cover either Clause (1) : Common Carrier Fatality or Clause (2) : Common Carrier Fatality – Flight Only.

1. COMMON CARRIER FATALITY

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, the Company will pay the Sum Insured provided that death is solely and directly due to the Injury.

2. COMMON CARRIER FATALITY – FLIGHT ONLY

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier (Flight only) on a valid ticket, the Company will pay the Sum Insured provided that death is solely and directly due to the Injury.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports giving the details of the Accident and nature of Injury;
- (ii) Death certificate;
- (iii) Postmortem certificate;
- (iv) Police report;
- (v) Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier at the time of the Accident.

HIJACK DISTRESS ALLOWANCE

a) If the Common Carrier in which the Insured Person is traveling on a valid ticket is Hijacked, then the Company will pay daily payable benefit amount for each day up to 30 days or as specified in the Certificate of Insurance for which the Insured Person continues to be held captive by the hijackers, provided that:

- (i) The Company will be liable to make payment under this Optional Benefit only if the Hijack has continued for a period of at least 24 consecutive hours or as specified in the Certificate of Insurance;
- (ii) The Company shall not be liable to make payment if the Insured Person is travelling by any other mode of transportation;
- (iii) The Company's liability under this Optional Benefit in respect of the Insured Person shall not extend beyond the date and time of the Insured Person's release;
- (iv) The Company shall not be liable to make payment under this Optional Benefit if a Claim has already been made under either Optional Benefit 13 or Optional Benefit 14.

b) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Letter from the Common Carrier authorities confirming the event;
- (ii) Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier;

COMPASSIONATE VISIT

a) The Company will indemnify the Insured Person the actual expenses / cost incurred by the Insured for the actual cost of a return (two-way) direct route economy class air fare from the Country of Residence / City of Residence of an Immediate Family Member to the place of Hospitalization of the Insured Person, provided that:

- (i) The Insured Person is hospitalized for a Medically Necessary Emergency Care of any Injury or Illness suffered during the Period of Insurance ; and
- (ii) The treating Medical Practitioner advises that the attendance of an Immediate Family Member is necessary; and
- (iii) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days or as specified in the Certificate of Insurance (within the range of 5 to 15 days); and
- (iv) The Immediate Family Member's return travel to the Country of Residence / City of Residence shall commence not later than the date of the Insured Person's return to the Country of Residence / City of Residence.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by an additional member during the entire period of Hospitalization. The certificate shall also specify the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original ticket with invoice used for the travel by the Immediate Family Member.
- (iv) Copy of passport of Immediate Family Member with entry and exit stamp.

RETURN OF MINOR CHILD

a) The Company will indemnify the Insured Person the actual expenses / cost incurred by the Insured for the reasonable expenses incurred in respect of the children, of such Insured Person, for the actual cost of a direct route economy class air fare from the place of Hospitalization of the Insured Person to the Country of Residence / City of Residence provided that:

- (i) The Insured Person is hospitalized for Medically Necessary Emergency Care of any Injury or Illness suffered during the Period of Insurance; and
- (ii) The Insured Person's children are less than Age 18; and
- (iii) The Insured Person's children are covered under this Policy as Insured Person or are covered under any other travel insurance policy issued by the Company for the same Period of Insurance; and
- (iv) The Insured Person's children are unattended in the place of Hospitalization; and
- (v) The treating Medical Practitioner certifies that the Insured Person is required to be hospitalized for at least 5 consecutive days or as specified in the Certificate of Insurance ; and
- (vi) The Insured Person's children's return travel to the Country of Residence shall commence not later than 10 days from the commencement of the Insured Person's Hospitalization.

b) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original ticket used for the return travel of the children to the Country of Residence/ City of Residence.
- (iv) Copy of passport of the children with entry and exit stamp.

DENTAL EXPENSES

a) The Company will indemnify for the Medical Expenses incurred in connection with any Injury / illness to the Insured Person's Sound Natural Teeth during the Period of Insurance provided that:

- (i) the treatment is provided by a Medical Practitioner qualified in practicing dentistry or dental surgery;
- (ii) For the purposes of this Optional Benefit only:

Sound Natural Teeth means natural teeth that are either unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

b) Exclusions applicable to Optional Benefit 3: Dental Expenses

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Treatment of any orthopedic, degenerative or oenological diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution;
- (iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence / City of Residence.

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital;
- (ii) Original Bills and receipts for:
 - i. Fees paid to the Medical Practitioner and special nursing charges.;
 - ii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
- (iii) Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
- (iv) Any other information or documentation related to the treatment taken.

MEDICAL EVACUATION

a) The Company will indemnify up to the Sum Insured specified in the Certificate of Insurance for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance, provided that:

- (i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's Emergency medical evacuation;
- (ii) These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
- (iii) This Optional benefit will be provided on a cashless basis if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arrange for the Medical evacuation at their own cost and expense in which case the Company will indemnify the costs incurred on the Medical evacuation in accordance with the terms of this Optional Benefit;
- (iv) Payment under this Optional Benefit is subject to a Claim for the Illness or Injury which requires Hospitalization and is Medically Necessary.

b) **Documents to be submitted for any Claim under this Optional Benefit :**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;
- (ii) Documentary proof for all expenses incurred towards the Medical Evacuation.

REPATRIATION OF MORTAL REMAINS

a) If the Insured Person dies solely and directly due to an Accident, the Company will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence / City of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred.

b) **Documents to be submitted for any Claim under this Optional Benefit :**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- (ii) Copy of the postmortem certificate;
- (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
- (iv) In case of transportation of the body of the deceased to the Country of Residence / City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

PERSONAL LIABILITY

- a) The Company shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.
- b) The Company shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred upon the prior written consent of the Company.
- c) **Documents to be submitted for any Claim under this Optional Benefit:**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this optional Benefit:

 - (i) Statement of Claim furnishing particulars of the event leading to the liability such as the court order;
 - (ii) Photocopy of the police report (wherever reported).

MISSED CONNECTION

- a) If the Insured Person misses the connecting flight solely and directly due to the delayed arrival of the Common Carrier in which the Insured Person was traveling on a valid ticket, the Company will indemnify the Insured Person for the cost of direct route economy class airfare actually incurred by the Insured Person to continue the journey to the scheduled Place of Destination provided that:
 - (i) The Company shall not be liable to make any payment under this Optional Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance;
 - (ii) The Company shall be liable under this Optional Benefit only if the time gap between the scheduled arrival of the Common Carrier and the connecting flight is more than 6 consecutive hours or consecutive hours as specified in the Certificate of Insurance;
 - (iii) The Company's liability to make payment under this Optional Benefit shall be in excess of the total amount refunded or returned to the Insured Person by flight service provider.
- b) **Exclusions applicable to Optional Benefit 14 – Missed Connection**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

 - (i) A Claim has already been made under either Optional Benefit 10 or Optional Benefit 13.
 - (ii) Missing of the flight is the result of: Any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
 - (iii) Any advance intimation given to the Insured Person of a possible delay of the Common Carrier that might lead to missing of connecting flight;
 - (iv) Any circumstances other than those directly attributable to the delay of the earlier Common Carrier.
- c) **Documents to be submitted in support of the Claim:**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

 - (i) Confirmation from the Common Carrier of the delay as to the expected time of arrival and the actual time of arrival at Place of Destination together;
 - (ii) Copy of unused ticket for the missed flight;
 - (iii) Certificate from the Common Carrier of the missed flight that the fare for the part of the journey covered by the missed flight is forfeited in full or in part together with the amount of forfeiture;
 - (iv) Original used ticket obtained afresh towards the alternative flight for the part of the journey covered by the missed flight indicating the amount paid as fare.

BOUNCE BOOKING

- a) The Company will indemnify the Insured Person the actual additional expenses / cost incurred by the Insured for alternative flight arrangements or for alternative accommodation in the event of the confirmed flight reservation for any part of the Trip within the Period of Insurance bouncing at the sole instance of the Common Carrier or bouncing of the

confirmed accommodation booking at place of stay being part of the Trip solely at the instance of the accommodation provider.

- (i) Provided that the Company's liability shall be in relation to the travel covered by such confirmed booking and in relation to accommodation in the same place of stay and also provided that the Company's liability to such additional expenses shall be in relation to the same class of travel and same category of accommodation as the case may be covered by the original confirmed bookings.
- (ii) It is a condition precedent to admission of liability by the Company under this Optional Benefit that the Insured shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier and / or with the accommodation provider and try to recover from them the consequential loss incurred by the Insured by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured shall be furnished to the Company.
- (iii) Any recovery towards additional expenses incurred for alternative travel or accommodation arrangement effected from the Common Carrier or accommodation provider as the case may be, if any, effected from the concerned agencies after settlement of the claim under the policy, shall be remitted to the Company to the extent of the amount of claim admitted and paid by the Company to the Insured.

b) Exclusions applicable to Optional Benefit 17 – Bounce Booking:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) If the Insured shall fail to adhere to the rules of the Common Carrier or the accommodation provider in connection with reconfirmation of the booking before the date of travel or date of accommodation as the case may be;
- (ii) In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later;
- (iii) If the confirmed accommodation is a personal arrangement or is free of charge;
- (iv) Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within 6 hours from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A declaration from the Insured that he / she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.
- (ii) A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility.
- (iii) A confirmation from the accommodation provider of the bounced booking solely at their instance and responsibility.
- (iv) The Insured shall lodge his / her claim on the Common Carrier and / or the accommodation provider in writing
- (v) Statement of Claim for the expenses incurred;
- (vi) Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider

LOSS OF CHECKED-IN BAGGAGE

- a) The Company will indemnify the Insured for the value of the Checked-In Baggage totally lost whilst in custody of the Common Carrier during the period of journey provided that:
 - (i) Coverage under this Optional Benefit shall commence only after the Checked-in Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Optional Benefit shall terminate automatically after 24 hours of the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Period of Insurance;
 - (ii) If more than one (1) piece of Checked-In Baggage has been checked-in under the same ticket of the Insured Person, the Company's liability shall be restricted to 50 % of the Sum Insured if all the pieces of Checked-In Baggage are not lost;
 - (iii) If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Optional Benefit in full irrespective of whether delivery of the baggage is taken;
 - (iv) If a portion of the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Optional Benefit

which is attributable to the portion of Checked-In Baggage traced in full irrespective of whether delivery of the Baggage is taken;

- (v) The liability of the Company shall be determined based on the market value of the Contents of the Checked-In Baggage as on the scheduled/expected date of delivery at the destination port.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds US\$ 100 / Euro 75 / INR 5,000, the Company's liability shall be limited to US\$ 100 / Euro 75 / INR 5,000 only.

b) Exclusions applicable to Optional Benefit 5 – loss of Checked-in Baggage:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage;
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities;
- (iii) Any loss due to damage to the Checked-In Baggage;
- (iv) Valuables
- (v) Any loss for which a Claim has already been made under Optional Benefit 6;
- (vi) Any loss of Checked-In Baggage sent in advance or shipped separately.

For this Optional Benefit, **Valuables** shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals.

c) Documents to be submitted for any Claim under this Optional Benefit :

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Property irregularity report issued by the appropriate authority;
- (ii) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage;
- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage.
- (iv) Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage.
- (v) In case of items of individual value equal to or more than US\$ 100 / Euro 75 / INR 5,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of the insured / Assistance Service Provider).

DELAY OF CHECKED-IN BAGGAGE

- a) The Company will pay the Sum Insured if the delivery of the Insured Person's Checked-In Baggage which has been entrusted to the Common Carrier is delayed by more than 12 hours or as specified in the Certificate of Insurance from the Insured Person's arrival at the Place of Destination specified on his valid ticket during the Period of Insurance.

b) Exclusions applicable to Optional Benefit 6- delay of Checked-in Baggage:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any delay which does not exceed the time period specified in this Optional Benefit.
- (ii) Any loss for which a Claim has already been made under Optional Benefit 5;
- (iii) Any delay in delivery of the Checked-In Baggage arising out of or resulting from detention or confiscation of the baggage by the Common Carrier or customs or any government or other agencies;
- (iv) Any delay attributable to damage to the Checked-In Baggage warranting an examined delivery by the Common Carrier.

c) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Property irregularity report issued by the appropriate authority stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage;

- (ii) Voucher of the Common Carrier for the delay in delivery of the Checked-In Baggage;
- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the delay in delivery of the Checked-In Baggage.

LOSS OF PASSPORT

- a) If the Insured Person loses his original passport, the Company will indemnify the cost incurred by the Insured Person towards obtaining a duplicate or new passport.

- b) **Documents to be submitted for any Claim under this Optional Benefit :**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the police report;
- (ii) Statement of Claim for the expenses incurred;
- (iii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

Refund of Visa Fee

- a) The Company will indemnify the amount as specified in the Certificate of Insurance if the Insured's Visa got rejected for no fault or negligence of the Insured Person provided that:

- (i) Insured must have submitted all the valid documents in order as directed by the Embassy or its representative of the respective Country for which the Visa is being applied and has filled the visa application form as per expectation and requirement of the visa officer.

- (ii) Visa application should be filled with the respective Embassy well in advance and as per prescribed processing time, if any.

- b) **Documents to be submitted in support of the Claim:**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

- (i) Claim Form (filled and signed by the Insured).
- (ii) Written copy of rejection reason from the embassy.
- (iii) Passport copy of the Insured.
- (iv) Copy of confirmed ticket (if required)
- (v) Any other document as required by the Company to assess the Claim.

TRIP DELAY

- a) If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 12 consecutive hours or consecutive hours as specified in the Certificate of Insurance from the later of the declared time of departure or expected time of departure due solely and directly to any one of the following:

- (i) Earthquake, flood, rains, storm, cyclone or tempest; or
- (ii) Terrorism

the Company will pay the Sum Insured provided that the Company or the Assistance Service Provider is given written notice of the delay immediately and in any event within 30 days of the commencement of the delay and immediate alternative arrangements are made by the Insured Person for progressing the journey as scheduled.

- b) **Exclusions applicable to Optional Benefit 13 – Trip Delay**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any contingencies other than those specifically named above;

- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;
- (iii) A Claim has already been made under either Optional Benefit 10 or Optional Benefit 14.

c) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay.

Burglary (Home Contents)

a) The Company will indemnify for the loss and damage caused by Burglary and/ or attempted Burglary to the Contents of Home up to the Coverage Amount during the Period of Insurance, subject to deductible opted, as specified in Policy Schedule/Certificate of Insurance.

Notes –

(i) This coverage will start once the Insured has boarded the Common Carrier and will stop once he/she has de-boarded at Country of Residence (for International Travel) / City of Residence (for Domestic Travel)

(ii) Insured's Home must be Unoccupied during the trip.

(iii) The Company will not make any payment for more than 20% of the coverage amount under this Benefit with respect to any one item.

b) Exclusions applicable to Burglary (Home Contents):

(i) If Insured and/or Insured's Family and/or Insured's employed Staff are directly and / or indirectly in any way involved in or concerned with the actual or attempted Burglary.

(ii) In respect of any Kutcha Construction.

(iii) For any loss or damage or incidental loss/damage to livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, jewellery, valuables, ATM, credit cards or any similar item.

(iv) Under and for any interest in the asset/item Insured, which has been acquired by the Insured subsequent to the Add-on Policy Start date as detailed in Certificate of Insurance.

(v) If the loss or damage occurs at Insured's home other than address of home mentioned in Certificate of Insurance or Insured's home is unlocked or Insured's home is located in remote place.

(vi) Immovable items part of Building structure

(vii) If the loss or damage occurs at Insured's home where the safety measures are inadequate

(viii) If the loss or damage occurs at Insured's home in case of natural event or catastrophe

(ix) If the loss or damage occurs while Insured's Home remains unoccupied by Insured and/ or Insured's Family for more than ninety (90) consecutive days.

c) Basis of Loss Settlement

In the event of a total loss of an item:

The Company will indemnify Insured the depreciated value of the item up to the amount as stated in the Policy Schedule/ Certificate of Insurance. However, the Company may instead (alone or with other Insurers), in the

Company sole and absolute discretion, reinstate, replace or repair the property or premises lost or any part thereof, but only to the extent and in the manner that circumstances permit.

In the case of damage to an item:

(i) If it is reasonably capable of repair, reinstatement, renewal or refurbishment then the Company's payment will reflect Insured's reasonable costs of restoring by such means the damaged item to its condition immediately prior to the event that gave rise to the claim under this Policy.

(ii) If the cost of replacement, repair, reinstatement, renewal or refurbishment of any item is equal to or exceeds the value of the lost or damaged item immediately before the occurrence of the damage, then the Company will indemnify Insured the depreciated value of the item up to the amount as stated in the Policy Schedule/ Certificate of Insurance.

(iii) The Company will only pay in India and in Indian Rupees subject to Insured having established to the Company reasonable satisfaction that the replacement, reinstatement, repair, renewal or refurbishment has been effected by Insured.

(iv) The Company shall not make any payment for the cost of any enhancements, alterations, additions and/or improvements.

(v) If Insured have any other insurance(s) that would cover a claim or would cover that claim through authorized entities, then the Company's liability to Insured shall be limited to ratable proportion of the claim.

d) Notification of Claims

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

- a) Claim Form(filled and signed by the Insured).
- b) Purchase Invoice detailing the date of purchase, value on the date of purchase etc.for the lost or damaged item.
- c) Provide the Company with all relevant information, documentation and details of items lost, damaged or destroyed along with their values, and also any other assistance that the Company may reasonably require to enable the Company or its representatives or independent surveyors to investigate any claim and/or to establish to the Company reasonable satisfaction that a loss of the amount stated has occurred under this Add-on Policy.
- d) Preserve any damaged item so that it may, at the Company discretion, be inspected and examined by independent surveyors or the Company representatives.
- e) Immediately lodge a written complaint with the police listing out the items with values that were lost, damaged or destroyed and that Insured intend to claim for and forward a copy of that written complaint, the First Information Report and/or Final Report to the Company.
- f) Take all practicable steps to apprehend the guilty persons and to recover any item lost.
- g) Protect the remaining items from further damage.
- h) Details of damaged or stolen item such as quantity, age, description, actual cash value and amount of loss claimed for in respect of each item, along with all documentation required to support and substantiate claim.
- i) Any other document as required by the Company to assess the Claim.

TRIP CANCELLATION AND INTERRUPTION

a) Trip Cancellation:

- i. If the Insured Person's outward journey as a fare paying passenger from the Country of Residence / City of Residence to a Place of Destination on a Common Carrier is unavoidably cancelled before the commencement of the Period of Insurance solely and directly due to one of the reasons below, then the Company will indemnify for those travel expenses that the Insured Person paid and cannot recover and for which no value can be derived:
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for atleast 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 days consecutive days from the scheduled commencement of the Period of Insurance;
 - (iv) The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- ii. If a Claim is admitted under this Optional Benefit and the Certificate of Insurance specifies that this is a Single Trip Policy, the Policy shall be immediately and automatically cancelled on the Company's admission of the Claim.
- iii. If a Claim is admitted under this Optional Benefit and the Certificate of Insurance specifies that this is an Annual Multi Trip Policy, no other Claim shall be admitted under the Policy in respect of that Period of Insurance.
- iv. Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Optional Benefit.

b) Trip Interruption:

- i. If the Insured Person's overseas stay is unavoidably curtailed after the commencement of the Period of Insurance solely and directly due to one of the reasons below, then the Company will indemnify for the costs of direct route economy class airfare of the Insured Person to return to the Country of Residence / City of Residence:
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place within the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place within the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization continues for at least 5 consecutive days;
- ii. Any amount refunded to the Insured Person by the Common Carrier in relation to the curtailment shall be deducted from the amount payable to the Insured Person under this Optional Benefit.

c) Exclusions applicable to Optional Benefit 12 - Trip Cancellation and Interruption

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) strikes or labor disputes or slowdown;
- (ii) Interruption or cancellation of the journey either wholly or in partly at the instance of the Common Carrier (apart from the reasons listed above) or by the travel agent;
- (iii) Interruption or cancellation of the journey either wholly or in partly at the instance of the authority governing the Common Carrier or the government;

d) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation (as applicable) shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation;
- (ii) Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier.
- (iii) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.
- (iv) A declaration from the Insured Person furnishing the circumstances that compelled him / her to cancel the journey;
- (v) Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his / her Immediate Family Member;
- (vi) Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained;
- (vii) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence of the Insured Person together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.

ADVENTURE SPORTS INJURY

The scope of cover under Optional Benefit 25 is extended to cover medical expenses incurred for the Insured Person due to any injury arising out of Adventure Sports, provided that Claims under this Optional Extension shall be admissible only if Medical Expenses are incurred; and

This Optional Extension shall supersede Clause 3(ff) & 3(gg) of the General Exclusions.

b) Documents to be submitted for any Claim under this Optional Benefit

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original pathological and diagnostic reports, consultation detail, case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
- (ii) Original bills and receipts for:
 - i. Charges paid towards medical services rendered.
 - ii. Fees paid to the Medical Practitioner and for special nursing charges.
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.
 - iv. Charges incurred towards medicines or drugs purchased from a registered pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.

Emergency Accidental Hospitalization Expenses

The Company shall indemnify the Insured for the Medical Expenses reasonably incurred during Hospitalization by the Insured for medical treatment undertaken on account of only for accidental Injury sustained whilst on a Trip during the Period of Insurance, subject to the overall liability of the Company not exceeding the Sum Insured for the coverage as specified in the Certificate of Insurance.

1. IN-PATIENT CARE FOR INJURY

If an Insured Person suffers an Injury due to accidental during the Period of Insurance that requires the Insured Person's Hospitalization, then the Company will indemnify the Medical Expenses incurred on Hospitalization provided that:

- (i) the Hospitalization is on the written advice of a Medical Practitioner;
- (ii) the treatment for the Injury commences within 7 days of the occurrence of the Injury during the Period of Insurance;

Accidental Out-patient care

The Company shall indemnify the Insured for the Out-Patient Cover reasonably incurred by the Insured whilst on a Trip during the Period of Insurance.

- 1) The Company has provided an option to cover Out-patient care or Out-patient care for injury.

OUT-PATIENT CARE

- (1) If an Insured Person suffers an Injury due to accidental that requires the Insured Person to take Out-patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out-patient Care.

Documents to be submitted for any Claim under this Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (iii) Original pathological and diagnostic reports, consultation detail, case papers and prescriptions issued by the treating Medical Practitioner or Hospital.
- (iv) Original bills and receipts for:
 - i. Charges paid towards medical services rendered.
 - ii. Fees paid to the Medical Practitioner and for special nursing charges.
 - iii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.
 - iv. Charges incurred towards medicines or drugs purchased from a registered pharmacy duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.

List of documents require in case of Emergency Accidental Hospitalization-

- 1. Discharge Summary
- 2. Narration of the Incident (When and How)
- 3. Final Bill/ Medical Expenses Bill
- 4. Payment receipt
- 5. Claim Form
- 6. NEFT details
- 7. Investigation reports

Note:- At the time of issuance policy, Age will be mentioned on COI. Claim will be honoured on the verification of Aadhar Card.

Claims can be intimated to us through:

Partner should do intimation for claims on customer behalf through below ways.

1. **CHI Mobile App**
 - a. The Partner can login into the CHI mobile app using customer policy number and can upload the required claims documents.
 - b. Once the claim is registered, a claim number is generated.
 - c. The customer can also track his/her claim on the mobile app only
2. **Claim Genie (<https://www.careinsurance.com/rhicl/claim/login>)**
 - a. The Partner can login into the claim portal (claim Genie) using his policy number and can upload the required claims documents.
 - b. Once the claim is registered, a claim number is generated.
3. **Call Centre (1800-102-4488/6655)**
 - a. Customer service team at the call Centre will provide required assistance and explain claims procedure to the insured/representative along with all the mandatory documents required.

Customer or their representative can check the claim status on the CHI mobile App, CHI website www.careinsurance.com or by calling at our call centre number 1800-102-4488

The attached claims form along with relevant documents is sent to CARE HEALTH INSURANCE for further processing of the claim at:

Care Health Insurance Limited,
Vipul Tech Square, Tower C,
Sector- 43, Golf Course Road, Gurgaon -122009