SURAKSHA AUR BHAROSA DONO

Travel Insurance (Business and Holiday)
POLICY WORDING

Please make sure you read and fully understand this document before you travel from the Republic of India. Please read carefully the full details of the procedure for obtaining assistance and claims. Failure to follow the instructions given could result in rejection of the claim.

PREAMBLE

WHEREAS THE Insured person as designated in the Policy Schedule hereto having by a proposal and declaration (and Medical History and Physician's Report and certificate, if any which shall be the basis of the contract and shall be deemed to be incorporated therein) applied to SBI General Insurance Company Limited (hereinafter called the Insurer) for the insurance specified hereinafter - read with limit of coverage and deductible as specified in the Policy Schedule and having paid the premium for the said insurance for period of insurance: Now this policy provides as follows-

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:-

1. **Accident** means a sudden, unforeseen and involuntary event caused by external and visible means.
2. **Age** means age on most recent birthday as per the English calendar.
3. **Burglary** means an actual, forcible and violent entry to or exit from the Insured person's home in India (Located at the address mentioned in the Policy Schedule).
4. **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 approved.
5. **Checked Baggage** means the baggage handed over by the Insured Person and accepted by Scheduled Aircraft for transportation in the same mode of conveyance as the Insured Person travels and for which the carrier has issued a baggage receipt.
6. **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 and cargo for hire.
7. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body
   b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body.
8. **Contribution** means essentially the right of an 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.
9. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies 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.
10. **Dental treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
11. **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.
12. **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 medical practitioner to prevent death or serious long term impairment o f the insured person's health.
13. **"Family"** means members listed below travelling on same trip:
    i. Your legally married spouse as long as she/he continues to be married to You;
    ii. Your legal and dependent children;
    iii. Your legal and dependent parents and parents in law.
14. **Family Floater limit** means the Limit of cover under the policy which is available in aggregate not separately for all members of family who are specified as insured persons in policy schedule and which can be used by all or any of them.
15. **Immediate Family members** mean and include an Insured person's legal spouse; children; parents; mother-in- law; father-in-law; legal guardian.
16. **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.
17. **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:
    1. has qualified nursing staff under its employment round the clock;
    2. 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;
    3. has qualified medical practitioner(s) in charge round the clock;
    4. has a fully equipped operation theatre of its own where surgical procedures are carried out;
    5. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
18. **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.
19. **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.
    a. **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.

b. **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.

20. **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.
21. **Insured person/You/Your/Yourself** is the person named in the Policy Schedule, for whom the appropriate premium has been paid.
22. **Insurer/Company/We/Us/Our** means SBI General Insurance Company Limited.
23. **Limb** means a hand at or above the wrist or a foot above the ankle.
24. **Loss of hearing** means entire and irrecoverable loss of hearing.
25. **Loss of sight** means entire and irrecoverable loss of sight.
26. **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.
27. **Loss with Regard To Toe, Finger, and Thumb** means actual complete severance from the foot or hand.
28. **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.
29. **Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
    - is required for the 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.
30. **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.
31. **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.
32. **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. Please visit our website for service provider list - www.sbigeneral.in
33. **Permanent Total Disability (PTD)** - means when Insured person is permanently totally and absolutely unable to engage in any occupation or employment of any description whatsoever.
34. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, papers or riders.
35. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
36. **Pre-Existing Disease** means any condition, ailment, injury, or disease.
    i. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Insurer; or
    ii. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
37. **Professional Sports** - means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.
38. **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.
39. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
40. **Multi Trip Insurance policy** means policy not for one specific trip.
41. **Single Trip Insurance Policy** means policy is for one specific trip.
42. **Service Provider** means any person, organization or institution, appointed by the insurer and named in policy schedule for providing services to the Insured person on behalf of the Insurer.
43. **Subrogation** shall mean the right o f the insurer to assume the rights o f the insured person to recover expenses paid out under the policy that may be recovered from any other source.
44. **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
45. **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.
46. **Unproven/Experimental treatment** - Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

47. **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.
48. **Value** shall mean market value for the purpose of loss of Checked Baggage or Home Burglary" Sections.

PERIOD OF INSURANCE

In case of Single Trip this insurance is valid from the First Day of Insurance as specified in the Policy Schedule or date and time of departure from India, whichever is later, subject to condition that the Policy will be valid only if the insured journey commences within 14 days of the first day of Insurance as indicated in the policy schedule and expires on the last day of the number of days specified in the Policy Schedule or on return to India whichever is earlier.

Extension of the period of insurance is automatic for the period not exceeding 7 days, and without extra charge if necessitated by delay of public transport services beyond the control of the Insured person.

In case of Multi Trip this insurance is valid during the trip commenced after the first day of insurance as specified in Policy Schedule (except where this Policy replaces or Insured person renews an existing Multi Trip policy which fell due for renewal during the trip) and expires on the last day of insurance as specified Policy Schedule.

When injury/illness/ accident covered under this Policy is contracted during Period of Insurance and treatment for the same commences during the period and continues beyond the expiry date of this Policy, only emergency expenses would be paid up to 45 days from the date of expiry of the policy provided the Insured person is medically incapable of travel.

Insurer / Claims Administrator must be notified immediately as soon as it is known that Insured person is unfit to return to India. If any new illness/injury/accident is contracted beyond the expiry date of the Policy, treatment for the same would not be covered.

SECTION: - A - MEDICAL EXPENSES, EVACUATION AND REPATRIATION

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, 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.

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 this 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.

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.

Dental service:

The Insurer shall indemnify the Insured person against dental illness that manifests first time during the insured journey and requires immediate medical attention up to the maximum limit of US $ 225 for dental services. 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 this Section:

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.
2. Any routine 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. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment for refractive error.
8. Any form of plastic surgery (unless necessary for the treatment of Illness or accidental bodily injury).
9. 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.

10. Surgery to correct deviated 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.
11. Convalescence, general debility, "Run-down" condition, rest cure, congenital Internal and /or external illness/disease/defect.
12. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of these, including caesarian 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.
13. Experimental, unproven or non-standard treatment.
14. Treatment by any other system other than modern medicine (also known as Allopathy).
15. Expenses incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescent home or similar institution.

SECTION: - A (i) PERSONAL ACCIDENT

In the event of accidental death or 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 that total claim under this sub section will be limited to 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.

Limitation:

With regard to the accidental death of a named Insured person of age seventeen (17) years or below, the Limit of Cover shall be US $ 2,000.

Exclusions applicable to this section:

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, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.
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, misdemeanor, 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 pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.
6. 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, skin 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: - A (ii) TRAVEL SUPPORT

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 total loss of Checked Baggage, as defined.

Specific Conditions:

1. In the event of loss of property whilst in the custody of a carrier, a Property Irregularity Report (PIR) must be obtained from the 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. 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.
4. 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.
5. Any recovery from a carrier or an airline including under the terms of the Warsaw Convention, shall become the property of the Insurer.

DELAY OF CHECKED BAGGAGE

This insurance will pay US $ 200 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 that 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 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 reimbursed under this coverage.
3. Any payment under "Delay in Checked Baggage" shall be offset against any claim ultimately payable under "Loss of Checked Baggage".

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.
3. Loss or theft of passport left unattended by the Insured person unless located in a locked hotel room or apartment and an appropriate sized safety deposit box was not available for use by the Insured person.

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 death, serious injury or sudden sickness requiring minimum three days hospitalisation.
2. Death of Insured Person's spouse or parent or child.
3. Serious injury or sudden sickness requiring minimum three days hospitalisation of Insured person's wife or child who were booked to travel with the Insured person and who is also insured with the Insurer.
4. Compulsory quarantine or prevention of travel by Government.

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.

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 US $ 200 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

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 personal accommodation or 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"

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 $ 50 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.

EMERGENCY CASH ADVANCE

This is an assistance service when the Insured Person requires emergency cash following incidents like 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.

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.

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 traveling, the Insurer will pay US $ 200 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.

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.

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.

SECTION B: - 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:
    1. animals belonging to the Insured Person or in their care, custody or control;
    2. any willful, malicious or unlawful act;
    3. pursuit of a trade, business or profession, employment or occupation:
    4. ownership, possession or use of vehicles, aircraft, watercraft, parachuting, handgliding, hot air ballooning or use of firearms;
    5. legal costs of any proceedings that result from any criminal or illegal act;
    6. insanity, the use of any alcohol, drugs, (except as medically prescribed) or drug addiction;
    7. the supply of goods or services;
    8. any form of ownership or occupation of land or building (other than occupation only of any temporary residence).

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

1. No claim will be paid where the Insured person :
    - is travelling against the advice of a Physician: or
    - is receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate; or
    - is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition.
2. 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 the drugs, or any loss arising directly or indirectly from any injury, illness, death, loss, expenses, or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused.
3. No claim will be paid if arising from the insured person taking part in Naval, Military or Airforce operations.
4. 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.
5. The 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 therefrom 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
- the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

6. 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 therefrom following a flight.
7. 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.
8. 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.
9. No claims will be paid for losses arising directly or indirectly from manual work or hazardous occupation, or if engaging in any criminal or illegal act.
10. Pre-existing Disease: This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a pre-existing disease.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. Free Look Period -The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable If the insured has not made any claim during the free look period, the insured shall be entitled to- A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or; where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;

   Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

   This is condition is not applicable in case of single trip Insurance.

2. 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. The Insured person or his representative should quote 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 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 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.

   However the Insurer at his sole discretion may relax this condition subject to a satisfactory proof/ evidence being produced on the reasons for such a delay for maximum 60 days.

3. 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 insurers in seeking such indemnity or contribution including where appropriate, insurers instituting proceedings at their own expense against such parties in the name of the Insured person.
4. 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.
5. No person shall admit liability or make any offer or promise of payment without the express written consent of the Insurer / Service Provider.
6. The Insured person shall take all reasonable and proper care to safeguard against accident or illness or loss of or damage to his property, as if this insurance was not in force. Failure to do so will prejudice the Insured person's claim under this insurance.
7. 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.
8. 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 and/or legal representatives can claim 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 discharge to the Insurer.
9. 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, the Insurer 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.

Explanation: 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)

10. 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.

11. 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:

    i. Prior to taking treatment and/or incurring Medical Expenses at a Network Provider, You must call Service Provider and request pre-authorisation by way of the written form provided by Us or Service Provider.

    ii. 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-authorisation letter at the time of Your admission to the same.

    iii. 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 Cover A1) above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre- authorisation 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.

12. 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.

13. If two or more policies are taken by an insured during a period 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.

    a. In all such cases where insured opts 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.

    b. 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 to be settled. In such cases, we will settle the claim with contribution clause.

    c. 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

14. 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.

15. 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.

16. In the event of the Insured Person's death, Insurer shall have the right to carry out a post mortem at their expense.

17. Any claim which has not been conclusively proven and the amount thereof substantiated shall not be payable.

18. 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 situation, 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 on the date discharge.

19. Termination of Policy: The Policy terminates on the happening of any of following events whichever is earlier

    A. cancellation by the Insured person or the Insurer as per provisions mentioned under 'Cancellation', or;

    B. expiry of the period of insurance as per provisions mentioned under 'Period of Insurance' in the Policy

20. 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.

21. Renewal Conditions: Single Trip Insurance is non-renewable. Multi Trip Insurance may be renewed with the Insurer's consent by paying the premium in force at the time of renewal. The Insurer however, shall not be bound to give notice that it is due for renewal.

22. Withdrawal of Product: In case of withdrawal of this product we will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to our Overseas Travel Insurance products available at that time.

23. 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.

24. Cancellation:

Cancellation by Insured:-

A. Single Trip Insurance: Cancellation of the Policy may be done only in cases where a journey is not undertaken and only on production of the Insured person's Passport as a proof that the journey has not been undertaken. Any request for cancellation will be entertained not less than 14 days after the First Day of Insurance as indicated in the Policy Schedule. Such cancellation will be subject to deduction of Rs 250/-. No refund of premium or part thereof will be allowed once the journey has commenced. Policy can be cancelled in full and cannot be cancelled with respect to only some of insured persons. Once any of insured person starts journey, policy will not be cancelled with respect to remaining insured persons.

B. Multi Trip Insurance: The Insurance may be cancelled at any time at the request of the Insured person, in which case the Insurer will refund the premium as per the Table given below, provided that no claim has been made during the Period of Insurance.

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

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 on grounds of mis-representation, fraud, non-disclosure of material facts or non- cooperation of the Insured person.

25. Premium at the time of Renewal: Renewal premium will be based on the age of the Insured person at the time of renewal.

26. Grievances: -

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:

If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- 1800 102 1111. After examining the matter, final response would be conveyed within a period of 14 days from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance.

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrievances@SBIGeneral.in

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

Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal

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

Alternatively, you may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home

Stage 2 : 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, Ist 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.

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

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, Sonepat 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, Sonepat & 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, Sonbhabdra, 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, Bulandshehar, Etah, Etawah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar,
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	

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