

BENEFIT TABLE – DOMESTIC TRAVEL INSURANCE

COVERAGE- Domestic Cruise	Plan Details	
	SUM INSURED	DEDUCTIBLE
Hospitalization Expenses for Illness (incl COVID) & Injury	7,00,000	Nil
Outpatient Treatment Expenses for Injury	1,00,000	Nil
Outpatient Treatment Expenses for Illness	Up to 25,000	1,000
PED cover in case of life threatening condition	Up to 10% of SI	Nil
PA Cover in India (24 hours before and after trip)	15,00,000	Nil
Trip Cancellation & Interruption	1,50,000	2,500
Medical Evacuation	5,00,000	Nil
Repatriation Of remains	2,50,000	Nil
Missed Cruise	25,000	Nil
Doctor on call and discount connect	Included	Nil
Age band covered	6 months - 80 years	

BENEFIT TABLE – INTERNATIONAL TRAVEL INSURANCE

Coverages- Overseas Cruise	Plan Details	
	SUM INSURED	DEDUCTIBLE
Hospitalization expenses for Illness (including COVID) and Injury	USD 1,00,000	USD 200
Outpatient Treatment Expenses for Injury	Included in Above	Nil
Outpatient Treatment Expenses for Illness	Up to USD 10,000	USD 50
PED cover in case of life threatening condition	Up to 10% of SI	Nil
Medical Evacuation	USD 75,000	Nil
Emergency Dental Pain Relief included in above limits	USD 1,000	Nil
Personal Accident	USD 25,000	Nil
Trip Cancellation or interruption	USD 1200	USD 50
Trip Delay (by the carrier)	50 USD per 12 hrs to max 200 USD	Nil
Loss of Passport	USD 500	Nil
Personal Liability	INR 2,00,000	USD 100
Repatriation of Remains	USD 7,500	Nil
Accidental Death & Disability (Common Carrier)	USD 5,000	Nil
Hospitalization Daily Allowance	20 USD per day to max 100 USD	Nil
Emergency Cash Benefit	USD 750	Nil
Bounced Hotel	USD 700	Nil
PA Cover in India (24 hours before and after trip)	INR 1,00,000	Nil
Missed Cruise	USD 500	Nil
Doctor on call and discount connect	Included	Nil
Age band Covered	6 months - 80 years	

POLICY WORDINGS FOR TRAVEL INSURANCE- INTERNATIONAL AND DOMESTIC

IN-PATIENT CARE

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance that requires the Insured Person's Hospitalization, then the Company will indemnify the Medical Expenses incurred on Hospitalization provided that:

- (i) the Hospitalization is on the written advice of a Medical Practitioner;
- (ii) the treatment for the Illness or Injury commences during the Period of Insurance and immediately after the diagnosis of the Illness or occurrence of the Injury;

PRE-EXISTING DISEASE COVER IN LIFE THREATENING MEDICAL CONDITION

The scope of cover under Benefit – 'Medical Cover' is extended to the Medical Expenses incurred by the Insured Person during Hospitalization for the Emergency medical treatment rendered in case of a Life Threatening Medical Condition, during the Period of Insurance for any sudden, unexpected, unforeseen development attributable to any Pre-existing Disease, provided that the approval of the Company or the Assistance Service Provider is obtained within 48 hours of Hospitalization.

Company will indemnify for the Medical Expenses incurred during Hospitalization on that Life Threatening Medical Condition due to pre-existing disease up to the limits specified in the Certificate of Insurance or as opted.

MEDICAL EVACUATION

- a) The Company will indemnify up to the Sum Insured specified in the Certificate of Insurance for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en- route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance, provided that:
 - (i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's Emergency medical evacuation;
 - (ii) These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
 - (iii) This Optional benefit will be provided on a cashless basis if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arrange for the Medical evacuation at their own cost and expense in which case the Company will indemnify the costs incurred on the Medical evacuation in accordance with the terms of this Optional Benefit;
 - (iv) Payment under this Optional Benefit is subject to a Claim for the Illness or Injury which requires Hospitalization and is Medically Necessary.
- b) **Documents to be submitted for any Claim under this Optional Benefit :**

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

 - (i) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;
 - (ii) Documentary proof for all expenses incurred towards the Medical Evacuation.

REPATRIATION OF MORTAL REMAINS

- a) If the Insured Person dies solely and directly due to an Accident, the Company will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence / City of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred.
- b) **Documents to be submitted for any Claim under this Optional Benefit :**
It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:
- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
 - (ii) Copy of the postmortem certificate;
 - (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
 - (iv) In case of transportation of the body of the deceased to the Country of Residence / City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

PERSONAL ACCIDENT

- a) If the Insured Person dies or suffers Permanent Total Disablement within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance, the Company will pay up to the Sum Insured specified in the Certificate of Insurance in accordance with the table below provided that death or Permanent Total Disablement is solely and directly due to the Injury and the Insured Person or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

Sr. No.	Event	% of the Sum Insured payable
1	Death	100%
2	Permanent Total Disablement (PTD)	
A	Loss of sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye and loss of one entire hand or one entire foot	100%
B	Loss of sight of one eye, or actual loss by physical separation of one entire hand or one entire foot	50%

For the purpose of this Optional Benefit only, physical separation of a hand or foot means actual severance of hand at or above the wrist, and of foot at or above the ankle.

- b) **Documents to be submitted for any Claim under this Optional Benefit:**
It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:
- (i) Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided.
 - (ii) Death certificate (if applicable).
 - (iii) Postmortem certificate
 - (iv) Police report.
 - (v) Medical Practitioner's certificate in case of Injury stating the reasons for and the extent of the Injury

TRIP CANCELLATION AND INTERRUPTION

a) Trip Cancellation:

- i. If the Insured Person's outward journey as a fare paying passenger from the Country of Residence / City of Residence to a Place of Destination on a Common Carrier is unavoidably cancelled before the commencement of the Period of Insurance solely and directly due to one of the reasons below, then the Company will indemnify for those travel expenses that the Insured Person paid and cannot recover and for which no value can be derived:
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for atleast 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 days consecutive days from the scheduled commencement of the Period of Insurance;
 - (iv) The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- ii. If a Claim is admitted under this Optional Benefit and the Certificate of Insurance specifies that this is a Single Trip Policy, the Policy shall be immediately and automatically cancelled on the Company's admission of the Claim.
- iii. If a Claim is admitted under this Optional Benefit and the Certificate of Insurance specifies that this is an Annual Multi Trip Policy, no other Claim shall be admitted under the Policy in respect of that Period of Insurance.
- iv. Any amount refunded to the Insured Person by the Common Carrier in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Optional Benefit.

b) Trip Interruption:

- i. If the Insured Person's overseas stay is unavoidably curtailed after the commencement of the Period of Insurance solely and directly due to one of the reasons below, then the Company will indemnify for the costs of direct route economy class airfare of the Insured Person to return to the Country of Residence / City of Residence:
 - (i) Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place within the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
 - (ii) Terrorism provided that the peril takes place within the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
 - (iii) The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury and such Hospitalization continues for at least 5 consecutive days;
- ii. Any amount refunded to the Insured Person by the Common Carrier in relation to the curtailment shall be deducted from the amount payable to the Insured Person under this Optional Benefit.

c) **Exclusions applicable to Optional Benefit 12 - Trip Cancellation and Interruption**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) strikes or labor disputes or slowdown;
- (ii) Interruption or cancellation of the journey either wholly or in partly at the instance of the Common Carrier (apart from the reasons listed above) or by the travel agent;
- (iii) Interruption or cancellation of the journey either wholly or in partly at the instance of the authority governing the Common Carrier or the government;

d) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation (as applicable) shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation;
- (ii) Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier.
- (iii) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.
- (iv) A declaration from the Insured Person furnishing the circumstances that compelled him / her to cancel the journey;
- (v) Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his / her Immediate Family Member;
- (vi) Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained;
- (vii) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence of the Insured Person together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.

OUT-PATIENT COVER

The Company shall indemnify the Insured for the Out-Patient Cover reasonably incurred by the Insured whilst on a Trip during the Period of Insurance.

- a) The Company has provided an option to cover either Clause 2.26 (a.1) : Out-patient care or Clause 2.26(a.2) : Out-patient care for injury.

1. OUT-PATIENT CARE

If an Insured Person suffers an Illness or an Injury that requires the Insured Person to take Out- patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out- patient Care.

2. OUT-PATIENT CARE FOR INJURY

If an Insured Person suffers an Injury that requires the Insured Person to take Out-patient Care, then the Company will indemnify for the Medical Expenses incurred on that Out-patient Care.

TRIP DELAY

- a) If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed for more than 12 consecutive hours or consecutive

hours as specified in the Certificate of Insurance from the later of the declared time of departure or expected time of departure due solely and directly to any one of the following:

- (i) Earthquake, flood, rains, storm, cyclone or tempest; or
- (ii) Terrorism

the Company will pay the Sum Insured provided that the Company or the Assistance Service Provider is given written notice of the delay immediately and in any event within 30 days of the commencement of the delay and immediate alternative arrangements are made by the Insured Person for progressing the journey as scheduled.

b) Exclusions applicable to Trip Delay

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any contingencies other than those specifically named above;
- (ii) The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;

DENTAL EXPENSES

- a)** The Company will indemnify for the Medical Expenses incurred in connection with any Injury / illness to the Insured Person's Sound Natural Teeth during the Period of Insurance provided that:

- (i) the treatment is provided by a Medical Practitioner qualified in practicing dentistry or dental surgery;
- (ii) For the purposes of this Optional Benefit only:
Sound Natural Teeth means natural teeth that are either unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

b) Exclusions

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Treatment of any orthopedic, degenerative or oenological diseases;
- (ii) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution;
- (iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence / City of Residence.

c) Documents to be submitted for any Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital;
- (ii) Original Bills and receipts for:
 - i. Fees paid to the Medical Practitioner and special nursing charges.;
 - ii. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;
- (iii) Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person.
- (iv) Any other information or documentation related to the treatment taken.

LOSS OF PASSPORT

- a) If the Insured Person loses his original passport, the Company will indemnify the cost incurred by the Insured Person towards obtaining a duplicate or new passport.
- b) **Documents to be submitted for any Claim:**
It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:
 - (i) Copy of the police report;
 - (ii) Statement of Claim for the expenses incurred;
 - (iii) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

COMMON CARRIER FATALITY

If the Insured Person dies within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Period of Insurance whilst the Insured Person is mounting into or dismounting from or travelling in a Common Carrier on a valid ticket, the Company will pay the Sum Insured provided that death is solely and directly due to the Injury.

PERSONAL LIABILITY

- a) The Company shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.
- b) The Company shall also indemnify the Insured Person towards the cost of defense maximum up to 10% of claim amount incurred upon the prior written consent of the Company.
- c) **Exclusions**
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
 - (i) Liability of the Insured Person in relation to any professional services rendered by him;
 - (ii) Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities;
 - (iii) Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract;
 - (iv) Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances;
 - (v) Fines, penalties, punitive or exemplary damages of any kind;
 - (vi) Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles;
 - (vii) Any liability, which is the subject matter of specific insurance elsewhere;
 - (viii) Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial;
 - (ix) Liability resulting from transmission of an illness or disease by the Insured Person;
 - (x) Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from;
 - (xi) Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets;
 - (xii) Liability arising from the possession of animals, birds, reptiles or insects and their byproducts such as skin, hair, feathers, horns, fur, ivory, bones or eggs;

- (xiii) Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms;
- (xiv) Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction;
- (xv) Liability arising from any supply of goods or services on the part of the Insured Person;
- (xvi) Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence;
- (xvii) Any liability arising from a contingency occurring anywhere in the Country of Residence / City of Residence of the Insured Person;
- (xviii) Liability arising out of any breach of law or rules or any criminal liability.

d) Terms and conditions applicable

- (i) Every notice, writ, summons or process and all documents relating to the Claim/ event shall be forwarded to the Company immediately on receipt by the Insured Person.
- (ii) No admission, offer, promise or payment shall be made or given by or on behalf of the Insured Person without the prior written consent of the Company.
- (iii) Insured Person shall fully co-operate and support and act as per the advise of the Company or the Assistant Service Provider.
- (iv) Insured Person shall fully support the Company in reaching a compromise with the aggrieved party and/ or to take such steps as may be required to bring the Claim to an amicable settlement.
- (v) All amounts incurred by the Company in the defense, settlement and/or payment of any Claim, will correspondingly reduce the Sum Insured under this Optional benefit.
- (vi) In the event the Company chooses to exercise its right pursuant to this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, the Company's liability or obligations under this Optional Benefit beyond what the Company's liability or obligations would have been had it not exercised its rights under this condition.
- (vii) The Insured Person shall not settle or offer for settlement or enter into a compromise with the claimant or any other person without the prior consent and the written approval of the Company or Assistance Service Provider.
- (viii) The terms and exclusions of this Optional Benefit (and any phrase or word contained therein) shall be interpreted in accordance with Indian law.

e) Documents to be submitted for any Claim under this Optional Benefit:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this optional Benefit:

- (i) Statement of Claim furnishing particulars of the event leading to the liability such as the court order;
- (ii) Photocopy of the police report (wherever reported).

EMERGENCY CASH ADVANCE

- a) If the Insured Person suffers a Financial Emergency, then the Company or the Assistance Service Provider will co-ordinate with the Insured Person's relatives in his Country of Residence / City of Residence, to provide emergency financial assistance to the Insured Person provided that:
 - (i) The Company's liability under this Benefit is limited to organising the delivery of funds received from the Insured Person's relatives to the Insured Person in cash within 7 days from receipt of funds;
 - (ii) The Company shall not have or be deemed to have any direct financial liability to the Insured Person under this Optional Benefit;
 - (iii) This Optional Benefit shall not be available more than once during the Policy Period.

For the purpose of this Optional Benefit only Financial Emergency means the Insured Person's loss of Money (money, travelers cheque or credit cards issued in favor of the Insured Person) available with him such that he has insufficient Money to continue the journey but not including any immediate financial support available to the Insured Person from any alternative source on request and/ or any emergency situation encountered by him by causes other than substantial loss of money and/ or where a Financial Emergency is not an immediate and instantaneous consequence at the place of loss of money;

b) Documents to be submitted for any Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A copy of the complaint lodged with the police authorities or the first information report.

MISSED CONNECTION

- a) If the Insured Person misses the connecting flight solely and directly due to the delayed arrival of the Common Carrier in which the Insured Person was traveling on a valid ticket, the Company will indemnify the Insured Person for the cost of direct route economy class airfare actually incurred by the Insured Person to continue the journey to the scheduled Place of Destination provided that:

- (i) The Company shall not be liable to make any payment under this Optional Benefit if the delay could reasonably have been foreseen by the Insured Person or if the Insured Person could reasonably have become aware of such delay in advance;
- (ii) The Company shall be liable under this Optional Benefit only if the time gap between the scheduled arrival of the Common Carrier and the connecting flight is more than 6 consecutive hours or consecutive hours as specified in the Certificate of Insurance;
- (iii) The Company's liability to make payment under this Optional Benefit shall be in excess of the total amount refunded or returned to the Insured Person by flight service provider.

b) Exclusions

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) A Claim has already been made under either Optional Benefit 10 or Optional Benefit 13.
- (ii) Missing of the flight is the result of: Any deviation from the originally scheduled route at the instance of the Insured Person for any reason whatsoever;
- (iii) Any advance intimation given to the Insured Person of a possible delay of the Common Carrier that might lead to missing of connecting flight;
- (iv) Any circumstances other than those directly attributable to the delay of the earlier Common Carrier.

c) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Confirmation from the Common Carrier of the delay as to the expected time of arrival and the actual time of arrival at Place of Destination together;
- (ii) Copy of unused ticket for the missed flight;
- (iii) Certificate from the Common Carrier of the missed flight that the fare for the part of the journey covered by the missed flight is forfeited in full or in part together with the amount of forfeiture;
- (iv) Original used ticket obtained afresh towards the alternative flight for the part of the journey covered by the missed flight indicating the amount paid as fare.

DAILY ALLOWANCE

- a) If the Illness or Injury suffered by the Insured Person solely and directly requires the Insured Person's Hospitalization during the Period of Insurance, then the Company will pay for each continuous and completed day of Hospitalization for a maximum duration as specified in the Certificate of Insurance (maximum up to 60 days), provided that:
- (i) The Insured Person is hospitalized for Medically Necessary Emergency Care of any Injury or Illness suffered; and
 - (ii) In case of "Zero day" deductible applicability, the Company will pay 50% of Daily Allowance Limit under this Optional Benefit in case of day care treatment
- b) **Documents to be submitted for any Claim**
It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit: Copy of pathological and diagnostic reports, discharge summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital.

BOUNCE BOOKING

- a) The Company will indemnify the Insured Person the actual additional expenses / cost incurred by the Insured for alternative flight arrangements or for alternative accommodation in the event of the confirmed flight reservation for any part of the Trip within the Period of Insurance bouncing at the sole instance of the Common Carrier or bouncing of the confirmed accommodation booking at place of stay being part of the Trip solely at the instance of the accommodation provider.
- (i) Provided that the Company's liability shall be in relation to the travel covered by such confirmed booking and in relation to accommodation in the same place of stay and also provided that the Company's liability to such additional expenses shall be in relation to the same class of travel and same category of accommodation as the case may be covered by the original confirmed bookings.
 - (ii) It is a condition precedent to admission of liability by the Company under this Optional Benefit that the Insured shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier and / or with the accommodation provider and try to recover from them the consequential loss incurred by the Insured by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured shall be furnished to the Company.
 - (iii) Any recovery towards additional expenses incurred for alternative travel or accommodation arrangement effected from the Common Carrier or accommodation provider as the case may be, if any, effected from the concerned agencies after settlement of the claim under the policy, shall be remitted to the Company to the extent of the amount of claim admitted and paid by the Company to the Insured.
- b) **Exclusions:**
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- (i) If the Insured shall fail to adhere to the rules of the Common Carrier or the accommodation provider in connection with reconfirmation of the booking before the date of travel or date of accommodation as the case may be;
 - (ii) In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later;
 - (iii) If the confirmed accommodation is a personal arrangement or is free of charge;

- (iv) Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within 6 hours from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed

c) Documents to be submitted for any Claim:

It is a condition precedent to the Company's liability under this Optional Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A declaration from the Insured that he / she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.
- (ii) A confirmation from the Common Carrier of the bounced booking solely at their instance and responsibility.
- (iii) A confirmation from the accommodation provider of the bounced booking solely at their instance and responsibility.
- (iv) The Insured shall lodge his / her claim on the Common Carrier and / or the accommodation provider in writing
- (v) Statement of Claim for the expenses incurred;
- (vi) Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider

ADDITIONAL SERVICES

- a) The Company or Assistance Service Provider will arrange for the Insured Person to avail any of the following services, subject to details as specified in the Policy Certificate, including but not limited to:

- (i) Health Card in physical form
- (ii) Doctor On Call

The Company / Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the telephone.

- (iii) Other value added services as follows:

- i. Medical Assistance Services

The Company / Assistance Service provider shall provide Medical assistance service e.g. Referral, emergency medical assistance etc.

- ii. Medical Service Provider Referral

The Company / Assistance Service Provider shall provide to the Insured Person, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). The Company / Assistance Service Provider shall not be responsible for providing medical diagnosis or treatment. Although The Company / Assistance Service Provider shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured Person. The Company / Assistance Service Provider, however, will exercise care and diligence in selecting the Medical Service Providers.

- iii. Arrangement of Hospital Admission

If the medical condition of the Insured Person is of such gravity as to require hospitalization, The Company / Assistance Service Provider will assist such Insured Person in the hospital admission.

- iv. Arrangements of Appointments with Local Doctors for Treatment

The Company / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local doctors for treatment.

- v. Medical Translation Service

The Company / Assistance Service Provider will arrange for the provision of medical translation to the Insured Person over the telephone.

- vi. **Delivery of Essential Medicine**
The Company / Assistance Service Provider will arrange to deliver to the Insured Person essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the Insured Person's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. The Company / Assistance Service Provider will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.
- vii. **Arrangement of Compassionate Visit**
The Company / Assistance Service Provider will arrange for one return airfare for an Immediate Family Member of the Insured Person wishing to join the Insured Person who, when travelling alone, is hospitalized outside the Country of Residence / City of Residence.
- viii. **Arrangement of Return of Minor Child**
The Company / Assistance Service Provider will arrange for one-way airfares for the return of minor child to the Country of Residence / City of Residence if they are left unattended as a result of the accompanying Insured Person's illness, accident or Emergency Medical Evacuation. Escort will be provided, when requested.
- ix. **Arrangement of Parent Accommodation**
The Company / Assistance Service Provider will arrange for the hotel accommodation of the Insured Person's one of the Parents related to an incident requiring Emergency Medical Evacuation, Emergency Medical Repatriation or hospitalization.
- x. **Inoculation and Visa Requirement Information**
The Company / Assistance Service Provider shall provide information concerning visa and inoculation requirements for foreign countries, as those requirements are specified from time to time in the most current edition of World Health Organization Publication "Vaccination Certificates Requirements and Health Advice for International Travel" (for inoculations) and the "ABC Guide to International Travel Information" (for visas). This information will be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. The Company / Assistance Service Provider shall inform the Insured Person requesting such information that The Company / Assistance Service Provider is simply communicating the requirements set forth in a document and The Company / Assistance Service Provider shall name the document.
- xi. **Embassy Referral**
The Company / Assistance Service Provider shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.
- xii. **Emergency Document Delivery**
The Company / Assistance Service Provider shall assist the Insured Person to arrange for emergency document to be delivered to the Insured Person's Immediate Family Member, upon the Insured Person's request to do so.
- xiii. **Home Care Assistance**
If the medical condition of the Insured Person is of such gravity as to require qualified nurse, The Company / Assistance Service Provider will assist such Insured Person to provide reference of such qualified nurse.
- xiv. **Lifestyle Services**
The Company / Assistance Service Provider shall assist the Insured Person by arranging local lifestyle service provider reference e.g. gym, spa etc.
- xv. **Diet and nutrition consultation**
The Company / Assistance Service Provider shall assist the Insured Person by arranging for appointments with local diet and nutrition consultation.
- xvi. **Chat with Medical Practitioners**
The Company / Assistance Service Provider will arrange for the provision of medical advice to the Insured Person over the online chat.
- xvii. **Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty or Hotel or any travel related services and skin-clinics**
- xviii. **Special discounts on medical equipment's or medicines as provided by service providers**
- xix. **Health risk assessment**

Health Risk Assessment (HRA) is an online questionnaire based application, which empowers the Insured Person to analyze his / her health status and identify health risks early. HRA helps in early identification and management of risks, promotion of preventive healthcare, regular follow up and monitoring to ensure effective management of health status

- xx. Crisis Management Services provided by companies
The Company / Assistance Service Provider will arrange to provide emergency alerts for the country the Insured Person is travelling.
- xxi. Tele Support: Basic medical advice and symptom information, pre-travel advice, Details of local and national support groups, emotional stress related to foreign environs

It is agreed and understood that:

- (i) The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Optional Benefit, then whether or not to act on it.
- (ii) This Optional Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- (iii) The company do not provide the services under this Optional Benefit or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the services under this Optional Benefit are put.
- (iv) The company do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Optional Benefit or for any consequences of actions taken or not taken in reliance thereon.
- (v) The Insured Person shall indemnify the Company and hold the company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Optional Benefit:

- (i) Claim under this Optional Benefit can be claimed only under Cashless Facilities in accordance with the Policy.
- (ii) Payment of Claims for this Optional Benefit is not subject to availability of the Sum Insured under the Policy.
- (iii) The Company or Assistance Service Provider will arrange for the above mentioned services to the Insured Person; On utilizing these services, the Insured Person shall make payment for the services (if any), directly to the service provider.

OTHER TERMS AND CONDITIONS:

1. Trip Cancellation (by Traveler) - Extended to a travel companion which will be defined at time of ticket purchase as someone booking and sharing the cabin with insured on same ticket
2. Accidental death benefit can be offered for 24 hours before cruise reporting and 24 hours after alighting from cruise [cruise reporting time will be the maximum allowed time defined to board the cruise for a particular trip & 24hours post the defined de-boarding time at the end of the trip]
3. In case of missing cruise due to delay in flight only, minimum gap between flight arrival and cruise reporting time must be ≥ 4 hours [cruise reporting time will be the maximum allowed time defined to board the cruise for a particular trip]
4. Doctor on Call & Discount Connect – Virtual doctor consultation & Discounts on OPD expenses such as pharmacy, diagnostics & consultations when services availed through Care Network partners.
5. Emergency Hospitalization in case it is needed immediately upon de-embarkment (max up to 2 hours) and incident had occurred on board will be covered. Proof of being evaluated on board by doctors will be required.