

Group Business Travel (International) Insurance

POLICY WORDING

PREAMBLE

SBI General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons named in the Policy Schedule and in reliance upon the statements contained in the Proposal which shall be the basis of this Policy and are deemed to be incorporated herein in consideration of and realization of the required premium prior to the inception of risk under this Policy and compliance by the Insured Person with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such benefits as indicated by a specific amount, set opposite to the specific benefit mentioned in the Policy Schedule or the Schedule of Benefits (refer to Annexure 1- Table of cover of the Policy).

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized.

PART I: DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

Accident/Accidental means a sudden, unforeseen and involuntary event caused by external and visible means.

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

Assistance Company/Service Provider - as designated in the Policy schedule

Age means age on most recent birthday as per the English calendar.

Beneficiary: In case of death of the Insured Person, the Beneficiary means, unless stipulated otherwise by the Insured Person, the surviving Spouse of the Insured Person, mentally capable and not divorced, followed by the children recognised or adopted followed by the Insured Person's legal heirs. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.

Bodily Injury means physical, external, Accidental bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect of infirmity existing before the Period of Insurance.

Burglary means an act involving the unauthorised entry to or exit from Your Home or attempt thereof by unexpected, forcible, visible and violent means, with the intent to commit an act of Theft.

Common Carrier means any civilian land or water conveyance or Scheduled Aircraft operating under a valid license from the relevant authority for the transportation of passengers for hire.

Cashless Facility means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization has been approved by the Insurer.

Checked Baggage means the baggage handed over by the Insured Person and accepted by Common Carrier for transportation in the

same mode of conveyance as the Insured Person travels and for which the Common Carrier has issued a baggage receipt to the Insured.

Condition precedent - means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

Contents means the following not used for Business or Business Purposes, so long as they are owned by You and/or Your Family and/or You or Your Family are legally responsible for them:

1. Household goods, such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature.
2. Personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.

Contribution means essentially the right of the Insurer to call upon other insurers, liable to the same Insured Person, to share the cost of an indemnity claim on a rateable proportion. This clause shall not apply to any Benefit offered on fixed benefit basis.

Day - means a period of 24 consecutive hours

Date of Loss:

- For Accident means the date of Accident
- For all other benefits means the date the event happened that leads to an alleged claim.
- For Sickness means the first date of diagnosis or the date the Insured Person first became aware of the Sickness.

Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified Rupee/Dollar amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash cover which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured. Deductible is applicable as per the policy.

Dental treatment is treatment carried out by a registered dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Dependent Child means a child (natural or legally adopted), who is financially dependent on the Insured person, does not have his / her independent source of income, is up to the age of 23 years.

Disclosure to information norm - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Domestic Staff means any person employed by You solely to carry out domestic duties associated with Your Home, but does not include any person employed by You in any capacity in connection with any Business, trade or profession.

Emergency care means management for a severe illness or injury which

results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a registered medical practitioner to prevent death or serious long term impairment of the Insured person's health

Family means members listed below:

- Your legally married spouse as long as she/he continues to be married to You;
 - Your legal and dependent children;
 - Your legal and dependent parents and parents in law.

Foreign War means armed opposition, whether declared or not between two countries.

Hijack means any unlawful seizure or exercise of control by force or violence or threat of force and with wrongful intent, of Common Carrier in which the Insured person is travelling.

Home means Your private residence as shown in the Schedule which is used or occupied solely for domestic purposes by You and/or Your Family and/or Your Domestic Staff whether owned by You or Your Family or otherwise.

Hospital means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalization means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- o **Acute Condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- o **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires Your rehabilitation or for You to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Inpatient Care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

Insured person/You/Your/Your self is the person named in the Policy Schedule, for whom the appropriate premium has been paid.

Insurer/Company/We/Us/Our means SBI General Insurance Company Limited.

Insured Period(s) - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Immediate Family members mean and include an Insured person's legal spouse; children; parents; mother-in-law; father-in-law.

Kuccha Construction means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.

Limb means a hand at or above the wrist or a foot above the ankle.

Loss of hearing means entire and irrecoverable loss of hearing.

Loss of sight means entire and irrecoverable loss of sight.

Loss of Limb means:

- the physical separation of a Limb above the wrist or ankle respectively, or
- the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

Loss with Regard To Toe, Finger, and Thumb means actual complete severance from the foot or hand.

Market Value means the value at which property insured could be replaced with one of the same kind, type, age and condition.

Maternity Expense means medical treatment expenses traceable to childbirth and/or lawful medical termination of pregnancy.

Medical Practitioner means a person who holds a valid registration from the medical council of any state of India or appropriate authority in the jurisdiction within which he operates and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon. Insured person himself, Immediate Family members, Business partner, employer and employee of Insured person are excluded from the definition of Medical Practitioner.

Medically Necessary means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- Is required for medical management of the illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe,

adequate and appropriate medical care in scope, duration or intensity;

- Must have been prescribed by a Medical Practitioner;
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Expenses means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable, if the Insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Advice - means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Notification of Claim is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Permanent Total Disability (PTD) means when an Insured person is permanently, totally and absolutely unable to engage in any occupation or employment of any description whatsoever due to physical disability.

Policy means the insurance contract, the Policy Schedule, and any attached enrolment forms, endorsements, papers or riders as issued by and bearing the signature and seal of the Insurer.

Policy Schedule means the Policy Schedule attached to and forming part of the Policy.

Professional Sports means a sport, which remunerates a player in excess of 50% of his or her annual income as a means of their livelihood.

Qualified Nurse is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.

Reasonable and Customary charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

Repatriation shall mean: The transfer of the Insured with necessary medical supervision by any means (including but not limited to air ambulance, scheduled commercial flight, and road ambulance) to a hospital more appropriately equipped for the treating the said medical condition, or

The direct repatriation, including road ambulance transfers to and from the airports or through any other means, of the Insured with necessary medical supervision by scheduled airline to an appropriate hospital or other health care facility near his country of residence or country of citizenship

Subrogation shall mean the right of the Insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

Scheduled Airline - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith

flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

Serious Injury or Sickness - means Injury or Sickness certified as being dangerous to life by a legally qualified physician.

Sickness means any fortuitous somatic illness or disease but excluding any disease of illness which, arises out of or is caused by a condition or defect for which medical treatment was recognized, advised, sought out, or should have reasonably sought out, or received at any time before the Insured period.

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner

Theft means an act of directly or indirectly, and illegally permanently depriving You and/or Your Family of the possession of the Contents by any person by violent or forceful means or otherwise.

Trip means any journey during the Period of Insurance, which starts and finishes in India and involves a destination(s) outside India. Trip shall be deemed to commence when the Insured person boards the scheduled aircraft for onward overseas journey and terminates when he disembarks from aircraft on return to India.

Trip duration: Maximum of 180 days unless extended specifically by the Insurer but not exceeding 365 days, on payment of additional premium.

Terrorism means activities against persons, organisations or property of any nature:

- that involve the following or preparation for the following:
 - use or threat of force or violence; or
 - commission or threat of a dangerous act; or
 - commission or threat of an act that interferes with or disrupts an electronic communication, information or mechanical system; and
- when one or both of the following applies:
 - the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Total Number of Travel Days means the maximum number of days insured under the Policy.

Unoccupied means Your Home that remains unoccupied by You and/or Your Family for more than ninety (90) consecutive days.

Unproven/Experimental treatment - Treatment including drug experimental therapy which is not based on established medical practice in India, is experimental or unproven

Valuables mean and include photographic, audio, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewellery, furs and articles made of precious stones and metals.

War - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

PART II: GENERAL EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly, in respect of following:

- No claim will be paid where the Insured person :
 - is travelling against the advice of a Physician: or
 - is receiving or is on a waiting list for specified medical treatment declared in the Physician's report or certificate; or
 - is travelling for the purpose of obtaining medical treatment; or
 - has received a terminal prognosis for a medical condition.
- No claim will be paid if arising from suicide, attempted suicide or wilfully self inflicted injury or illness, mental disorder, anxiety, stress or depression, venereal disease, alcoholism, drunkenness or the abuse of drugs.
- No claim will be paid if arising from the Insured person taking part in Naval, Military or Air force operations.
- No claim will be paid if arising from War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
- This Policy of insurance does not cover any claim arising from the loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from
 - ionising radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; or
 - radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- No claim will be paid which arises from the Insured person engaging in air travel unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion, air travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.
- No claim will be paid arising from the participation of the Insured person in winter sports, mountaineering (where ropes or guides are customarily used), riding or driving in races or rallies, caving or potholing, hunting or equestrian, skew diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles). Further no claim will be paid in case Insured person participates in professional sports or any other hazardous sports, unless specifically covered as an extension of the Policy.
- No claim will be paid for losses arising from accidents on two wheeled motorised vehicles unless at the time of the accident the driver, is duly qualified, is in possession of a current full International driving license and the Insured person is wearing a safety crash helmet.
- No claims will be paid for losses arising directly or indirectly from hazardous occupation, or if engaging in any criminal or illegal act.
- No claim will be paid for any Pre-existing Disease/ Condition/ complication arising from it.

- No claims shall be paid for bodily injury or Sickness caused or provoked intentionally by the Insured person.
- Pregnancy or related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; This however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician.
- No claims shall be paid for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depressions of any kind or mental insanity.
- No claims shall be paid for treatments of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification, etc).
- No claims shall be paid for investigations, operations or treatment of a purely cosmetic nature; of for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.
- No claims shall be paid for Bodily Injury sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hand gliding, parasailing, skiing or bungee jumping.

PART III: GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

- Minimum age of the Insured person shall be 6 months and maximum age shall be 80 years.
- The insured Trip shall be maximum number of 180 days unless extended specifically by the Insurer but not exceeding 365 days on payment of additional premium.
- The Insured will maintain and provide information, on a monthly basis, of the Trips made by the Insured persons during the Period of Insurance on the format provided by the Company. The Premium shall be refunded at the expiry of the Policy based on the statements provided by the Insured as per the prescribed format in the event that at the expiry of the Policy the actual number of travel days is less than the Total number of Travel days stated in the schedule of the Policy.
- Extension of Trip Duration: We may in Our sole and absolute discretion extend the policy duration during the Risk Period, provided that:
 - We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
 - We receive request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
 - The Insured Person has not made a claim before We receive request for extension of the Policy.

We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.
- The insurance in respect of an Insured Person shall terminate on the following dates, without the Insurer being required to give any separate notice to this effect to the Insured:
 - Date at which the Policy is terminated or
 - The date when the Total Sum Insured is paid for covered loss under Section B (i) or
 - The date when the Insured Person is no longer an employee of the Insured or
 - The date when the actual number of Travel Days exceed the Total number of Travel Days mentioned in the schedule of the Policy.

6. It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this insurance, the Insured person or his representative, must notify Insurer/ Service Provider immediately on the occurrence of an event giving rise to a claim under this Policy. The Insured person or his representative should provide the Insurer / Service Provider as much information concerning the illness, accident or occurrence as is available, including the name of the treating doctor, name and telephone number of the Hospital, the Policy number and its date of issue.

This document, together with invoices, travel documents and any other relevant details must be sent to Insurer / Service Provider, clearly stating under which Section of this Policy a claim is being made. Please note that if any Medical Treatment has been received, medical certificates showing the nature of the injury or illness together with all bills, and receipts if already paid, should be forwarded to the Insurer / Service Provider.

In no event should a claim be notified and documents be submitted to Insurer / Service Provider later than 31 days after the end of an insured trip at the following address:

SBI General Insurance Company Limited,

9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East),
Mumbai – 400 099.

7. Insurer shall be fully and completely subrogated to the rights of the Insured person against parties who may be liable to provide indemnity or make a contribution in respect of any matter which is the subject of a claim under this insurance. The Insured person further agrees to co- operate fully with the Insurer in seeking such indemnity or contribution including where appropriate, the Insurer instituting proceedings at its own expense against such parties in the name of the Insured person.
8. The Insurer may require the Insured person to furnish at his own expense all certificates, information, proofs or other evidence of claims. The Insurer may approach any physician who may have treated the Insured person, and the Insured person must co- operate in this respect.
9. No person shall admit liability or make any offer or promise of payment without the express written consent of the Insurer/ Service Provider.
10. The Insured person shall take all reasonable and proper care to safeguard against accident or illness or loss of or damage to his insured property, as if this insurance was not in force. Failure to do so will prejudice the Insured person's claim under this insurance.
11. Nature of coverage: This policy is not a general health insurance policy. Coverage under the Medical Expense Section of this insurance is intended for use by the Insured person in the event of a sudden and unexpected sickness or accident arising when the Insured person is outside the Republic of India.
12. Nomination and Assignment: This Policy is not assignable and no person(s) other than Insured and/or Insured's nominee(s) as mentioned in the Policy Schedule/ Certificate and/ or legal representatives can claim and benefit hereunder or sue the Insurer under this Policy. The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the Policy shall in all cases be an effectual and absolute discharge to the Insurer.
13. Penal Interest Provision: Upon acceptance of an offer of claim settlement by Insured person, the payment of amount due will be made within 7 days from the acceptance of offer by the Insured person. In the case of delay in the payment attributable to Us, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the offer was accepted by the Insured. In all other cases no sum payable under this Policy shall carry interest.

(Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due)

14. In case of Medical Expenses, Evacuation And Repatriation and Emergency Cash Advance, the Insurer's liability will only attach post consultation of the Insurer/ Service Provider and provided that the cost for such services have been pre-authorized by the Insurer/ Service Provider.
15. If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability under cashless treatment which is only available at Network Provider, You must comply with the following:
- Prior to taking treatment and/or incurring Medical Expenses at a Network Provider, You must call Service Provider and request pre-authorization by way of the written form provided by Us or Service Provider.
 - After considering Your request and after obtaining any further information or documentation We or Service Provider have sought, We or Service Provider may if satisfied send You or the Network Provider, an authorisation letter. The authorisation letter, Policy and any other information or documentation that We have specified must be produced to the Network Provider identified in the pre-authorization letter at the time of Your admission to the same.
 - If the procedure above is followed, You will not be required to directly pay for the Medical Expenses in the Network Hospital that We are liable to indemnify under the covered Section above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.
16. No claim will be paid that is less than the deductible stated in the Schedule. A separate deductible will be applicable in respect of each separate claim and each separate section/ subsection. Deductible shall be specified in the Schedule attached to the Policy.
17. Contribution Clause: If two or more policies are taken by an Insured during a Period of Insurance from one or more insurers to indemnify treatment costs, Insured shall have the right to require a settlement of his claim in terms of any of his policies.
- In all such cases where Insured opts for the settlement of claim under this Policy, We will be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the Policy.
 - If the amount to be claimed exceeds the sum insured under policy issued by us after considering the deductibles or co- pay, the Insured shall have the right to choose other insurers by whom the claim is to be settled. In such cases, we will settle the claim with contribution clause.
 - Except in benefit policies, in cases where an Insured person has policies from other insurer(s) to cover the same risk on indemnity basis, the Insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.
 - Contribution clause shall not be applicable where the cover/benefit offered is on benefit basis

18. **Choice of Law:** The parties to this insurance policy expressly agree that the laws of the Republic Of India shall govern the validity, construction, interpretation and effect of this Policy. The terms of this policy shall not be waived or changed except by endorsement issued by the Company.
19. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted under the policy terms and conditions) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators, one arbitrator to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996. It is hereby agreed and understood that no dispute or difference shall be referred for arbitration, as hereinbefore provided, if the Insurer has disputed or not accepted liability under or in respect of this Policy.
- It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.
20. If any claim under this Policy is fraudulent, or if fraudulent means are used to secure payment of benefits under this Policy, then such action shall render this Policy null and void and all claims hereunder shall be forfeited.
21. Insurer shall have the right and opportunity to examine the Insured when and as often as may be reasonably required during the pendency of a claim and also have the right and opportunity to obtain a post mortem examination report of the Insured's body as permitted by law. Insured's or his estate's compliance with the need for such examination report is condition precedent to establishing liability under the Policy.
22. Any claim which has not been conclusively proven to the satisfaction of the Insurer and the amount thereof substantiated shall not be payable.
23. The obligation of the Company to make payments to the Insured in respect of Claims made after the Insured's return to India shall be to make payment in Indian Rupees only. For all other situations, unless otherwise expressed in policy schedule, claim settlement currency will be US \$ and claim will be settled at the exchange rate applicable on the date of discharge of the claim for cashless claims and for reimbursement claims exchange rate on date of loss will be applicable.
24. **Termination of Policy:** The Policy terminates on the happening of any of following events whichever is earlier –
- cancellation by the Insured person or the Insurer as per provisions mentioned under 'Cancellation', or;
 - expiry of the period of insurance as per provisions mentioned under 'Period of Insurance' in the Policy
25. **Revision in the limit of cover-** Midterm revision of limit of cover is not allowed, changes in limit of Cover are allowed only on renewals.
26. **Renewal Conditions:** The Insurance may be renewed by paying applicable premium in force at the time of renewal and subject to

Insurer's consent therefor.

27. **Revision of Product:** In case of revision of this product We will communicate to You at least 3 months prior to the revision. Existing policy will continue to remain in force till its expiry, and for existing policyholders the revision will be applicable only from the date of renewal.
28. **Withdrawal of Product:** In case We have discontinued or withdrawn this product/ plan, We will communicate to You at least 3 months prior to the discontinuation date and You will have the option to renew with the nearest substitute Policy being issued by Us, provided however, benefits payable shall be as per terms and conditions of the renewed Policy.
29. **Cancellation by Insured:** The Insured may cancel the Policy by serving 15 day's notice to that effect in writing to the Insurer subject to no claim reported under the Policy till that date, in which case the premium shall be refunded on short period rates as per table below and a deduction of minimum premium of Rs 10,000/-.

Period of Insurance in force	% of Annual Premium Refundable
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

30. **Cancellation by Insurer:** The Insurance may also at any time be cancelled at the option of the Insurer, on 15 days' notice to that effect being given to the Insured person, in which case the Insurer shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation. Such cancellation will be only on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the Insured person.
31. **Legal Action limitation-** Without prejudice to the General Condition no 15 (Arbitration) above, no action at law or in equity shall be brought to recover any claim under this Policy prior to the expiration of sixty (60) days after written evidence has been furnished in respect of a claim under this Policy in accordance with the requirements of this Policy.
- If We disclaim liability to You or any Insured Person for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover Your claim from us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this policy.
32. **Valuation-** We will not pay more than the actual cash value of the insured property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the insured property with material of like kind and quality.
33. **Claim Settlement:** The company will offer to settle the claim under this policy within 15 days from the date of receipt of claim submission required for assessing the claim. In the event that the company decides to reject a claim made under this policy, the Company shall do so within a period of 30 days of the receipt of claim submission, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.
34. **Claim Documents:** Following documents would be required for Claim settlement

Sections	Coverage Name	Document required for claim
Section A	Medical Expenses including Evacuation Repatriation	Claim Form (To be signed by the Treating Doctor and Insured) and with the & Claims Reference No.
		Original documents of Doctor's medical report, admission and discharge cards, and Prescriptions.
		Original X-ray, pathological and investigative reports.
		Original bills, vouchers, reports and payment receipts stating the details for the treatment performed
		For expenses of transportation due to medical reasons, you also need to attach a medical statement from the doctor indicating: <ul style="list-style-type: none"> • Cause of illness • Reason for necessity of the transportation
		Copy of passport, visa with entry and exit stamp.
Section B	Personal Accident	Duly completed Claim Form with your signature
		Original Death Certificate,
		Copy of FIR/Police inquest report/Coroners report
		Copy of Post Mortem report in case of Accidental Death claim
		Dismemberment Case:
		Original documents of Doctor's medical report, admission and discharge cards, and prescriptions, Disability Certificate from the doctor
		Copy of treatment papers along with No. 1 & 3 above
Section C	Loss of Passport	Duly completed Claim Form with your signature
		Copy of New Passport & previous passport (if available)
		Original bills/invoices of expenses incurred for obtaining a new passport
		Copy of FIR/ Police Report
		Copy of return tickets
	Loss of Checked Baggage	Duly completed Claim Form with your signature
		Copies of boarding Pass/Ticket/Baggage Tags
		Copies of correspondence with the Airline authorities/others certifying the delay
		Property Irregularity Report (to be obtained from the airline authorities)
		Details of compensation received from Airlines/other authorities
	Delay of Checked Baggage	Duly completed Claim Form with your signature
		Copies of boarding Pass/Ticket/Baggage Tags
		Copy of passport, visa with entry and exit stamp
		Copies of correspondence with the Airline authorities/others certifying the delay of checked baggage
		Property Irregularity Report (PIR - a written proof from the carrier) from the Airline authorities stating the period of delay
		Original bills/receipts/invoices for any necessary emergency purchases like toiletries, medication and clothing (If incurred)
		Details of compensation received from Airlines/other authorities
	Trip Delay	Duly completed Claim Form with your signature
		Please attach confirmation from the airlines, clearly mentioning the scheduled arrival time and the actual arrival time
		Copy of passport, visa with entry and exit stamp, Boarding Pass/Ticket
		Copies of Correspondence with the Airline authorities certifying about the delay
	Missed connection	Duly completed Claim Form with your signature
		Please attach confirmation from the airlines, clearly mentioning the scheduled arrival time and the actual arrival time
		Copy of passport, visa with entry and exit stamp, Boarding Pass/Ticket
		Copies of Correspondence with the Airline authorities certifying about the delay

		All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.
	Trip Cancellation and Trip Curtailment	Duly completed Claim Form with your signature
		If trip is cancelled or interrupted due to medical reasons then provide medical reports and doctors statement
		If trip is cancelled or interrupted due to employment reason, then termination letter from the company shall be submitted
		If due to other insured events, police report confirming the incident/government order shall be submitted
		In case the cancellation or interruption is owing to the sickness, injury or death of a travelling companion, the original tickets of the insured and the travelling companion indicating travel to the same destination for the same dates needs to be submitted
		All the bills / receipts of reasonable additional expenses incurred and / or proof of cancellation charges levied by the carriers shall be submitted.
	Hijack	Full statement of the events in writing
		Duly completed Claim Form with your signature
		Airline correspondence (copy of Passenger List etc.)
		Copy of ticket/ Boarding Pass
	Golfer's Hole-In-One	Duly completed Claim Form with your signature
		Invoice of expenses incurred
		proof of achieving a hole-in-one by the Insured Person
	Home Burglary Insurance	Duly completed Claim Form with your signature
		Copy of FIR/ Police Report
		Invoice of lost item.
	Bail Bond	Duly completed Claim Form with your signature
		Provide the court order stipulating the required amount as bail bond
		Police report
	Emergency Cash Advance	Duly completed Claim Form with your signature Along with Date of Loss
		Copy of FIR/ Police Report
	Disappearance	Duly completed Claim Form with your signature Along with Date of Loss
		Evidence of travel with a confirmation from carrier/Police confirming disappearance of the insured
Section D	Replacement and Rearrangement of staff (Business trip only)	Duly completed claim form signed and attested by authorised signatory
		Travel proof of the substituted Employee (copy of passport/tickets/boarding pass Travel proof of employee to be evacuated on medical grounds
		For expenses of transportation due to medical reasons for the employee for whom substitution is being done, claimant need to attach a medical statement from the treating doctor indicating: <ul style="list-style-type: none"> • Cause of illness • Reason for necessity of the transportation
		Invoice of expenses incurred towards travel of the substituted employee.
Section E	Personal Liability	Duly completed Claim Form with your signature
		Full statement of the facts in writing
		Any other documents relevant to the incident, including Summons, Legal Notice, etc
		Witness statements or Any other information you would like to share with us.

The documents mentioned above are suggested basic documents and further documents/Clarifications as deemed fit may be called upon on case to case basis.

35. Reasonable Care: The Insured shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

36. Declaration:

- i. The Company shall have no liability towards any claim arising under this policy if You make any false/ incorrect declaration/ information in the proposal form for insurance, which is material and forms sole basis for accepting the risk and offering the cover under the policy.
- ii. The Company further understands that You have read the prospectus and have understood the implications of the contents prior to affixing your signature on the proposal form.
- iii. The Insured further undertakes that the responsibility of the declaration signed or recited by the Insured will be binding on all other persons included in the Policy and thus agree to indemnify the Company in any loss arising consequent to their non-adherence or challenging any of the Policy terms and conditions.

37. Entire Contract: The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

PART IV: COVERAGE

Section A: Medical Expenses, Evacuation and Repatriation

i. Accident and Sickness Medical Expenses:

The Insurer will indemnify the Insured person, up to the limit of cover shown in the Policy Schedule, in respect of the medically necessary. Reasonable and Customary Medical Expenses incurred overseas for Medical Treatment on account of any disease/ illness/ injury first sustained or contracted whilst on Insured trip. The expenses covered would include physician's services, Hospital services, medically necessary services and local emergency medical transportation.

ii. Emergency Medical Evacuation:

The Insurer shall pay additional expenses required for transportation of the Insured person locally to the nearest hospital from the current location of the Insured person in case it is not possible to guarantee adequate Medical Treatment within reasonable distance from the current location or the transportation of the Insured person to the Republic of India.

Covered expenses would include:

- Expenses for Transportation and Medical Treatment, including medical services and medical supplies necessarily incurred in connection with emergency evacuation.
- The additional extra costs for an accompanying person if it is medically necessary that the Insured person be accompanied in his/her way; this might be a physician, nurse, relative, friend or colleague or travelling companion.
- The transportation and all arrangements for evacuation must be:
 - Recommended by the attending Physician who certifies that the severity or the nature of Injury or illness warrants emergency evacuation;
 - Required by the standard regulations of the conveyance transportation used

Extension of Benefit – The Insurer shall also indemnify the Medical Expenses incurred by the Insured person in India for continuation of

Medical Treatment commenced by the Insured Person outside India as a result of the injury/illness/disease manifesting for the first time during the course of the insured journey. This benefit shall be limited to a period of 90 days from and including the date upon which the aforesaid illness and/or accident bodily occurred or first manifested itself, and to Medical Expenses at the usual and customary level subject to the overall limit as mentioned in the policy schedule against the above cover.

iii. Repatriation of Mortal Remains:

The Insurer shall, in the event of death of the Insured person, pay or reimburse, the costs of transporting the mortal remains of the deceased Insured person back to the Republic of India or, up to an equivalent amount, for a local burial or cremation in the country where the death occurred, subject to the maximum limit as specified in the Schedule to this Policy as a result of illness/ disease or injury, manifesting itself first during the insured journey.

iv. Dental Service:

The Insurer shall indemnify the Insured person against reasonable and customary medical expenses towards dental illness that manifests for the first time during the insured journey to Insured's Natural Sound Teeth and requires immediate medical attention, up to the maximum limit and subject to the deductible as specified in Annexure 1- Table of Cover.

Dental care rendered necessary as a result of covered accident shall be subject to limit of accident and sickness medical expenses as stated in the Policy Schedule.

Exclusions applicable to Section A:

The Insurer shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured person for:

1. Any pre-existing disease or any complication arising from it; except in case of life saving treatment required for unforeseen emergency. In such event, measures designed to relieve acute pain, provided to the Insured by the Physician for Disease/ accident would be reimbursed up to \$1000 per trip. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain. All further medical cost to improve or maintain medically stable state or to relieve the new onset of acute pain would have to be borne by the Insured
2. Any physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India.
3. Any travel against the advice of a physician.
4. Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured Person in his proposal.
5. Travelling for the purpose of obtaining treatment.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
7. Elective, cosmetic or aesthetic treatments of any description; or treatment or surgery for change of gender, Lasik treatment for refractive error.
8. Any form of plastic surgery (unless necessary for the treatment of illness or accidental bodily injury).
9. Dental care except as a result of non cosmetic injury caused by Accident to sound natural teeth
10. Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails

11. Diagnosis or treatment of acne
12. Expenses that are not exclusively medical in nature
13. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances, rehabilitation and physiotherapy, prosthesis and/or devices whether for diagnosis or for treatment.
14. Surgery to correct deviated nasal septum and hypertrophied turbinate unless necessitated by an accidental bodily injury and proved to insurer's satisfaction that the condition is a result of an accidental injury.
15. Convalescence, general debility, "Run-down" condition, rest cure, congenital internal and/or external illness/disease/defect.
16. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonography Report and certification by a Gynaecologist that it is life threatening.
17. Experimental, unproven or non-standard treatment.
18. Treatment by any other system other than modern medicine (also known as Allopathy).
19. Expenses incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescent home or similar institution.
20. Mental, Nervous or Emotional Disorders or treatment arising as a consequence of such disorders or self harm.
21. Medical Expenses incurred as a result of alcohol and/ or drug abuse, addiction or overdose.

Section B: Personal Accident

i. Accidental Death and Bodily Injury

In the event of accidental death or on sustaining any bodily injury, on the covered overseas trip, resulting solely and directly from an accident caused by violent and visible means, the Insurer shall pay to the Insured Person, his/her Nominee or legal representative, as the case may be the sum or sums specified in the Policy Schedule and as stated in the table below. The loss must occur within 365 days from the date of accident causing the injury.

In case of multiple losses resulting from the same accident, only one amount, the highest, will be paid. Further the total claim under this sub section will be limited to the limit of cover shown in the Policy Schedule.

Loss description	% of limit of cover shown in the Schedule
A. Accidental Death	
• Loss of Life	100%
B. Permanent Total disability	
• Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
• Loss of a Limb and an eye	100%
• Complete and irrecoverable loss of sight of both eyes	100%
• Complete and irrecoverable loss of speech & hearing of both ears	100%
• Loss of a Limb	50%

• Complete and irrecoverable loss of sight of an eye	50%
• Loss of Speech or loss of Hearing in Both ears	50%
• Loss of Hearing in One Ear	25%
• Loss of Thumb and Index Finger of Same Hand	25%

In the above, a Loss of Limb means physical separation of hand or leg, meaning a hand at or above the wrist or a foot above the ankle.

ii. Disappearance

We will pay the benefit for loss of life if while on a trip your body cannot be located within 365 days after the forced landing, stranding, sinking or wrecking of a conveyance in which you were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the policy, that you shall have suffered loss of life within the meaning of the policy.

Exclusions applicable to Section B:

1. Payment in respect of death, injury or disablement of the Insured person from suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression.
2. Being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed.
3. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion.
4. Accidents due to mental disorders or disturbances of consciousness, strokes, fits, convulsions, which affect the entire body and any pathological disturbances caused by mental reaction to the same.
5. Loss caused directly or indirectly, wholly or partly by infections (except pyrogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.
6. Accidents due to or arising out of participation in winter sports, skydiving/ parachuting, hand gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), all forms of skiing (including but not limited to snow or water), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, scuba diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which the Insured person are untrained.
7. Losses arising from accidents on two wheeled motorized vehicles unless at the time of the accident the driver is duly qualified and is in possession of a current valid international driving license and the Insured person is wearing a safety crash helmet.
8. Any exclusion mentioned under the General Exclusions of the Policy.

Section C: Travel Support

i. Loss of Checked Baggage

This insurance will indemnify for value of checked baggage up to the limit of cover shown in the Policy Schedule in the event of the Insured person suffering from total loss of Checked- in Baggage, as defined.

Specific Conditions:

1. In the event of loss of insured property whilst in the custody of a Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier immediately upon discovering the loss which must be submitted to the Insurer/Service Provider in the event of a claim hereunder.
2. No partial loss or damage shall become payable. However, total loss or damage of an individual unit(s) of baggage shall not be construed as falling within this exclusion.
3. Maximum amount payable per Checked-in baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the amount payable is 100% of the applicable Sum Insured.
4. No claim will be paid for items valued in excess of US \$ 100 without proof of ownership. Such proof shall be presented to the Insurer / Service Provider in the event of a claim hereunder.
5. No claim will be paid for Valuables as defined. Such items should at all times be carried by the Insured person and not packed as part of checked baggage.
6. Any recovery from a Common Carrier or an airline including under the terms of the Warsaw Convention, shall become the property of the Insurer

Limitation:

This benefit will be payable in excess of any amount paid or payable by the Common Carrier responsible for loss.

ii. Delay of Checked Baggage

This insurance will pay for every 12 hours (in excess of first 12 hours) up to the limit of cover shown in the Schedule for necessary emergency purchase of replacement items in the event the Insured person suffers a delay of more than 12 hours from the scheduled arrival time at the destination for delivery of baggage that has been checked by an international airline for an international outbound flight from the Republic of India.

Specific Conditions

1. A non-delivery certificate must be obtained immediately from the international airline which must be submitted to the Insurer / Service Provider in the event of a claim hereunder.
2. Proof of purchase must be provided for all items for which reimbursement is sought under this coverage.
3. Any payment under "Delay in Checked Baggage" shall be offset against any claim ultimately payable under "Loss of Checked Baggage" if the case be.

iii. Loss of Passport

In the event of the Insured person losing his/her Passport during the trip covered, this insurance will pay up to the limit of cover shown in the Policy Schedule for the reimbursement of actual expenses necessarily and reasonably incurred by the Insured person in connection with obtaining emergency travel documents in lieu of lost passport, outside India.

No claims shall be paid for:

1. Loss or damage to passport due to delay or from confiscation or detention by customs, police or other authority.
2. Theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained.

iv. Trip Cancellation

Subject to all other terms and conditions, the Insurer will indemnify the Insured person subject to limits shown in the Policy Schedule, for loss of personal accommodation or travel charges

paid or contracted to be paid by the Insured person, which are not recoverable from any other source, following the necessary and unavoidable cancellation of the trip prior to its commencement because of:

1. Insured Person's/ Immediate Family member's death, serious injury or sudden sickness requiring minimum three days hospitalisation.
2. Compulsory quarantine or prevention of travel by Government.

v. Trip Curtailment

Subject to all other terms and conditions, the Insurer will indemnify the Insured person subject to limits shown in the Policy Schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the Insured person, which are not recoverable from any other source, following the necessary and unavoidable curtailment (the cutting short by early return to India) of the trip because of

- Death,
- Serious Injury or Sudden Sickness of the Insured person's spouse or child residing with him/her in India and who is not travelling with the Insured person on the insured journey.
- Natural Disaster which prevents you from continuing the scheduled trip
- Unexpected Strike, Riot or Civil Commotion which is beyond Insured's control

This coverage is effective only if the Insured is unaware of any circumstances that could lead to disruption of trip at the time of ticketing for the trip.

vi. Trip Delay

Subject to all other terms and conditions, if the aircraft on which the Insured person is booked to travel from India is delayed beyond 12 hours than the original scheduled departure time, the Insurer will pay up to the limit of cover shown in the Policy Schedule for every 12 hours delay in excess of first 12 hours, subject to the maximum amount mentioned in the Policy Schedule.

However, the Insurer will not pay,

1. for any departure which is delayed as a result of the Insured person or any other person who is to travel with him failing to check-in correctly as required by the airlines
2. for any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked
3. if the aircraft is taken out of service on the instructions of the Civil Aviation Authority or similar authority

vii. Missed Connection

Subject to all other terms and conditions, if the aircraft on which the Insured Person is booked to travel from India is delayed beyond 12 hours than the original scheduled arrival time at the destination of the connecting flight resulting in the Insured person missing the connecting flight, the Insurer will pay for travel charges to be incurred by the Insured person towards missed connection, up to the limit specified in the Policy Schedule. For a claim to be admissible under this coverage it is a condition precedent to liability that the claim is admissible under "Trip Delay"

viii. Hospitalisation Daily Allowance

Subject to all other terms and conditions, it is hereby agreed that following hospitalisation of the Insured person due to an accident or illness covered under the Policy, a US \$ for every one day in excess of first one day shall be paid by the Insurer under this

Policy, up to the limit specified in the Policy Schedule. For this purpose a day will be reckoned as continuous 24 hours. All other terms and conditions shall remain unaltered. This benefit is payable only if accept a claim under Section A.

ix. Emergency Cash Advance

This is an assistance service when the Insured Person requires emergency cash following incidents of Theft/ Burglary of luggage/ money or hold up. The Service Provider shall co-ordinate with the Insured person's relatives in India to provide emergency cash assistance to the Insured person as per his requirement, up to the limit specified in the Policy Schedule.

1. As soon as the need arises Insured person shall call up Service Provider named in Policy Schedule on the telephone number indicated in the Policy Schedule.
2. Service Provider named in Policy Schedule shall verify the details of the Insured person and ascertain the amount of cash required, local contact in India who can provide payment security including delivery charges through credit card or close relatives
3. Service Provider named in Policy Schedule shall organize cash delivery after obtaining payment security from Insured Person or his relatives.

x. Bail Bond Insurance

The arrangement of bail bond in the event that the Insured person has been arrested following a car accident. The Service Provider will only arrange the financial guarantee if payment has been secured through an Insured person's credit card or personal assets.

xi. Hijack Cover

For each 24 hour period the Insured Person is detained by hijackers following hi-jacking of any aircraft in which the Insured person is travelling, the Insurer will pay US \$...for every 24 hours in excess of first 24 hours subject to the maximum limit specified in the Policy Schedule. All other Policy terms and conditions shall remain unaltered.

xii. Golfer's Hole-in-one

Subject to all other terms and conditions, it is hereby agreed that the Insurer shall reimburse expenses incurred in celebration of achieving a hole-in-one by the Insured Person during the trip, anywhere in the world excluding India, in a United States Golfers' Association (USGA) recognized golf course, subject to the maximum limit shown in the Schedule against this cover. All other terms and conditions shall remain unaltered.

xiii. Home Burglary Insurance

The Policy will indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's home in India (located at the address mentioned in the Policy Schedule) caused by actual or attempted Burglary and/or Robbery during the Period of Insurance. The cover incepts from the date of departure of the Insured person from the country and ends on the expiry date or date of return to the country, whichever is earlier. The Insurer's liability will be subject to maximum limit specified in the schedule. The cover excludes loss or damage to Valuables.

Specific Exclusions to this Section

The Insurer will not pay:

1. If the loss or damage occurs while Your Home is Unoccupied.
2. If You and/or Your Family and/or Your Domestic Staff are directly and / or indirectly in any way involved in or concerned with the actual or attempted Burglary.
3. In respect of any Kuccha Construction.

4. For any loss or 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 or credit cards
5. For the first ₹5000/- of each and every claim under this cover.

Specific Conditions

Basis of Loss Settlement

If You make a claim under this Policy that We accept for payment, then the basis upon which We shall calculate the payment due to You and make payment shall be as follows:

- a) In the event of a total loss of an item, We will pay You the Market Value of the item (or, if not readily available, then an item of equivalent but not better quality) as it existed immediately before the occurrence of the loss, less salvage value but limited nevertheless to the Sum Insured or the limit as stated in the Schedule. However, We may instead (alone or with other Insurers), in Our 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.
- b) In the case of damage to an item:
 - i. If it is reasonably capable of repair, reinstatement, renewal or refurbishment then Our payment to You will reflect Your 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 We will pay You the value of the item as it existed immediately before the occurrence of the loss or damage, less salvage value but limited nevertheless to the Sum Insured or the limit as stated in the Schedule.
- c) We will only pay You in India and in Indian Rupees subject to Your having established to Our reasonable satisfaction that the replacement, reinstatement, repair, renewal or refurbishment has been effected by You.
- d) We shall not make any payment for the cost of any enhancement, alterations, additions and /or improvements.
- e) We shall not make any payment for more than 20% of the limit as shown in the schedule for "Home Burglary" in respect of any one item.
- f) If You have any other insurance(s) that would cover a claim under this Policy, or would cover that claim but for the existence of this Policy, then Our payment to You will represent a rateable proportion of the claim.
- g) Under no circumstances will Our liability to make payment exceed the Sum Insured under any particular cover per claim and in the aggregate.

Section D: Replacement and Rearrangement of staff

(Business trip only)

If following a covered illness/accident the Insured Person is to be evacuated and such Emergency Medical Evacuation is recommended by the attending physician and authorized by the Assistance Company, the Company will pay up to the sum indicated in the Policy Schedule in respect of this benefit for any expense incurred by the Insured in deputing a substitute employee from the same organization towards replacement. Special Provisions:

The expenses referred to above means travel cost reasonably and necessarily incurred

Exclusion applicable to this section:

1. No claim is payable under this section if the substitute employee has already been booked for travel prior to Emergency evacuation of the employee declared for insurance.
2. The destination shall be the same as that of the Insured Person.
3. Only one such substitution is permissible in respect of one employee.

Section E: Personal Liability

This insurance will pay up to the limit of cover shown in the Policy Schedule if the Insured person in his or her private capacity becomes legally liable to pay for accidental bodily injury to Third Parties or accidental damage to Third Party Properties, arising from an incident during the covered trip.

Specific Conditions:

1. No claims shall be paid arising from Employers or Contractual Liability.
2. No claims shall be paid arising from liability to any member of the Insured person's family, travelling companion, friend or colleague.
3. No claims shall be paid for any liability arising directly or indirectly from or due to:
 - i) Animals belonging to the Insured Person or in their care, custody or control;
 - ii) Any wilful, malicious or unlawful act;
 - iii) Pursuit of a trade, business or profession, employment or occupation;
 - iv) Ownership, possession or use of vehicles, aircraft, watercraft, parachuting, hand gliding, hot air ballooning or use of firearms;
 - v) Legal costs of any proceedings that result from any criminal or illegal act;
 - vi) Insanity, the use of any alcohol, drugs, (except as medically prescribed) or drug addiction;
 - vii) The supply of goods or services;
 - viii) Any form of ownership or occupation of land or building (other than occupation only of any temporary residence).

Part V: Grievance

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: <https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customercare@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniortcitizengrивences@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online:

<https://www.cioins.co.in/Ombudsman>

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office
Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry.
Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of of Union Territory of Pondicherry.
Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in , on the website of General Insurance Council: www.gicouncil.in , our website www.sbigeneral.in	

Source:- CIO (cioins.co.in)

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Cover	Required Y/N	Limits per trip	Deductible
Section A: Medical Expenses, Evacuation and Repatriation	Mandatory	<<US\$ 50000- US\$500000>>	
i. Accident and Sickness Medical Expenses	Mandatory		US\$100
ii. Emergency Medical Evacuation	Mandatory		NIL
iii. Repatriation of Mortal Remains	Mandatory		NIL
iv. Dental Service		US\$500	US\$100
Section B: Personal Accident			
i. Accidental Death and Bodily Injury	Mandatory	10% of cover under Section A(i) subject to a maximum of US\$25000	NIL
ii. Disappearance			NIL
Section C: Travel Support			
i. Loss of Checked Baggage		US\$1000	US\$ 100
ii. Delay of Checked Baggage		US\$50 per 12 hours maximum US\$500	First 12 hours
iii. Loss of Passport		US\$400	US\$40
iv. Trip Cancellation		US\$750	US\$75
v. Trip Curtailment		US\$750	US\$75
vi. Trip Delay		US\$50 per 12 hours maximum US\$500	First 12 hours
vii. Missed Connection		US\$750	US\$75
viii. Hospitalization Daily Allowance		US\$50 per day maximum of 30 days First 24 Hours	
ix. Emergency Cash Advance		US\$1000	NIL
x. Bail Bond Insurance		US\$1000	NIL
xi. Hijack Cover		US\$200 per 24 hours maximum US\$1000	First 24 Hours
xii. Golfer's Hole in One		US\$1000	US\$50
xiii. Home Burglary Insurance		Rs 200000	Rs 5,000/-
Section D: Replacement and Rearrangement of Staff (Business Trip Only)		US\$ 1000 to US\$ 7500	NIL
Section E: Personal Liability		50% of the limit of cover under A (i) or US\$ 2,00,000 whichever is lower	NIL