TravelAssure
Policy Document

niva Bupa Health Insurance

1. Preamble

This 'TravelAssure' policy is a contract of insurance between You and Us which is subject to payment of full premium in advance and the terms, conditions and exclusions of this Policy. Expense incurred outside the policy period will NOT be covered. Unutilized Sum Insured will expire at the end of policy year. All applicable benefits, details and limits are mentioned in your Policy Schedule. We will cover only allopathic treatments in this policy.

2. Defined Terms

The terms listed below in this Section and used elsewhere in the Policy in Initial Capitals shall have the meaning set out against them in this Section.

Standard Definitions

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

2.2 **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

2.3 **Day care center** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under

a. has qualified nursing staff under its employment;
b. has qualified medical practitioner/s in charge
c. has fully equipped operation theatre of its own where surgical procedures are carried out
d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

2.4 **Day care treatment** means medical treatment and/or surgical procedure which is

a. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hrs because of technological advancement, and
b. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

2.5 **Deductible** means 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

2.6 **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

2.7 **Emergency Care- Emergency care** means management for an 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.

2.8 **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 preexisting diseases. Coverage is not available for the period for which no premium is received

2.9 **Hospital**

For the purpose of domestic insurance

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 36(1) and the said act Or complies

with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;
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 a fully equipped operation theatre of its own where surgical procedures are carried out;
e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

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

2.11 **Illness- Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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:
    i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    ii. it needs ongoing or long-term control or relief of symptoms
    iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    iv. it continues indefinitely
    v. it recurs or is likely to recur

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

2.13 **Inpatient Care-** Treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.14 **Maternity Expenses means**

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
b) expenses towards lawful medical termination of pregnancy during the policy period.

2.15 **Medical Advice-** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

2.16 **Medical Expenses-** 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.

2.17 **Medical Practitioner/Doctor-** A person who is qualified to practice medicine or is a physician, surgeon or an anaesthetist and has a valid medical license issued by the appropriate authority. This person should not be the insured person him/herself or an Immediate Family Member of the Insured or the insured person's employer/business partner".

2.18 **Medically Necessary Treatment-** Any treatment, tests, medications, or stays in hospital (or part of a stay in hospital) which:

a. Is required for the medical management of the illness or injury suffered by the insured.
b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
c. Must have been prescribed by a medical practitioner.
d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.19 **New Born Baby-** Newborn baby means baby born during the Policy Period and is aged upto 90 days.

2.20 **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

2.21 **Outpatient Treatment (OPD)-** OPD treatment means the 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.

2.22 **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

2.23 **Qualified Nurse :** 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.

2.24 **Reasonable and Customary Charges:** 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.

2.25 **Renewal:** 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

2.26 **Subrogation** means 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.

2.27 **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner

2.28 **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Specific Definitions

2.29 **Adventure sports-** Any sport or activity, which is potentially dangerous to the Insured Person whether he/ she is trained, or not. This includes:

a. Sky Sports: Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking
b. Mountain Sports: Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering
c. Water Sports: Fishing, Deep Sea Fishing, Kite Surfing, Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving, Swimming with Dolphins, Diving with Whales, Wakeboarding, Surfing, white water rafting, Snorkeling, Waterskiing, Whale Watching
d. Racing Sports: Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn, mower racing, Snowmobile racing, Truck racing, Off Road 4x4
e. Earth Sport: Land Windsurfing, Zorbing, Sand Boarding,

2.30 **Age or Aged** means completed years as at the commencement date.

2.31 **Assistance Service Provider** means service provider specified in Policy Schedule appointed by the Company from time to time.

2.32 **Bodily Injury / Injury-** 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.

2.33 **Checked-In Baggage shall** mean the baggage entrusted by the Insured and accepted by a Common Carrier for transportation for which a baggage receipt/tag is issued to the Insured by the Common Carrier. This shall exclude items that are carried/ transported under a contract of affreightment.

2.34 **Child or Children** means Your children Aged between 6 months and 21 years at the commencement of the Policy

Period if they are unmarried, still financially dependent on You and have not established their own independent households.

2.35 **Claim Deductible-** means 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.

2.36 **Common Carrier-** Any commercial public airline, railway, motor transport, or water borne vessel (including ocean going and/or coastal vessels and/or vessels engaged for official or personal purposes), operating under license issued by the appropriate authority for transportation of passengers and/or cargo.

2.37 **Contract of Affreightment** is an agreement between a charterer and a common carrier, where the common carrier agrees to transport specific number of goods for the charterer at a specified period.

2.38 **Damages-** The sum of money claimed or awarded in compensation for loss/injury. But this does not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse.

2.39 **Depreciation** means the monetary value of an asset decreases over time due to use, wear and tear or obsolescence. This decrease is measured as depreciation.

2.40 **Educational Institution shall** mean any school, vocational institute, polytechnic, college, university or institute or higher learning which is duly licensed to provide educational services by trained or qualified teacher/professor and where the Insured is registered as a full-time student

2.41 **Excursions-** Day trips and outings arranged either by you or your travel or accommodation provider.

2.42 **Family** means legally married Spouse and/or a maximum of 4 Children as named in the Schedule.

2.43 **Geographical scope** means the countries or geographical boundaries In which the coverage under this policy is valid as specified in the policy schedule.

2.44 **Hijacked** means the unlawful seizure or exercise of control of any Carrier by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government.

2.45 **Home/Residential Address-** Your address in India as mentioned in Policy Schedule

2.46 **Hospital**

For the purpose of overseas insurance-

Any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities and complies with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;
b. has qualified medical practitioner(s) in charge round the clock;
c. has a fully equipped operation theatre of its own where surgical procedures are carried out;
d. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

2.47 **Immediate Family-** Spouse, children, mother, father, brother, sister, parent in law, daughter-in-law, son-in-law, grandparent, grandchild.

2.48 **Insured Person** means You and the persons named in the Schedule.

2.49 **Money-** Includes coins, cash (including foreign currency), traveller's cheques and credit cards/ debit cards.

2.50 **Policy Period/ Period of Insurance**

Single-trip Policies: The below dates are shown on your policy schedule:

a. "Trip Cancellation" cover begin from the date your policy is issued, or the date of booking of your ticket (whichever is later). It ends when you start utilization of the ticket for its intended purpose.
b. For all other coverage, cover starts when you start the insured trip. It continues until the expiry date and time of the policy or on the date and time you return whichever is earlier

Multi-trip Policies:

The period as shown on your policy schedule.
Each trip you make during the period of insurance will be treated as a separate insurance, each subject to the policy terms, conditions and exclusions.
Cover for individual trips apply as follows

a. "Trip Cancellation" cover begin from the date of policy issuance or the date of booking of ticket (whichever is later) and ends when you start utilization of the ticket for its intended purpose.
b. All other Covers start when you start the insured trip and continues for the duration of each trip.

We will cover trips booked during one period of insurance but not taking place until the next period of insurance if your multi-trip policy with us is still in force at the time of the incident resulting in a claim.
You may travel as many times as you wish during the period of coverage provided that no one trip exceeds the maximum number of days as specified and contracted for at the time of application and shown on your policy schedule.

2.51 **Permanent Partial Disability-** Continuous loss or impairment of a body part or sensory organ which is certified by a Medical practitioner

2.52 **Permanent Total Disability-** The disability resulting in either of:

a. Loss of the sight of both eyes.
b. Physical separation of or the loss of ability to use both hands or both feet.
c. Physical separation of or the loss of ability to use one hand and one foot.
d. Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot.

2.53 **Planned Event-** Events/tickets for places like museums/historical sites /attractions, visit passes, guided tours, music and other entertainment shows, theme park entry tickets, skiing tickets, Scheduled Adventure sport booking ticket.

2.54 **Policy-** Insurance related documents issued in Your name including without limitations certificate of insurance, proposal, policy schedule, applicable endorsements, Policy wording containing the terms and conditions of the insurance contract.

2.55 **Schedule** means the schedule attached to and forming part of this policy, and if more than one then latest in time.

2.56 **Sponsor** means any individual responsible for paying the tuition fees of the student of his/her fulltime study in a registered educational institution outside his/her home country

2.57 **Spouse** means the Insured Person's legally married spouse as long as she continues to be married to him.

2.58 **Sum Insured/ Policy Limits-** The amount stated in the Schedule against each relevant Cover, which shall be the Company's maximum liability under this Policy for any and all Claims under such Cover. Some covers also include other specific limits, for example, for any one item or limits for valuables in total.

2.59 **Terrorism/ Terrorist Incident-** Any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption. Commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

2.60 **Time Excess-** Time before/after (as the case may be) when our claim liability doesn't trigger. This refers to specified time period which needs to elapse/pass before or after (as the case may be) to make us liable for benefit payment under the policy. Example, a time excess of 60 minutes for Common Carrier Delay cover means that insurer will pay claim only when the delay is more than 60 minutes. A time excess of 6 hours for "common carrier delay" cover means that insurer will pay claim only when the insured affects the cancellation before 6 hours of scheduled timing of the services.

2.61 **Theft-** As defined in Section 378 of Indian Penal Code, 1860 whoever, intending to take dishonestly any movable property out of the possession of any person without that person's consent, moves that property in order to carry out such taking is said to commit theft.

2.62 **Travel Agent-** An agent, tour operator, or other entity from which the Insured purchases his travel arrangements, and includes all officers, employees, and affiliates of such agent or tour operator.

2.63 **Travelling Companion-** An individual or individuals traveling with the Insured during the Period of Insurance, provided that, the Insured and such individual(s) are traveling to the same destination on the same dates and provided that such individual(s) is/ are also Insured under the Policy. For the purpose of this definition, any individual(s) forming part of a group traveling on a tour arranged by a travel agent or a tour leader is not considered as Traveling Companion, unless the individual(s) is part of the Insured's Immediate Family.

2.64 **Trip(s)/ Insured Journey-**
For Domestic travel: Refers to the journey performed by you within India commencing during the period of insurance and limited to sector(s) for which the risk is covered as per the policy.
For International travel: Refers to the journey performed by you commencing from India and returning to India during the period of insurance and limited to sector(s) for which the risk is covered as per the policy.

2.65 **Unattended-** Property that is not in your full view or positioned where you are unable to prevent unauthorized taking of your property, unless it is left in a locked room or safe. Property left in a motor vehicle is considered unattended unless the vehicle is locked and the items are placed out of view in an enclosed storage compartment, boot or luggage space.

2.66 **We, us, our, ours, Company, insurer-** Niva Bupa Health Insurance Limited

2.67 **You, your, yours, yourself, policyholder, insured person(s)-** The person or people named on your policy schedule we insure.

3. Base Benefit- It is compulsory to opt for base benefit. Refer to policy schedule for sum insured available under each benefit.

3.1 **Emergency In-patient medical treatment (Expenses during emergency hospitalization)**
We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics) if you were admitted in a hospital for emergency care for more than 24 hours. Claims will be treated as Day Care treatment for hospitalization of less than 24 hours.
Special conditions

1. The treatment of illness/ accident shall commence during the period of insurance.
2. Refer Annexure 1 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment.
3. People traveling overseas on student visa for full time education will be covered in India as well till the end of policy period.

Claim deductible- As shown on your policy schedule

What is not covered (in addition to General exclusions- section 5)

1. Out-patient treatment
2. Any claim for:
   i. the cost of any non-emergency treatment or surgery including exploratory tests which are not directly related to the illness/accident that you originally went to hospital for;
   ii. any form of treatment that your treating doctor and we/our Medical Emergency Assistance provider think can reasonably wait until you return home;
   iii. routine medication which you were consuming or started, at the time your trip start, and you knew that you would need while you were away;
   iv. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13);
3. Costs incurred following your decision not to move hospital or return to India after the date when it was deemed safe for you to do so by us/our Medical Emergency Assistance provider and your treating doctor.

4. Vitamins and tonics, vaccination (unless related to animal bite), Weight management services and treatments related to weight reduction programs including treatment of obesity, external Congenital disease, defect or anomalies.
5. Physiotherapy, rehabilitation of organs.

3.2 Maternity

We will pay the expenses incurred by you on treatment (Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics) if you were admitted in a hospital in the course of your pregnancy. Coverage includes delivery, lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse.

Special conditions

1. The Insured Person was not pregnant at the commencement of the Policy Period
2. A waiting period of 24 months will apply to all claims under this Benefit
3. Clause 5 of General exclusions stand waived for this benefit
4. This benefit can be used only twice during the insured person's lifetime
5. This cover is available only for people who are traveling overseas on student visa for full time college or school education with policy term equal to or more than 12 months

Claim deductible- As shown on your policy schedule

3.3 New born baby cover

Emergency inpatient medical treatment and vaccination expenses of new born baby will be covered as per "Emergency inpatient medical treatment" benefit of this policy.

Special conditions (in addition to special conditions of "maternity")

1. Any claim under this benefit will use sum insured of "maternity" benefit only
2. Coverage for vaccination of the new born is restricted to up to USD 500

3.4 Optional Benefits- Insured can choose from any of the below benefits on payment of additional premium. Refer to policy schedule for sum insured available under each benefit.

3.4.1 Emergency Outpatient treatment (OPD)

We will reimburse the Medical Expenses incurred on emergency out-patient treatment.

Claim deductible- As shown on your policy schedule

What is not covered (in addition to General exclusions- section 5)?

1. Anything mentioned in "What is not covered" section of "emergency inpatient medical treatment" cover

3.4.2 Emergency Road Ambulance

We will cover the road ambulance cost for transportation of the Insured Person to a Hospital.

Special conditions

1. The ambulance service provider must be registered.
2. This claim will be payable only if claim under "emergency inpatient medical treatment" cover of this Policy is also payable

Claim deductible- As shown on your policy schedule

3.4.3 Hospital Daily Cash

We will pay a daily cash amount for each day the insured person is hospitalized.

Special conditions

1. Insured person is hospitalized for Minimum 48 consecutive hours to claim under this benefit
2. This cover is available for maximum of 15 days of hospitalization during the policy period
3. This claim will be payable only if claim under "emergency inpatient medical treatment" cover of this Policy is also payable

3.4.4 Dental treatment

We will pay the expenses incurred by you on pain relieving dental treatment received under anaesthesia at hospital

following:

1. An Accident or
2. Sudden acute pain to one or more of the Insured Person's natural teeth

Claim deductible- As shown on your policy schedule

3.4.5 Medical evacuation

We will pay the expenses incurred on your transportation from one Hospital to another in case the hospital where you are admitted cannot provide satisfactorily medical services.

Special conditions

1. Transportation has been prescribed by a Doctor and is medically necessary
2. If transportation is required, then we/Our Medical Emergency Assistance provider will discuss with the Doctor whether to transport the Insured Person to a more suitable country for medical treatment or to India.
3. This claim will be payable only if claim under "emergency inpatient medical treatment" cover of this Policy is also payable.

3.4.6 Extension to in-patient care

If you were hospitalized during trip and are in need of treatment even after coming back to India, then we will cover expenses for

1. Hospitalization in an Indian hospital if hospitalized within a period of 30 days from the end of the policy period
2. Your return economy class ticket to India

Special conditions

1. This claim will be payable only if claim under "emergency inpatient medical treatment" cover of this Policy is also payable
2. Hospitalization in home country is for same illness or injury for which you were hospitalized during trip

Claim deductible- As shown on your policy schedule

3.4.7 Personal Accident

If your Accident during the policy period causes any or combination of the conditions as mentioned in Table 1, then we will pay in accordance with Table 1.

S. No.	Description	% age of Sum Insured payable	S. No.	Description	% age of Sum Insured payable
1	Death	100%	12	Loss of each other Finger	5%
2	Complete & Irrecoverable loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%	13	Loss of each leg above centre of the femur	70%
3	Complete & Irrecoverable loss of a Limb and an eye	100%	14	Loss of each leg up to a point below the femur	65%
4	Complete and irrecoverable loss of sight of both eyes	100%	15	Loss of each leg to a point below the knee	50%
5	Complete and irrecoverable loss of speech & hearing of both ears	100%	16	Loss of each foot at the ankle	40%
6	Loss of each arm at the shoulder joint	70%	17	Loss of each big toe	5%
7	Loss of each arm to a point above elbow joint	65%	18	Loss of each other toe	2%
8	Loss of each arm below elbow joint	50%	19	Loss of each eye	50%
9	Loss of each hand at the wrist	50%	20	Loss of hearing in each ear	30%
10	Loss of each Thumb	20%	21	Loss of sense of smell	10%
11	Loss of each Index Finger	10%	22	Loss of sense of taste	5%

Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

Special conditions

1. Claim is admissible only if the accident causes death or disability within 365 days from the date of the accident
2. Our payment will not exceed 100% of the Sum Insured if the accident causes a combination of more than one condition mentioned in Table 1.
3. If a loss is not mentioned in the table 1, then we will assess the degree of disability and determine the amount of payment to be made. In all such cases our liability will be limited to 50% of the Sum Insured.
4. Any disability claim amount already paid to you will be deducted from future death claim, if any.

What is not covered (in addition to General exclusions- section 5)- Any Claim arising while you are travelling in a common carrier (including boarding and alighting from that Common Carrier) as a fare paying passenger.

3.4.8 Accidental Death and Disability (Common Carrier)

If your Accident in a common carrier (including boarding and alighting from that Common Carrier) during the policy period causes any or combination of the conditions as mentioned in Table 2, then we will pay in accordance with Table 2.

S. No.	Description	% age of Sum Insured payable	S. No.	Description	% age of Sum Insured payable
1	Death	100%	12	Loss of each other Finger	5%
2	Complete & Irrecoverable loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%	13	Loss of each leg above centre of the femur	70%
3	Complete & Irrecoverable loss of a Limb and an eye	100%	14	Loss of each leg up to a point below the femur	65%
4	Complete and irrecoverable loss of sight of both eyes	100%	15	Loss of each leg to a point below the knee	50%
5	Complete and irrecoverable loss of speech & hearing of both ears	100%	16	Loss of each foot at the ankle	40%
6	Loss of each arm at the shoulder joint	70%	17	Loss of each big toe	5%
7	Loss of each arm to a point above elbow joint	65%	18	Loss of each other toe	2%
8	Loss of each arm below elbow joint	50%	19	Loss of each eye	50%
9	Loss of each hand at the wrist	50%	20	Loss of hearing in each ear	30%
10	Loss of each Thumb	20%	21	Loss of sense of smell	10%
11	Loss of each Index Finger	10%	22	Loss of sense of taste	5%

Complete & Irrecoverable loss of limb means physical separation or complete loss of functionality of the limb. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

Special conditions

1. Claim is admissible only if the accident causes death or disability within 365 days from the date of the accident
2. Our payment will not exceed 100% of the Sum Insured if the accident causes a combination of more than one condition mentioned in Table 2.
3. If a loss is not mentioned in the table 1, then we will assess the degree of disability and determine the amount of payment to be made. In all such cases our liability will be limited to 50% of the Sum Insured.
4. Any disability claim amount already paid to you will be deducted from future death claim, if any.
5. You will be presumed to be dead if you are not found within 365 days of the disappearance/accident of the common carrier.

6. Claim is payable only if you are travelling in the common carrier as fare paying passenger

3.4.9 Repatriation of mortal remains

If you die in the Risk Period, then We will reimburse the cost of either transporting your mortal remains to permanent place of residence or a cremation ceremony in the city/country of death.

Special condition- Claim under this cover is admissible only if hospitalization claim is also payable under "emergency inpatient medical treatment" OR death claim is payable under "personal accident" or "accidental death or disability (common carrier)" cover of this policy

3.4.10 Total Loss of checked-in baggage

We will pay the pro-rated amount if common carrier permanently loses your checked-in baggage.

How pro-rata will work?

If you have checked-in 3 baggage's and one was lost by common carrier, then we will pay one-third of the Sum Insured.

Special conditions

1. Any Claim amount paid already under the "Delay of Checked-in Baggage" cover, will be deducted from the claim amount payable under this cover.
2. If common carrier has paid any compensation amount for Total Loss of Checked-in Baggage, that amount will be deducted from the claim amount payable under this cover.

What is not covered (in addition to General exclusions- section 5)?

1. Losses arising from any delay, detention, confiscation by customs officials or other public authorities
2. Partial loss- Loss of one or more items from the baggage.

3.4.11 Delay of checked-in baggage

We will pay the sum insured if delivery of your checked-in baggage is by common carrier is delayed by more than 12 hours from the expected time of delivery.

Special conditions- If common carrier has paid any compensation amount for Delay of Checked-in Baggage, that amount will be deducted from the claim amount payable under this cover.

What is not covered (in addition to General exclusions- section 5)?

1. Delay arising from any detention, confiscation by customs officials or other public authorities
2. Any delay of checked-in baggage on the return to origin city/ country of trip

3.4.12 Trip Delay

If departure of your scheduled common carrier is delayed due to any of the following reasons, then we will pay an amount for every 4 hours of delay:

1. Delay due to bad Weather.
2. Delay due to a sudden Strike or any other action by employees of the Common Carrier.
3. Delay due to equipment failure of the Common Carrier.
4. Delay due to operational problem at the Common Carrier end like crew/staff scheduling issues.
5. Cancellation or rescheduling done by the Common carrier.

What is not covered (in addition to General exclusions- section 5)?

1. Any delay due to reasons, which were made public or known to You at least 6 hours prior to the scheduled departure of the Common Carrier.

3.4.13 Trip cancellation

If you cancel your trip before starting the journey due to any of the reasons listed below, then we will cover for costs that you have already paid towards the trip and cannot get back or which legally must be paid.

1. Death or minimum 24 hour hospitalization of your immediate family member or traveling companion or You.
2. Your presence is required by judicial authority during the period of insurance.
3. You are unable to start your trip due to any natural disaster declared by the appropriate government authority.
4. Due to unexpected strike, riot or Civil commotion at Your destination or hometown or departure city.
5. Loss of passport.
6. Compulsory quarantine or prevention of travel by Government of India.

Special conditions

1. We will cover only travel ticket and accommodation costs.
2. We will cover only one instance of Trip Cancellation for single trip policies and maximum of three instances for multi trip policies.

What is not covered (in addition to General exclusions- Section 5)?

1. Any cancellation due to Hospitalization resulting from pre-existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or traveling companion.
2. Failure to start the journey due to rejection of VISA.

3.4.14 Trip interruption

If you return home without completing the trip due to below mentioned reasons, then we will reimburse

1. additional travel costs (in the same class as original booking) if you cannot use your return ticket;
2. unused accommodation costs that insured person has paid and cannot get back

Reasons for returning home:

1. Death or minimum 24 hour hospitalization of your immediate family member or traveling companion or You
2. You are unable to start your trip due to any natural disaster declared by the appropriate government authority.
3. The common carrier which you boarded as a passenger is hijacked.
4. Compulsory quarantine or prevention of travel by government.
5. Due to unexpected strike, riot or Civil commotion at place of visit other than your hometown.

Special conditions

1. If you need to return home and intend to make a claim under this cover, you must call and inform the Medical Emergency Assistance provider as soon as reasonably possible.
2. Any refund which you have received against cancellation of travel ticket will be deducted from claim amount
3. We will cover only one instance of Trip Cancellation for single trip policies and maximum of three instances for multi trip policies.

What is not covered (in addition to General exclusions- Section 5)?

1. Any claim which was not authorized by our Medical Emergency Assistance provider before you returned home.
2. Any abandonment due to Hospitalization due to a pre-existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or traveling companion.
3. Any claim for Trip interruption where there is no valid claim for Emergency Treatment.

3.4.15 Loss of Passport

If you lose your passport while on trip, then We will reimburse the actual expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of his return to India.

What is not covered (in addition to General exclusions- Section 5)?

1. Loss, delay or confiscation or detention by customs, police or public authorities.
2. Any loss or theft, if you do not report it to the police/embassy within 24 hours of discovery or as soon as reasonably possible and request a written police report

3.4.16 Loss of International Driving license

If you lose your international driving license while on trip, then We will reimburse the actual expenses incurred in obtaining a duplicate or fresh international driving license either overseas or within 30 days of his return to India.

What is not covered (in addition to General exclusions- Section 5)?

1. Loss, delay or confiscation or detention by customs, police or public authorities.
2. Any loss or theft of your International Driving license, if you do not report it to the police within 24 hours of discovery or as soon as reasonably possible and request a written police report

3.4.17 Missed Connection

If common carrier you are travelling in is not running on its published timetable and you missed a pre-booked onward connection as a direct result of this delay then we will reimburse for extra accommodation and travel costs you incur to reach the next destination shown on your ticket/itinerary.

Special conditions

1. We will cover only one such instance for single trip policies and maximum of three instances for multi trip policies
2. We will cover extra accommodation and travel costs for the same class as originally planned.
3. There should be minimum of 3 hours gap between scheduled arrival of incoming common carrier and scheduled departure of connection common carrier

Claim deductible- The claim deductible is as shown on your policy schedule

What is not covered (in addition to General exclusions- Section 5)?

1. Any claim caused by a strike or industrial action or any other reason for which the dates had been publicly announced or reported by the media at the time you took out your policy.
2. Any occasion when the carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

3.4.18 Financial emergency Cash

If you are left without any travel funds (including cash, travelers cheque, debit or credit card) due to theft, pilferage or robbery of your Money whilst on a trip, then we will pay for the financial emergency cash.

Special condition- Any such loss should immediately be reported to the police of the foreign country within 24 hours and to Us within 48 hours.

What is not covered (in addition to General exclusions- Section 5)?

1. Any loss of Money that was not in the personal custody of the Insured Person
2. Any loss of Money in respect of which a claim is made only after the Insured Person has already returned to India.

3.4.19 Personal Liability

We will cover costs incurred for:

1. Your actual legal liability for unintentional injury, property damage or death that you cause during your travel.
2. All costs, fees and expenses in the investigation, defence or settlement of any claim.

Special conditions

1. You shall:
   a. give Us written notice within 10 days of any claim or demand made against you
   b. not admit liability/ settle/ compromise/ make any payment without Our prior written consent.
   c. allow Us, in Our sole and absolute discretion, to take over and conduct investigation, defence and/or settlement of any claim. You shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
2. We will not settle any claim without your consent. But if you refuses settlement recommend by Us and 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 defence costs incurred with Our consent up to the date of such refusal.
3. For us to cover the costs, claim shall be made on you by the third parties during the Period of Insurance or within 60 days from the date of expiry of the insurance.

Claim deductible- The claim deductible is as shown on your policy schedule

What is not covered (in addition to General exclusions- Section 5)?

1. Any fines or exemplary damages aimed at punishing you rather than awarding compensation to third party
2. Liability arising from:
   a. Violation of operating/safety guidelines published by the service provider contracted by you.
   b. Action of any type by any other person accompanying you.
   c. Loss of or damage to property which belongs to you or is under your control or the control of a member of your household or the control of people who work for you.
   d. Your job/profession/professional activities/trade/business/employment or occupation.
   e. Any willful, malicious, criminal or unlawful act, error, or omission.
   f. Liability assumed by you by an agreement / contract which would not have attached in the absence of such agreement / contract.
   g. Personal injuries including but not limited to libel, slander, false arrest, sexual molestation, corporal punishment, wrongful eviction, wrongful detention, defamation, any mental injury, anguish, or shock resulting

therefrom.

h. Ownership and / or Occupation of any land and / or building, unless you are occupying any temporary holiday accommodation, which is not owned by you.
   i. Ownership and / or Usage of any of the following:
   i. livestock (except domestic animals);
   ii. firearms (except sporting guns used for clay-pigeon shooting);
   iii. motorized vehicles, aircraft of any description, including unpowered flight
   iv. vessels (except manually-propelled watercraft); or
j. Your participation in any leisure activity or activity based holiday or adventure sports where Personal Liability is specifically excluded.
k. Transmission of illness or disease by the insured
l. Any family member, relative, friend, travel companion or close business associate

3. Any Claim paid or compromised or commitment made without our prior written consent

3.4.20 Hijack Daily Allowance

If the aircraft in which an Insured Person is travelling as a fare paying passenger during the Risk Period is Hijacked and the journey is interrupted for a continuous and completed period of more than 12 hours, then We will pay the daily allowance specified in the Schedule.

Special conditions

1. Claim will be provided for a maximum duration of 7 days
2. Clause 1 of General exclusions (Section 5) stand waived for this benefit

What is not covered (in addition to General exclusions- Section 5)?

1. Any claim where the Insured person is considered as accessory or is in anyway involved with the Hijacking.
2. Any claim as a consequence of change in the direction of the route of the aircraft due to security reasons

3.4.21 Loss of Laptop, Tablet, Mobile Phone, Camera

We will indemnify the depreciated value up to sum insured mentioned in policy schedule, only in the case of robbery, theft or if the belonging was stolen. Depreciation value to be calculated basis below table

Equipment age	Up to 1 year	Up to 2 years	Up to 3 years	Up to 4 years	Up to 5 years	More than 5 years
Applicable depreciation	50%	70%	75%	80%	90%	95%

Special condition- Coverage under this benefit is limited to laptop, tablet, mobile phone and camera

Claim deductible- The claim deductible is as shown on your policy schedule

What is not covered (in addition to General exclusions- Section 5)?

1. Any loss of item sent in advance or mailed or shipped separately
2. Any item that was in a baggage lost by common carrier
3. Loss, delay or confiscation or detention by customs, police or public authorities.
4. Any loss of software or data in laptop/ tablet/camera/mobile and any consequential loss

3.4.22 Bounced Booking- Hotel/ Common Carrier

If Accommodation provider/ Common Carrier is unable to honor your confirmed bookings (pre-paid or contracted to pay) due to overbooking then we will reimburse difference of cost in original booking and alternate booking.

Special conditions

1. Original booking and alternate booking should be of same class and for the same number of nights or same travel destination. Upgradation to higher class will be considered in case similar alternate arrangement is not available
2. You must always check-in on time stipulated as 'must check-in by' time on your reservation or fulfil any other obligation on your part.
3. In case of international flights, you are expected to have web-checked-in prior to your arrival at the airport.

4. The overbooking at the common carrier must happen at check-in.

What is not covered (in addition to General exclusions- Section 5)?

1. Any booking for which You are unable to furnish proof of booking/payment and bounced booking.
2. Any contractual breach by You including but not limited to non-adherence to the terms and conditions of the booking service provider.
3. If you had any waitlisted booking irrespective of whether such bookings have been promised to be confirmed later.
4. Claims where the alternative travel/accommodation arrangements is provided by the service provider.
5. If you volunteer to take a late flight (Voluntary denied booking).

3.4.23 Compassionate Visit

If You are hospitalized and someone from your family/friend is visiting you, then we will reimburse economy class travel cost for one such person

Special conditions

1. Provided there is no other adult traveling companion with you.
2. Provided that no Adult member of your Immediate Family is present at the location of your hospitalization.
3. Claim under this benefit will be applicable only if we have accepted claim under "emergency inpatient medical treatment" cover of this policy
4. You should have been hospitalization for a period of minimum 5 consecutive days

3.4.24 Escort of minor child

If You, accompanied only by minor children, are hospitalized and someone from your family is travelling to your location to escort minor children back to city of residence, then we will reimburse

1. Economy class return travel ticket for one family member along with reasonable costs of accommodation
2. Economy class travel ticket for minor children

Special conditions

1. The cover is available for a maximum of two minor children and We shall indemnify maximum of one such event during the policy period.
2. Provided there is no other adult traveling companion to take care of children.
3. Provided that no Adult member of your Immediate Family is present at the location of your hospitalization.
4. Claim under this cover will be payable only if claim is also payable under "Personal Accident" or "accidental death and disability (common carrier" or "emergency inpatient medical treatment" cover of this policy.
5. Hospitalization should have been for a continuous period of more than 48 hours and occurs not within 3 days of the completion of the trip.

3.4.25 Adventure Sports

By selecting this Cover, participation in adventure sports will be included in your policy.

Special conditions

1. Such extension will not result into any increase in Sum Insured of the respective Coverage.
2. Clause 15 of General exclusion stands waived for this cover

What is not covered (in addition to General exclusions- Section 5)?

1. Non-adherence to the guidelines / instructions of the organizers of adventure sports
2. Participation in a professional capacity and without supervision of trained professional

3.4.26 Sports Equipment hire

If the sports equipment being carried by You is lost because of the reasons mentioned below, then we will reimburse cost of renting the same type of equipment

1. Robbery/ theft of the sports equipment
2. Baggage containing the sports equipment is lost or delayed for 12 hours or more by common carrier

Special conditions- If there is a compensation amount paid by the common carrier for Delay/loss, that amount will be deducted from the claim amount payable under this cover.

What is not covered (in addition to General exclusions- Section 5)?

1. Loss, delay or confiscation or detention by customs, police or public authorities.
2. Any loss or theft, if you do not report it to the police within 24 hours of discovery or as soon as reasonably possible and request a written police report

3.4.27 Rented sports equipment damage or loss

If You damages or loses sports equipment which was rented out to You for Your personal use, then We shall reimburse the penalty/ fine charged by the sports equipment owner.

Special conditions

1. You shall ensure the safety of sports equipment at all times during the rental period.
2. You shall not pass on hired equipment to third parties.
3. The complete payment of Rental equipment has been made by the You before the equipment is rented out You.
4. The hired equipment is NOT insured and insurance is not included in the normal rental tariffs.
5. You shall make sure that the sports equipment rented out to You are in good condition and without any damage.

Claim deductible- As shown on your policy schedule

What is not covered (in addition to General exclusions- Section 5)- In the case of theft, if you do not report it to the police within 24 hours of discovery or as soon as reasonably possible and request a written police report

3.4.28 Sports Activity Coverage

We will reimburse for the unused portion of the sports activity which you had already paid for or had contracted to pay (minus refunds) in case

1. You fall ill and medical practitioner has advised you to refrain from taking part in the sports activities
2. You are hospitalized
3. You have to cut short your trip and return to origin city

Special conditions

1. Reason for Hospitalization is admissible under "emergency inpatient medical treatment" cover of this Policy
2. Reason for cutting short your trip is admissible under "trip interruption" cover of this policy

Claim deductible- The claim deductible is as shown on your policy schedule

3.4.29 Loan Protector

If your Accident during the policy period causes your death, then We will pay the balance outstanding principal loan amount as on the date of death.

Special conditions

1. We will not pay for any arrears or penalties levied by the bank or financial institution.
2. Claim under this cover will be payable only if claim under "personal accident" or "accidental death or disability (common carrier)" cover of this policy is also payable

3.4.30 Emergency Trip Extension

If duration of your international trip is extended beyond the scheduled dates because of reasons mentioned below then we will extend period of insurance once for a period of up to 7 days

1. Death of the Travelling Companion.
2. You or your travelling companion is hospitalized
3. Any natural disaster (declared by appropriate government authority) at your current location or at destination that forces you to extend the trip.
4. Cancellation or Re-scheduling of the common carrier due to unexpected strike, riot or Civil commotion at the port where the Trip got extended.

Special conditions

1. Reason for Hospitalization is admissible under "emergency inpatient medical treatment" cover of this Policy
2. Any refundable amount pertaining to the original scheduled return ticket will be deducted from the admissible claim amount

What is not covered (in addition to General exclusions- Section 5)?

1. Any extension due to Childbirth, Pregnancy or related medical complications occurring to you or your immediate family member or traveling companion.

3.4.31 Upgradation to Business Class

If insured person is hospitalized for a period of 5 or more continuous days, then we will cover the extra cost incurred in upgrading the insured person's return ticket to business class by the most direct route from the place of hospitalization.

Special conditions

1. Claim under this benefit is payable only if claim under " emergency inpatient medical treatment" cover of this Policy is also payable
2. Your return air travel to city of residence shall commence not later than 20 consecutive days from the date of discharge
3. If your economy class air ticket cannot be up-graded, then the Company's maximum liability under this Benefit shall be limited to the difference between the cost of the new business class ticket and the refund amount received on the economy class ticket cancelled
4. The Company shall not be liable to make any payment under this Benefit if you were originally booked to return to the Country of Residence on a business class air ticket.

3.4.32 Study interruption

In case you have to discontinue your planned studies for remainder part of ongoing semester, then we will reimburse you for

1. The actual semester fees paid which cannot be refunded by the Educational Institution.
2. Booked Air tickets from the city of residence of the student to the country where Educational Institution is, provided interruption happens when the insured is at his own city of residence.
3. Return Air-ticket back to insured's city of residence, in case, interruption happens at the city of educational institution

This benefits can be availed subject to the following:

1. You are Hospitalized for more than 30 consecutive days
2. In case of death or Permanent Total Disability of any one of Your Immediate Family Member or the Sponsor during the policy period.

Special conditions

1. Any actual/possible refund amount from the Educational Institution will be deducted from the admissible claim amount.
2. Any actual/possible refundable amount pertaining to the original scheduled ongoing/return ticket will be deducted from the admissible claim amount.
3. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by us.
4. Simultaneous claims under "Study Interruption" cover and "Sponsor Protection" is not permitted.
5. This cover is available only for people who are traveling overseas on student visa for full time college or school education

What is not covered (in addition to General exclusions- Section 5)- Any exclusion mentioned in the "What is not covered?" Section of the "Personal Accident" or "emergency inpatient medical treatment" cover applicable to You, Your Immediate Family, your Sponsor.

3.4.33 Sponsor protection

In case of death or permanent total disability of your sponsor, as named in policy schedule, due to an accident during planned studies, we will pay a lump sum amount up to the limits shown in your policy schedule for the below expenses

1. The unpaid tuition fees of remaining part of your enrolled full-time study in a registered educational institution
2. One time return economy class air-ticket between the city of residence of the student and the city of Educational Institution.

Special conditions

1. Death/Permanent Total Disablement of Sponsor should occur during the covered period and the journey is also

undertaken during the period of insurance.

2. Any actual/possible refundable amount pertaining to the original scheduled return ticket will be deducted from the admissible claim amount, if any.
3. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by Us.
4. Simultaneous claims under "Study Interruption" cover and "Sponsor protection" is not permitted.
5. This cover is available only for people who are traveling overseas on student visa for full time college or school education
6. if the Insured Person is eligible to receive or receives any scholarship for the tuition fees, then We will pay the difference between the amount due or paid under the scholarship and the amount payable in respect of the claim under this benefit

What is not covered (in addition to General exclusions- Section 5)- Any exclusion mentioned in the "What is not covered?" Section of the "Personal Accident" cover applicable to Your Sponsor

3.4.34 Cancer Screening and Mammography Examinations

We will reimburse the expenses incurred on your cancer screening and mammography examinations during the Risk Period.

Special conditions

1. Screening or examination has been prescribed by a medical practitioner
2. This cover is available only for people who are traveling overseas on student visa for full time college or school education

3.4.35 Bail bond

If the you are falsely arrested or wrongfully detained by any government or foreign authority during the Risk Period, then We will pay the bail bond amount in case you are acquitted by competent court and furnishing of relevant court documents.

What is not covered (in addition to General exclusions- Section 5)?

1. Insured Person has been charged with breaking the law with any criminal intent.
2. Insured Person has been charged with driving a vehicle at over the speed limit.

3.4.36 Waiver of deductible

By selecting this cover, deductibles applicable under each cover of this policy will be waived off.

3.4.37 Optional co-payment

By selecting this cover, co-payment of 20% will be applicable to all the payable/admissible claims under this policy.

3.4.38 Refund of Visa (if rejected)

We will pay for re-imbursement of Visa fee if your Visa got rejected for no fault or negligence on your part provided that you had submitted all the valid documents in order as directed by the Embassy of the respective Country for which the Visa is being applied and Visa application should be filed with the respective Embassy well in advance and as per the prescribed processing time, if any.

Special conditions- This cover is not available for multi-trip policies

3.4.39 Home to home cover

We will extend the Coverage before /beyond the Period of Insurance for In-Patient treatment, Out-Patient and Personal Accident up to the sum Insured for the following:

1. Starting of the Journey from Home (or any intermediate place) at the Country of Residence to the Airport for duration of 6 hours before the Scheduled departure time of the Common Carrier
2. Return journey from the Airport to Home (or any intermediate place) after de-boarding the Common Carrier at the Country of Residence for duration of 6 hours after the Actual arrival time

You should inform the Company immediately if you suffer an illness or injury and which occurs within the duration specified in this Benefit

What is not covered (in addition to General exclusions- Section 5)- Any exclusion mentioned in "what is not covered?" section of "emergency inpatient medical treatment", "emergency outpatient treatment" and "personal accident"

cover of this policy

3.4.40Colleague Replacement

If an Insured Person is Hospitalized then We will reimburse the cost of an economy class return air fare to send a substitute person to complete the business purpose for which the Insured Person was travelling provided that

1. Insured Person's Hospitalization lasts for a period of at least 7 consecutive days
2. Insured Person's travel was for a pre-arranged specific and specified business purpose
3. The substitute employee commences his journey within 30 days from the date of Hospitalization of the Insured Person
4. Substitute employee is in fact an employee and a proper substitute for the Hospitalized Insured Person

Special conditions- This cover is not available for people who are traveling overseas on student visa for full time college or school education

3.4.41 Complete pre-existing disease cover

Pre-existing diseases will be covered up to sum insured of "emergency inpatient medical treatment" after opting this cover.

Special conditions- This cover is available only for people who are traveling overseas on student visa for full time college or school education

4. General Exclusions

Specific Exclusions

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

1. Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism
2. Your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
3. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent (Code-Excl10)
4. Obesity or any weight control program.
5. Maternity Expenses (Code-Ecxl18)
   a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
   b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.
6. Unproven Treatments (Code-Excl16)- Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
7. 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, diabetic test strips, and similar products.
8. Non-prescription drugs or treatments
9. If the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
10. Any claim for your death, injury, medical condition or disability resulting from;
    a. your suicide or attempted suicide or wilfully self-inflicted injury or illness; or
    b. your consumption of alcohol or drugs or substance abuse
    c. depression
11. Any claim for an incident that results from your involvement in any unlawful activities or violation of operating/safety

guidelines published by the service provider contracted by you.

12. Any claim originating in a country against whom Indian government has imposed travel restrictions, or any country which has imposed such restrictions against citizens of India
13. Any claim where trip was specifically planned for the purpose of availing treatment of an existing medical condition (Medical tourism)
14. Any claim for an incident which happens during the trip that results from taking part in any adventure sports unless specifically covered
15. Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner (Code- EcxI08);
16. Investigation & Evaluation- Code- ExcI04
    a. Expenses related to any admission primarily for diagnostics and evaluation purposes only
    b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

5. General Terms and Clauses

5.1 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5.2 Insured person

Only those persons named as Insured Persons in the Schedule/Certificate of Insurance shall be covered under this Policy.

If an Insured Person dies, he/she will cease to be an Insured Person upon Us/Administrator receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

5.3 Reasonable Care

Insured persons shall take all reasonable steps to safeguard the interests against any illness or injury that may give rise to a claim.

5.4 Material change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly.

5.5 Free look period

This Clause shall be applicable only for the policies which are issued for a period of at least 365 days. This clause is not applicable on policy renewal.

a. The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons, if the terms and conditions are not acceptable to the Policyholder.
b. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.

5.6 Discount

Below mentioned discounts are available in the policy.

S.no	Discounting Parameters	% discount
1	Existing NBHI Customers	10%
2	Loyalty Discount to Repeat Customers	10%
3	Discount basis number of members travelling	10% for each member
4	NBHI Employee Discount	15%

5.7 Extension of the policy period

a. Extension of the Policy Period for a Single Trip Policy-
   On the Policyholder's written request, the Company may at its sole discretion extend the Policy Period provided that the total Policy Period shall not exceed 365 days. If any Claim has been made under the Policy in respect of the original Policy Period then the Insured shall be entitled to all benefits payable on fixed basis for which any claim has not been made with the company earlier under the same policy. For other benefits where the payment is on indemnity basis, balance sum insured shall be available during the extended policy period.

b. Extension of the Geographical Scope of the Policy
   i. On the Policyholder's written request, the Company may at its sole discretion extend Geographical Scope of the Policy specified in the Policy Certificate provided that the additional premium specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope of the Policy or made any medical related Claim under the Policy.

c. All requests for extensions must be made at least 1 day before the expiry of the original Policy Period and accompanied by all the following information and documents:
   i. Duly completed application for extension;
   ii. Details of complete particulars of all Claims;
   iii. A good health declaration.

d. However, if the request to extend the Policy is received within 3 days of the Policy Period End Date then coverage shall be reinstated, at Company's sole discretion subject to underwriting, with effect from Policy Period End Date on the date of receipt of premium by the Company. In such case Company shall not be liable for any Claim arising during the Policy Period End Date and date of receipt of premium.

e. This product may be withdrawn by the Company after due approval from the IRDA. In case this product is withdrawn by the Company. This Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of extension of this policy.

5.8 Termination/ cancellation

a. Cancellation of Policy, at a date earlier than the Policy Period End Date can be done only upon :-
   i. Denial of visa OR
   ii. Cancellation of trip OR
   iii. Early return of the individual to India
   For cancellations due to above reasons, adequate documentary proof including but not limited to written request from customer & copy of passport/Visa denial letter would need to be provided.

b. The policyholder may request for cancellation of the policy. The company shall cancel the policy and premium will be refunded if difference between the date of request of cancellation and end date of policy is at least 15 days or more.
   Refund amount = Amount of premium paid for the original policy period less the premium applicable by taking the request date as the new policy period end date.
   Example - Mr. X has purchased a single trip policy with trip duration as 90 days for a premium of Rs. 9,000. He curtails the trip after 30 days. The premium for 30 day single trip is Rs. 4,200, hence refund 9,000 less (4,200) = Rs. 4,800.

c. Policies with term equal to or more than 1 year, premium will be refunded on short scale basis as under:

Policy in-force up to	Refund Premium (%)			
	Less than 1 year	1 year	2 years	3 years
Up to 30 days	0%	75%	87.5%	90%
31 to 90 days		50%	75%	87.5%
91 to 180 days		25%	62.5%	75%
181 to 365 days		0%	50%	60%
366 to 455 days			25%	50%
456 to 545 days			12%	25%
545 to 720 days			0%	12%
Exceeding 720 days				0%

The above grid shall be applicable for 'Yearly / Annual' premium payment frequency. For Half Yearly or Quarterly premium payment frequencies, the Company shall refund premium as per below grid:

No. of completed months at the time of cancellation	Refund %	
	Half-Yearly	Quarterly
0	62.5%	50%
1	33.3%	16.7%
2	25%	0%
3	8.3%	50%
4	4.2%	16.7%
5	0%	0%
6	62.5%	50%
7	33.3%	16.7%
8	25%	0%
9	8.3%	50%
10	4.2%	16.7%
11	0%	0%

For monthly premium payment frequency, no refund shall be applicable for cancellation of the Policy.

d. The company may also initiate cancellation of the policy in case any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder or the Insured Person or any one acting on his / their behalf.
e. No refund of premium shall be eligible in case of cancellation of this Policy where a Claim has been incurred under the Policy.

5.9 Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

5.10 Other insurance

If at the time when any claim is made under this Policy, Insured Person 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 Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Also where the Insured Person has two or more policies from one or more Insurers, then the Insured Person shall have the right to claim from other policy/ policies for the amounts which is disallowed under earlier chosen policy/ policies

even if sum insured is not exhausted. The insurer so chosen by the Insured Person 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 Insured Person, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person 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 balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause shall only apply to indemnity sections of the Policy

5.11 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, whereafter We shall pay any balance remaining to You. However, this clause shall not be applicable for benefit 18 which indemnifies the insured person for treatment cost incurred due to diseases contracted during the period of travel.

5.12 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.

5.13 Notices

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

a. Any Insured Person, it would be sent to You at the address specified in Schedule/endorsement/Certificate of Insurance.
b. Us, shall be delivered to Our address specified in the Schedule/Certificate of Insurance.
c. No insurance agents, brokers, other person/ entity unless authorised by Us is authorised to receive any notice on Our behalf.

5.14 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.

5.15 Cause of action

No claim shall be payable under this policy unless the event or occurrence giving rise to the claim occurs in the geographical scope specified in the policy schedule.

5.16 Renewal

a. Single trip insurance policy is non-renewable
b. Multi-Trip Policy can be renewed subject to below conditions:
    i. This Policy will automatically terminate at the end of the Policy Period unless renewed.
    ii. We are under no obligation to give notice that it is due for renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise.
    iii. In respect of all applications for renewal received by Us before the end of the Policy Period, we will ordinarily offer renewal terms unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard. 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.

iv. All applications for renewal of the Policy must be received by Us at least 30 days before the end of the Policy Period.

v. Grace period- delay in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date,

5.17 Redressal of Grievance:

In case of any grievance the Insured Person may contact the company through:
Website: www. nivabupa.com
Toll free: 1860-500-8888
E-mail: customercare@nivabupa.com (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)
Fax : 011-3090-2010
Courier: Customer Services Department
2nd Floor, Plot No D-5, Sec-59, Noida , Gautam Buddh Nagar, Uttar Pradesh - 201301
Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.
If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:
Head - Customer Services
Niva Bupa Health Insurance Company Limited
2nd Floor, Plot No D-5, Sec-59, Noida , Gautam Buddh Nagar, Uttar Pradesh - 201301
Contact No: 1860-500-8888
Email: customercare@nivabupa.com
For details of grievance officer, kindly refer the link https://www. nivabupa.com/customer-care/health-services/grievance-redressal.aspx
If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.
If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure I).
Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

5.18 Premium Payment in Installments

Premium payment in installments is applicable only for policies with term equal to or more than 1 year.
If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 30 days in case of single premium policies, and a period of 15 days in case of other than single premium policies, would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

5.19 Assignment

The Policy can be assigned subject to applicable laws.

5.20 Pre-existing conditions

International single and multi-trip- We will not cover any type of Pre-existing Condition whether declared or not declared. However, in case of life threatening medical condition we will cover pre-existing conditions up to 5% of "emergency in-patient medical treatment" sum insured and maximum up to $2500.

Domestic single and multi-trip- We will not cover any type of Pre-existing Condition whether declared or not declared.

International Student Travel- We will not cover any type of Pre-existing Condition whether declared or not declared. However, in case of life threatening medical condition we will cover pre-existing conditions up to 5% of "emergency in-patient medical treatment" sum insured and maximum up to $2500. However, if customer opts for optional benefit "Complete pre-existing disease cover" then pre-existing conditions will be covered up to the sum insured of "emergency inpatient medical treatment" cover.

5.21 Claims Process & Requirements

When outside India- In the case of an emergency or the need for medical treatment, please ensure that you or your family member contact

Europ Assistance

24*7 Emergency Contact for +91 22 6787 2092

Email address : nivabupa@europ-assistance.in

Assist America

Toll Free Number-18004252955

Email Id- medservicesindia@assistamerica.in

When in India-

Contact No: 1860-500-8888

Fax No.: 011-30902010

Email ID: customercare@nivabupa.com

5.21.1 Notification of Claim

We or Our Assistance Company 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.

5.21.2 Supporting Documentation required

a. Dully filled and signed claims form and KYC Documents.
b. Death Certificate
c. Copy of Post-mortem report (wherever applicable)
d. Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government.
e. Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
f. Medical Records, Case histories, investigation reports
g. A precise diagnosis of the treatment for which a claim is made.
h. Original Discharge summary with first and subsequent consultation/treatment papers.
i. Laboratory investigation reports with supporting prescriptions.
j. Copy of settlement letter from other insurance company or TPA
k. MLC/First Information Report (FIR) (in accident cases)
l. Legal heir certificate (not required if valid nomination exists)

IMPORTANT:

a. All documents MUST be submitted within 30 days from discharge.
b. For any delay in submission, You MUST provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
c. We reserve the right to ask for additional documents/reports from case to case basis.
d. We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital,

clinic, individual or institution.

5.21.3 Claims payment

a. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

b. We will only make payment to Insured Person under this Policy. Receipt of payment by Insured Person shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Insured Person's death, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance), payments under this Policy shall only be made in Indian Rupees within India.

c. 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 that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

d. We shall reject the claim by sending claim rejection letter to Insured Person or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / 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 IRDAI (Protection of Policyholders Regulation), 2017. 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 IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

e. Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days , We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f. 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.

g. All payments under this Policy will be in Indian Rupees only.

5.21.4 Fraud/ Dishonest or Fraudulent Claims

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 the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

a. cancelled ab-initio from the inception date or the renewal date (as the case may be), upon a 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance or the Policy may be modified by Us with the consent of the Proposer and

b. all benefits payable, if any, under such Policy shall be forfeited with respect to such claim

5.22 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

5.23 Withdrawal of Product

a. In the likelihood of this product being withdrawn in future with due approval of IRDAI, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
b. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the Policy has been maintained without a break as per extant regulatory framework.

5.24 Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

Disclaimer: Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (*formerly known as Max Bupa Health Insurance Company Limited*) (IRDAI Registration Number 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024, Customer Helpline: 1860-500-8888. Website: www.nivabupa.com. CIN: U66000DL2008PLC182918.

niva Bupa Health Insurance

Annexure - I

The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

List I - Expenses not covered

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	BABY FOOD	24.	ATTENDANT CHARGES	47.	LUMBO SACRAL BELT
2.	BABY UTILITIES CHARGES	25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	48.	NIMBUS BED OR WATER OR AIR BED CHARGES
3.	BEAUTY SERVICES	26.	BIRTH CERTIFICATE	49.	AMBULANCE COLLAR
4.	BELTS/ BRACES	27.	CERTIFICATE CHARGES	50.	AMBULANCE EQUIPMENT
5.	BUDS	28.	COURIER CHARGES	51.	ABDOMINAL BINDER
6.	COLD PACK/HOT PACK	29.	CONVEYANCE CHARGES	52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
7.	CARRY BAGS	30.	MEDICAL CERTIFICATE	53.	SUGAR FREE Tablets
8.	EMAIL / INTERNET CHARGES	31.	MEDICAL RECORDS	54.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
9.	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	32.	PHOTOCOPIES CHARGES	55.	ECG ELECTRODES
10.	LEGGINGS	33.	MORTUARY CHARGES	56.	GLOVES
11.	LAUNDRY CHARGES	34.	WALKING AIDS CHARGES	57.	NEBULISATION KIT
12.	MINERAL WATER	35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
13.	SANITARY PAD	36.	SPACER	59.	KIDNEY TRAY
14.	TELEPHONE CHARGES	37.	SPIROMETRE	60.	MASK
15.	GUEST SERVICES	38.	NEBULIZER KIT	61.	OUNCE GLASS
16.	CREPE BANDAGE	39.	STEAM INHALER	62.	OXYGEN MASK
17.	DIAPER OF ANY TYPE	40.	ARMSLING	63.	PELVIC TRACTION BELT
18.	EYELET COLLAR	41.	THERMOMETER	64.	PAN CAN
19.	SLINGS	42.	CERVICAL COLLAR	65.	TROLLY COVER
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	43.	SPLINT	66.	UROMETER, URINE JUG
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	44.	DIABETIC FOOT WEAR	67.	AMBULANCE
22.	TELEVISION CHARGES	45.	KNEE BRACES (LONG/ SHORT/ HINGED)	68.	VASOFIX SAFETY
23.	SURCHARGES	46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		

List II - Items that are to be subsumed into Room Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	14.	BED PAN	27.	ADMISSION KIT
2.	HAND WASH	15.	FACE MASK	28.	DIABETIC CHART CHARGES
3.	SHOE COVER	16.	FLEXI MASK	29.	DOCUMENTATION CHARGES /ADMINISTRATIVE EXPENSES
4.	CAPS	17.	HAND HOLDER	30.	DISCHARGE PROCEDURE CHARGES
5.	CRADLE CHARGES	18.	SPUTUM CUP	31.	DAILY CHART CHARGES
6.	COMB	19.	DISINFECTANT LOTIONS	32.	ENTRANCE PASS / VISITORS PASS CHARGES
7.	EAU-DE-COLOGNE / ROOM FRESHNERS	20.	LUXURY TAX	33.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
8.	FOOT COVER	21.	HVAC	34.	FILE OPENING CHARGES
9.	GOWN	22.	HOUSE KEEPING CHARGES	35.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
10.	SLIPPERS	23.	AIR CONDITIONER CHARGES	36.	PATIENT IDENTIFICATION BAND / NAME TAG
11.	TISSUE PAPER	24.	IM IV INJECTION CHARGES	37.	PULSEOXYMETER CHARGES
12.	TOOTH PASTE	25.	CLEAN SHEET		
13.	TOOTH BRUSH	26.	BLANKET/WARMER BLANKET		

List III - Items that are to be subsumed into Procedure Charges

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	HAIR REMOVAL CREAM	9.	WARD AND THEATRE BOOKING CHARGES	17.	BOYLES APPARATUS CHARGES
2.	DISPOSABLES RAZORS CHARGES (for site preparations)	10.	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	18.	COTTON
3.	EYE PAD	11.	MICROSCOPE COVER	19.	COTTON BANDAGE
4.	EYE SHEILD	12.	SURGICAL BLADES, HARMONICSCALPEL,SHAVER	20.	SURGICAL TAPE
5.	CAMERA COVER	13.	SURGICAL DRILL	21.	APRON
6.	DVD, CD CHARGES	14.	EYE KIT	22.	TORNIQUET
7.	GAUSE SOFT	15.	EYE DRAPE	23.	ORTHOBUNDLE, GYNAEC BUNDLE
8.	GAUZE	16.	X-RAY FILM		

List IV - Items that are to be subsumed into costs of treatment

Sl. No.	Item	Sl. No.	Item	Sl. No.	Item
1.	ADMISSION/REGISTRATION CHARGES	7.	INFUSION PUMP- COST	13.	MOUTH PAINT
2.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	8.	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	14.	VACCINATION CHARGES
3.	URINE CONTAINER	9.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	15.	ALCOHOL SWABES
4.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	10.	HIV KIT	16.	SCRUB SOLUTION/STERILLIUM
5.	BIPAP MACHINE	11.	ANTISEPTIC MOUTHWASH	17.	GLUCOMETER & STRIPS
6.	CPAP/ CAPD EQUIPMENTS	12.	LOZENGES	18.	URINE BAG

ANNEXURE - II
List of Insurance Ombudsmen

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh 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, UT of Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, UT of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI - Shri Kiriti .B. Saha 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.
HYDERABAD - Shri I. Suresh Babu 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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.

JAIPUR - Smt. Sandhya Baliga 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.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, UT of Lakshadweep, Mahe-a part of UT of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, UT of Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah 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 - 411030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 69038801/03/04/05/06/07/08/09 | **Email:** inscoun@cioins.co.in
Shri B. C. Patnaik, Secretary General | Smt. Poornima Gaitonde, Secretary