Group Domestic Travel Insurance Policy

Policy Wordings

This Policy is a contract of insurance between You and Us which is subject to the receipt of premium as specified in the Schedule in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.

The group administrator’s/Master Policyholder’s role is that of only a facilitator in offering a group cover and facilitating insurance services including claims from a central point.

This Policy is valid for the period as specified in the Schedule or the Certificate of Insurance.

The terms listed in Section 5 (Definitions) and which have been used elsewhere in the Policy in Initial Capital letters shall have the meaning set out against them in Section 5, wherever they appear in the Policy.

1 Benefits

The Schedule or the Certificate of Insurance will specify which In-built Benefits and available Cover Benefits under the In-Built Benefits are in force for the Insured Persons under the Policy.

Claims made in respect of an Insured Person for any of the In-built Benefits or the Cover Benefits applicable to the Insured Person shall be subject to the availability of the Sum Insured, applicable sub-limits for the In-built Benefit/Cover Benefit claimed and the terms, conditions and exclusions of this Policy.

All claims must be made in accordance with the procedure set out in Section 3.

In-built Benefits

1.1 Accidental Medical Expense Reimbursement

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to be Hospitalized or undergo Day Care Treatment, then We will reimburse the costs incurred on Medical Expenses upto limit specified in Certificate of Insurance.

If We have accepted a claim under In-built Benefit 1.1, We will also reimburse Post-hospitalisation Medical Expenses incurred for up to 90 days immediately following the Insured Person’s discharge from Hospital.

This In-built Benefit will be payable provided that:

a. The Hospitalization or Day Care Treatment is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. The Insured Person is admitted to Hospital or underdoes Day Care Treatment within travel period or 7 days whichever is higher of the occurrence of the Accident;

c. We will reimburse only those Medical Expenses that are in excess of the Deductible for each period of Hospitalization;

d. We will reimburse only those Medical Expenses and Post-hospitalisation Medical Expenses that are Reasonable and Customary Charges;

e. We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease.
1.2 Accidental Hospital Fixed Allowance

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to be Hospitalized for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance.

This In-built Benefit will be payable provided that:

a. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. The Insured Person is admitted to Hospital within travel period or 7 days whichever is higher of the occurrence of the Accident;

c. We will reimburse only those Medical Expenses that are in excess of the Deductible for each period of Hospitalization;

d. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges;

e. We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease;

f. We shall not accept more than one claim under this In-built Benefit in respect of the Insured Person following from the same Accident.

1.3 Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and Injury solely and directly results in the Insured Person’s death within 365 days from the date of the Accident, We will pay the Sum Insured.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Benefits, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

1.4 Personal Accident (Common Carrier)

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person’s death or permanent total disability within 365 days from the date of the Accident, We will pay the amount specified in the Certificate of Insurance.

This In-built Benefit will be payable provided that:

a. We have accepted a claim under the In-built Benefit 1.3 in respect of the Insured Person;

b. The amount payable under this In-built Benefit shall be in addition to any other amounts payable under the Policy in respect of the Insured Person.
1.5 Loan Protector

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period, We will pay an amount equal to the Insured Person’s outstanding principal amount of Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the in-built Benefit 1.3 (Accidental Death Benefit) or Cover Benefit 1.1 (Permanent Total Disability) in respect of that Insured Person;

b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit 1.3 (Accidental Death Benefit) or any other applicable Cover Benefits;

c. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

1.6 Personal Liability

We will reimburse any actual legal liability, including Defence Costs, incurred by the Insured Person in his/her private capacity to pay damages to a third party arising out of the third party’s death, Injury or property being damaged during the Travel Period up to the limit specified in the Certificate of Insurance.

This In-built Benefit will be payable provided that:

a. We are given immediate written notice of any event that may give rise to a claim under this In-built Benefit;

b. The Insured Person does not incur any Defence Costs or expenses, admit liability or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to such claim without Our prior written consent;

c. The Insured Person is obligated to defend himself/herself in any ensuing civil proceedings. We shall be entitled, but not obligated to, at any time to take over and conduct the defence and/or settlement of any action or claim in the name of the Insured Person and shall be entitled at all times to receive the Insured Person’s cooperation and assistance;

d. We shall not settle any claim without the express consent of the Insured Person, but if the Insured Person refuses an available settlement recommended by Us, then Our liability shall be restricted to the amount by which such claim could have been settled;

We shall not be liable to reimburse any expenses under this In-built Benefit for claims arising out of:

a. Any wilful, malicious, criminal or unlawful act, error, or omission;

b. Any liability incurred towards a relative, a travelling companion or work colleague of the Insured Person;

c. Participation in any Hazardous Activities;

d. The Insured Person’s business or occupation;

e. Livestock belonging to the Insured Person, or in his/her care, custody or control.
1.7 Trip Delay

We will pay the amount specified in the Certificate of Insurance if an Insured Person’s journey on a Common Carrier is delayed beyond the number of hours specified in the Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Travel Period.

This In-built Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay unless this proof is available to Us directly from a reliable source in the public domain;

b. The delay is in excess of the Deductible from the time of scheduled departure or scheduled arrival time of the Common Carrier;

c. The delay in not due to the late arrival of the Insured Person;

We shall not accept more than one claim under this Benefit during the Travel Period.

1.8 Carrier Cancellation

We will pay the Sum Insured if the Insured Person’s booked and confirmed journey is cancelled within the number of hours/days specified in the Certificate of Insurance, prior to the scheduled departure by the Common Carrier.

This In-Built Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to Us directly from a reliable source in the public domain.

We shall not be liable to reimburse any expenses under this In-built Benefit for:

a. Any cancellation of the journey by the Insured Person.

1.9 Loss of Checked-in Baggage

We will reimburse the actual loss upto the limit specified in the Certificate of Insurance incurred towards the permanent and total loss or destruction of the Insured Person’s Checked-in Baggage, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

This In-built Benefit will be payable provided that:

a. The Insured Person provides Us with written proof from the Common Carrier confirming the loss of Checked-in Baggage;

b. The Insured Person provides Us with a written proof of ownership for any item within the Checked-in Baggage valued at more than the amount specified in the Certificate of Insurance.

We shall not be liable to reimburse any expenses under this In-built Benefit for:

a. Any loss or destruction which will be paid or refunded by the Common Carrier;

b. Any loss of Valuables, Money, any kinds of securities or tickets;

c. Any loss of Checked-in Baggage amounting to a partial loss or not amounting to a permanent and total loss, unless specified otherwise in the Certificate of Insurance;
d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

1.10 Missed Carrier

We will reimburse the cost of the booking up to the limit specified in the Certificate of Insurance on the Common Carrier due to the Insured Person’s failure to reach the original departure point of the booked journey caused by the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the Coverage Period.

This In-built Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof from the Common Carrier of the missed departure;

b. We will reimburse only those expenses that are in excess of the Deductible;

c. We shall not accept more than one claim under this In-built Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses for:

a. Any loss which will be paid or refunded by any applicable Common Carrier.

1.11 Missed Event

We will reimburse irrecoverable costs of the Insured Person’s Event tickets paid in advance in case of the Insured Person’s failure to reach the Event during the Travel Period, due to any unavoidable reasons beyond the control of the Insured Person up to the limit specified in the Certificate of Insurance.

This In-built Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof of the missed Event unless this proof is available to Us directly from a reliable source in the public domain;

b. We will reimburse only those expenses that are in excess of the Deductible;

c. We shall not accept more than one claim under this In-built Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses for:

a. Cancellation of the Event by the organiser or any related party of the organiser.

b. Conditions as specified in Certificate of Insurance.

1.12 Cancellation of Carrier by Insured Person

We will reimburse the cost of travel fares paid for a booked and confirmed journey by the Insured Person, due to any unavoidable reasons beyond the control of the Insured Person.

This In-built Benefit will be payable provided that:

a. The Insured Person provides Us with a written confirmation from the Common Carrier of the cancelled booking unless this proof is available to Us directly from a reliable source in the public domain;

b. We will reimburse only those expenses that are in excess of the Deductible;
c. We will reimburse only those expenses that are Reasonable and Customary Charges;

d. We shall not accept more than one claim under this In-built Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses under this In-built Benefit for:

a. Any cancellation of the travel bookings by the Common Carrier;

1.13 Fare Lock

We will reimburse the fare difference up to the limit specified in the Certificate of Insurance towards any increase in fare of a Common Carrier, subject to the Insured Person booking the Common Carrier within the period of time specified in the Certificate of Insurance from the time of intimation of the fare to Us.

This In-Built Benefit will be payable provided that:

a. We will reimburse only those expenses that are in excess of the Deductible.

1.14 Fare Dip

We will reimburse the fare difference up to the limit specified in the Certificate of Insurance towards any decrease in fare of a Common Carrier, from the date of the Insured Person booking the fare until the period of time specified in the Certificate of Insurance.

This In-built Benefit will be payable provided that:

a. We will reimburse only those expenses that are in excess of the Deductible.

1.15 Home Insurance Cover

We will reimburse any actual loss incurred up to the limit specified in the Certificate of Insurance during the Travel Period towards any theft of personal possessions or property stored within the Insured Person’s usual place of residence that was left vacant for the duration of the Travel Period.

This In-built Benefit will be payable provided that:

a. The Insured Person provides Us with a copy of the police complaint reporting the incident;

b. The Insured Person provides Us with a written proof of ownership for any item stolen valued at more than the amount specified in the Certificate of Insurance.

We shall not be liable to reimburse any expenses for:

a. Any loss which is recovered subsequently;

b. Any loss of Valuables, Money, any kinds of securities or tickets;

c. Any loss due to any wilful act or omission of the Insured Person;

d. Any consequential loss or damage of any kind;

e. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.
1.16 Travel with Pet Cover

If the Insured Person is travelling with his/her pet as detailed in the Certificate of Insurance during the Travel Period, We will provide the following:

a. We will reimburse the expenses incurred on the medical treatment of the Insured Person’s pet if the pet suffers an Injury due to an Accident during the Travel Period.

b. We will reimburse the costs incurred on additional travel and accommodation expenses by the Insured Person if the Insured Person’s journey is cancelled or curtailed due to the Insured Person’s pet suffering death or an Injury due to an Accident, during the Coverage Period.

This In-built Benefit will be payable provided that:

a. The Injury caused to the Insured Person’s pet must be so disabling as to reasonably cause a journey to be cancelled or curtailed;

b. We will reimburse only those expenses that are Reasonable and Customary Charges, which are evidenced by a report issued by any practicing veterinarian;

c. The Insured Person’s pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel or other provider of accommodation;

d. The Insured Person’s pet is maintained by the Insured Person exclusively for company, protection, or entertainment, and not for the purposes of commerce or research;

e. We will reimburse only those expenses that are in excess of the Deductible;

f. We shall not be liable to make any payment in respect of expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease.

We shall not be liable to reimburse any expenses under this In-built Benefit for:

a. Any facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the journey;

b. Costs for transportation of mortal remains of the Insured Person’s pet from the place of death to the residence of the Insured Person;

c. Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation.

Cover Benefits

1.A Hospital Daily Allowance:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to be Hospitalized then We will pay the daily allowance amount specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under In-Built Benefits 1.1 or 1.2 in respect of the Insured Person for the same period of Hospitalization;

b. Our liability to make payment under this Cover Benefit shall be for the period of Hospitalization in excess of the Deductible days.
c. This Cover Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance.

d. We shall not be liable to make any payment under this Cover Benefit in respect of any Hospitalization for treatment of any Illness or any Pre-Existing Disease.

1.B **Compassionate Visit:**

We will reimburse the amount incurred on tickets on a Common Carrier for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person during the Coverage Period up to the limit specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the In-Built Benefits 1.1 or 1.2, or under Cover Benefits 1.A, 1.I, 1.J or 1.K and under Cover Benefit 1.B, in respect of the Insured Person for the same period of Hospitalization;

b. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence;

c. We will reimburse only those expenses that are Reasonable and Customary Charges;

d. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

1.C **Compassionate Visit Stay:**

We will pay the daily amount specified in the Certificate of Insurance towards accommodation expenses for an Immediate Relative of the Insured Person to stay at the place of Hospitalization of the Insured Person during the Coverage Period.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the In-Built Benefits 1.1 or 1.2, or under Cover Benefits 1.A, 1.I, 1.J or 1.K and under Cover Benefit 1.B, in respect of the Insured Person for the same period of Hospitalization;

b. This Cover Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for the Coverage Period;

c. We will reimburse only those expenses that are Reasonable and Customary Charges;

d. We shall not be liable to pay any amount under this Cover Benefit after the Insured Person’s discharge from Hospital;

e. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

1.D **OPD Treatment**

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance or for treatment of fractures, burns or Dental Treatment then We will reimburse the costs incurred on Medical Expenses.
This Cover Benefit will be payable provided that:

a. The medical treatment undertaken is Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. We will reimburse only those Medical Expenses that are in excess of the Deductible;

c. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges;

d. We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease.

1.E Convenient Travel Option:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to return to his place of residence, then We will reimburse the amount incurred on tickets on a Common Carrier for the Insured Person’s travel back to his place of residence with addition or modification necessitated in the Common Carrier due to such Illness/Injury and provided to the Insured Person.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the In-Built Benefit 1.1 or 1.2, or under Cover Benefits 1.A, 1.L, 1.J or 1.K in respect of the Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that the Insured Person is suffering from the Injury in respect of which the claim is being made;

c. We will reimburse only those expenses that are Reasonable and Customary Charges.

1.F Ambulance Transportation Cover:

If the Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance, then We shall reimburse the costs incurred upto the limit specified in the Certificate of Insurance on the transportation of the Insured Person by the Ambulance to the Hospital.

This Cover Benefit will be payable provided that:

a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person by Ambulance was medically necessary;

b. The transportation was availed immediately following the Accident;

c. We will reimburse only those costs that are Reasonable and Customary Charges.

1.G Illness Cover:

If an Insured Person suffers an Illness during the Travel Period and that Illness solely and directly requires the Insured Person to be Hospitalized during the Travel Period, then We will reimburse the costs incurred on Medical Expenses upto limit specified in the Certificate of Insurance.

If We accept a claim under this Cover Benefit, then We will also consider claims made under any of the Benefits under In-built Benefits 1.1 or 1.2, and Cover Benefits 1.A, 1.B, 1.C, 1.D, 1.E, 1.F, 1.G, or 1.H
for the Insured Person which would have been applicable if the Insured Person had suffered an Injury due to an Accident during the Travel Period.

This Cover Benefit will be payable provided that:

a. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

b. We will reimburse only those Medical Expenses that are in excess of the Deductible for each period of Hospitalization;

c. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges;

d. We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Pre-Existing Disease;

1.H Pre-Existing Illness Cover

We will reimburse the Medical Expenses incurred in respect of the Medically Necessary Treatment rendered on the Insured Person during the Travel Period on an emergency basis for a Life Threatening Condition only for any sudden, unexpected or unforeseen development which is attributable to a Pre-Existing Disease, upto limit specified in the Certificate of Insurance.

For the purpose of this Cover Benefit, Life Threatening Condition shall mean a medical condition suffered by the Insured Person, which is certified in writing by the attending Medical Practitioner as a Life Threatening Condition, and which has the following characteristics:

i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).

ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas) including ectopic pregnancy.

iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.

iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

This Cover Benefit will be payable provided that:

a. We will make payment under this Cover Benefit only for immediate treatment rendered as a life saving measure and not for any further Hospitalisation/Medical Expenses incurred thereafter;

b. We will be liable to make payment under this Cover Benefit only if the treatment pertains to any of the following Illnesses:

   1. Hypertension;
   2. Diabetes;
   3. Heart ailments;
   4. Cerebral Nervous System diseases;
   5. Chronic Obstructive Pulmonary diseases, including asthma;
   6. Oncological diseases;
   7. Pregnancy related complications.

c. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges.
1.1 Permanent Total Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

<table>
<thead>
<tr>
<th>Nature of Permanent Total Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and irrecoverable loss of sight in both eyes</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of both hands or both feet</td>
</tr>
<tr>
<td>Loss by physical separation or total and permanent loss of use of one hand and one foot</td>
</tr>
<tr>
<td>Total and irrecoverable loss of sight in one eye and loss of a Limb</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of one Limb/loss of sight in one eye</td>
</tr>
<tr>
<td>Total and irrecoverable loss of hearing in both ears and loss of speech</td>
</tr>
<tr>
<td>Total and irrecoverable loss of speech and loss of one Limb/loss of sight in one eye</td>
</tr>
<tr>
<td>Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living</td>
</tr>
</tbody>
</table>

If the Certificate of Insurance specifies that the PTD Sum Insured is in force for the Insured Person, then on acceptance of a claim in respect of the Insured Person under this Cover Benefit We will pay the PTD Sum Insured specified in the Certificate of Insurance in addition to the Sum Insured.

For the purpose of this Cover Benefit:

1. **Limbs** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

This Cover Benefit will be payable provided that:

a. Except in cases of physical dismemberment, the Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Cover Benefit shall be limited to the Sum Insured and PTD Sum Insured, if applicable;

c. If a claim is accepted under this Cover Benefit in respect of an Insured Person and the amount due under this Cover benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured;

d. If We have admitted a claim for Permanent Total Disability in accordance with this Cover Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;

e. On the acceptance of a claim under this Cover Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Cover Benefits.
1.J Permanent Partial Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below:

<table>
<thead>
<tr>
<th>Nature of Permanent Partial Disability</th>
<th>Percentage of the Sum Insured payable</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Total and irrecoverable loss of sight in one eye</td>
<td>50%</td>
</tr>
<tr>
<td>ii. Loss of one hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>iii. Loss of all toes - any one foot</td>
<td>10%</td>
</tr>
<tr>
<td>iv. Loss of toe great - any one foot</td>
<td>5%</td>
</tr>
<tr>
<td>v. Loss of toes other than great, if more than one toe lost, each</td>
<td>2%</td>
</tr>
<tr>
<td>vi. Total and irrecoverable loss of hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>vii. Total and irrecoverable loss of hearing in one ear</td>
<td>15%</td>
</tr>
<tr>
<td>viii. Total and irrecoverable loss of speech</td>
<td>50%</td>
</tr>
<tr>
<td>ix. Loss of four fingers and thumb of one hand</td>
<td>40%</td>
</tr>
<tr>
<td>x. Loss of four fingers</td>
<td>35%</td>
</tr>
<tr>
<td>xi. Loss of thumb- both phalanges</td>
<td>25%</td>
</tr>
<tr>
<td>xii. Loss of thumb- one phalanx</td>
<td>10%</td>
</tr>
<tr>
<td>xiii. Loss of index finger-three phalanges</td>
<td>10%</td>
</tr>
<tr>
<td>xiv. Loss of index finger-two phalanges</td>
<td>8%</td>
</tr>
<tr>
<td>xv. Loss of index finger-one phalanx</td>
<td>4%</td>
</tr>
<tr>
<td>xvi. Loss of middle/ring/little finger-three phalanges</td>
<td>6%</td>
</tr>
<tr>
<td>xvii. Loss of middle/ring/little finger-two phalanges</td>
<td>4%</td>
</tr>
<tr>
<td>xviii. Loss of middle/ring/little finger-one phalanx</td>
<td>2%</td>
</tr>
</tbody>
</table>

This Cover Benefit will be payable provided that:

a. Except in cases of physical dismemberment, the Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;

b. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the degree of disability and the amount payable, if any;

c. We will not make any payment under this Cover Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;

d. If a claim is accepted under this Cover Benefit in respect of an Insured Person and the amount due under this Cover Benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured;

e. On the acceptance of a claim under this Cover Benefit, the Insured Person’s insurance cover under this Policy shall continue, subject to the availability of the Sum Insured.
1.K Total Temporary Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Cover Benefit will be payable provided that:

a. This Cover Benefit shall not be paid for the minimum number of days specified in the Certificate of Insurance from the date of commencement of Temporary Total Disability;

b. This Cover Benefit shall not be paid in excess of the Insured Person’s base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Certificate of Insurance;

c. If the Insured Person is disabled for a part of the period specified in the Certificate of Insurance, then only a proportionate part of the benefit for the specified period will be payable;

d. We will not make any payment under this Cover Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;

e. If a claim is accepted under this Cover Benefit in respect of an Insured Person and the amount due under this Cover Benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.

1.L Repatriation of Mortal Remains:

We will reimburse the expenses incurred for transportation of mortal remains from the place of death to the residence of the Insured Person.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the In-built Benefit 1.3 in respect of that Insured Person;

b. The amount payable under this Cover Benefit will be in addition to the amount payable under In-built Benefit 1.3 (Accidental Death) or any other applicable Cover Benefits;

c. The death of the Insured Person occurred in a location that is not the city/place of residence of the Insured Person.

1.M Evacuation (Medical & Catastrophe):

We will reimburse the costs incurred for the air or surface transportation of the Insured Person during the Travel Period (and an attending Medical Practitioner if it is certified in writing as being medically necessary) including costs incurred for medical care during such transportation, in any of the following circumstances:

a. The Insured Person needs to be evacuated due to a Catastrophe which has occurred in the place where the Insured Person is located during the Travel Period;

b. The Insured Person needs to be transferred from the place of Accident to the nearest Hospital for medical treatment following an Accident during the Travel Period;
c. The Insured Person needs to be transported from the Hospital where the Insured Person is being treated to the nearest Hospital if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.

This Cover Benefit will be payable provided that:

a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person was required for Medically Necessary Treatment to be rendered
b. We have agreed to the reimbursement of such costs of transportation in writing in advance of the transportation;

c. The Hospital to which the Insured Person is proposed to be transported is the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person;

d. If the Insured Person is transported to a Hospital which is not the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person then Our liability under this Cover Benefit shall be limited to the amount that would otherwise have been payable to transport the Insured Person to the nearest Hospital;

e. We will reimburse only those expenses that are Reasonable and Customary Charges;

f. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

1.0 Mobility Cover

We will reimburse the expenses incurred on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Travel Period.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the Cover Benefit 1.1 (Permanent and Total Disability) or Cover Benefit 1.J (Permanent Partial Disability) or Cover Benefit 1.K (Temporary Total Disability) in respect of that Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that the proposed support is medically necessary;

c. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;

d. We will reimburse only those expenses that are Reasonable and Customary Charges;

1.0 Child Education Cover:

We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.

For the purpose of this Cover Benefit:

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

This Cover Benefit will be payable provided that:
a. We have accepted a claim under the In-built Benefit 1.3 (Accidental Death) or Cover Benefit 1.1 (Permanent Total Disability) in respect of that Insured Person;

b. The amount payable under this Cover Benefit will be in addition to the amount payable under the In-built Benefit 1.3 (Accidental Death) or any other applicable Cover Benefits;

c. We shall not be liable to accept a claim under this Cover Benefit in respect of more than 2 Dependent Children of the Insured Person.

1.P  Disappearance:

If an Insured Person disappears during the Travel Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Travel Period and is legally declared dead (declared death in absentia or legal presumption of death) We will pay the amount specified in the Certificate of Insurance to the Nominee.

This Cover Benefit will be payable provided that:

a. The Insured Person’s disappearance is certified in writing by the local police authorities at the place of disappearance;

b. On the acceptance of a claim under this Cover Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

1.Q  Funeral Expense:

We will pay the amount specified in the Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the In-built Benefit 1.3 (Accidental Death) in respect of that Insured Person;

b. The amount payable under this Cover Benefit will be in addition to the amount payable under the In-built Benefit 1.3 (Accidental Death) or any other applicable Cover Benefits.

1.R  Physiotherapy:

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under In-Built Benefits 1.1 or 1.2 in respect of the Insured Person;

b. The physiotherapy undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;

c. We will reimburse only those costs that are Reasonable and Customary Charges.
1. S Outstanding Bills Protection Benefit:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the in-built Benefit 1.3 (Accidental Death Benefit) or Cover Benefit 1.1 (Permanent Total Disability) in respect of that Insured Person;

b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit 1.3 (Accidental Death Benefit) or any other applicable Cover Benefits;

c. The originals of the outstanding bills are submitted to Us;

d. Any bills that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

1. T Modification of Vehicle/Home:

We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person’s residence or to the Insured Person’s vehicle.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the Cover Benefit 1.1 (Permanent Total Disability) or Cover Benefit 1.J (Permanent Partial Disability) in respect of that Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that these improvements are necessary;

c. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;

d. We will reimburse only those expenses that are Reasonable and Customary Charges;

e. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

1. U Chauffeur Benefit

We will pay the per day allowance specified in the Certificate of Insurance for availing the services of a chauffeur to drive the Insured Person.

This Cover Benefit will be payable provided that:

a. We have accepted a claim under the Cover Benefit 1.1 (Permanent Total Disability) or Cover Benefit 1.J (Permanent Partial Disability) or Cover Benefit 1.K (Temporary Total Disability) in respect of that Insured Person;

b. The Medical Practitioner treating the Insured Person certifies in writing that the Insured Person is unable to drive himself/herself due to the Accident;

c. We will not pay for more than the maximum number of days specified in the Certificate of Insurance;
d. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;

e. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

1.V Hijack Daily Allowance:
We will pay the daily amount specified in the Certificate of Insurance if the Common Carrier in which the Insured Person is travelling is hijacked for more than 12 hours, for each continuous 24-hour period the Insured Person is detained by hijackers.

This Cover Benefit will be payable provided that:

a. We shall not be liable to make any payment under this Cover Benefit for more than the number of days specified in the Certificate of Insurance.

1.W Delay of Checked-in Baggage:
We will pay the amount specified in the Certificate of Insurance, towards purchasing essential medication, toiletries or clothing if the delivery of the Insured Person’s accompanying Checked-in Baggage is delayed for more than the number of hours specified in the Certificate of Insurance, by the Common Carrier on which the Insured Person was travelling as a passenger, during the Travel Period.

This Cover Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof from the Common Carrier of the length of the delay;

b. The delay is in excess of the Deductible from the time of scheduled departure or scheduled arrival time of the Common Carrier.

We shall not be liable to reimburse any expenses under this Cover Benefit for:

a. Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

1.X Denied Boarding - Carrier:
We will pay the amount specified in the Certificate of Insurance if an Insured Person is denied boarding of the Common Carrier during the Travel Period, within the number of hours specified in the Certificate of Insurance of the scheduled departure time.

This Cover Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof from the Common Carrier of the reasons for denial of boarding;

b. The Insured Person posed no health, safety or security risk in boarding the Common Carrier;

c. The Insured Person had a confirmed reservation, all requisite documentation required, and was in compliance with security and boarding protocols;

We shall not accept more than one claim under this Cover Benefit during the Coverage Period.

1.Y Loss of Baggage and Personal Effects:
We will reimburse the actual loss up to the limit specified in the Certificate of Insurance incurred in relation to the permanent and total loss of the Insured Person’s luggage and personal possessions during the Travel Period.

This Cover Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof of ownership for any item lost which is valued at more than the amount specified in the Certificate of Insurance;

b. The Insured Person provides Us with a certified copy of the police report filed;

c. We will reimburse only those losses that are Reasonable and Customary Charges.

We shall not be liable to reimburse any expenses under this Cover Benefit for:

a. Any loss or destruction which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;

b. Any loss of Valuables, Money, any kinds of securities or tickets;

c. Any loss of luggage and personal possessions amounting to a partial loss or not amounting to a permanent and total loss;

d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

1.2 Electronic Equipment Cover:

We will reimburse the actual loss incurred up to the amount specified in the Certificate of Insurance in relation to the permanent and total loss of the Insured Person’s Portable Electronic Equipment due to any Accidental damage, loss or theft during the Travel Period.

For the purpose of this Cover Benefit,

(i) Portable Electronic Equipment shall mean any computer equipment or communication devices carried by the Insured Person.

This Cover Benefit will be payable provided that:

a. The Insured Person provides Us with a written proof of ownership or care, custody and control of the Portable Electronic Equipment;

b. The Insured Person provides Us with a certified copy of the police report filed;

c. We will reimburse only those expenses that are in excess of the Deductible;

d. Any amount payable under this Cover Benefit shall be adjusted for depreciation as per the percentage specified below unless provided to the contrary within the Certificate of Insurance.

<table>
<thead>
<tr>
<th>Age of the Equipment</th>
<th>Depreciation % (on Invoice Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Not exceeding 1 year</td>
<td>20%</td>
</tr>
<tr>
<td>ii. Exceeding 1 year but not exceeding 2 years</td>
<td>40%</td>
</tr>
<tr>
<td>iii. Exceeding 2 years but not exceeding 3 years</td>
<td>50%</td>
</tr>
<tr>
<td>iv. Exceeding 3 years but not exceeding 4 years</td>
<td>60%</td>
</tr>
<tr>
<td>v. Exceeding 4 years</td>
<td>80%</td>
</tr>
</tbody>
</table>

We shall not be liable to reimburse any expenses for:
a. Any loss or destruction which will be paid or refunded by a Common Carrier, hotel, agent or any other provider of travel and/or accommodation;

b. Any loss of stored data or re-creation of such stored data;

c. Any damage of Portable Electronic Equipment caused due to the Insured Person’s fault;

d. Any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other public authorities.

1.AA Financial Emergency Cash:

We will reimburse the actual loss incurred in relation to the permanent and total loss of the Insured Person’s travel funds due to any pilferage, theft, loss, robbery or dacoity during the Travel Period.

This Cover Benefit will be payable provided that:

a. The Insured Person provides Us with a copy of a police complaint reporting the incident.

We shall not be liable to reimburse any expenses for:

a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation;

b. Any loss of Valuables, any kinds of securities or tickets;

c. Any loss of travel funds contained in Checked-in Baggage.

1.BB Trip Cancellation & Interruption:

We will reimburse the expenses incurred if an Insured Person’s journey on a Common Carrier is unavoidably cancelled or delayed beyond the number of hours specified in the Certificate of Insurance of its scheduled departure or scheduled arrival time, during the Coverage Period due to one of the circumstances specified below:

a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;

b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;

c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person’s booked and confirmed journey by the Common Carrier, agent or any other provider of travel;

d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;

e. On the occurrence of a Catastrophe during the Coverage Period.

This Cover Benefit will be payable provided that:

a. The event giving rise to a claim under this Cover Benefit must be such as to reasonably cause a journey to be cancelled or interrupted;

b. We will reimburse only those expenses that are Reasonable and Customary Charges.
We shall not be liable to reimburse any expenses under this Cover Benefit for:

a. Any facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or interruption of the journey.

1.CC Trip Curtailment:

We will reimburse the cost of additional travel and accommodation expenses up to the limit specified in the Certificate of Insurance incurred towards any unavoidable curtailment of the Insured Person’s booked and confirmed journey due to one of the circumstances specified below:

a. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of the Insured Person, leading to emergency Hospitalisation for minimum period of 48 hours;

b. Any unforeseen death, disablement (whether of a permanent or temporary nature), Injury due to an Accident, Illness or Hospitalization of an Immediate Relative of the Insured Person travelling with the Insured/Insured Person, leading to emergency Hospitalisation for a minimum period of 48 hours;

c. Any irrecoverable costs of travel fares or accommodation incurred due to cancellation of the Insured Person’s booked and confirmed journey by the Common Carrier;

d. Any public event such as mass bandhs, or widespread strikes which the Insured Person could not reasonably avoid or plan for ahead in time;

f. On the occurrence of a Catastrophe during the Coverage Period.

This Cover Benefit will be payable provided that:

a. The event giving rise to a claim under this Cover Benefit must be such as to reasonably cause a journey to be curtailed;

b. We will reimburse only those expenses that are Reasonable and Customary Charges.

We shall not be liable to reimburse any expenses under this Cover Benefit for:

a. Any facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the journey.

1.DD Missed Connection:

We will reimburse the cost of additional travel and accommodation expenses up to the limit specified in the Certificate of Insurance incurred due to the Insured Person’s failure to reach the original departure point of the booked and confirmed journey owing to a delay beyond the number of hours specified in the Certificate of Insurance in the arrival of the Common Carrier which was connecting to the booked journey onwards.

We shall not be liable to reimburse any expenses under this Cover Benefit for:

a. Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation.

b. Any such delay caused due to, arising out of or in consequence of any acts or omissions of the Insured Person.
1.EE Denied Hotel Accommodation:

We will reimburse the cost up to the limit specified in the Certificate of Insurance of alternative accommodation required by the Insured Person due to any cancellation of the Insured Person’s booked and confirmed accommodation by a hotel or any other provider of accommodation.

This Cover Benefit will be payable provided that:

a. We will reimburse only expenses for accommodation similar to the one cancelled by the hotel or other provider of accommodation;

b. The Insured Person had a booked and confirmed reservation, all requisite documentation required, and was in compliance with security and other protocols;

c. The Insured Person provides Us with a written proof of the cancellation from the hotel or any other provider of accommodation where the Insured Person had a booked and confirmed accommodation;

d. We shall not accept more than one claim under this Cover Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses for:

a. Any cancellation caused directly or indirectly by government regulations or control;

b. Any loss which will be paid or refunded by hotel, agent or any other provider of accommodation.

1.FF Emergency Hotel Requirement:

We will reimburse the costs up to the limit specified in the Certificate of Insurance towards the stay of the Insured Person in a hotel due to the Insured Person or any Immediate Relative travelling with the Insured Person suffering Injury in an Accident or Illness or Hospitalization during the Travel Period.

This Cover Benefit will be payable provided that:

a. The Injury or Illness caused to the Insured Person or his/her Immediate Relative must be so disabling as to reasonably require an extension of the stay;

b. We shall not accept more than one claim under this Benefit during the Coverage Period.

We shall not be liable to reimburse any expenses under this Cover Benefit for:

a. Any facts or matters of which the Insured Person was aware or should have been aware might result in a claim being made under this Cover Benefit;

b. Any extension opted in furtherance of business or personal reasons.

1.GG Fire and Allied Perils (Home Building & Contents):

In consideration of the Insured named in the Schedule hereto having paid to us, the full premium mentioned in the said schedule, we, (Subject to the Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) that if after payment of the premium the Property Insured described in the said Schedule or any part of such Property be destroyed or damaged by any of the perils specified hereunder during the period of insurance named in the said schedule or of any subsequent period in respect of which the Insured shall have paid and the We shall have accepted the premium required for the renewal of the policy, We shall pay to the Insured the value of the Property at the time of the happening of its destruction or the amount of such damage or at its option reinstate or replace such property or any part thereof:
a. Fire

Excluding destruction or damage caused to the property Insured by

i. Its own fermentation, natural heating or spontaneous combustion.
ii. Its undergoing any heating or drying process.
iii. Burning of property Insured by order of any Public Authority.

b. Lightning

c. Explosion/Implosion

Excluding loss, destruction of or damage

i. To boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/implosion,
ii. Caused by centrifugal forces.

d. Aircraft Damage

Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped therefrom excluding those caused by pressure waves.

e. Riot, Strike and Malicious Damage

Loss of or visible physical damage or destruction by external violent means directly caused to the property Insured but excluding those caused by

i. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
ii. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
iii. Permanent or temporary dispossession of any building or plant or unit of machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
iv. Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.
v. If the Company alleges that the loss/damage is not caused by any malicious act, the burden of proving the contrary shall be upon the Insured.

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If we alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

f. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation
Loss, destruction or damage directly caused by Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood or Inundation excluding those resulting from earthquake, Volcanic eruption or other convulsions of nature. (Wherever earthquake cover is given as an —add on cover‖ the words —excluding those resulting from earthquake‖ shall stand deleted).

g. Impact Damage

Loss of or visible physical damage or destruction caused to the property Insured due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by

i. The Insured or any occupier of the premises or
ii. Their employees while acting in the course of their employment

h. Subsidence and Landslide including Rock slide

Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide/ Rock slide excluding:

i. The normal cracking, settlement or bedding down of new structures
ii. The settlement or movement of made up ground
iii. Coastal or river erosion
iv. Defective design or workmanship or use of defective materials
v. Demolition, construction, structural alterations or repair of any property of ground works or excavations.

i. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes

j. Missile Testing operations

k. Leakage from Automatic Sprinkler Installations

Excluding loss, destruction or damage caused by

i. Repairs or alterations to the buildings or premises.
ii. Repairs, Removal or Extension of the Sprinkler Installation.
iii. Defects in construction known to the Insured.

l. Bush Fire

Excluding loss destruction or damage caused by Forest Fire. provided that our liability shall in no case exceed in respect of each item the Sum expressed in the said Schedule to be Insured thereon or in the whole the total Sum Insured hereby or such other Sum or sums as may be substituted therefor by memorandum hereon or attached hereto signed by or on behalf of us.

m. Earthquake (Fire and Shock) Earthquake (Fire and Shock) Endorsement:

It is hereby agreed and declared that notwithstanding anything stated in the printed exclusions of this policy to the contrary, this Insurance is extended to cover loss or damage (including loss or damage by fire) to any of the property insured by this policy, occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or landslide / rockslide resulting therefrom. Provided always that all the conditions of this policy shall apply (except in so far as they may be hereby expressly varied) and that any reference therein to loss or damage by fire shall be deemed to apply also to loss or damage directly caused by any of the perils which this insurance extends to include by virtue of this endorsement.

General Exclusion of this Benefit:

a. This Policy does not cover (not applicable to policies covering dwellings)
i. The first 5% of each and every claim subject to a minimum of Rs.10,000 in respect of each and every loss arising out of —Act of God perils such as Lightning, STFI, Subsidence, Landslide and Rock slide covered under the policy

ii. The first Rs.10,000 for each and every loss arising out of other perils in respect of which the Insured is indemnified by this policy.

The Excess shall apply per event per Insured.

b. Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.

c. Loss, destruction or damage directly or indirectly caused to the property Insured by

   i. Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel

   ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof

d. Loss, destruction or damage caused to the Insured property by pollution or contamination excluding

   i. Pollution or contamination which itself results from a peril hereby Insured against.

   ii. Any peril hereby Insured against which itself results from pollution or contamination

e. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs. 10000/-, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the policy.

f. Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.

g. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.

h. Expenses necessarily incurred on

   i. Architects, Surveyors and Consulting Engineer’s Fees and

   ii. Debris Removal by the Insured following a loss, destruction or damage to the Property Insured by an Insured peril in excess of 3% and 1% of the claim amount respectively.

i. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.

j. Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.

k. Loss by theft during or after the occurrence of any Insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.

l. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to Volcanic eruption or other convulsions of nature.
m. Loss or damage to property Insured if removed to any building or place other than in which it is herein stated to be Insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.

General Conditions:

1. This Policy shall be voidable in the event of mis-representation, mis-description or non-disclosure of any material particular.

2. All insurances under this policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms part. Provided such a fall or displacement is not caused by Insured perils, loss or damage by which is covered by this policy or would be covered if such building, range of buildings or structure were Insured under this policy. Notwithstanding the above, We, subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

3. Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or damage, obtains our sanction signified by endorsement upon the policy by or on behalf of us:-

   a. If the trade or manufacture carried on be altered, or if the nature of the occupation of or other circumstances affecting the building Insured or containing the Insured property be changed in such a way as to increase the risk of loss or damage by Insured Perils.

   b. If the interest in the property passes from the Insured otherwise than by will or operation of law.

4. This insurance does not cover any loss or damage to property which, at the time of the happening of such loss or damage, is Insured by or would, but for the existence of this policy, be Insured by any marine policy or policies except in respect of any excess beyond the amount which would have been payable under the marine policy or policies had this insurance not been effected.

5. This insurance may be terminated at any time at the request of the Insured, in which case we will retain the premium at customary short period rate for the time the policy has been in force. This insurance may also at any time be terminated at our option, on 15 days’ notice to that effect being given to the Insured, in which we shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.

6. (i) On the happening of any loss or damage the Insured shall forthwith give notice thereof to the us and shall within 15 days after the loss or damage, or such further time as we may in writing allow in that behalf, deliver to us

   a. A claim in writing for the loss or damage containing as particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed, and of the amount of the loss or damage thereto respectively, having regard to their value at the time of the loss or damage not including profit of any kind.

   b. Particulars of all other insurances, if any

   The Insured shall also at all times at his own expense produce, procure and give to us all such further particulars, plans, specification books, vouchers, invoices, duplicates or copies thereof, documents, investigation reports (internal/external), proofs and information with respect to the claim and the origin and cause of the loss and the circumstances under which the loss or damage occurred, and any matter touching the liability or the amount of our liability as may be reasonably required by or on our behalf together with a declaration on oath or in other legal form of the truth of the claim and of any matters connected therewith. No claim under this policy shall be payable unless the terms of this condition have been complied with (ii) In no case whatsoever shall we be liable for any loss or damage after the expiration of 12 months from the happening of the loss or damage unless the claim is the subject of
pending action or arbitration; it being expressly agreed and declared that if we shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

7. On the happening of loss or damage to any of the property Insured by this policy, we may

   a. Enter and take and keep possession of the building or premises where the loss or damage has happened.
   b. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
   c. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
   d. Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the us at any time until notice in writing is given by the insured that he makes no claim under the policy, or if any claim is made, until such claim is finally determined or withdrawn, and we shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this policy in answer to any claim. If the Insured or any person on his behalf shall not comply with our requirements or shall hinder or obstruct us, in the exercise of its powers hereunder, all benefits under this policy shall be forfeited. The Insured shall not in any case be entitled to abandon any property to us whether taken possession of by us or not.

8. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under the policy or if the loss or damage be occasioned by the willful act, or with the connivance of the Insured, all benefits under this policy shall be forfeited.

9. We at our option, reinstate or replace the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing, we shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall we be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the Sum Insured by us thereon. If we so elect to reinstate or replace any property the Insured shall at his own expense furnish us with such plans, specifications, measurements, quantities and such other particulars as we may require, and no acts done, or caused to be done, by us with a view to reinstate or replace shall be deemed an election by us to reinstate or replace.

If in any case we shall be unable to reinstate or repair the property hereby Insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, we shall, in every such case, only be liable to pay such Sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.

10. If the property hereby Insured shall at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any other peril hereby Insured against be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, of the policy shall be separately subject to this condition.

11. If at the time of any loss or damage happening to any property hereby Insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, we shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.
12. The Insured shall at the expense of us do and concur in doing, and permit to be done, all such acts and things as may be necessary or reasonably required by us for the purpose of enforcing any rights and remedies or of obtaining relief or indemnity from other parties to which the we shall be or would become entitled or subrogated, upon its paying for or making good any loss or damage under this policy, whether such acts and things shall be or become necessary or required before or after his indemnification by us.

13. If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if we have disputed or not accepted liability under or in respect of this policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

14. Every notice and other communication to us required by these conditions must be written or printed.

15. At all times during the period of insurance of this policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon the settlement of any loss under this policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss shall be payable by the Insured to us.

The additional premium referred above shall be deducted from the net claim amount payable under the policy. This continuous cover to the full extent will be available notwithstanding any previous loss for which we may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the Insured subject only to the right of the Insurance Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the Insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.
2 General Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any Benefit(s) within the Policy:

a. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
b. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
c. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
d. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person’s family.
e. Death, disability or illness directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease.
f. Death, disability or illness resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
g. Death, disability or illness caused by participation of the Insured Person in any flying activity, except as a bona fide passenger on a public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers.
h. Death, disability or Illness or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
i. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
j. Any journey where the Insured Person is travelling as a commercial driver, operator or crew member in, or carrying out any testing or repairs on a Common Carrier.
k. Any intentional illegal or unlawful act or confiscation, detention, destruction by customs or other authorities or any breach of government regulation.
l. Any failure to take reasonable precautions to avoid a claim under the Policy following a mass media or government issued warning.
m. Any event arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
n. Any breach of law or participation of the Insured Person in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
o. Any act of foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), and participation of the Insured Person in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
p. Engaging in any Hazardous Activities, testing of any kind of Common Carrier, engaging in manual work during a journey, engaging in any offshore work activity, mining, tunnelling or any work involving electrical installation with high tension supply, aerial photography, ammunition, explosives, firearms or flight duty, except as a fare-paying passenger.
q. Any journey commenced when You are not fit to travel or are travelling against the advice of a Medical Practitioner.
r. Any journey commenced to obtain medical care, treatment or advice of any kind whether this is the sole purpose of Your journey or not.
s. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disability or death.
t. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disability or death.
u. Any generally excluded non-medical expenses as provided in Annexure I.
3 Claims Procedure & Requirements

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

For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number specified in the Schedule or through Our website.

a. Claims Procedure: On the occurrence of or discovery of any event which may give rise to a claim under this Policy, We shall be provided with the necessary information and documentation as indicated below, in respect of the claim within 30 days of the occurrence of the event giving rise to a claim under the Policy:

Claim Documentation:

i. Travel Tickets
ii. Copies of valid KYC documents of the Nominee/claimant (such as Passport/ PAN Card/Aadhar number etc);
iii. Legal heir certificate, in the event of death where the Nominee is also deceased
iv. Copy of FIR/ MLC (if MLC is done) - where applicable- Attested by issuing authority
v. Death/ Disability Certificate attested by issuing/ appropriate authority.
vi. Leave certificate from the employer (Hospitalization claims)
vii. Name and address of the attending Medical Practitioner
viii. Medical reports, case histories, investigation reports, treatment papers as applicable
ix. Discharge summary/certificate
x. Proof of Loss/Inconvenience provided by the travel organizer/service provider
xi. Ownership proof/invoice of lost item
xii. Additional documents required with respect to other coverages will be requested as and when required (if applicable).

1. Other Claims Requirements:

i. If any claim is not made within the time period set out above, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant’s control.

ii. We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.

iii. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Independent Medical Practitioner.

iv. We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person’s Injury and treatment and to investigate the facts surrounding the claim.

2. Claims Payment:

i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person’s cover under the In-built Benefit and all applicable Cover Benefits and all payments have been realised.

ii. We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last ‘necessary’ document.
iii. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017.

iv. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, We shall pay interest at a rate which is 2% above the bank rate where “bank rate” shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

4 General Terms & Conditions

1. Disclosure to Information Norm: This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided in respect of the Insured Persons in the Proposal Form, personal statement and any other details submitted in relation to the Proposal Form/personal statement. If at the time of issuance of Policy or during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured Person, or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy/Certificate of Insurance shall be void and no benefit will be payable thereunder.

2. Dishonest & 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 any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy/Certificate of Insurance will be void and all benefits otherwise payable under it will be forfeited.

3. Material Information: Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.

4. Alterations in the Policy: This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

5. Geography & Policy Currency: This Policy applies to events or occurrences taking place in India only. All payments under this Policy will only be made in the currency specified in the Schedule.

6. Grace Period & Renewal: The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of any event that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

7. Free Look Period: You have a period of 15 days (30 days if the Policy is sold through distance marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look
cancellation of the Policy. Free look provision is not applicable and available at the time of Renewal of the Policy.

8. **Cancellation/Termination of the Policy (other than cancellation in the Free Look Period):**

   i. You may terminate this Policy at any time by giving Us written notice, and the Policy will terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

<table>
<thead>
<tr>
<th>CANCELLATION PERIOD</th>
<th>% OF PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 25% of the Coverage Period</td>
<td>60%</td>
</tr>
<tr>
<td>25%-50% of the Coverage Period</td>
<td>40%</td>
</tr>
<tr>
<td>50%-75% of the Coverage Period</td>
<td>20%</td>
</tr>
<tr>
<td>Exceeding 75% of the Coverage Period</td>
<td>0%</td>
</tr>
</tbody>
</table>

   ii. We may at any time terminate this Policy on grounds of misrepresentation, fraud or non-disclosure of material facts by You or any Insured Person upon 30 days' notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

9. **Governing Law & Dispute Resolution:** Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and subject to Indian law.

10. **Notices & Communications:** Any notice or communication in relation to this Policy will be in writing and if it is to:

    i. You or any Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for all Insured Persons for these purposes.

    ii. Us, it will be delivered to Our address specified in the Schedule. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice or communication on Our behalf.

11. **Electronic Transactions:** You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

12. **Assignment:** The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law.

13. **Condonation of delay:** The Company may condone delay in claim intimation/document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured. Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

5 **Definitions**

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:
1. **Accident**: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Ambulance**: Ambulance means a road vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of a person requiring medical attention.

3. **Cover Benefit**: Cover Benefit means an additional benefit available under the applicable In-built Benefit which applies to the Insured Person. The Certificate of Insurance will specify the Cover Benefits which are applicable to the Insured Person under the Policy.

4. **Age or Aged**: Age or Aged means completed years as at the Commencement Date.

5. **Catastrophe**: Catastrophe is an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption in travel schedules.

6. **Certificate of Insurance**: Certificate of Insurance means the certificate issued to the Insured Person confirming the Insured Person’s cover under the Policy.

7. **Checked-In Baggage**: Checked-In Baggage means the baggage entrusted by the Insured Person and accepted by a Common Carrier for transportation for which a baggage receipt is issued to the Insured Person by the Common Carrier, excluding all items that are carried/transported under a Contract of Affreightment.

8. **Commencement Date**: Commencement Date means the start date of the Policy as specified in the Schedule.

9. **Common Carrier**: Common Carrier means any public road, rail or water conveyance or scheduled public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers and cargo for hire. If the Certificate of Insurance specifies that Personal Vehicles will also be covered, then for the purposes of that Insured Person only, Common Carrier will also include automobiles owed or used by the Insured Person.

10. **Condition Precedent**: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

11. **Congenital Anomaly**: Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

   i. Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.

   ii. External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body.

12. **Coverage Period**: Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.

13. **Day Care Treatment**: Day care treatment means medical treatment, and/or surgical procedure which is:

   i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

   ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
14. **Deductible**: Deductible means the Rupee amount or number of hours/day specified in the Policy or in the Certificate of Insurance for which the Insurer will not be liable, and which will apply before the Benefits under this policy are payable.

15. **Defence Costs**: Defence Costs are reasonable costs necessarily incurred in defending the Insured Person against any civil proceeding initiated against him/her during the Travel Period.

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

17. **Disclosure to information norm**: 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.

18. **Event**: Event means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction where admission is only by way of tickets sold in advance.

19. **Grace Period**: 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 pre-existing diseases. Coverage is not available for the period for which no premium is received.

20. **Hazardous Activities**: Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleigh/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski ddo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and other activities of similar kind.

21. **Hospital**: A hospital means any institution established for in-patient 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 56(1) and the said act Or complies with all minimum criteria as under:
   i. has qualified nursing staff under its employment round the clock;
   ii. 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;
   iii. has qualified medical practitioner(s) in charge round the clock;
   iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
   v. maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel.

22. **Hospitalization**: 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.

23. **Immediate Relative**: Immediate Relative means the Insured Person’s spouse, children, siblings, parents or in-laws.

24. **Illness**: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
i. 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.

ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
   2. it needs ongoing or long-term control or relief of symptoms
   3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4. it continues indefinitely
   5. it recurs or is likely to recur

25. In-built Benefit: In-built Benefit means a base benefit available to the Insured Person. The Certificate of Insurance will specify the In-built Benefits which are applicable to the Insured Person under the Policy.

26. Injury: 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.

27. Insured Person: Insured Person means the person named in the Certificate of Insurance who is covered under this Policy.

28. Loan: Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Certificate of Insurance or certified in writing and provided to Us by the bank/financial institution.

29. Loss of Independent Living: Loss of Independent Living means inability to perform one or more of the following activities of daily living:
   i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
   ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
   iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
   vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

30. 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.

31. Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for
Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

32. **Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

   i. is required for the medical management of the illness or injury suffered by the insured;
   ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
   iii. must have been prescribed by a medical practitioner;
   iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

33. **Money:** Money means cash, bank drafts, current coins, bank and currency notes, cheques, traveller's cheques, postal orders and current postage stamps not forming part of a collection.

34. **Nominee:** Nominee means the person named in the Certificate of Insurance to receive the benefits due under the Policy on the death of the Insured Person.

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

36. **OPD Treatment:** 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.

37. **Policy:** Policy means the statements in the proposal form/personal statement, these terms and conditions, the Cover Benefits (if any), endorsements (if any), annexures to the Policy, the Schedule (as amended from time to time), and the Certificates of Insurance issued to the Insured Persons.

38. **Policy Period:** Policy Period means the period between the Commencement Date and the Expiry Date of the Policy as specified in the Schedule.

39. **Post-hospitalisation Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

   i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
   ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

40. **Pre-Existing Disease:** 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.

41. **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.

42. **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.
43. **Risk Commencement Date:** Risk Commencement Date means the date specified in the Certificate of Insurance on which Our coverage under the Policy in respect of the Insured Person named in the Certificate of Insurance commences.

44. **Sum Insured:** Sum Insured means the amount specified in the Certificate of Insurance against an In-built Benefit, Cover Benefit or set of In-built Benefits respectively that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person under that In-built Benefit(s)/Cover Benefit during the Coverage Period.

45. **Travel Period:** Travel Period means the period of time within the Coverage Period commencing from when the Insured Person leaves for the original departure point to commence the journey in the Common Carrier on which he/she is booked to travel as a passenger, and ending when the Insured Person returns to the original departure point in case of return journey or destination in case of a one way journey, subject to the maximum period of time specified in the Certificate of Insurance. If the Certificate of Insurance specifies that the Policy will only apply to the period during which the Insured Person is travelling on the Common Carrier, then the Travel Period will be limited to commencing from when the Insured Person boards the Common Carrier and ending when the Insured Person alights from the Common Carrier.

46. **Valuables:** Valuables means and includes photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, motor vehicles and any accessories, telescopes, lenses, binoculars, antiques, art, watches, jewellery and gems, furs and articles made of precious stones and metals.

47. **We/Our/Us:** We/Our/Us means Acko General Insurance Limited.

48. **You/Your:** You/Your means the employer or legally constituted entity named in the Schedule who has concluded this Policy with Us.

6. **Grievance Redressal**

For resolution of any query or grievance, insured may contact the company on toll free number 1860 266 2257 or may write an e-mail at grievance@acko.com. In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at the following address:

Grievance Redressal Officer
Acko General Insurance Limited
3rd Floor, F-wing,
Lotus corporate park, Goregaon East,
Mumbai – 400063
grievance@acko.com

In the event of unsatisfactory response from the Grievance Officer, he/she may, register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)
BENGALURU - Office of the Insurance Ombudsman, J24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor Bengaluru - 560 078. Tel.: 080-26652049/26652048 Email: bimalokpal.bengaluru@ecoi.co.in. (State of Karnataka.)

BHOPAL - Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Bhopal (M.P.) - 462 003. Tel.: 0755-2769201/29202 Fax: 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in (States of Madhya Pradesh and Chattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar-751 009. Tel.: 0674-2596455/2596003 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in (State of Orissa.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160017. Tel.: 0172-2706468/2706196 Fax: 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in (States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.)

CHENNAI - Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.: 044-24333668 /24335284 Fax: 044-24333664 Email: bimalokpal.chennai@ecoi.co.in [State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).]

DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.: 011-011-23239633/23237532 Fax: 011-23230858 Email: bimalokpal.delhi@ecoi.co.in (States of Delhi.)

GUWAHATI - Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, S.S. Road, Guwahati-781 001 Tel.: 0361-2132204/5 Fax: 0361-2732937 Email: bimalokpal.guwahati@ecoi.co.in (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel: 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in (States of Andhra Pradesh and Union Territory of Yanam – a part of the Union Territory of Pondicherry.)

JAIPUR - Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel: 0141-2740363 Email: bimalokpal.jaipur@ecoi.co.in (State of Rajasthan.)

ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyards, M.G. Road, Ernakulam-682 015. Tel: 0484-2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in [State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe -a part of Union Territory of Pondicherry.]
KOLKATA - Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, C.R. Avenue, Kolkata-700 072. Tel: 033-22124339/22124346 Fax: 033-22124341 Email: bimalokpal.kolkata@ecoi.co.in (States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel: 0522 -2231331/2231330 Fax: 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in (States of Uttar Pradesh and Uttaranchal.)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel: 022-26106960/26106552 Fax: 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in (State of Goa and Mumbai Metropolitan Region excluding Navi Mumbai and Thane.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayanpeth, Pune – 411030. Tel: 020-41312555 Email: bimalokpal.pune@ecoi.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar – 201301. Tel: 0120-2514250/52/53 Email: bimalokpal.noida@ecoi.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, Plibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna – 800006. Tel No: 06122680952 Email: bimalokpal.patna@ecoi.co.in (Bihar, Jharkhand.)

The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irda.gov.in, or on the website of Governing Body of Insurance Council www.ecoi.co.in or on the Company's website at www.acko.com.
**Appendix I: List of excluded expenses (non-medical)**

List of excluded expenses (non-medical) are as specified below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE</th>
<th>Payable Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HAIR REMOVAL CREAM</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>BABY CHARGES (UNLESS SPECIFIED/INDICATED)</td>
<td>Not Payable</td>
</tr>
<tr>
<td>3</td>
<td>BABY FOOD</td>
<td>Not Payable</td>
</tr>
<tr>
<td>4</td>
<td>BABY UTILITES CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>5</td>
<td>BABY SET</td>
<td>Not Payable</td>
</tr>
<tr>
<td>6</td>
<td>BABY BOTTLES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>7</td>
<td>BRUSH</td>
<td>Not Payable</td>
</tr>
<tr>
<td>8</td>
<td>COSY TOWEL</td>
<td>Not Payable</td>
</tr>
<tr>
<td>9</td>
<td>HAND WASH</td>
<td>Not Payable</td>
</tr>
<tr>
<td>10</td>
<td>MOISTURISER PASTE BRUSH</td>
<td>Not Payable</td>
</tr>
<tr>
<td>11</td>
<td>POWDER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>12</td>
<td>RAZOR</td>
<td>Not Payable</td>
</tr>
<tr>
<td>13</td>
<td>SHOE COVER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>14</td>
<td>BEAUTY SERVICES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>15</td>
<td>BELTS/ BRACES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>16</td>
<td>BUDS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>17</td>
<td>BARBER CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>18</td>
<td>CAPS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>19</td>
<td>COLD PACK/HOT PACK</td>
<td>Not Payable</td>
</tr>
<tr>
<td>20</td>
<td>CARRY BAGS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>21</td>
<td>CRADLE CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>22</td>
<td>COMB</td>
<td>Not Payable</td>
</tr>
<tr>
<td>23</td>
<td>DISPOSABLES RAZORS CHARGES (for site preparations)</td>
<td>Payable</td>
</tr>
<tr>
<td>24</td>
<td>EAU-DE-COLOGNE / ROOM FRESHNERS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>25</td>
<td>EYE PAD</td>
<td>Not Payable</td>
</tr>
<tr>
<td>26</td>
<td>EYE SHEILD</td>
<td>Not Payable</td>
</tr>
<tr>
<td>27</td>
<td>EMAIL / INTERNET CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>28</td>
<td>FOOD CHARGES (OTHER THAN PATIENT’s DIET PROVIDED BY HOSPITAL)</td>
<td>Not Payable</td>
</tr>
<tr>
<td>29</td>
<td>FOOT COVER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>30</td>
<td>GOWN</td>
<td>Not Payable</td>
</tr>
<tr>
<td>31</td>
<td>LEGGINGS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>32</td>
<td>LAUNDRY CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>33</td>
<td>MINERAL WATER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>34</td>
<td>OIL CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>35</td>
<td>SANITARY PAD</td>
<td>Not Payable</td>
</tr>
<tr>
<td>36</td>
<td>SLIPPERS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>37</td>
<td>TELEPHONE CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>38</td>
<td>TISSUE PAPER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>Item Description</td>
<td>Payable/Not Payable</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>39 TOOTH PASTE</td>
<td>Payable</td>
<td></td>
</tr>
<tr>
<td>40 TOOTH BRUSH</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>41 GUEST SERVICES</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>42 BED PAN</td>
<td>Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine</td>
<td></td>
</tr>
<tr>
<td>43 BED UNDER PAD CHARGES</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>44 CAMERA COVER</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>45 CLINIPLAST</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>46 CREPE BANDAGE</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>47 CURAPORE</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>48 DIAPER OF ANY TYPE</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>49 DVD, CD CHARGES</td>
<td>Not Payable (However if CD is specifically sought by the Insurer then payable)</td>
<td></td>
</tr>
<tr>
<td>50 EYELET COLLAR</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>51 FACE MASK</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>52 FLEXI MASK</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>53 GAUSE SOFT</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>54 GAUZE</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>55 HAND HOLDER</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>56 HANSAPLAST/ ADHESIVE BANDAGES</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>57 INFANT FOOD</td>
<td>Not Payable</td>
<td></td>
</tr>
<tr>
<td>58 SLINGS</td>
<td>Payable for upper fractures</td>
<td></td>
</tr>
</tbody>
</table>

**ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Exclusion in the Policy unless otherwise specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>59 WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES</td>
<td></td>
</tr>
<tr>
<td>60 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,</td>
<td></td>
</tr>
<tr>
<td>61 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION</td>
<td></td>
</tr>
<tr>
<td>62 HORMONE REPLACEMENT THERAPY</td>
<td></td>
</tr>
<tr>
<td>63 HOME VISIT CHARGES</td>
<td></td>
</tr>
<tr>
<td>64 INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE</td>
<td></td>
</tr>
<tr>
<td>65 OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY</td>
<td></td>
</tr>
<tr>
<td>66 PSYCHIATRIC AND PSYCHOSOMATIC DISORDERS</td>
<td></td>
</tr>
<tr>
<td>67 CORRECTIVE SURGERY FOR REFRACTIVE ERROR</td>
<td></td>
</tr>
<tr>
<td>68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES</td>
<td></td>
</tr>
<tr>
<td>69 DONOR SCREENING CHARGES</td>
<td></td>
</tr>
<tr>
<td>70 ADMISSION/REGISTRATION CHARGES</td>
<td></td>
</tr>
<tr>
<td>71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE</td>
<td></td>
</tr>
<tr>
<td>72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED</td>
<td></td>
</tr>
<tr>
<td>73 STEM CELL IMPLANTATION/ SURGERY and storage</td>
<td>Not payable except Bone Marrow Transplantation where covered by Policy</td>
</tr>
</tbody>
</table>

**ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE, BUT THE SERVICE IS**
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Payment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>WARD AND THEATRE BOOKING CHARGES</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>76</td>
<td>ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS</td>
<td>Rental charged by the hospital payable. Purchase of instrument not payable</td>
</tr>
<tr>
<td>77</td>
<td>MICROSCOPE COVER</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>78</td>
<td>SURGICAL BLADES, HARMONIC SCALPEL, SHAVER</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>79</td>
<td>SURGICAL DRILL</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>80</td>
<td>EYE KIT</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>81</td>
<td>EYE DRAPE</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>82</td>
<td>X-RAY FILM</td>
<td>Payable under Radiology charges, not as consumable</td>
</tr>
<tr>
<td>83</td>
<td>SPUTUM CUP</td>
<td>Payable under Investigation charges, not as consumable</td>
</tr>
<tr>
<td>84</td>
<td>BOYLES APPARATUS CHARGES</td>
<td>Payable under OT charges, not payable separately</td>
</tr>
<tr>
<td>85</td>
<td>BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES</td>
<td>Part of cost of Blood, not payable</td>
</tr>
<tr>
<td>86</td>
<td>ANTISEPTIC OR DISINFECTANT LOTIONS</td>
<td>Not Payable - Part of Dressing charges</td>
</tr>
<tr>
<td>87</td>
<td>BAND AIDS, BANDAGES, STERILIZE INJECTIONS, NEEDLES, SYRINGES</td>
<td>Not Payable - Part of Dressing charges</td>
</tr>
<tr>
<td>88</td>
<td>COTTON</td>
<td>Not Payable - Part of Dressing charges</td>
</tr>
<tr>
<td>89</td>
<td>COTTON BANDAGE</td>
<td>Not Payable - Part of Dressing charges</td>
</tr>
<tr>
<td>90</td>
<td>MICROPOR/R SURGICAL TAPE</td>
<td>Not Payable - Payable by the patient when prescribed, otherwise included as Dressing charges</td>
</tr>
<tr>
<td>91</td>
<td>BLADE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>92</td>
<td>APRON</td>
<td>Not Payable - Part of Hospital Services / Disposable Linen to be part of OT/ICU charges</td>
</tr>
<tr>
<td>93</td>
<td>TORNQUET</td>
<td>Not Payable - (Service is charged by hospital, consumables cannot be separately charged)</td>
</tr>
<tr>
<td>94</td>
<td>ORTHOBUNDLE, GYNAEC BUNDLE</td>
<td>Part of dressing charges</td>
</tr>
<tr>
<td>95</td>
<td>URINE CONTAINER</td>
<td>Not Payable</td>
</tr>
<tr>
<td></td>
<td><strong>ELEMENTS OF ROOM CHARGE</strong></td>
<td></td>
</tr>
<tr>
<td>96</td>
<td>LUXURY TAX</td>
<td>Actual tax levied by government is payable. Part of room charge for sublimit</td>
</tr>
<tr>
<td>97</td>
<td>HVAC</td>
<td>Part of room charge not payable separately</td>
</tr>
<tr>
<td>98</td>
<td>HOUSE KEEPING CHARGES</td>
<td>Part of room charge not payable separately</td>
</tr>
<tr>
<td>99</td>
<td>SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED</td>
<td>Part of room charge not payable separately</td>
</tr>
<tr>
<td>100</td>
<td>TELEVISION AND AIR CONDITIONER CHARGES</td>
<td>Part of room charge not payable separately</td>
</tr>
<tr>
<td>101</td>
<td>SURCHARGES</td>
<td>Part of room charge not payable separately</td>
</tr>
<tr>
<td>102</td>
<td>ATTENDANT CHARGES</td>
<td>Not Payable - Part of room charges</td>
</tr>
<tr>
<td>103</td>
<td>IM IV INJECTION CHARGES</td>
<td>Part of nursing charges, not payable</td>
</tr>
<tr>
<td>104</td>
<td>CLEAN SHEET</td>
<td>Part of Laundry /Housekeeping not payable separately</td>
</tr>
<tr>
<td>105</td>
<td>EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)</td>
<td>Patient Diet provided by hospital is payable</td>
</tr>
<tr>
<td>No.</td>
<td>Description</td>
<td>Payable Status</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>106</td>
<td>BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES</td>
<td>Not Payable - Part of room charges</td>
</tr>
<tr>
<td>107</td>
<td>ADMISSION KIT</td>
<td>Not Payable</td>
</tr>
<tr>
<td>108</td>
<td>BIRTH CERTIFICATE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>109</td>
<td>BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>110</td>
<td>CERTIFICATE CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>111</td>
<td>COURIER CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>112</td>
<td>CONVENYANCE CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>113</td>
<td>DIABETIC CHART CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>114</td>
<td>DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>115</td>
<td>DISCHARGE PROCEDURE CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>116</td>
<td>DAILY CHART CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>117</td>
<td>ENTRANCE PASS / VISITORS PASS CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>118</td>
<td>EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE</td>
<td>To be claimed by patient under Post Hosp where admissible</td>
</tr>
<tr>
<td>119</td>
<td>FILE OPENING CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>120</td>
<td>INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)</td>
<td>Not Payable</td>
</tr>
<tr>
<td>121</td>
<td>MEDICAL CERTIFICATE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>122</td>
<td>MAINTAINANCE CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>123</td>
<td>MEDICAL RECORDS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>124</td>
<td>PREPARATION CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>125</td>
<td>PHOTOCOPIES CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>126</td>
<td>PATIENT IDENTIFICATION BAND / NAME TAG</td>
<td>Not Payable</td>
</tr>
<tr>
<td>127</td>
<td>WASHING CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>128</td>
<td>MEDICINE BOX</td>
<td>Not Payable</td>
</tr>
<tr>
<td>129</td>
<td>MORTUARY CHARGES</td>
<td>Payable upto 24hrs, shifting charges not payable</td>
</tr>
<tr>
<td>130</td>
<td>MEDICO LEGAL CASE CHARGES (MLC CHARGES)</td>
<td>Not Payable</td>
</tr>
<tr>
<td></td>
<td><strong>EXTERNAL DURABLE DEVICES</strong></td>
<td></td>
</tr>
<tr>
<td>131</td>
<td>WALKING AIDS CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>132</td>
<td>BIPAP MACHINE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>133</td>
<td>COMMODE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>134</td>
<td>CPAP/ CAPD EQUIPMENTS</td>
<td>Not Payable</td>
</tr>
<tr>
<td>135</td>
<td>INFUSION PUMP – COST</td>
<td>Not Payable</td>
</tr>
<tr>
<td>136</td>
<td>OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)</td>
<td>Not Payable</td>
</tr>
<tr>
<td>137</td>
<td>PULSEOXYMETER CHARGES</td>
<td>Not Payable</td>
</tr>
<tr>
<td>138</td>
<td>SPACER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>139</td>
<td>SPIROMETRE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>140</td>
<td>SPO2 PROBE</td>
<td>Not Payable</td>
</tr>
<tr>
<td>141</td>
<td>NEBULIZER KIT</td>
<td>Not Payable</td>
</tr>
<tr>
<td>142</td>
<td>STEAM INHALER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>143</td>
<td>ARMSLING</td>
<td>Not Payable</td>
</tr>
<tr>
<td>144</td>
<td>THERMOMETER</td>
<td>Not Payable (Paid by Patient)</td>
</tr>
<tr>
<td>145</td>
<td>CERVICAL COLLAR</td>
<td>Not Payable</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Payable/Not Payable</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>146</td>
<td>SPLINT</td>
<td>Not Payable</td>
</tr>
<tr>
<td>147</td>
<td>DIABETIC FOOT WEAR</td>
<td>Not Payable</td>
</tr>
<tr>
<td>148</td>
<td>KNEE BRACES (LONG/ SHORT/ HINGED)</td>
<td>Not Payable</td>
</tr>
<tr>
<td>149</td>
<td>KNEE IMMOLIZER/SHOULDER IMMOBILIZER</td>
<td>Not Payable</td>
</tr>
<tr>
<td>150</td>
<td>LUMBO SACRAL BELT</td>
<td>Essential and should be paid specifically for cases who have undergone surgery of limbar spine</td>
</tr>
<tr>
<td>151</td>
<td>NIMBUS BED OR WATER OR AIR BED CHARGES</td>
<td>Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs.200/day</td>
</tr>
<tr>
<td>152</td>
<td>AMBULANCE COLLAR</td>
<td>Not Payable</td>
</tr>
<tr>
<td>153</td>
<td>AMBULANCE EQUIPMENT</td>
<td>Not Payable</td>
</tr>
<tr>
<td>154</td>
<td>MICROSHEILD</td>
<td>Not Payable</td>
</tr>
<tr>
<td>155</td>
<td>ABDOMINAL BINDER</td>
<td>Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, explanatory laparotomy for intestinal liver transplant etc. Obstruction.</td>
</tr>
<tr>
<td>156</td>
<td>BETADINE/HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC</td>
<td>May be payable when prescribed for patient not payable for hospital use in OT or ward or for dressing in hospital</td>
</tr>
<tr>
<td>157</td>
<td>PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES</td>
<td>Post-hospitalisation nursing charges not payable</td>
</tr>
<tr>
<td>158</td>
<td>NUTRITION PLANNING CHARGES- DIETICIAN CHARGES- DIET CHARGES</td>
<td>Patient Diet provided by hospital is payable</td>
</tr>
<tr>
<td>159</td>
<td>SUGAR FREE Tablets</td>
<td>Payable - Sugar free variants of admissible medicines are not excluded</td>
</tr>
<tr>
<td>160</td>
<td>CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>161</td>
<td>Digestion gels</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>162</td>
<td>ECG ELECTRODES</td>
<td>Upto 5 electrodes are required for every case visiting OT or ICU. For Longer stay in ICU, may require a change and atleast one set every second day must be payable</td>
</tr>
<tr>
<td>163</td>
<td>GLOVES Sterilized Gloves</td>
<td>Payable /unsterilized gloves not payable</td>
</tr>
<tr>
<td>164</td>
<td>HIV KIT</td>
<td>Payable - Payable Pre-operative screening</td>
</tr>
<tr>
<td>165</td>
<td>LISTERINE/ ANTISEPTIC MOUTHWASH</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>166</td>
<td>LOZENGES</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>167</td>
<td>MOUTH PAINT</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>168</td>
<td>NEBULISATION KIT</td>
<td>If used during hospitalisation is payable reasonably</td>
</tr>
<tr>
<td>169</td>
<td>NOVARAPID</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>170</td>
<td>VOLINI GEL/ ANALGESIC GEL</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>171</td>
<td>ZYTEE GEL</td>
<td>Payable when prescribed</td>
</tr>
<tr>
<td>172</td>
<td>VACCINATION CHARGES</td>
<td>Routine Vaccination not payable / post bite vaccination payable</td>
</tr>
</tbody>
</table>

**PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>173</td>
<td>AHD</td>
</tr>
<tr>
<td>174</td>
<td>ALCOHOL SWABES</td>
</tr>
<tr>
<td>175</td>
<td>SCRUB SOLUTION/STERILLIUM</td>
</tr>
</tbody>
</table>

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