

Group Domestic Travel Policy

POLICY WORDING

PREAMBLE

SBI General Insurance Company Limited (We, Our or Us) will provide the insurance cover detailed in the Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy 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 return for the payment and realization by us 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 and so many of the benefits as are indicated by a specific amount set opposite the specific benefit 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.

BENEFITS

We will provide the Benefits as detailed below and shown in the Schedule of the Policy to be operative for an event or occurrence described in such Benefits that occurs during the Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that Section during the Policy Period.

Section 1. Accident: Medical Treatment, Assistance and Evacuation

If any Insured Person suffers an Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay:

1. Medical Treatment

The Medical Expenses incurred for Hospitalisation or Outpatient Treatment during the Risk Period for:

- Room rent, boarding expenses,
- Nursing,
- Intensive care unit,
- Medical Practitioner,
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Special Conditions to this Section

We will pay for the post Hospitalisation expenses provided that the treatment for such Injury shall commence anytime during the Period of Insurance immediately after Hospitalisation, and in no case beyond the expiry of 30 days from the date of completion of Trip.

2. Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person and an attending Medical Practitioner and/or Immediate Family Members (maximum two members), if We are satisfied this is necessary, following an accident during the Risk Period (a) from a Hospital to the nearest facility which is prepared to admit the Insured Person and provide the necessary medical

services, if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, and (b) following the treatment, from the place in which the Hospital is based to the usual Place of Residence of the Insured as mentioned in the Policy schedule, provided in both cases that:

- Transportation has been prescribed by a Medical Practitioner and is medically necessary, and
- We have agreed to the reimbursement of the costs of transportation in advance of the transportation.

This benefit is subject to the sublimit of Section 1 as specified in the Policy schedule.

3. Transportation of mortal remains

If the Insured Person dies due to illness or accident during the Risk Period, then We will reimburse the Reasonable and Customary charges of either transporting his mortal remains to the usual Place of Residence of the Insured or local burial or cremation centre, in the city where the death has occurred.

This benefit is subject to the sublimit of Section 1 as specified in the Policy schedule.

4. Accidental Dental Injury

We will indemnify the Insured Person against Reasonable and Customary Charges and Medical Expenses towards accidental dental injury following an accident to the Insured's Natural Sound Teeth that requires immediate medical attention, up to the maximum limit and subject to the Deductible as specified in the Policy Schedule.

Dental care rendered necessary as a result of covered accident shall be subject to sub limit of Section 1 as stated in the Policy Schedule.

Special Exclusions to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- The treatment of any Illness even if caused by the Accident suffered by the Insured Person and requiring immediate medical treatment in order to maintain life or relieve immediate pain or distress.
- Any medical treatment which was not medically necessary.
- Plastic or cosmetic surgery unless this is certified by the attending Medical Practitioner to be medically necessary for reconstruction following an Accident.
- Dental treatment or surgery of any kind, unless to sound natural teeth and necessitated by an Accident.
- Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident.
- Any costs relating to physiotherapy unless undertaken while the Insured Person is Hospitalised.
- Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- Any costs in any way related to psychiatric or mental disorders.
- Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
- Any congenital external diseases, defects or anomalies.

Section 2. Personal Accident

a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:

- i. His death within 365 days of the Accident, then We will pay the Sum Insured.
- ii. The permanent impairment of the Insured Person's physical capabilities as detailed in the table below only within 365 days of the said Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Medical Practitioner and Our medical Team within 365 days of the Accident.

| Event | % of Sum Insured |
|--|------------------|
| Accidental death | 100% |
| 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% |
| Complete and irrecoverable loss of speech | 50% |
| Complete and irrecoverable loss of hearing of both ears | 50% |
| Loss of Thumb and index finger of the same hand | 25% |
| Quadriplegia | 100% |
| Paraplegia | 50% |
| Hemiplegia | 50% |
| Uniplegia | 25% |

"Loss" with regard to:

- a) hand or foot means actual severance through or above the wrist or ankle joints respectively;
- b) eye means entire and irrecoverable loss of sight;
- c) thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- d) speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.
- e) Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs which lasts for more than 365 days post accident, as determined by a Physician approved by government authority.
- f) Paraplegia means the complete and irreversible paralysis of both lower limbs which lasts for more than 365 days post accident, as determined by a Physician approved by government authority.
- g) Hemiplegia means the complete and irreversible paralysis of upper and lower limbs of the same side of the body which lasts for more than 365 days post accident, as determined by a Physician approved by government authority.
- h) Uniplegia means the complete and irreversible paralysis of one Limb which lasts for more than 365 days post accident, as determined by a Physician approved by government authority.

- i) Limb means entire arm or leg.

In no event shall Our payment under this Section exceed the Sum Insured.

Special Conditions to this Section

- a) If the Insured Person dies as a result of the Accident within 365 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- b) If the Accident affects any physical function, which was already impaired beforehand shall not be payable.
- c) If the Accident impairs a number of physical functions, the degree of disablement given in the Table of Benefits will be added together, but not exceeding 100% of the Sum Insured.
- d) If the Insured Person is not found within 365 days of the forced landing, disappearance, sinking or wrecking of the Carrier in which he was travelling as a fare paying passenger or as a result of any Acts of God, in which case subject to all other terms and conditions of the Policy the Insured Person will be presumed to have died as a result of the Accident.

Special Exclusions to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

1. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
2. Medical or surgical treatment except as necessary, solely and directly as a result of an Accident.
3. Hernia.
4. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body.
5. Any other claim after a claim for death has been admitted by the Company.

Section 3. Hospital Daily Cash

If an Insured Person suffers an Accident or Illness during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

- i. We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised (other than ICU), subject to maximum period mentioned (subject to deductible) in the Policy Schedule per Policy Period, and
- ii. We will pay twice the Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Period. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.
- iii. The Hospitalisation should be for a period of more than 2 (two) days to avail of this Benefit.

Our maximum liability shall be restricted to the Sum Insured and period mentioned in the Schedule of Benefits.

Special Exclusions to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. pregnancy and resulting childbirth, miscarriage or disease of the female organs of reproduction; or
2. routine physical examination; or
3. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the Policy is in force; or
4. any mental, nervous or emotional disorders or rest cures; or
5. Hospitalisation outside the Republic of India

Section 4. Travel Support (Air Travel)

This section is applicable only on travel by Commercial Airlines.

1. Loss of Checked-in Baggage

If an Insured Person's accompanying Checked-in Baggage is permanently lost by a Carrier on which the Insured Person is travelling as a fare paying passenger to his Place of Destination and to whom it was entrusted against a receipt during the Risk Period, then We will pay the amount required to purchase new items of the same kind and quality less the amount representing the condition and depreciation of the articles lost (as per Depreciation table attached below), provided that:

- a) Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item of baggage, then Our maximum liability for one item of baggage will be 50% of the Sum Insured.
- b) The Insured Person obtains a property irregularity report from the Carrier confirming the Loss.
- c) Our liability will be limited to the travel destinations specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.
- e) The Depreciation applicable shall be as below:

| Items | Depreciation |
|---|--------------|
| Clothes, footwear and other usual contents in the Baggage and the Baggage case (suitcase, bag and other such items) | Flat 30% |
| For all other items | Flat 25% |

Special Exclusions to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. Valuables, Money, any kinds of securities or tickets.
2. Any Loss of checked-in baggage amounting to a partial loss or not amounting to a total loss.
3. Any item within the Checked-in Baggage that is valued at more than Rs.2000 if the Insured Person cannot provide Us with satisfactory proof of ownership.
4. Any actual or alleged loss arising from any delay, detention, confiscation or distribution of Baggage by customs, police or other public authorities.
5. Any item that the Carrier's Policy or rule specifies should not have been carried.
6. Animals, perishables and consumables.
7. Any loss of Baggage sent in advance or souvenirs and articles mailed or shipped separately.
8. Any Consequential Loss

2. Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying Checked-in Baggage is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of food, medication, toiletries or clothing, provided that:

- a) The delay is 6 or more hours from the scheduled arrival time
- b) The Insured Person gives Us written proof of delay from the Carrier or Property Irregularity Report issued by the Common Carrier.
- c) Our liability will be limited to the travel destinations within India specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.
- e) For the purpose of this benefit, delay shall be considered to be the time lapsed from the actual time of arrival of the Common Carrier and the receipt of the Checked-in Baggage by the Insured.

Special Exclusion to this Section

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

1. Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
2. Any delay for part of total Checked-in Baggage in relation to the ticket of the Insured Person for the Trip covered under this Policy.
3. Delay in delivery of the Checked-In Baggage arising out of and resulting from detention/ confiscation by the Common Carrier/ customs/ government agencies/ other agencies.
4. Delay attributable to damage to Checked-in Baggage warranting an examined delivery by the Common Carrier.
5. Any delay of Checked-in Baggage on the return to the Place of Residence of the Insured.
6. Benefits of Baggage Delay paid or payable by the Carrier, provided however this insurance shall apply in excess of the amount recoverable from Carrier / other Insurers.

3. Flight Delay

If an Insured Person's journey on a Carrier as a fare paying passenger is delayed for a continuous and completed 6 hour period beyond its scheduled departure or scheduled arrival time during the Risk Period because of any of the reasons below and when no alternate travel arrangement is available, then We will reimburse up to the Flight Delay Sum Insured for those expenses incurred by the Insured Person for food and accommodation due to:

- a) Delay of the Carrier due to any severe weather conditions.
- b) Delay caused by strike or industrial action by the employees of the Carrier.
- c) Delay caused by any sudden or unforeseen breakdown of the Carrier's equipment.

Special Condition to this Section

- a) The Insured Person must provide Us with written confirmation from the Carrier of the length and exact nature of the delay.
- b) The Insured shall look for immediate alternative arrangements for continuing the journey as scheduled so as to minimize the delay arising out of the contingency.

- c) Accommodation is payable only if accommodation was not offered by the Carrier.
- d) Accommodation is not payable if delay is caused in the Insured's city of residence.

Special Exclusion to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. Facts or matters of which the Insured Person was aware or should have been aware might result in a delay at the time the Insured Person booked his ticket.
2. Any delay arising from the order or action of any government, civil authority or official government body.
3. Voluntary suspension of services by the Carrier.
4. Failure to check in on time.

Section 5. Travel Support (Rail Travel)

This section is applicable only on travel by Railway Train.

1. Loss of accompanying baggage

We will indemnify the Insured in respect of the Accidental loss of, destruction of or damage caused to personal Baggage accompanied whilst on board of the Common Carrier during the covered Trip arising out of Theft or Any other accident during the trip.

Special Condition to this Section

- a) Claims pertaining to this section to be supported with FIR from authorized Railway Authorities.
- b) Loss of or damage to any article which did not form part of the Contents of the Baggage after the journey has commenced shall not be indemnified unless specifically declared and accepted by Us.

Special Exclusion to this Section

We shall not be liable for and no indemnity is available hereunder in respect of:

1. loss or damage due to cracking, scratching or breakage of lenses or glass whether part of china, marble, any storage media or otherwise and other articles of a brittle or fragile nature, unless such loss or damage arises from an Accident to train by which such Baggage is conveyed by You
2. loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the Baggage is subjected;
3. loss or damage caused by moth, mildew or vermin;
4. loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self heating or leakage or electricity from whatever cause (lightning included);
5. loss or damage caused by mechanical derangement or over winding of watches and clocks;
6. theft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied;
7. loss or damage whilst being conveyed by any Carrier under contract of affreightment;
8. loss of or damage to jewellery or Valuables, laptops and mobiles/ smart phones;
9. loss or destruction of or damage to Baggage of a consumable nature;
10. loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person

11. loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like nature or articles of a dangerous or damaging nature;
12. any Trip undertaken within the municipal limits of the village, town or city wherein You permanently reside.
13. loss of cash, cheque, promissory notes or any negotiable instruments, stamps and foreign exchange.
14. Any Consequential Loss.
15. Live Animals.

2. Train Delay

If an Insured Person's journey, by Railway as a fare paying passenger, is delayed for a continuous and completed 12 hour period beyond its scheduled departure or scheduled arrival time during the Risk Period because of any of the reasons below and when no alternate travel arrangement is available, then We will reimburse up to the Train Delay Sum Insured for those expenses incurred by the Insured Person for meals and accommodation provided that the Insured has not returned back to his Place of Residence during the period of delay and:

- a) Delay of the Scheduled Railway Carrier due to any severe weather conditions.
- b) Delay caused by strike or industrial action by the employees of the Railways.
- c) Delay caused by any sudden or unforeseen breakdown of the Railways' equipment.

Special Condition to this Section

- a) The Insured Person must provide Us with written confirmation from the Railways of the length and exact nature of the delay.
- b) The Insured shall look for immediate alternative arrangements for continuing the trip as scheduled so as to minimize the delay arising out of the contingency.

Special Exclusion to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. Facts or matters of which the Insured Person was aware or should have been aware might result in a delay at the time the Insured Person booked his ticket.
2. Any delay arising from the order or action of any government, civil authority or official government body.
3. Voluntary suspension of services by Railways.
4. Delay is caused in the Insured's city of residence.
5. Negligence or fault of the travel agent.
6. Delay caused to special trains introduced seasonally and Passenger/Superfast passenger trains.
7. Delay caused due to train not starting at the scheduled time of departure from the station of origin.

Section 6. Travel Inconvenience

1. Trip Cancellation

If prior to the Contracted Date of Departure an Insured Person's outward journey as a fare paying passenger (as shown on his original travel booking and ticket) on a Carrier is unavoidably cancelled because of:

- a) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or Travelling Companion, or
- b) The Hospitalisation of the Insured Person or the Travelling

Insured Person's parent, spouse or child due to a sudden Illness or Injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to cancel the Trip.

Then We will reimburse up to the Trip Cancellation Sum Insured for those travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or the Insured Person is liable to pay provided these were booked prior to the occurrence.

Special Condition to this Section:

The Insured Person should notify to the Company as soon as reasonably possible in the event of Trip Cancellation. The Insured Person/ his representatives should also take all necessary steps to obtain maximum refund from applicable channels.

Special Exclusion to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. Childbirth, pregnancy or related medical complications.
2. Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
3. Facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation of the Trip.
4. The Hospitalisation of the Insured Person or the Travelling Insured Person's parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery
5. Travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or the Insured Person is liable to pay if he paid or committed to such expenses when the Insured Person knew or should have known of the possibility of cancellation.

2. Trip Curtailment

If an Insured Person's trip as a fare paying passenger (as shown on his original travel booking and ticket) on a Carrier is unavoidably curtailed during the Risk Period before completion and after it has commenced because of:

- a) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or Travelling Companion, or
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to a sudden Illness or Injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to curtail the Trip.

Then We will reimburse up to the Trip Curtailment Sum Insured, proportionately for those travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or the Insured Person is liable to pay.

Expenses payable are:

1. Additional expenses for travel less amounts recoverable on unused travel vouchers or tickets or tours.
2. Additional expenses for accommodation less amounts recoverable on unused pre-paid accommodation.

Special Condition to this Section

The Insured Person should notify to the Company as soon as reasonably possible in the event of Trip Curtailment. The Insured Person should also take all necessary steps to obtain maximum refund from applicable channels. The Company will not be liable for

additional penalty charges incurred that would not have been imposed, had the Insured Person notified as soon as reasonably possible.

Special Exclusion to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. Childbirth, pregnancy or related medical complications.
2. Additional expenses incurred while travelling in higher class/ category than the original travel ticket booked for Insured Person's return journey.
3. Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
4. Facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the Trip.
5. The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery

3. Missed Departure

We will pay benefits up to the amount stated in the Policy Schedule for the cost of Your actual Ticket (Common Carrier – Air/ Rail), if You cannot reach the original departure point of your booked journey on the outward or return journey, because:

- a) public transport services fail or
- b) the vehicle in which You are travelling is involved in an Accident, on the way to catch the return flight/train journey.

The missed departure has to be certified by the concerned Schedule Airlines/Scheduled Railway Carrier.

Special Condition to this Section:

1. Benefit of Missed Departure for Ticket Loss will be in excess of any amount paid or payable by the Common Carrier, if any.
2. Benefit of Missed Departure for Ticket Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

4. Loss of Tickets

We will pay benefits up to the amount stated in the Policy Schedule for the cost of Your actual Ticket (Common Carrier – Air/ Rail), which has been lost by You, and due to which You could not continue Your intended Trip.

The maximum payable will be the actual cost of ticket, subject to the Deductible mentioned in the Policy Schedule. The Insured has to produce the First Information Report, duly attested by the Police Authorities.

Special Limitations to this Section

1. Benefits for Ticket Loss will be in excess of any amount paid or payable by the Common Carrier, if any.
2. Benefits for Ticket Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.
3. This benefit is not applicable for loss of electronic tickets.
4. The benefit under this section shall not pay for any charges for obtaining duplicate ticket(s) at airline/railway counter.

5. Emergency Travel

If We have accepted a claim under Section 1 of this Policy and the Accident suffered by the Insured Person necessitates his Hospitalisation for more than 7 consecutive days,

We will reimburse the actual cost of an economy return airfare or one way first class railway ticket in a licensed Common Carrier, whichever is less, for one Immediate Family Member to travel to the Insured Person's place of Hospitalisation subject to the Emergency Travel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

6. Emergency Hotel

If We have accepted a claim under Section 1 of this Policy and the Accident suffered by the Insured Person necessitates his Hospitalisation for more than 7 consecutive days, We will reimburse the reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member subject to the Emergency Hotel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

Section 7. Domestic Replacement and Rearrangement (cover available for Business Trips Only)

If following a covered accident the Insured person is not in a position to perform their occupational duties We shall pay up to the maximum amount stated in the Policy Schedule in respect of reasonable additional travel and accommodation expenses necessarily incurred during the course of an Insured's Trip for deputing a substitute employee from the same organization as a replacement

The cost of Travel and Accommodation expenses will mean, the reasonable cost incurred for -

1. Sending a replacement for an Insured Person;
2. Returning the replacement following the completion of the duties necessarily undertaken;

Or, incurred for

1. Returning the original person, back to the usual Place of Residence of the Insured in India;
2. Sending out the original Insured Person to complete a tour of duty following recovery from disability, as a result of:
 - (a)
 - i. disablement of an Insured Person which totally prevents that Insured Person from carrying out his occupational duties and provided that disablement has lasted (or is proven by medical evidence to be likely to last) more than seven Days;
 - ii. death of a Spouse, parent, child, brother, sister, parent-in-law, of the Insured Person;
 - (b) compulsory quarantine, jury service or witness call of an Insured Person or any person with whom an Insured Person is traveling or is intending to travel or a close business associate of an Insured Person;
 - (c) an Insured Person's Place of Residence or business, in India, being rendered uninhabitable 10 Days or less prior to intended travel on an Insured Journey as a result of Accidental damage or an Insured Person's presence being required by the police following burglary or attempt thereat at the Insured Person's Place of Residence or business.

Special condition to this section:

1. The destination of travel of the substituted employee shall be the same as that of the Insured person.

2. Only one such substitution is permissible in respect of one employee.
3. No claim shall be payable under this section if the substitute employee has already been booked for travel prior to the accident of the Insured person

Special Exclusion to this Section

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. Pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction.

Section 8. Personal Liability

- a) We will pay all amounts that You shall become legally liable to pay by way of Compensation for, personal injury or property damage of third party which happens during the Risk Period as a result of an occurrence whilst You are on a Trip provided that any claim is made during the Policy Period.
- b) To the extent that We accept a claim under a) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defense or settlement of any claim

The Limit of Indemnity specified in the Schedule represents the maximum amount which We shall be liable to pay in respect of any one claim or series of claims arising out of any one event or occurrence

Special Conditions to this Section

a) The Insured Person shall:

- i. Immediately and in any event within 10 days of the incidence or receipt of the notice of demand give Us in writing Notification of Claim or demand made against the Insured Person or any circumstance which might reasonably be expected to give rise to a claim or demand.
- ii. Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
- iii. Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defense and/ or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defense of any claim, We may in Our sole and absolute discretion relinquish the same.

- b) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and the Insured Person chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defense costs incurred with Our consent up to the date of such refusal.

- c) In respect of any out of court claim settlement, We may at Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.

- d) Any and all amounts We paid in the settlement of any claim or defense costs will reduce the Limit of Indemnity.

Special Exclusion to this Section

We will not make any payment for any claim in respect of any Insured

Person directly or indirectly for, caused by, arising from or in any way attributable to:

1. A claim by one Insured Person against another Insured Person with whom he had arranged to travel or against an Insured Person who is a relative, a Travelling Companion or work colleague.
2. The transmission of an Illness by an Insured Person.
3. The Insured Person's professional activities or the supply of goods or services.
4. Keeping or ownership of animals.
5. The ownership, possession or use of vehicles, aircraft or watercraft.
6. The use or misuse of weapons, including firearms.
7. Any deliberate, wilful, malicious or unlawful act or omission.
8. Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
9. Any supply of goods or services on the part of the Insured Person arising out of the Insured Person's business.
10. Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
11. Liability arising out of use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization.
12. Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

Section 9. Home Burglary

We 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 Trip. The cover incept from the date of departure of the Insured person from his Place of Residence and ends on the expiry date or date of return to the Place of Residence of the Insured or maximum of 45 days, 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

We 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 Rs 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 Policy 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.

GENERAL EXCLUSIONS

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

1. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical or biological weapons, radiation of any kind.
2. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip
3. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline
4. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), 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 You are untrained.

5. the Insured Person riding on a motorcycle or any other two wheeled motorized mode of conveyance as driver or as passenger
6. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent, or intentional self injury, suicide or attempted suicide while sane or insane, self-endangerment unless in self-defense or to save life.
7. any loss, Injury, damage sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons
8. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance for abuse treatment or services, or supplies.
9. 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:
 - i. Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 - ii. Curative measures, infection, poisoning except where these arise from an Accident.
 - iii. The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
 - iv. Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, and sale, distribution of asbestos or other products thereof.
10. Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
11. Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident), maternity or birth (including caesarean section), Fertility or assisted conception.
12. Any non allopathic treatment.
13. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
14. Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
15. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; referral-fees or outstation consultations; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
16. The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees,

medical supplies including elastic stockings, and similar products unless it is used for and during the hospital stay.

17. Non-prescription drugs or treatments.
18. If the Insured Person is travelling against the advice of a Medical Practitioner, or is receiving or on a waiting list for specified medical treatment, or is traveling for the purpose of obtaining medical treatment, or has received a terminal prognosis for a medical condition.
19. Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
20. Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment due to accident for which confinement is required at a Hospital. Any Pre-existing Condition declared or not declared or any complication arising from it.
21. Any person who has obtained cover and is under Age 90 days or above Age 80 years.
22. Any non medical expenses mentioned in Annexure II

GENERAL CONDITIONS

1. Conditions Precedent

The fulfillment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be Conditions Precedent to Our liability.

2. Insured Person

Only those persons to whom a Certificate of Insurance has been issued shall be covered under this Policy. Any person may be accepted as an Insured Person during the Policy Period only after his application has been accepted by Us, additional premium has been paid and We have issued a Certificate of Insurance to such person.

3. Operation of Policy and Certificate

- 1) In case of issuance of a Policy, Certificate of Insurance takes effect on the Start Date stated on the Certificate of Insurance and ends on the End Date mentioned on the Certificate of Insurance or on completion of the Trip, whichever is earlier.
- 2) In case of corporate groups, the Insured will maintain and provide information, on a monthly basis, of the Trips made by the Insured persons during the Policy Period 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.

4. Notification of Claim

- 1) All Claims would be processed on reimbursement basis only.
- 2) If any treatment, consultation or Surgical Procedure for which a claim may be made is required in an emergency, then We must be informed within 7 days of the beginning of such treatment, consultation or Surgical Procedure.
- 3) In all other cases, We must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of the occurrence of the event giving rise to the claim.

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

SBI General Insurance Company Limited

9th Floor, Westport, Pan Card Club Road, Baner Pune,
Maharashtra – 411 045

5) In case there is delay submission of claim documents by Insured Person, then in addition to the documents mentioned above, You are also required to provide Us the reason for such delay in writing. We will condone delay on merit for delayed Claims where the delay has been proved to be for reasons beyond Your/Insured Person's control.

5. Supporting Documentation & Examination

1) The Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following in English:

- i. Our claim form duly completed and signed for on behalf of the Insured Person.
- ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, and diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv. A precise diagnosis of the treatment for which a claim is made.
- v. A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.
- vii. Previous treatment record along with reports, if any
- viii. Indoor case papers
- ix. MLC/ FIR copy/ certificate regarding abuse of Alcohol/ intoxicating agent, in case of Accidental injury
- x. Please refer to the detailed list of claims documents as per the Annexure III

2) The Insured Person additionally hereby consents to:

- i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
- ii. Being examined by any Medical Practitioner We authorise for this purpose when and as often as We may reasonably require. We will bear the Reasonable and Customary Charges towards performing such medical examination (at the specified location) of the Insured Person.

6. Claims Payment

1) We shall be under no obligation to make any payment under this Policy unless We have been provided with all the required

documentation and information We has requested to establish the circumstances of the claim, its quantum, Our liability for it, the Insured Person's usual Place of Residence, and unless the Insured Person has complied with his obligations under this Policy.

- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made, and to the Accumulation Limit.
- 3) We will only make payment to an Insured Person who will be deemed to be authorised by You to receive the concerned payment. If the Insured Person has died, We will only make payment to:
 - i. The Nominee (as named in the Certificate of Insurance), or
 - ii. The Insured Person's, legal heirs if no nominee has been appointed, or if the nominee has died.

- 4) All payments under this Policy will be in Indian Rupees only.
- 5) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care or could reasonably have minimized the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by a Medical Practitioner.

- 6) Any claim for death of the Insured shall be duly supported by a death certificate issued by the Hospital in the city of Accident or City of Residence or Place of Origin, as the case may be. Post mortem certificate attested by issuing authority is must for accidental death. The claim for permanent total or partial disability shall be duly supported by the disability certificate issued by the appropriate government authority specifying the nature of disability and the percentage of disablement. In case of death, written notice must be given before internment or cremation within one calendar month after the death, unless reasonable cause for delay is shown. In event of loss of sight or amputation of limbs or any part thereof, written notice must be given within one calendar month after such loss of sight or amputation. No claim for death or disability under this Policy shall be considered unless death or disability results due to an accident within 12 months of the date of Accident that led to the death or disability. To this extent the certificate obtained from the Medical Practitioner shall clearly relate the death/ disability to the Accident in question

We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policy holders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

7. Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices,

whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

8. Contribution

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The Insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the Sum Insured under a single Policy after considering the Deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the Insurers by whom claim is to be settled. In such cases, the respective Insurers may then settle the claim by applying the Contribution clause.

9. Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where-after we shall pay any balance remaining to You.

10. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

11. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.

Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

12. Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

13. Geography

This Policy applies to incidents anywhere within India only, and it is expressly agreed that an Insured Person's usual Place of Residence for the purposes of this Policy and the benefits payable under it will be and remain within India.

14. Termination

- 1) The insurance in respect of an Insured Person shall immediately

and automatically terminate on the earliest of the following dates, without the Insurer being required to give any separate notice to this effect to the Insured:

- a) Date at which the Policy is terminated
 - b) The date when the Total Sum Insured is paid for covered loss under Section 2
 - c) The date when the Insured Person is no longer an employee of the Insured or a part of the defined Group.
 - d) The date when the actual number of Travel Days exceeds the Total number of Travel Days mentioned in the schedule of the Policy.
- 2) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received by Us. If no claim has been made under the Policy then We will refund premium in accordance with the table below:

| Period on Risk | | Rate of premium refund |
|----------------------------|----------|------------------------|
| For a period not exceeding | 15 days | 90% of the Annual rate |
| For a period not exceeding | 1 month | 85% of the Annual rate |
| For a period not exceeding | 2 months | 70% of the Annual rate |
| For a period not exceeding | 3 months | 60% of the Annual rate |
| For a period not exceeding | 4 months | 50% of the Annual rate |
| For a period not exceeding | 5 months | 40% of the Annual rate |
| For a period not exceeding | 6 months | 30% of the Annual rate |
| For a period not exceeding | 7 months | 25% of the Annual rate |
| For a period not exceeding | 8 months | 20% of the Annual rate |
| For a period not exceeding | 9 months | 15% of the Annual rate |
| For a period exceeding | 9 months | Nil |

- 3) The minimum premium to be retained in case of cancellation of policy would be applicable as per the Travel Plan mentioned below:
 - a. Per Trip: ₹250/-
 - b. Per Day: ₹500/-
 - c. Annual multi trip: ₹1000/-
- 4) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the Policy.
- 5) If the Policy is cancelled, then each Certificate of Insurance which is already in force under the Policy will continue in force until the end of the Risk Period.
- 6) The amount paid for any Certificate of Insurance will be non-refundable, if the Trip has started.

15. Renewal

- 1) This Policy will terminate no later than the expiry date of the Policy Period unless We have agreed in writing to an extension of the Policy Period and Our conditions for agreeing to the extension, including as to the payment of additional premium, have been met.
- 2) We are under no obligation to give notice that the Policy is due for Renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise. We shall be entitled to

call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons.

- 3) The Certificate of Insurance will terminate no later than the expiry date mentioned therein or the end of the Risk Period (whichever is earlier). No Renewal or extension of the Certificate of Insurance will be permitted. After the commencement of the Risk Period, the amount paid for the Certificate of Insurance will be non-refundable.

16. Reasonable Care

The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.

17. Revision of Product

In case of revision of this product, including revision of premiums, 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.

18. Withdrawal of Product

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of Insurance Regulatory & Development Authority (Health Insurance) Regulations 2013, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy will have an option to obtain Renewal under similar product/s available with Us.

19. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) 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 thereto 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 three arbitrators, comprising of two arbitrators, one 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 Conciliation Act, 1996 (as Amended).

It is clearly agreed and understood that no dispute or difference shall be referred to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby 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 or damage shall be first obtained.

20. Customer Service

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified during normal business hours.

21. Claim Settlement

The Company will offer to settle the claim under this Policy within 30 days from the date of receipt of necessary Documents required for assessing the claim. In the event that, the Company decides to reject a claim made under this Policy, then the Company shall do so within a period of 30 days of the receipt of necessary Documents, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

For Senior Citizen:

SBI General Insurance Company Ltd.
 9th Floor, Wing A& B, Fulcrum,
 Sahar Road, Andheri (East), Mumbai – 400 099
 Email – customer.care@sbigeneral.in,
 Telephone - 1800221111, 18001021111

22. Declaration

- i. The Company shall have no liability towards any claim arising under this Policy, if The Insured makes any false/ incorrect declaration/information in the Proposal form for the insurance, which is material for accepting the risk and offering the cover under the Policy.
- ii. The Company further understands that the Insured has read the Policy and the prospectus and has understood the implications of the contents prior to affixing the Insured's 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 agrees to indemnify the Company in any loss arising consequent to their non-adherence or challenging any of the terms and conditions of the Policy.

23. 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.

24. No Constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptable of any premium.

DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

1. **Accident or Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means.
2. **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).
3. **Age or Aged** means completed years as at the commencement date.
4. **Baggage** means luggage and personal possessions, whether belonging to and/or in the lawful custody of the Insured during the Trip.
5. **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.
6. **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.
7. **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.
 8. **Certificate of Insurance** means the certificate We issue to an Insured Person. The Certificate of Insurance can only be issued prior to the commencement of the Risk Period.
 9. **Checked-In Baggage** means the baggage entrusted by the Insured and accepted by a Common Carrier for transportation in the same mode of conveyance for which a baggage receipt is issued to the Insured by the Common Carrier. This shall exclude all the items that are carried/ transported under a contract of affreightment.
 10. **Common Carrier** means any commercial public airline, railway, bus transport, or water borne vessel (which shall include ocean going and/ or coastal vessels and/ or vessels engaged for official or personal purposes) or any vehicle operating under license issued by the appropriate authority for transportation of passengers and/ or cargo.
 11. **Compensation** means monies paid or agreed to be paid as a result of any judgment, award or settlement for Personal Injury or Property Damage.
 12. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
 13. **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
 14. **Contents** means the articles and/ or personal effects of the Insured (other than property of the Business) in packing or in containers suitable and standard to the mode of Travel that is accompanied by the Insured or whilst such Baggage is lodged either in a locked private room of a hotel or guest house or any other accommodation occupied by the Insured during the Insured's stay at that location or in a public locker facility availed by the Insured during the course of or at any intermediate stage of the Travel.
 15. **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.
 16. **Day Care Centre** means any institution for day care treatment of sickness and/ or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment; has qualified medical practitioner(s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
 17. **Day Care Treatment** refers to medical treatment, and/ or surgical procedure which is:
 - i. Undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
 - ii. Which would have otherwise required a Hospitalisation of more than 24 hours.
 18. **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 per trip for this Policy.
 19. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), extractions and surgery excluding any form of cosmetic surgery/ implants.
 20. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his / her independent source of income, is up to the age of 25 years.
 21. **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, misdescription or non-disclosure of any material fact.
 22. **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.
 23. **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 of the Insured person's health.
 24. **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.
 25. **Hospital** means any institution established for Inpatient 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:
 - a. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - b. 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;
 - c. has qualified Medical Practitioner(s) in charge round the clock;
 - d. has qualified nursing staff under its employment round the clock;
 - e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
 26. **Hospitalisation** means admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
 27. **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.
28. **Immediate Family Member** means and includes the Insured Person's legal spouse, parent, parent-in-law, children and siblings.
29. **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.
30. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
31. **Insured Period** 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.
32. **Insured Person/ You/ Your/ Yourself/ Policyholder** means the person to whom a Certificate of Insurance has been issued.
33. **Insurer/ Company/ We/ Us/ Our** means SBI General Insurance Company Limited
34. **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.
35. **Kuccha Construction** means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.
36. **Market Value** means the value at which property insured could be replaced with one of the same kind, type, age and condition.
37. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
38. **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.
39. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of 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.
40. **Medically Necessary treatment** is defined as 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.
41. **Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller's cheques, postal orders and current postage stamps (which are not part of a collection).
42. **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 Person on payment by a cashless facility.
Please visit our website for service provider (TPA) list - www.sbigenral.in
43. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
44. **Notification of Claim** means the process of notifying a claim to the Insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
45. **Outpatient Treatment** is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
46. **Permanent Total Disablement (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.
47. **Place of Destination** means the destination place where the journey of the Insured, forming part of the Trip, is scheduled to be concluded through a Common Carrier.
48. **Place of Origin** means the starting point/ place from where the Insured's Trip is scheduled to be undertaken through a Common Carrier.
49. **Place of Residence** of the Insured means the dwellings the Insured is normally residing in currently, and declared as the residential address of the Insured in the Policy Schedule.
50. **Policy** means Your statements in the proposal form, this Policy wording (including all Annexure, endorsements, if any) and the Schedule as issued by and bearing the signature and seal of the Insurer.
51. **Policy Period** means the period between the commencement date and the expiry date specified in the Schedule.
52. **Policy Schedule** means the schedule attached to and forming part of this Policy, and if more than one then latest in time.
53. **Post- hospitalisation Medical Expenses** means medical expenses insured immediately after the Insured Person is Hospitalised, provided that:
- such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - the In-Patient Hospitalisation claim for such Hospitalisation is admissible by Us.

54. **Professional Sports** means any sport in which an Insured Person receives financial reward, sponsorship or gain as a result of their participation.
55. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
56. **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.
57. **Renewal** means 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. This is applicable only in annual multi trip policies.
58. **Risk Period** means only the period between:
- The scheduled time of departure of the Carrier on which the Insured Person is booked to travel as a fare paying passenger, and
 - The earlier of:
 - The time when the Insured Person returns to his usual Place of Residence as shown in the Certificate of Insurance, and
 - The expiry date specified in the Certificate of Insurance.
- The Risk Period will be evidenced only by the Certificate of Insurance issued by Us during the Policy Period.
59. **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.
60. **Scheduled Railway Carrier** means any Railways operated by Indian Railways, which in accordance therewith operates, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular journeys operated by such carrier.
61. **Single Trip** means the Trip specified on the Policy Schedule for which the Effective Date and Expiration Date are specified on the Policy Schedule or maximum 45 days.
62. **Sound Natural Teeth** means natural teeth that are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.
63. **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.
64. **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.
65. **Surgery or Surgical Procedure** means manual and / or an operative procedure(s) required for treatment of an illness or Injury, the correction of deformities and defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life performed in a Hospital or day care centre by a Medical Practitioner.
66. **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.
67. **Travelling Companion** - means up to two (2) named person(s) who is/are booked to accompany You on the Trip.
68. **Trip Duration** means the time period commencing from the date when the Insured travels out of the City of Residence or Place of Origin and ending on the date of return to the City of Residence and/or Place of Origin and includes both the days or maximum 45 days, whichever is earlier.
69. **Trip** shall mean the journey(s) undertaken by the Insured from the City of Residence or the Place of Origin and return back to the City of Residence or the Place of Origin or the Place of Destination during the Policy Period. Single Trip shall mean and include a Trip undertaken by the Insured from the City of Residence or the Place of Origin on or after the date of commencement of the insurance cover and return to the City of Residence or the Place of Origin or the Place of Destination, as the case may be, on or before the expiry of the insurance cover or maximum 45 days, whichever is earlier. Multi Trip shall mean and include one or more Single Trips during the Period of Insurance.
- The Trip shall be deemed to be completed on the Date of Expiry of Insurance as specified in the Policy Schedule or maximum 45 days, whichever is earlier, provided further that for a Multi Trip Policy, the Multi Trip shall be deemed to be completed on the completion of the last Single Trip undertaken as part of the Multi Trip or expiry of cover whichever is earlier.
70. **Trip Completion/ Completion of Trip** shall in relation to Single Trip Policy mean the return of the Insured to the City of Residence and/or Place of Origin any time after the commencement of Trip with or without completing his/ her scheduled travel plans. Provided that for a one way trip from the City of Residence and/ or Place of Origin, to the Place of Destination, the Trip shall be deemed to be completed on the date of expiry of the cover. Provided further that for a Multi Trip Policy, the Multi Trip shall be deemed to be completed on the Trip Completion of the last Single Trip undertaken as part of the Multi Trip or expiry of cover whichever is earlier.
71. **Unoccupied** means Your Home that remains unoccupied by You and/or Your Family for more than thirty (45) consecutive days.
72. **Unproven/ Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is experimental or unproven.
73. **Valuables** means photographic, audio, video, computer (including personal data assistants or handheld computers), telecommunications, electronic and electrical equipment, cellular phones, data recorded on tapes, cards, discs or otherwise, business goods or samples, securities such as credit cards, debit cards, membership cards, tickets or documents, musical instruments, telescopes, binoculars, spectacles, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, sunglasses, snow skis, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance (except bicycles while checked as baggage with a Carrier), household effects, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.
74. **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.

GRIEVANCE

Stage 1:

If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customer.care@sbigeneral.in. We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.

For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)

Stage 2:

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at: gro@sbigeneral.in or contact at 022-45138021.

Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch:

<https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/>

Stage 3:

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link

<https://bimabharosa.irdai.gov.in/Home/Home>

Stage 4:

If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (<https://www.cioins.co.in/Ombudsman>)

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. |

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| 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. |
| 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). |

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| <p>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</p> | <p>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, Basti, Balrampur, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> | <p>Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Bulandshahr, Budaun, Etah, Etawah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Farrukhabad, Firozbad, Ghaziabad, Hardoi, Gautambodhanagar, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> |
| <p>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</p> | <p>Bihar, Jharkhand.</p> | <p>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</p> | <p>Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p> |
| <p>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</p> | | | |

Source:- CIO (cioins.co.in)

ANNEXURE I: SCHEDULE OF BENEFITS

| Cover | Minimum SI | Minimum SI | Deductible |
|--|---|--|---------------------|
| Section 1: Accident: Medical Treatment, Assistance & Evacuation | | | |
| 1. Medical Treatment | 10,000 | 500,000 | NIL |
| 2. Medical Evacuation | Up to SI | 150,000 | NIL |
| 3. Transportation of mortal remains | Up to SI | 150,000 | NIL |
| 4. Accidental Dental Injury | Sublimit- 20% or max 20,000 | | NIL |
| Section 2: Personal Accident | 100,000 | 2,500,000 | Nil |
| Section 3: Hospital Daily Cash | 100/day max 30 days | 2000/day max 30days | First 24 Hours |
| Section 4: Travel Support (Air Travel) | | | |
| 1. Loss of Checked-in Baggage | 2,000 | 25,000 | 250 |
| 2. Delay of Checked-in Baggage | 500/hour max up to 5000 | 1000/hour max up to 10000 | First 6 hours |
| 3. Flight Delay | 500/hour max up to 5000 | 1000/hour max up to 10000 | First 6 hours |
| Section 5: Travel Support (Rail Travel) | | | |
| 1. Loss of accompanying baggage | 1,000 | 25,000 | 250 |
| 2. Train Delay | 500/hour max up to 5000 | 1000/hour max up to 10000 | First 12 hours |
| Section 6: Travel Inconvenience | Actual | 45,000 | |
| 1. Trip Cancellation | 2,000 | 10,000 | 250 |
| 2. Trip Curtailment | 2,000 | 10,000 | 250 |
| 3. Missed Departure | 2,000 | 10,000 | NIL |
| 4. Loss of Tickets | Actual cost of ticket or max ₹5,000 | Actual cost of ticket or max ₹10,000 | 250 |
| 5. Emergency Travel | Actual cost of ticket or max ₹5,000 | Actual cost of ticket or max ₹10,000 | Nil |
| 6. Emergency Hotel | Actual cost of hotel stay or max ₹5,000 | Actual cost of hotel stay or max ₹10,000 | 10% of claim amount |
| Section 7: Domestic Replacement And Rearrangement (For Business Trips Only) | 2,000 | 20,000 | Nil |
| Section 8: Personal Liability | 50,000 | 100,000 | NIL |
| Section 9: Home Burglary | 50,000 | 100,000 | 5,000 |

ANNEXURE II: LIST OF NON- MEDICAL EXPENSES

| SR. NO | List of Expenses Generally Excluded ("Non-Medical") in Indemnity Policy | Expenses |
|---|---|--|
| TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | | |
| 1 | HAIR REMOVAL CREAM | Not Payable |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |
| 7 | BRUSH | Not Payable |
| 8 | COSY TOWEL | Not Payable |
| 9 | HAND WASH | Not Payable |
| 10 | M01STUR1SER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 16 | BUDS | Not Payable |
| 17 | BARBER CHARGES | Not Payable |
| 18 | CAPS | Not Payable |
| 19 | COLD PACK/HOT PACK | Not Payable |
| 20 | CARRY BAGS | Not Payable |
| 21 | CRADLE CHARGES | Not Payable |
| 22 | COMB | Not Payable |
| 23 | DISPOSABLES RAZORS CHARGES (for site Payable preparations) | |
| 24 | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable |
| 25 | EYE PAD | Not Payable |
| 26 | EYE SHEILD | Not Payable |
| 27 | EMAIL / INTERNET CHARGES | Not Payable |
| 28 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable |
| 29 | FOOT COVER | Not Payable |
| 30 | GOWN | Not Payable |

| | | |
|--|---|---|
| 31 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32 | LAUNDRY CHARGES | Not Payable |
| 33 | MINERAL WATER | Not Payable |
| 34 | OIL CHARGES | Not Payable |
| 35 | SANITARY PAD | Not Payable |
| 36 | SLIPPERS | Not Payable |
| 37 | TELEPHONE CHARGES | Not Payable |
| 38 | TISSUE PAPER | Not Payable |
| 39 | TOOTH PASTE | Not Payable |
| 40 | TOOTH BRUSH | Not Payable |
| 41 | GUEST SERVICES | Not Payable |
| 42 | BED PAN | Not Payable |
| 43 | BED UNDER PAD CHARGES | Not Payable |
| 44 | CAMERA COVER | Not Payable |
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable/ Payable by the patient |
| 47 | CURAPORE | Not Payable |
| 48 | DIAPER OF ANY TYPE | Not Payable |
| 49 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by Insurer/ TPA then payable) |
| 50 | EYELET COLLAR | Not Payable |
| 51 | FACE MASK | Not Payable |
| 52 | FLEXI MASK | Not Payable |
| 53 | GAUSE SOFT | Not Payable |
| 54 | GAUZE | Not Payable |
| 55 | HAND HOLDER | Not Payable |
| 56 | HANSAPLAST/ ADHESIVE BANDAGES | Not Payable |
| 57 | INFANT FOOD | Not Payable |
| 58 | SLINGS | Reasonable costs for one sling in case of upper arm fractures should be considered |
| ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES | | |
| 59 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/SERVICES | Exclusion in Policy unless otherwise specified |
| 60 | COST OF SPECTACLES/CONTACT LENSES/HEARING AIDS ETC. | Exclusion in Policy unless otherwise specified |
| 61 | DENTAL TREATMENT EXPENSES | Exclusion in Policy unless |

| | | |
|---|--|--|
| | THAT DO NOT REQUIRE HOSPITALISATION | otherwise specified |
| 62 | HORMONE REPLACEMENT THERAPY | Exclusion in Policy unless otherwise specified |
| 63 | HOME VISIT CHARGES | Exclusion in Policy unless otherwise specified |
| 64 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Exclusion in Policy unless otherwise specified |
| 65 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY | Exclusion in Policy unless otherwise specified |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Exclusion in Policy unless otherwise specified |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Exclusion in Policy unless otherwise specified |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Exclusion in Policy unless otherwise specified |
| 69 | DONOR SCREENING CHARGES | Exclusion in Policy unless otherwise specified |
| 70 | ADMISSION/REGISTRATION CHARGES | Exclusion in Policy unless otherwise specified |
| 71 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Exclusion in Policy unless otherwise specified |
| 72 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable - Exclusion in Policy unless otherwise specified |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion |
| 74 | STEM CELL IMPLANTATION/ SURGERY and STORAGE | Not Payable except Bone Marrow Transplantation where covered by Policy |
| ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS | | |
| 75 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges, not payable separately |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 77 | MICROSCOPE COVER | Payable under OT Charges, not separately |
| 78 | SURGICAL BLADES,HARMONIC SCALPEL, SHAVER | Payable under OT Charges, not separately |
| 79 | SURGICAL DRILL | Payable under OT Charges, not separately |

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| 80 | EYE KIT | Payable under OT Charges, not separately |
| 81 | EYE DRAPE | Payable under OT Charges, not separately |
| 82 | X-RAY FILM | Payable under Radiology Charges, not as consumable |
| 83 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 84 | BOYLES APPARATUS CHARGES | Part of OT Charges, not separately |
| 85 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 86 | ANTISEPTIC or DISINFECTANT LOTIONS | Not Payable -Part of Dressing Charges |
| 87 | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable -Part of Dressing Charges |
| 88 | COTTON | Not Payable -Part of Dressing Charges |
| 89 | COTTON BANDAGE | Not Payable -Part of Dressing Charges |
| 90 | MICROPORE/ SURGICAL TAPE | Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges |
| 91 | BLADE | Not Payable |
| 92 | APRON | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges |
| 93 | TORNIQUET | Not Payable (service is charged by hospitals, consumables cannot be separately charged) |
| 94 | ORTHOBUNDLE, GYNAEC BUNDLE | Part of Dressing Charges |
| 95 | URINE CONTAINER | Not Payable |
| ELEMENTS OF ROOM CHARGE | | |
| 96 | LUXURY TAX | Actual tax levied by government is payable. Part of room charge for sub limits |
| 97 | HVAC | Part of room charge not payable separately |
| 98 | HOUSE KEEPING CHARGES | Part of room charge not payable separately |
| 99 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge not payable separately |
| 100 | TELEVISION & AIR CONDITIONER CHARGES | Payable under room charges not if separately levied |

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| 101 | SURCHARGES | Part of Room Charge , Not payable separately |
| 102 | ATTENDANT CHARGES | Not Payable - Part of Room Charges |
| 103 | IM IV INJECTION CHARGES | Part of nursing charges, not payable |
| 104 | CLEAN SHEET | Part of Laundry/ Housekeeping not payable separately |
| 105 | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable |
| 106 | BLANKET/WARMER BLANKET | Not Payable- part of room charges |
| ADMINISTRATIVE OR NON-MEDICAL CHARGES | | |
| 107 | ADMISSION KIT | Not Payable |
| 108 | BIRTH CERTIFICATE | Not Payable |
| 109 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| 110 | CERTIFICATE CHARGES | Not Payable |
| 111 | COURIER CHARGES | Not Payable |
| 112 | CONVENYANCE CHARGES | Not Payable |
| 113 | DIABETIC CHART CHARGES | Not Payable |
| 114 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| 115 | DISCHARGE PROCEDURE CHARGES | Not Payable |
| 116 | DAILY CHART CHARGES | Not Payable |
| 117 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| 118 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 119 | FILE OPENING CHARGES | Not Payable |
| 120 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 121 | MEDICAL CERTIFICATE | Not Payable |
| 122 | MAINTENANCE CHARGES | Not Payable |
| 123 | MEDICAL RECORDS | Not Payable |
| 124 | PREPARATION CHARGES | Not Payable |
| 125 | PHOTOCOPIES CHARGES | Not Payable |
| 126 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 127 | WASHING CHARGES | Not Payable |
| 128 | MEDICINE BOX | Not Payable |
| 129 | MORTUARY CHARGES | Payable up to 24 hrs, shifting charges not payable |

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| 130 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| EXTERNAL DURABLE DEVICES | | |
| 131 | WALKING AIDS CHARGES | Not Payable |
| 132 | BIPAP MACHINE | Not Payable |
| 133 | COMMODE | Not Payable |
| 134 | CPAP/ CAPD EQUIPMENTS | Device not Payable |
| 135 | INFUSION PUMP - COST | Device not Payable |
| 136 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 137 | PULSEOXYMETER CHARGES | Device not Payable |
| 138 | SPACER | Not Payable |
| 139 | SPIROMETRE | Device not Payable |
| 140 | SP O2 PROBE | Not Payable |
| 141 | NEBULIZER KIT | Not Payable |
| 142 | STEAM INHALER | Not Payable |
| 143 | ARMSLING | Not Payable |
| 144 | THERMOMETER | Not Payable (paid by patient) |
| 145 | CERVICAL COLLAR | Not Payable |
| 146 | SPLINT | Not Payable |
| 147 | DIABETIC FOOT WEAR | Not Payable |
| 148 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 149 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 150 | LUMBOSACRAL BELT | Essential and should be paid specifically for cases who have undergone surgery of lumbar spine. |
| 151 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason and at reasonable cost of approximately ₹200/ day |
| 152 | AMBULANCE COLLAR | Not Payable |
| 153 | AMBULANCE EQUIPMENT | Not Payable |
| 154 | MICROSHEILD | Not Payable |
| 155 | ABDOMINAL BINDER | Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |

| ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION | | |
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| 156 | BETADINE\HYDROGEN PEROXIDE\ SPIRIT\ DISINFECTANTS ETC | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital |
| 157 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES | Post Hospitalisation nursing charges not Payable |
| 158 | NUTRITION PLANNING CHARGES- DIETICIAN CHARGES - DIET CHARGES | Patient Diet provided by hospital is payable |
| 159 | SUGAR FREE TABLETS | Payable -Sugar free variants of admissible medicines are not excluded |
| 160 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) | Payable when prescribed |
| 161 | DIGESTION GELS | Payable when prescribed |
| 162 | ECG ELECTRODES | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 163 | GLOVES | Sterilized Gloves payable / unsterilized gloves not payable |
| 164 | HIV KIT | Payable - payable Pre-operative screening |
| 165 | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed |
| 166 | LOZENGES | Payable when prescribed |
| 167 | MOUTH PAINT | Payable when prescribed |
| 168 | NEBULISATION KIT | If used during Hospitalisation is payable reasonably |
| 169 | NOVARAPID | Payable when prescribed |
| 170 | VOLINI GEL/ ANALGESIC GEL | Payable when prescribed |
| 171 | ZYTEE GEL | Payable when prescribed |
| 172 | VACCINATION CHARGES | Routine Vaccination not Payable / Post Bite Vaccination Payable |
| PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | | |
| 173 | AHD | Not Payable - Part of Hospital's internal Cost |
| 174 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
| 175 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |

| OTHERS | | |
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| 176 | VACCINE CHARGES FOR BABY | Not Payable |
| 177 | AESTHETIC TREATMENT/SURGERY | Not Payable |
| 178 | TPA CHARGES | Not Payable |
| 179 | VISCO BELT CHARGES | Not Payable |
| 180 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 181 | EXAMINATION GLOVES | Not Payable |
| 182 | KIDNEY TRAY | Not Payable |
| 183 | MASK | Not Payable |
| 184 | OUNCE GLASS | Not Payable |
| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable, except for telemedicine consultations where covered by Policy |
| 186 | OXYGEN MASK | Not Payable |
| 187 | PAPER GLOVES | Not Payable |
| 188 | PELVIC TRACTION BELT | Should be payable in case of PIVD requiring traction as this is generally not reused |
| 189 | REFERAL DOCTOR'S FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/Strips) | Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable |
| 191 | PAN CAN | Not Payable |
| 192 | SOFNET | Not Payable |
| 193 | TROLLY COVER | Not Payable |
| 194 | UROMETER, URINE JUG | Not Payable |
| 195 | AMBULANCE | Payable Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable |
| 196 | TEGADERM / VASOFIX SAFETY | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 197 | URINE BAG | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Essential for case like CABG etc. where it should be paid. |

ANNEXURE III: CLAIM SUPPORTING DOCUMENTS

| Section | Coverage Name | Document Required for Claim |
|---|--|---|
| Section 1 Accident: Medical Treatment, Assistance & Evacuation | Medical Treatment, Medical evacuation & Accidental Dental Injury | <ul style="list-style-type: none"> Claim Form duly filled & signed Copy of FIR (First Information Report) /Spot Panchnama / Inquest Panchnama /MLC, wherever necessary Original documents of Doctor's medical report, Discharge card Prescriptions and Original bills, Investigation request and investigation reports along with payment receipts All original bills Copy of Indoor case papers Proof of travel For expenses of transportation due to medical reasons (medical evacuation), 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 Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | Transportation of mortal remains | <ul style="list-style-type: none"> Claim Form duly filled & signed Copy of Death Certificate Death Summary wherever applicable Post Mortem Report wherever applicable Proof for expenses incurred towards disposal of the mortal remains. Certificate from appropriate authority for transportation of the body of the deceased to the City of Residence or Place of Origin The receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased to the City of Residence or Place of Origin. Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| Section 2 Personal Accident | Personal Accident - Death | <ul style="list-style-type: none"> Claim Form duly filled & signed Copy of FIR (First Information Report) /Spot Panchnama / Inquest Panchnama /MLC /Final police report Policy/Certificate copy Death Certificate Post Mortem Report Original Legal Heir Certificate (in case nomination has not been filed by deceased) Death Summary wherever applicable Proof of Travel Any other relevant document |
| | Personal Accident - Disablement | <ul style="list-style-type: none"> Claim Form duly filled & signed Copy of FIR (First Information Report) /Spot Panchnama / Inquest Panchnama /MLC Policy/Certificate copy Photograph of the injured with reflecting disablement Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor Investigation Reports and Treatment Papers Proof of Travel Any other relevant document |

| Section | Coverage Name | Document Required for Claim |
|---|---------------------------------|--|
| Section 3 Hospital Daily Cash | Hospital Daily Cash | <ul style="list-style-type: none"> Claim Form duly filled & signed Hospital / Discharge Summary Final Hospital Bill-paid Investigation Reports Doctor's Certificate Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| Section 4 Travel Support (Air Travel) | 1. Loss of Checked-in Baggage | <ul style="list-style-type: none"> Claim Form duly filled & signed Copies of boarding Pass/Ticket/Baggage Tags Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage. In case of items of individual value equal to or more than INR 2,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of insurance company / service provider) Copies of correspondence with the Airline authorities/others certifying the loss Property Irregularity Report (to be obtained from the airline authorities) Details of compensation received from Airlines/other authorities Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | 2. Delay of Checked- in Baggage | <ul style="list-style-type: none"> Claim Form duly filled & signed Copies of boarding Pass/Ticket/Baggage Tags Copies of correspondence with the Airline authorities/others certifying the delay of checked-in baggage Property Irregularity Report (PIR - a written proof from the carrier) from the Airline authorities stating the period of delay Voucher of the Common Carrier for the compensation paid for the delay in delivery of the Checked- In Baggage Original bills/receipts/invoices for any necessary emergency purchases like toiletries, medication and clothing (If incurred) Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | 3. Flight Delay | <ul style="list-style-type: none"> Claim Form duly filled & signed Please attach confirmation from the airlines, clearly mentioning the scheduled arrival time and the actual arrival time Boarding Pass/Ticket Airline authorities certificate confirming the Carrier of the length and exact nature of the delay Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| Section 5 Travel Support (Rail Travel) | 1. Loss of accompanying baggage | <ul style="list-style-type: none"> Claim Form duly filled & signed FIR from authorized Railway Authorities Reason for the loss of baggage Copies of the letter addressed to the Common Carrier, police authorities and hotel / guest house / accommodation provider detailing the nature of loss with their acknowledgment Reply if any in original received from the above referred authorities Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |

| Section | Coverage Name | Document Required for Claim |
|---|----------------------|--|
| | 2. Train Delay | <ul style="list-style-type: none"> Claim Form duly filled & signed Please attach confirmation from the railways, clearly mentioning the scheduled arrival time and the actual arrival time Ticket Railway authorities certificate confirming the Carrier of the length and exact nature of the delay Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| Section -6 Travel Inconvenience | 1. Trip Cancellation | <ul style="list-style-type: none"> Claim Form duly filled & signed If trip is cancelled due to the Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child then provide certificate from Medical Practitioner confirming the severity of the medical condition which necessitated the cancellation of trip. In case the cancellation is owing to the death of the Insured Person or the travelling Insured Person's Immediate Family Member, documentary evidence from appropriate authority confirming the loss In case the cancellation is owing to the 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 along with the documentary evidence from appropriate authority confirming the loss All the bills / receipts confirming outward journey tickets Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | 2. Trip Curtailment | <ul style="list-style-type: none"> Claim Form duly filled & signed In case of trip curtailment is due to death of the Insured Person or the travelling Insured Person's Immediate Family Member or travelling companion, documentary evidence from appropriate authority confirming the loss In case the curtailment owes Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to a sudden illness or injury, then provide certificate from Medical Practitioner confirming the severity of the medical condition which necessitated the curtailment of trip. All the bills / receipts of reasonable additional expenses incurred Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | 3. Missed Departure | <ul style="list-style-type: none"> Claim Form duly filled & signed Documentary evidence from appropriate authority for public transport services fail or the vehicle in which you are travelling is involved in an accident, on the way to catch the return flight/train journey Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | 4. Loss of Tickets | <ul style="list-style-type: none"> Claim Form duly filled & signed Copy of FIR duly attested by police authority Details of Lost ticket Proof of any amount paid or payable by the Common Carrier for making alternate arrangement of travel Declaration cum undertaking confirming details of any other valid and collectible insurance Policy Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |

| Section | Coverage Name | Document Required for Claim |
|------------------|---|--|
| | 5. Emergency Travel | <ul style="list-style-type: none"> • Claim Form duly filled & signed • Medical evidences confirming Hospitalisation stay for more than 7 consecutive days • Copy of FIR (First Information Report) /Spot Panchnama / Inquest Panchnama /MLC • Medical certificate from treating doctor • Copy of travel ticket of Insured Person along with undertaking that travelling alone • Copy of expense incurred towards ticket of family member • Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| | 6. Emergency Hotel | <ul style="list-style-type: none"> • Claim Form duly filled & signed • Medical evidences confirming Hospitalisation stay for more than 7 consecutive days • Copy of FIR (First Information Report) /Spot Panchnama / Inquest Panchnama /MLC • Medical certificate from treating doctor • Copy of travel ticket of Insured Person along with undertaking that travelling alone • Copy of expense incurred towards ticket of family member • Copy of expense incurred towards the stay of family member • Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| Section 7 | Domestic Replacement andRearrangement (For Business Trips Only) | <ul style="list-style-type: none"> • Claim Form duly filled & signed • Medical evidence in case of disablement of an Insured Person which totally prevents that Insured Person from carrying out his occupational duties and provided that disablement has lasted (or to be likely to last) more thanseven Days • Documentary evidence in case of death of a Spouse, parent, child, brother, sister, parent-in law, of the Insured Person; • Documentary evidence in case of compulsory quarantine, jury service or witness call of an Insured Person or any person with whom an Insured Person is traveling or is intending to travel or a close business associate of anInsured Person • Documentary evidence in case of Insured Person's place of residence or business, in India, being rendered uninhabitable 10 Days or less prior to intended travel on an Insured Journey as a result of accidental damage or • Documentary evidence in case Insured Person's presence being required by the police following burglary or attempt thereat at the Insured Person's place of residence or business. • Travel proof of the substituted Employee (copy of tickets/ boarding pass • Travel proof of employee to be evacuated on medical grounds along with address proof • Invoice of expenses incurred towards travel of the substituted employee • Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |

| Section | Coverage Name | Document Required for Claim |
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| Section 8 | Personal Liability | <ul style="list-style-type: none"> • Claim Form duly filled & signed • 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. • Proof of judicial decision rendered by a court of law. • Copy of police report (in case of legal case) • Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |
| Section 9 | Home Burglary | <ul style="list-style-type: none"> • Claim Form duly filled & signed • First Information Report from Police authorities • Final Report from Police Authorities • Details of the incident • List of contents along with the value for which the claim is lodged • Any other document as may be appropriately applicable for the claims preferred under this section of the Policy |