

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 Item 6 of the Schedule.

FRAUD WARNING: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE COMPANY OR OTHER PERSON, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS IF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR IF ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED PERSON, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED PERSON, POLICYHOLDER, BENEFICIARY, CLAIMANT OR

The Policyholder shown in Item 1 of the Schedule is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy Effective Date shown in Item 2 of the Schedule and, in the case of a multi-year Policy, on or before the annual anniversary of such Policy

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Valuation and Foreign Currency: All premiums, benefit amounts, loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgment is rendered, settlement is denominated or any benefit, Sum Insured or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date

This policy shall ordinarily be renewable for life only by mutual consent except for grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the policy is renewed within the Grace period of 30 days from date of Expiry. Unless renewed as herein provided, this policy shall automatically terminate at the

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing

Accumulation Limit means the maximum amount payable by the Company in respect of any one Accident, irrespective of the number of Insured Persons involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the Accumulation Limit is exceeded, the Accumulation Limit amount will be distributed on a proportional basis to all Insured Persons, taking

Assistance Provider means the assistance company with whom the Company contracts, as an independent contractor, to provide travel-related

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

Bodily Injury means physical, external, Accidental bodily injury occurring suddenly in time and resulting solely and independently of any other cause

Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved. Civil War means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d' Etat, the

a) a business associate not a fellow employee of the Insured Person where the business relationship with the Insured Person is continuous and

11) Co-Payment is a cost-sharing requirement under a group travel insurance policy that provides that the policyholder/insured will bear a specified

Common Carrier means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a

Daily Activities means activities such as, but not limited to, cooking and/or taking of food, discharging of urine and/or faeces, getting dressed or

Daily Benefit means the amount payable for every twenty-four (24) continuous hours an Insured Person is in Hospital as an in-patient up to the

Dental Treatment- Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns,

Day Care Centre- A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified

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 hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included

Deductible is a cost-sharing requirement under an insurance policy that provides that the Insurer will not be liable for a specified rupee amount or percentage of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured. DEPENDENT CHILD refers to a child (natural or legally adopted or child from a previous marriage) of an INSURED PERSON or the SPOUSE of an INSURED PERSON, who is between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-five (25) years if in full time education at an accredited tertiary institution and does not have his / her independent sources of income. Disclosure of Information Norm- The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of

Domiciliary Hospitalisation Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires

Family Accumulation Limit means the maximum amount payable by the Company in respect of any one Accident, irrespective of the number of Insured Persons from the same Immediate Family involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the Family Accumulation Limit is exceeded, the Family Accumulation Limit amount will be on a proportional basis to all Insured Persons from the same Immediate Family, taking into account the maximum Sums Insured per Benefit and per Insured Person.

Franchise means an amount stated in the Schedule as a percentage or a fixed amount for which the Company will not be responsible if the claim falls below such percentage or fixed amount, or a period of time for which the Company will not be responsible unless the period of time has expired. Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of p re existing diseases. Coverage is not available

Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/

Hospital means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself

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

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.

Immediate Family / Immediate Family Member means an Insured Person's Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means

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.

Insured Journey means a trip commencing during the Period of Insurance. The Company agrees to continue the insurance for an Insured Person who commences an Insured Journey before the Policy Expiration Date, on the proviso that premium has been paid for such Insured Journey and the return

Insured Person means anyone over the age of three (3) months and aged seventy (70) years old or younger, except when the Company, at its sole discretion, accepts anyone over 70 years old, for whom premium has been paid and who is identified in Item 6 of the Schedule as an Insured Person. Maternity expenses shall include—(a). Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Sickness 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

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Medical advice is any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

must conform to the professional standards widely accepted in international medical practice or by the medical community in India

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

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on

Period of Insurance means the Operative Time stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before

Pre-Existing Disease- Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or

Post-hospitalization Medical Expenses- Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

c) entirely prevents an Insured Person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life.

Medical practitioner or Physician is a person who holds a valid registration from a medical council and is thereby entitled to practice medicine within

iv) Immediate Family of the Insured Person. For purposes of this definition only, the term Immediate Family Member shall not be limited to natural

Qualified nurse is a person who holds a valid registration from the Nursing Council within its jurisdiction; and is acting within the scope and jurisdiction

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

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the

Room rent Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical

Salary means the total gross basic annual salary excluding payments for overtime, commission or bonus payable by the Policyholder to the Insured Person at the time of the Date of Loss. For weekly paid Insured Persons, the Salary will be calculated by taking the average gross weekly basic salary

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

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

Sum Insured means the amount stated in the Table of Benefits in the Schedule as the Total Sum Insured, or limited to the specific insurance details in any Section of this Policy. The amounts shown in the Item 8 of the Schedule are the Total Sums Insured for each Insured Person for the particular benefit shown, subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section. The Total Sum Insured is a sublimit of liability. It is part of, and not in addition to the Accumulation Limit stated

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

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is based on established medical practice in India, is

a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to

Written notice of any occurrence which may give rise to a claim under this Policy must be given to the Company as soon as practicable and in any case within thirty (30) Days after such occurrence. Written Notice of Claim must be given to the Company immediately in the case of death, or within

All certificates, information and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. When required by the Company, at its own expense, the Insured Person shall submit to medical

Complete, written proof of loss must be given to the Company within sixty (60) Days after the Date of Loss, or as soon as reasonably possible. Such

all invoices, bills, prescriptions, Hospital certificates which will permit the Company to accurately determine the total amount of Medical Expenses

iv) in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and v) in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other

The Company at its own expense shall have the right and opportunity to examine the Insured Person whose Bodily Injury or Sickness is the basis of a claim and as often as it may be reasonably required during the pendancy of the claim and to make an autopsy in case of death, where it is not

In respect of any disablement claim, no benefit shall be payable before any disablement is recognised as definitive and permanent by a Physician

Medical advice of a Physician shall be sought and followed promptly on the occurrence of any Bodily Injury or Sickness and the Company shall not be liable for any part of any claim which in the opinion of a Physician appointed by the Company arises from the unreasonable or wilful neglect or

in cases of Accidental death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or
 in all other cases, more than three (3) years after the Date of Loss or date the claim is denied in whole or in part, whichever is later. No such legal action may be brought against the Company unless there has been full compliance with all the terms and conditions of this Policy. In the event of any failure to timely submit any claim or commence legal action with respect to any claim, all benefits under this Policy in respect of such claim

If any difference shall arise as to the amount to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to

arbitration in accordance with the Indian Arbitration and Conciliation Act 1996, as amended, and the making of an award shall be a condition

The Company will effect payment of covered claims subject to: i) the Company having received complete, written proof of loss and such other information as the Company may require to handle the claim; and ii) the premium for the Policy having been paid. In such cases, the Company shall

No benefit shall be payable in respect of an Insured Person under more than one of the following insurances: Accidental death or Accidental

Where amounts recoverable from the Company are delayed pending finalisation of any claim, payments on account may be made to the Insured

An Insured Person has the right to designate a beneficiary. All beneficiary designations shall be in writing, filed with the Policyholder, and provided to

The Insured Person, and no one else, unless there is an irrevocable assignment, has the right to change the beneficiary. The Insured Person does not

Changes must be in writing, filed with the Policyholder and provided to the Company at the time of claim and such other time as the Company may require. The Company does not assume any responsibility for the validity of these changes Benefit shall be payable only to the Insured Person, his or

Person's legal personal representatives or assignee if applicable, whose receipt shall effectively discharge the Company.

In the event of a claim under this Policy, the Policyholder, the Insured Person and the Beneficiary, if applicable, must fully cooperate with the Company in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full Cupertino with all physical

for Bodily Injury or Sickness due to wilful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury,

for Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance withthe

for Bodily Injury sustained whilst or as a result of participating in any competition involving the utilisation of a motorised land, water or air vehicle.

for Bodily Injury whilst the Insured Person is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for

for Bodily Injury or Sickness caused by or arising from the conditions commonly known as Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) and/or any related illness or condition including derivatives or variations thereof howsoever acquired or caused.

The onus shall always be upon the Insured Person to show that Bodily Injury or Sickness was not caused by or did not arise through AIDS or HIV.

for Bodily Injury sustained whilst or as a result of engaging in, practising for or taking part in training peculiar to any kind of violent labour disturbance,

for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary

for treatments for nervous or mental problems, whatever their classification, psychiatric or psychotic conditions, depression of any kind, or mental

for investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to

for Bodily Injury sustained whilst or as a result of active participation in any hazardous sport such as parachuting, hangliding, parasailing, off-piste

If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in Death within twelve (12) months of the Date of Loss, then the Company agrees to pay to the Insured Person's Beneficiary or legal representative the Compensation stated in

Disappearance: In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental

If applicable and if payment has been made under the Permanent Disablement Section, any amounts paid under that Section would be deducted from

If, during the Period of Insurance, the Baggage, Personal Documents and/or Personal Effects owned by or in the custody of an Insured Person are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the articles for any amount up to the Total Sum Insured stated in the

Any valid claim involving a motor vehicle, and at all time subject to Specific Exclusion (5), will be limited to a maximum of fifty percent (50%) of the

All claims will be subject to the Company at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the

If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under

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. This clause shall only apply

Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance,

loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets,

mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by

theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.

for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic

for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier

If, during the Period of Insurance, the Baggage, Personal Documents and/or Personal Effects that have been checked in on the same Common Carrier as a travelling Insured Person, are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the articles for any amount

All claims will be subject to the Company at its own discretion assessing the value of the claim based on the age and estimated wear and tear of the

If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under

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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. This clause shall only apply

Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance,

loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets,

mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by

theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.

for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic

13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier

If, during the Period of Insurance, the baggage and/or personal effects owned by or in the custody of an Insured Person is delayed or misdirected for more than the Deductible stated in the Schedule, then the Company will reimburse the Insured Person the cost of necessary personal effects up to the Sum

The baggage and/or personal effects must have been checked in as registered baggage by the airline operating under a licence issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable

If upon further investigation it is later determined that the baggage and/or personal effects has been lost, then any amount claimed and paid to an

An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder.

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

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. This clause shall only apply to indemnity sections

If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will

6) delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

The Company will pay loss of travel and / or accommodation expenses up to the amount stated in the Schedule, less the Deductible, for the unused, non-refundable pre-paid expenses paid by an Insured Person, less the value of applied credit from the unused return travel ticket to return home, if prior to the date of return, the Insured Person's Insured Journey is interrupted due to the Unexpected Death, Serious Injury or Serious Sickness of the Insured

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. This clause shall only apply

If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will

strikes or labour disputes which existed or of which advance warning had been given prior to the date on which an Insured Journey was booked.

delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority

any business or financial contractual obligations of the Insured Person, Close Business Associate or Insured Person's Immediate Family Member. a change of plans or disinclination of the Insured Person, Close Business Associate or Insured Person's Immediate Family to travel on the particular

If during the Period of Insurance, the flight on which an Insured Person is due to travel is delayed in excess of the Deductible, then the Company agrees to reimburse up to the amount stated in the Schedule per hour, or up to the Total Sum Insured, whichever is the lesser, for essential purchases, such as meals,

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. This clause shall only apply

If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will

All claims must be submitted in writing to the Company by the Insured Person, or his/her legal representative and all information, documents, and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company

d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number

if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual

if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

If during the Period of Insurance an Insured Person is travelling on board a Common Carrier which is Hijacked, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule for every six (6) continuous hours in excess of the Deductible up to the Total Sum Insured.

If while this Policy is in force a claim is made or a suit brought against an Insured Person for Property Damage that occurred during the Period of Insurance, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule, up to the Total Sum Insured, for the damages for which

If while this Policy is in force a claim is made or a suit brought against an Insured Person for Medical Expenses as the result of an Accident that occurred during the Period of Insurance caused by the Insured Person and resulting in Bodily Injury to another person, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule, up to the Total Sum Insured, for the damages for which the Insured Person is legally liable. In no event

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

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. This clause shall only apply to indemnity sections

Medical Expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and

liability arising out of or in connection with a business engaged in by an Insured Person. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the

liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or

liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by

Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by an Insured Person under any worker's

any claims or suits arising from any Immediate Family Member, Close Business Associate or an Immediate Family Member of a Close Business

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a) Arrangement of a Bail Bond – the arrangement of a bail bond in the event that an Insured Person has been arrested following a car Accident. The Assistance Provider will only arrange the financial guarantee if payment has been secured through an Insured Person's credit card or personal

c) Arranging for Replacement of Lost Passports - assistance in contacting with consular authorities in case of the loss or theft of an Insured Person's

Arranging an Emergency Cash Advance: assistance and will handle liaisons with banks to arrange a cash advance (s) to the Insured Person,

Arranging for Replacement of Lost Travel Documents - assistance in replacing travel documents or tickets in the event of a theft or loss or

Emergency Travel Services - assistance in new travel arrangements and reservations in the event of pre-departure cancellation or interruption,

Lost Luggage Assistance - assistance for an Insured Person who has lost his or her luggage while travelling by contacting the appropriate

Lost Travel Documents / Credit Card Assistance - directions on reporting the loss and requesting replacement in the event an Insured Person

Medical Service Provider Referral - information regarding Physicians, Hospitals, Clinics, Dentists when and where the Insured Person needs

Arrangement of Doctors Appointments – assistance in arranging appointments for an Insured Person with medical service providers if necessary.

Arrangement of Hospital Admission - arrangements for Hospital admission when the medical condition of the Insured Person requires such

Guarantee of Medical Expenses Incurred During a Hospital stay - a guarantee for the medical treatment necessary during an Insured Person's Hospital stay. The guarantees will only be arranged if the Assistance Provider has secured payment through an Insured Person's credit card or

Monitoring of Medical Condition during a Hospital stay - constant monitoring of the Insured Person's medical condition with the attending

Emergency Message Transmission – a messenger service to transmit messages or medical information, upon the Insured Person's request and

Arranging Emergency Medical Evacuation - arrangement of air / surface transportation, medical care during transportation, communications and

Arrangement of Medical Repatriation – arrangement of air / surface transportation, necessary medical care during transportation, communications and all usual ancillary services when moving an Insured Person to his/her country of residence following an emergency medical

Arrangement of Repatriation of Mortal Remains - the transportation of the Insured Person's mortal remains from the place of death to his /her

Arrangement of Compassionate Visit - the return airfare for an Immediate Family Member of the Insured Person to visit the Insured Person when

Arrangement of Hotel Accommodation - hotel arrangements for a visiting family member or a Replacement Business Colleague if an Insured

Courier: Any of our Branch office or corporate office You may also approach the Complaint and Grievance (C&G) Cell at any of our branches with

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below

m) Arrangement of Return of a Dependent Child - a one-way airfare for the return of a Dependent Child to his or her home country, if such Dependent

all usual ancillary services when moving an Insured Person to the nearest Hospital where appropriate treatment can be received.

Child is left unattended due to an Insured Person being hospitalised or expecting to be hospitalised for more than five (5) Days.

The Total Sum Insured is the total amount payable for Property Damage and Medical Payments to Others combined, not for each one.

liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by an Insured Person.

liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by an Insured Person.

To access the emergency assistance services while travelling, please call one of the following emergency telephone numbers:

a) Banking Facilities: - information on currencies, banking procedures and bank hours in the country of destination.
 b) Car rental Agency Referral and Limousine Arrangements - a referral to car rental companies in foreign countries.

Foreign Exchange Information Services - information concerning exchange rates of major foreign currencies.

Inoculation Information Services - information concerning inoculation requirements for foreign countries.

Travel Advisory Services - information concerning foreign ministry health and security advisories and circulars.

Hotel Accommodation Referral - the names, addresses, contact numbers of hotels in major foreign cities world-wide.

Car Rental – arrangement of a rented car in the event of an emergency. Payment is for the account of the Insured Person.

Embassy Referral - the address, contact numbers, and office hours for appropriate embassies and consulates in an emergency.

Legal Referral - the name, address, contact numbers, and office hours of lawyers or legal practitioners where and when necessary.

o) Secretarial Services and Business Centres Referral - wherever possible, a referral to secretarial services and business centres world-wide.

Replacement of Essential Medicine - arrangement for the replacement of essential medicines, subject to local regulations.

consent, to the Insured Person's family, friends and / or business associates following a medical emergency.

Claims Assistance - details to an Insured Person on how to correctly file a claim to the Company.

Interpreter Referral - the name, address, contact numbers and office hours for interpreters world-wide.

authorities involved and advising the Insured Person who they should contact to recover their lost luggage.

curtailment or delay during the trip, or following a Hospital stay of the Insured Person.

Interpreting Assistance - an interpretation service over the telephone.

Restaurant Referral - a referral to restaurants in major foreign cities.

a) Medical Advice Over the Phone - medical advice over the telephone.

through the Insured Person's assets or the insurance Policy.

Physician if an Insured Person is hospitalised.

evacuation for subsequent in-Hospital treatment.

1800 2 700 700 (accessible from any Mobile and Landline within India)

1800 226 226 (accessible from any MTNL and BSNL Lines)

Designated Grievance Officer in each branch.Company Website – www.hdfcergo.com

2999200089603404000 Page - 20 - of 21 Group Travel Insurance

outside their normal country of residence

home country or arrange for local burial at the place of death.

Person is hospitalised or is expected to be hospitalised for five (5) or more Days.

The decision on the most appropriate means and timing belongs to The Assistance Provider.

If you have a grievance that you wish us to redress, you may contact us with the details of your

the details of your grievance during our working hours from Monday to Friday.

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can

Insurance claim that has been rejected or dispute of a claim on legal construction of the policy

6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai - 400059

6th Floor, Leela Business Park, Andheri Kurla Road, Andheri East, Mumbai - 400059

2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014.

Tel.:- 079-27545441/27546139 • Fax: 079-27546142 • Email: bimalokpal.ahmedabad@gbic.co.in

Tel.:- 0674-2596455/2596003 • Fax: 0674-2596429 • Email: bimalokpal.bhubaneswar@gbic.co.in

Tel.:- 0172-2706468/2705861 • Fax: 0172-2708274 • Email: bimalokpal.chandigarh@gbic.co.in

Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 • Fax: 044-24333664 • Email: bimalokpal.chennai@gbic.co.in

Tel.:- 011-23237539/23232481 • Fax : 011-23230858 • Email: bimalokpal.delhi@gbic.co.in

Tel.:- 0361-2132204/5 • Fax: 0361-2732937 • Email: bimalokpal.guwahati@gbic.co.in

6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004

"Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM).

Tel: 040-65504123/23312122 • Fax: 040-23376599 • Email: bimalokpal.hyderabad@gbic.co.in

2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel: 0484-2358759/2359338 • Fax: 0484-2359336 • Email: bimalokpal.ernakulam@gbic.co.in

Tel: 033-22124339/22124340 • Fax: 033-22124341 • Email: bimalokpal.kolkata@gbic.co.in

Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel: 0522 -2231331/2231330 • Fax: 0522-2231310 • Email: bimalokpal.lucknow@gbic.co.in

Tel: 022-26106928/26106552 • Fax: 022-26106052 • Email: bimalokpal.mumbai@gbic.co.in

S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017.

2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002.

2999200089603404000 Page - 21 - of 21 Group Travel Insurance

Hindustan Building. Annexe, 4th Floor, C.R. Avenue, KOLKATA-700 072.

3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054.

2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, PUNE - 411030.

24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, Bengaluru – 560025. Tel No: 080-22222049/22222048 • Email: bimalokpal.bengaluru @gbic.co.in

3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI – 400 054 Tel: 022-26106889/6671 • Fax: 022-26106949 • Email- inscoun@gbic.co.in

Here for good

Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur - 302005

Tel: 0141-2740363 • Email: bimalokpal.jaipur@gbic.co.in

Tel: 020-32341320 • Email: bimalokpal.pune@gbic.co.in

HDFC ERGO General Insurance Company Limited

2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 003.

Tel.: 91 22 66383600. • Fax: 91 22 66383699 • e-mail: principalgrievanceofficer@hdfcergo.com

write to the Principal Grievance Officer of the Company at the following address

loses a travel document or credit card whilst abroad.

Emergency Medical And Related Services

may prescribe. All claims must be reported to the Company within twenty-one (21) Days of a delay occurring, and must contain:

late arrival of the Insured Person's connecting flight causing the Insured Person to miss his or her onward connection.

or a late arrival (of more than 1 hour) of public transport causing the Insured Person to miss the flight.

c) a copy of declaration of delay made by the public transport company (other than an airline).

if an Insured Person fails to check-in according to the itinerary supplied, unless it is due to a strike. if the delay is due to a strike or industrial action existing or announced before the start of the journey.

1) Hijacked means the unlawful seizure or wrongful exercise of control of a Common Carrier, or the crew thereof.

with the Company pay more than the Total Sum Insured for all Property Damage or Medical Expenses arising out of one event.

Property Damage means physical injury to, destruction of or loss of use of tangible property.

The Company will not be liable for any claims caused by or resulting either directly or indirectly from:

liability arising out of the transmission of a communicable disease by an Insured Person.

compensation law, non-occupational disablement law or occupational diseases law.

6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai 400059. India

In the event of a travel-related emergency, HDFC ERGO General Insurance Company Limited will

Destination Information - general information on the destination, normally via fax.

h) Visa Information Service - information concerning Visa requirements for foreign countries.
 i) Weather Information Services - weather forecasts and temperatures of foreign countries.

liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.

Property Damage to property rented to, occupied, or used by or in the care of an Insured Person.

liability arising out of the rendering of or failure to render professional services.

liability which is expected or intended by an Insured Person.

the appropriate authority or government agency.

Property Damage to property owned by an Insured Person.

liability under any contract or agreement.

Associate against an Insured Person.

HDFC ERGO General Insurance Company Limited

provide the following assistance services:

1) Pre-Departure Services

subject to suitable guarantees.

passport, and arranging its replacement.

Address: HDFC ERGO General Insurance Company Limited

5th floor, Tower 1, Stellar IT Park, C-25, Sector-62, Noida, UP, India - 201301

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

arising or as the result of chartered flights, unless such flights are registered in the International Data System.

in the event of loss by a Common Carrier, retain original tickets and baggage slips and submit them when a claim is made;

submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and

the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.

10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.

computer equipment, cameras, musical instruments, radios and portable radio/ cassette/ compact disc players.

up to the Total Sum Insured stated in the Schedule. The Deductible, if applicable, shall be deducted from the Compensation payable.

for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.).

for Bodily Injury sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc.

for Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.

organisation, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform.

death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

Exposure: Death as a direct result of exposure to the elements shall be deemed to be Bodily Injury.

Schedule. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Claims Provisions In the event of a claim the Insured Person must:

a) to the relevant Common Carrier in the event of loss or damage in transit;

submit a copy of the relevant Common Carrier or police report when a claim is made;

bottles of perfume, aftershave, and make up shall together be regarded as one item;

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

baggage, clothing and personal effects despatched as unaccompanied baggage.

loss or damage to sports equipment whilst in use, contact lenses, samples, tools.

for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.

loss, including but not limited to loss by theft, or damage to vehicles or other accessories.

b) to the relevant police authority in the event of loss or theft;

obtain a Common Carrier or police report where the loss occurred;

a pair of skis, ski boots and accessories shall be regarded as one item;

securities of any kind and petrol or other coupons.

destruction or damage due to wear and tear, moth or vermin.

is an airline if a property irregularity report is not obtained.

baggage and/or personal effects sent under an airway-bill or bill of lading.

Specific Claims Provisions In the event of a claim the Insured Person must:

b) to the relevant police authority in the event of loss or theft;

obtain a Common Carrier or police report where the loss occurred;

a pair of skis, ski boots and accessories shall be regarded as one item;

securities of any kind and petrol or other coupons.

destruction or damage due to wear and tear, moth or vermin.

is an airline if a property irregularity report is not obtained.

fire or by Accident to the conveying vehicle.

to the relevant Common Carrier in the event of loss or damage in transit;

submit a copy of the relevant Common Carrier or police report when a claim is made;

bottles of perfume, aftershave, and make up shall together be regarded as one item;

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

baggage, clothing and personal effects despatched as unaccompanied baggage.

loss or damage to sports equipment whilst in use, contact lenses, samples, tools.

12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.

baggage and/or personal effects sent under an airway-bill or bill of lading.

16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.

in the event of loss by a carrier, retain original tickets and baggage slips and submit them when a claim is made;

the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.

for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.

computer equipment, cameras, musical instruments, radios and portable radio/ cassette/ compact disc players.

Insured Person under the Baggage Delay Section will be deducted from any payment under the Baggage Loss Section.

Notification of any apparent delay to baggage must be made immediately to the airline concerned.

The Company will not indemnify the Insured Person for delayed baggage as a result of the following:

5) delays due to a strike or industrial action existing or announced before the start of the journey.

1) chartered flights, unless such flights are registered in the International Data System.

3) purchases made after arriving in the final destination mentioned on the airline ticket.

2) confiscation of baggage by customs or any government authority.

4) baggage and/or personal effects sent under an airway-bill or bill of lading.

Person, Close Business Associate and/or an Insured Person's Immediate Family.

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and

contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

fire or by Accident to the conveying vehicle.

Person at the Company's discretion, on receipt by the Company of certification by a Physician appointed by the Company.

15) The Company shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

No claim may be brought under this Policy, nor may any legal action be brought against the Company to recover under such claim:

the preliminary medical report describing the nature and extent of all injuries or Sicknesses, and providing a precise diagnosis, and

i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

Pre-hospitalization Medical Expenses- Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

incurred during hospitalization) (b). Expenses towards lawful medical termination of pregnancy during the policy period

Medical Treatment means a Physician's medical advice, treatment, consultations, and prescribed or remedial attention.

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

is required for the medical management of the illness or injury suffered by the insured;

Non- Network: Any hospital, day care centre or other provider that is not part of the network

Operative Time means the time that the insurance is effective as stated on the Schedule.

Permanent Total Disablement means disablement, as the result of a Bodily Injury, which

its jurisdiction; and is acting within the scope and jurisdiction of his license, other than - .

a) continues for a period of twelve (12) consecutive months, and

persons resident in the same country as the Insured Person

61) Policyholder means the entity or person named as such in the Schedule.

i) an Insured Person under this Policy;

iii) an employee of the Policyholder; or

recovered from any other source.

treatment experimental or unproven

a) use or threat of force or violence; orc) commission or threat of a dangerous act; or

2) when one or both of the following applies:

thirty (30) Days after the Date of Loss in all other cases.

(if applicable) incurred by the Insured Person, and

any police reports concerning the Accident, and

the date symptoms of the Sickness began, and

ii) the date a Physician was seen due to the Sickness, and

the date a Physician was seen due to the Bodily Injury, and

ii) an Insured Person's employer or business partner;

renewal continuous for the purpose of all waiting periods.

the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

b) is confirmed as total, continuous and permanent by a Physician after the twelve (12) consecutive months, and

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

of the Insured Person for the thirteen (13) weeks prior to the Date of Loss and multiplying this amount by fifty-two (52).

Serious Injury or Serious Sickness means Bodily Injury or Sickness certified as being dangerous to life by a Physician

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

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

examination in respect of any alleged claim that may give rise to a benefit being paid.

legal documents establishing the identity of any and all beneficiaries, and

detailed circumstances of the Accident and the names of any witnesses, and

The Company shall base its assessment of the claim on the complete, written proof of loss.

failure of an Insured Person to seek and remain under the care of a Physician.

precedent to any liability for the Company to make any payment under this Policy.

the Company at the time of claim and such other time as the Company may require.

vii) such other information as the Company may require to handle the claim.

1) that involve the following or preparation for the following:

express (or express opposition to) a philosophy or ideology.

Spouse means an Insured Person's husband or wife who is recognised as such by the laws of the jurisdiction in which they reside.

in Item 3 (b) of the Schedule, if any. It further reduces, and does not increase, the Accumulation Limit stated in Item 3 (b) of the Schedule

d) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and

a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;

e) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

a business companion who travels with the Insured Person for the same business purpose, and whose presence is

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

c) for Sickness means the first date of diagnosis or the date the Insured Person first became aware of the Sickness.

maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

the patient takes treatment at home on account of non availability of room in a hospital

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

treatments, where such admission could be for a period of less than 24consecutive hours

d) has a fully equipped operation theatre of its own where surgical procedures are carried out

her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b) has qualified nursing staff under its employment round the clock;c) has qualified medical practitioner (s) in charge round the clock;

during the Policy Period and requires medical treatment

reside in the same country as the Insured Person.

which is verified and certified by a Medical Practitioner.

trip is within thirty (30) Days after the Insured Journey commences.

must have been prescribed by a medical practitioner,

insured on payment by a cashless facility.

which it should be notified.

the Policy Expiration Date.

the final judgment is entered, the amount of settlement is agreed upon or any benefit, Sum Insured or element of loss is due, respectively.

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

or nominee. For all other benefits, the Beneficiary means the Insured Person himself unless stipulated otherwise.

Effective Date. Timely payment of all premium due in full is a condition precedent to the Company's liability under this Policy.

Notices Any notice, direction or instruction given under this Insured shall be in writing and delivered by hand, post, or facsimile to:

d) in respect of Immediate Family, the date that such person ceases to be the Insured Person's Immediate Family Member; or
 e) the date when the actual number of travel days exceed the Total Number of Travel Days mentioned under Item 6 of the Schedule.
 The Policyholder and Insured Person understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the Company's decision to provide this insurance. The Policyholder and Insured Person further understand that the Company has issued this Policy in reliance upon the truth of such statements and particulars.

the date that the Total Sum Insured is paid for covered loss under Section 6 (Accidental Death), Section 7 (Permanent Disablement) of the Policy;

Insurance in respect of an Insured Person shall immediately terminate on the earliest of the following dates:

the date that an Insured Person is no longer an employee of the Policyholder;

OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED

In case of the Insured, at the address specified in the Schedule.

expiry of the period for which premium has already been paid.

into account the maximum Sums Insured per Benefit and per Insured Person.

or any physical defect or infirmity existing before the Period of Insurance.

reliant on each other for the Insured Person's business, or

Company means HDFC ERGO General Insurance Company Limited.

undressed, washing and taking a bath, walking and general living activities.

extractions and surgery excluding any form of cosmetic surgery/implants

medical practitioner AND must comply with all minimum criteria as under-

misrepresentation, mis-description or non-disclosure of any material fact.

Day care treatment refers to medical treatment, and/or surgical procedure which is:

percentage of the admissible costs. A co-payment does not reduce the sum insured.

transportation of fare paying passengers and which has fixed, established routes only.

a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body.b. External Congenital Anomaly which is in the visible and accessible parts of the body

b) for all other benefits means the date the event happened that leads to an alleged claim.

has a fully equipped operation theatre of its own where surgical procedures are carried out;

Compensation means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.

rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

HDFC ERGO General Insurance Company Limited

Such notices shall be effective on the date of receipt.

In case of the Company at:

Homeopathy in the Indian context.

emergency assistance services.

consequences of Martial law.
Close Business Associate means:

Person's business, or

c) a fellow employee of the Insured Person.

maximum number of days stated in the Schedule.

a) for Accident means the date of the Accident.

Day means a continuous period of twenty-four (24) hours.

has qualified nursing staff under its employment; has qualified medical practitioner/s in charge;

in the scope of this definition

for the period for which no premium is received.

comply with all minimum criteria as under:

Home where treatment may have been taken.

SECTION 3
DEFINITIONS

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72)

74)

76)

SECTION 4

a)

i) ii)

iii)

i)

5)

8)

b) If a Sickness:

GENERAL CLAIMS PROVISIONS

proof of loss must contain:
i) the Policy Number, and

vi) proof of age, where applicable, and

iv) the Physician's contact details, or

iii) the Physician's contact details.

appointed by the Company.

shall be forfeited.

effect payment within 7 days.

need the consent of anyone to do so.

her Beneficiary, or the Insured

SECTION 5

2)

3)

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6) 7)

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16)

18)

20)

SECTION 6

the Schedule.

Specific Extensions

ACCIDENTAL DEATH

Specific Conditions

2)

3)

4)

2)

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4) 5)

6)

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11)

15)

2)

3)

SECTION 19 BAGGAGE DELAY

speeds

a claim involving animals.

Insured stated in the Schedule.

be surrendered to the Company.

7) any delays of the return journey.

to indemnity sections of the policy.

be surrendered to the Company

a) provider of transport; orb) agent of such provider; or

agent acting for the Insured Person.

regulations made by any Government or Public Authority.

or Aviation Agency or any similar body in any country.

refreshments or other related expenses directly resulting from the:

delay or cancellation of the Insured Person's booked and confirmed flight.

Specific Exclusions

SECTION 21

TRIP INTERRUPTION

Specific Conditions

Specific Exclusions

2)

5)

2)

3)

SECTION 22

Specific Conditions

to indemnity sections of the policy

be surrendered to the Company.

b) detailed circumstances of the delay.

The Company shall not be liable for any claim:

connecting flight arrival time.

1) any claim caused by civil authority.

the Insured Person is legally liable. Medical Payments to Others

to terms of the chosen policy.

of the policy.

Specific Definitions

Specific Exclusions

3)

4)

8)

9)

10)

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12)

ATTACHMENT

e)

f)

g)

d)

e)

h)

i)

k)

b)

e)

Specific Conditions

grievance through:

GRIEVANCE REDRESSAL PROCEDURE

- Call Center (Toll free helpline)

- Emails - grievance@hdfcergo.com

HDFC ERGO General Insurance Company Limited

HDFC ERGO General Insurance Company Limited

Delay in settlement of claim

Dispute with regard to premium

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman,

Email: bimalokpal.bhopal@gbic.co.in

Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009.

Office of the Insurance Ombudsman.

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman.

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman.

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman,

Office of the Insurance Ombudsman,

OFFICE OF THE GOVERNING BODY OF

Smt. Ramma Bhasin, Secretary General,

Tel.:- 0755-2769201/9202 • Fax: 0755-2769203

Non-receipt of your insurance document
 Names of Ombudsman and Addresses of Ombudsmen Centres

HDFC ERGO General Insurance Company Ltd.

Fax: 022 - 66383699

The Complaint and Grievance Cell,

To the Principal Grievance Officer

if your grievance pertains to:

Shri Raj Kumar Srivastava,

Shri B.N. Mishra.

Shri Manik Sonawane

Shri Virander Kumar.

Smt. Sandhya Baliga,

Insurance Ombudsman,

Shri G.Raieswara Rao.

Shri P.K.Vijayakumar,

Shri K.B. Saha,

Shri N.P. Bhagat,

Shri A.K. Dasgupta,

Shri A.K. Jain.

Shri A.K. Sahoo,

Shri M. Parshad,

INSURANCE COUNCIL

sc.com/in

Shri Y.R. Raigar, Secretary

and place where the delay occurred.

Specific Claims Provisions

Specific Exclusions

3)

5)

SECTION 25 HIJACKING

SECTION 26

PERSONAL LIABILITY
Property Damage

a) the Policy number.

the default of any:

SECTION 18

Specific Definitions

GENERAL EXCLUSIONS

directions of a Physician.

any pathological fracture.

skiing or bungee jumping.

21) for Bodily Injury sustained as the result of Terrorism.

payment of a claim under this Section of the Policy.

LOSS OF BAGGAGE and PERSONAL DOCUMENTS

Sum Insured stated in the Schedule.

to indemnity sections of the policy

1) give immediate written notice:

when a claim is made.

For purposes of any claim hereunder:

Specific Exclusions

speeds.

11) a claim involving animals.

CHECKED BAGGAGE LOSS

article that forms the basis of the claim.

to indemnity sections of the policy.

1) give immediate written notice:

when a claim is made.

For purposes of any claim hereunder:

Specific Conditions

Specific Definitions

article that forms the basis of the claim.

No sum payable under this Policy shall carry interest.

examinations and autopsies that the Company may require.

for Bodily Injury due to a gradually operating cause.

The Company shall not be liable to pay any benefit in respect of any Insured Person:

1) for Bodily Injury or Sickness occasioned by Civil War or Foreign War.

suicide or attempt thereat, or arising out of nonadherence to medical advice.

the transport of paying passengers on regular and published scheduled routes.

for Bodily Injury sustained whilst or as a result of participating in any criminal act.

for Bodily Injury or Sickness caused or provoked intentionally by the Insured Person.

for Bodily Injury sustained whilst or as a result of participating in any sport as a professional player.

13) for Bodily Injury or Sickness caused by or arising from or due to venereal or venereal related disease.

Date of Loss:

the date that the Policy is terminated,

a) b)

c)d)

Insurance Policy Number: 2999200089603404000

telephone assistance service.

Fax No.: + 91 - 120 - 6691600 Email: travelclaims@hdfcergo.com

Noida, UP, India - 201301

Insurance Coverage

License)

International Toll free Number: + 800 08250825

Landline (Chargeable): +91-120-4507250

Accidental Death (Air Accidents Only)

Loss Of Baggage and Personal Documents

(Includes Loss of Passport and International Driving

telephone numbers:

For claims, you can call HDFC ERGO's twenty-four (24) hour, seven (7) Days a week, toll-free emergency

To access the emergency assistance services while travelling, please call one of the following emergency

Address: HDFC ERGO General Insurance Company Limited 5th floor, Tower 1, Stellar IT Park, C-25, Sector-62,

₹10,000,000

1,075

Total Sum Insured (US \$ AND INR)

Standard Chartered