Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
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Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office:

TRAVEL COMPANION

SECTION A) PREAMBLE

- Please make sure you read and fully understand this Document before you travel from the Republic of India. Please also read carefully the full details of the procedure for obtaining assistance and claims. Failure to follow the instruction given could result in rejection of the claim
- This policy clause is applicable for the different Travel Plans listed. The sections covered under the respective plans are given in the table below.

Plan opted	Sections Applicable
Travel Care	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-V.
Travel Secure & Travel Value	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section-J, Section-V.
Travel Family (Family Floater)	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F.
Travel Age	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-J, Section-V.
Corporate Lite & Corporate Plus	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section-I.
Student Companion - Standard / Silver / Gold	Section-A, Section-B, Section-C, Section-F, Section-S, Section-T, Section-U.
Travel Asia Flair / Supreme	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G.
Travel Elite Silver / Gold / Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Travel Age Elite Silver/Gold/Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Corporate Elite Lite / Plus	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Travel Asia Elite Flair / Supreme	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section H, Section M, Section-V
Travel Elite Family (Family Floater)	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V

Plan opted	Sections Applicable
Student Elite Standard/Silver/Gold	Section-A, Section-B, Section-C, Section-F, Section M, Section-P Section-S, Section-T, Section-U,
Travel Insure Silver / Gold	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Travel Insure Super Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I,, Section-J, Section-K, Section-L, Section-M, Section N, Section O, Section P, Section Q, Section R, Section-V
Travel Age Insure Silver / Gold / Super Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Corporate Insure Lite / Plus	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Travel Asia Insure Flair / Supreme	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section H, Section M, Section-V
Travel Insure Family (Family Floater)	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section N, Section-V
Student Insure Standard/Silver/Gold	Section-A, Section-B, Section-C, Section-F, Section M, Section-P Section-S, Section-T, Section-U,
Travel Scholars Guide	Section-A, Section-C, Section E, Section-F, Section M, Section-P Section-S, Section-T, Section-U,
Travel Brilliant Minds	Section-A, Section B, Section-C, Section E, Section-F, Section M, Section -P Section-S, Section-T, Section-U,
Travel Super Age Elite	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I, Section J, Section K, Section L, Section M, Section N, Section V
Travel Corporate Age Lite / Travel Corporate Age Elite	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I
Travel Times Elite	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I, Section J, Section K, Section L, Section M, Section N, Section V
Travel Age Plus	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I, Section J, Section K, Section L, Section M, Section N, Section V

Whereas the insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the "Company"), a proposal which is hereby agreed to be the basis of this policy and has paid the premium specified in the schedule, now the company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured in excess of the amount of the deductible and subject always to the sum assured against such loss as is herein provided.

SECTION B) DEFINITION- STANDARD DEFINITION

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. Accident- An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any One Illness: Any one illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing home where treatment may have been taken.

3. "Cashless Facility" Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extend pre authorization approved.

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

5. Congenital Anomaly- Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position .
   a. Internal Congenital Anomaly- Congenital Anomaly which is not visible and accessible parts of the body.
   b. External Congenital Anomaly- Congenital Anomaly which is in the visible and accessible parts of the body.

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

7. Day care centre- A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -u p within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
   - Has qualified nursing staff under its employment
   - has qualified medical practitioner (s) in charge
   - has a fully equipped operation theatre of its own where surgical procedures are carried out
   - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

8. Day Care Treatment- Day care treatment refers to medical treatment, and/or surgical procedure which is:
   i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
   ii. Which would have otherwise required a hospitalization of more than 24 hours
   Treatment normally taken on an out- patient basis is not included in the scope of this definition.

9. Deductible" Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash Daily Allowance policies which will apply before any benefits are payable by

the insurer. A deductible does not reduce the Sum Insured.

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

11. Disclosure to Information Norm- The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis- description or non disclosure of any material fact.

12. Emergency Medical Care- Emergency Medical Care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

13. "Hospitalization" Hospitalization means admission in a Hospital for a minimum period of 24 hours In Patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

14. Illness- Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

    a. Acute Condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

    b. Chronic Condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        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

15. Injury/ Bodily Injury- Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

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

17. Intensive Care Unit- Intensive care unit means an identified section, ward or wing o f a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where thelevel

of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

18. Hospital- A hospital means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    a. has qualified nursing staff under its employment round the clock;
    b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    c. has qualified medical practitioner(s) in charge round the clock;
    d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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

20. "Medical Advisors" means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

21. 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 had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

22. Medically Necessary Treatment - Medically necessary treatment is defined as any treatment, tests, medications, 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.

23. 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.

24. "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.

25. Pre existing ailment or disease- Means any injury, ailment, condition or related condition/symptom,
    i. For which treatment, or medication, or advise, or diagnosis, has been sought or received by Insured Person prior to the commencement of the Cover Period under Certificate of Insurance, or
    ii. Which originated or was known to exist by the Insured Person prior to the commencement of the Cover Period under Certificate of Insurance whether or not treatment, or medication, or advice, or diagnosis was sought or received.

26. Reasonable Charges-Reasonable Charges means the charges for service 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 illness/ injury involved.

27. Room Rent- Room Rent shall mean amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.

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

29. Unproven/ Experimental treatment- Unproven/ Experimental treatment is treatment, including drug experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINTION- SPECIFIC DEFINITION

1. Alternative treatments- Alternative treatments are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
2. “Airline” means a public airline that holds a proper license for the jurisdiction in which it operates and that operates scheduled flights for passengers and cargo
3. “Checked Baggage” means the baggage offered by the Insured and accepted by an Airline for international transportation in the same aircraft as the Insured and for which the airline has provided a baggage receipt, and the contents of the baggage checked in by the Insured so long as such contents do not violate any Airline policy or rule restricting the nature of items that may be carried on board its aircraft.
4. “Claim” means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims resulting from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each section independently.

5. Common Carrier- Common Carrier means a person engaged in the business of collecting, storing, forwarding, or distributing goods, to be carried by goods carriage under a goods receipt or transporting for hire of goods from place to place by motorized transport, by road, water, air, for all persons indiscriminatingly in each case operated under a valid license issued by a concerned Government Authority, for transportation of passengers for hire.
6. "Damages" means monetary sums payable pursuant to judgements or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian Law.
7. Daily Allowance: Means the amount and period specified in the Schedule.
8. Disease" means an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
9. "Insurance Company / Claims Administrator" means the person or organization named in the Schedule.
10. "Insured" means the person named in the Schedule.
11. "Insured Journey" means a single journey during the Policy Period to a destination outside of India, which is undertaken (departure and arrival) during the Policy Period.
12. Family" means the Insured's spouse and children.
13. Limit of Indemnity-Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover and subject to the limits specified.
14. Loss of Eye" means the total and irrecoverable loss of sight from either or both eyes.
15. "Loss of Limb" means the loss of one or both hands or one or both feet by permanent physical severance at or above the wrist or ankle, and includes the total and permanent loss of use of either or both hands or either or both feet.
16. "Medical Evacuation" means the removal of the Insured from abroad to a hospital within India where necessary medical care can be accorded to him, including medical care required en route.
17. A Physician is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. "Physician" shall not include any member of the Insured's family.
    Chiropractitioner stands excluded from the scope of the policy.
18. Policy" means the proposal, the Schedule, the Policy documents and

any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.

19. "Policy Period" means the period between:

    a. The commencement date specified in the Schedule, being the date upon which the Insured first boards the mode of transportation by which it is intended that he shall finally leave India for the Insured Journey or the actual date upon which the Insured boards as aforesaid so long as that is within 14 days of the commencement date as specified in the Schedule, and

    b. The expiry date specified in the Schedule (provided that this Policy shall automatically be extended for a period of 7 days if the completion of the Insured Journey is delayed solely because of a failure of public transportation or other services upon which the Insured was reliant) or the date upon which the Insured returns to India, whichever is earlier.

20. "Property Damage" means actual physical damage to tangible material property belonging to a third party.

21. "Schedule" means the schedule, and any annexure to it, attached to and forming part of this Policy.

22. Sickness" means a condition or an ailment affecting the general soundness and health of the Insured's body that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.

23. Suicide- "Sui" means "self" and "cide" means "killing", thus implying an act of self-killing. In short, a person committing suicide must commit it by himself, irrespective of the means employed by him in achieving his object of killing himself.

24. "Sum Assured" means the amount stated in the Schedule against each relevant Section, which shall be the Company's maximum liability under this Policy (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.

25. "Theft" means whoever intending to take dishonestly any moveable property out of the possession of the Insured without Insured's consent , moves that property in order to such taking with the intention to permanently deprive the Insured of that property is said to commit theft.

26. Valuables" means:

    a. Electronic and electrical equipment including, but not limited to, photographic equipment, Audio equipment, video and/or televisual equipment, computers and/or organizers;

    b. Binoculars, spectacles, sunglasses, or the like;

    c. watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;

    d. Gold or silver or any precious metals or articles made from any

precious metals; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument.

27. You, Your, Yourself / Your Family named in the schedule means the person or persons that We insure as set out in the Schedule.

28. We, Our, Ours means the Bajaj Allianz General Insurance Company Limited.

29. "Usual and Customary Level" means medical charges that:
    i. Do not exceed the usual levy of charges for similar treatment or allied services, in the locality where such treatment or allied services have been obtained; and
    ii. Do not include charges that would not have been made if no insurance existed.

30. Permanent Total Disablement:
    Means Loss of the physical ability through an accidental injury resulting in to the following:
    i. loss of the sight of both eyes
    ii. physical separation of or the loss of ability to use both hands or both feet
    iii. physical separation of or the loss of ability to use one hand and one foot
    iv. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
    Such Disability shall be calculated on basis of Disability Certificate from Civil Surgeon of Government Hospital stating the continuous and permanent disability with disability percentage.

31. "Pre Natal" Prenatal period (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy

32. "Post Natal" Post natal period is the period beginning immediately after the birth of a child and extending for about six weeks

SECTION C) COVERAGE

1. SECTION A: PERSONAL ACCIDENT

1. The Company will pay the Section A Sum Assured specified in the Schedule if the Insured sustains Accidental Bodily Injury during the course of the Insured Journey and such Bodily Injury is within 12 months of the date upon which it was sustained the sole and direct cause of the
   1.1.1 Insured's death,
   1.1.2 Permanent Total Disablement,
   1.1.3 Total and irrecoverable loss of both eyes or two limbs or of one eye and one limb.

2. Provided always that the policy will not pay under more than one of the foregoing sub clauses in respect of the same accident and in excess of the amount stated in the schedule.

3. The company will be liable to pay 50% of the Sum assured stated in the schedule in respect of the death of the insured person if the insured person's age is under 18 years; to be calculated at the time of effecting this insurance.

2. SECTION B: MEDICAL EXPENSES & MEDICAL EVACUATION & REPATRIATION

1. The Company will indemnify the Insured up to the Section B Sum Assured or up to a sub limit as specified in the Schedule in respect of:

2.1.1 The Medical and related expenses incurred by the Insured for medical treatment outside India. The expenses covered would include physician services, hospital and medical services and local emergency medical transportation. Dental Services for immediate relief of dental pain are covered upto the amount specified in the schedule. However dental care rendered necessary as a result of a covered accident shall be subject to the limit of cover as stated in the policy.

2.1.2 Medical Evacuation to a hospital in the Republic Of India required as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. The Medical Evacuation will have to be pre-approved by the Insurance Company / Claims Administrator of the Insurance Company.

2.1.3 The Cost of repatriating the Insured's remains to India, or up to an equivalent amount for the burial or cremation of the Insured in the country where the death occurred in the event of the Insured's death outside of India as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. These expenses should be pre-approved by the Insurance Company / Claims Administrator prior to the remains being prepared for transportation to the Republic of India or for local burial or cremation.

2.1.4 In case of Medical Evacuation to hospital in India as per 2.1.2 above and if approved by the Insurance Company / Claims Administrator, and subject to the Section B Sum Assured remaining (if any), the Company will also indemnify the Insured in respect of the Medical Expenses incurred by him within India to continue medical treatment commenced by the Insured outside of India, as a result of the Insured first having sustained Accidental Bodily Injury and/or Sickness and/or Disease during the course of the Insured Journey. The Company's liability to make payment hereunder shall be limited to a period of 90 days from and including the date upon which the aforesaid Accidental Bodily Injury and/or Sickness and/or Disease occurred or first manifested itself, and to Medical Expenses at the Usual and Customary Level.

2.1.5 Medical and related expenses incurred by the Insured for the treatment of the Mental Illness as specified in Annexure III will be covered as per below Sub-limits within the medical expenses section

i. In Patient Hospitalization Treatment (IPD) will be covered upto 1% of sum insured upto maximum 2000 USD per policy period

ii. Out Patient Treatment (OPD) will be covered upto 100 USD per visit including consultations, investigations and pharmacy. Maximum 3 sessions will be allowed per policy period

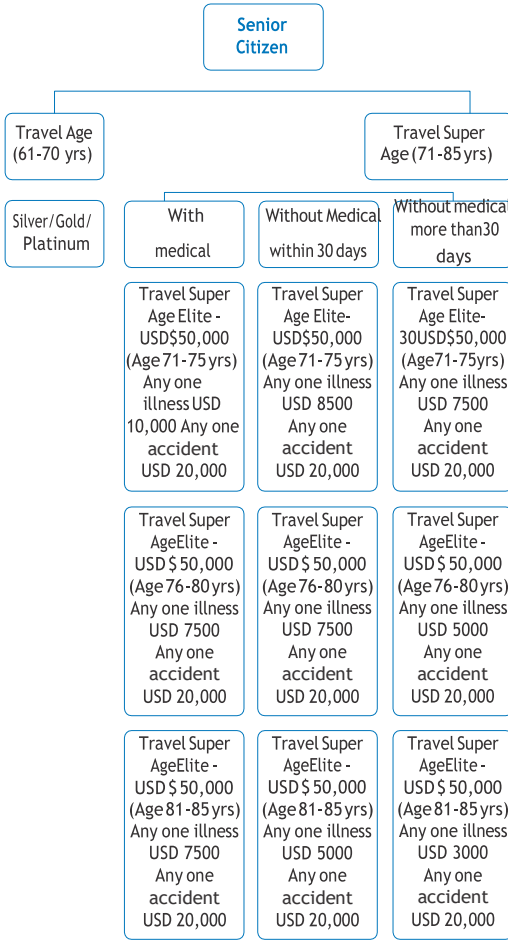
2.1.6 Overall medical expenses limit for Mental Illness including In Patient Hospitalization Treatment and Out Patient Treatment shall not exceed 1% of SI upto maximum 2000 USD whichever is lower per policy period.Medical and related expenses incurred by the Insured for Emergency Medical care of Pre-existing diseases, up to maximum 3000 USD per Policy Period, which includes expenses for medical treatment required due to an Accident or sudden beginning or worsening of a severe Illness which presents an immediate threat to Your health provided that such medical treatment must start within 24 hours of the emergency event. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from emergency life threatening condition. All further medical cost to improve or maintain medically stable state or to prevent the onset of acute pain would have borne by the Insured.

2.1.7 The deductible applicable as per the schedule of the policy would be applicable in respect of each and every claim made under the policy and the company's liability in all claims put together under Section B would be restricted to the Section B Sum Assured as per the schedule of the policy during the policy period.

Coverages	Travel Age Companion
Any One Illness	12,500
Any One Accident	25,000

Coverages	Travel Age Elite			Travel Super Age Elite* Sum Insured	Deductible
	Silver	Gold	Platinum		
Any One Illness	12,500	15,000	17,500	Please refer flow chart	NIL
Any One Accident	25,000	30,000	35,000		NIL

*With/ Without medical


Senior Citizen
Travel Age (61-70 yrs)
Travel Super Age (71-85 yrs)
Silver/Gold/ Platinum
With medical
Without Medical within 30 days
Without medical more than30 days
Travel Super Age Elite - USD$50,000 (Age 71-75 yrs) Any one illness USD 10,000 Any one accident USD 20,000
Travel Super Age Elite- USD$50,000 (Age 71-75 yrs) Any one illness USD 8500 Any one accident USD 20,000
Travel Super Age Elite- 30USD$50,000 (Age71-75yrs) Any one illness USD 7500 Any one accident USD 20,000
Travel Super AgeElite - USD $ 50,000 (Age 76-80 yrs) Any one illness USD 7500 Any one accident USD 20,000
Travel Super AgeElite - USD $ 50,000 (Age 76-80 yrs) Any one illness USD 7500 Any one accident USD 20,000
Travel Super AgeElite - USD $ 50,000 (Age 76-80 yrs) Any one illness USD 5000 Any one accident USD 20,000
Travel Super AgeElite - USD $ 50,000 (Age 81-85 yrs) Any one illness USD 7500 Any one accident USD 20,000
Travel Super AgeElite - USD $ 50,000 (Age 81-85 yrs) Any one illness USD 5000 Any one accident USD 20,000
Travel Super AgeElite - USD $ 50,000 (Age 81-85 yrs) Any one illness USD 3000 Any one accident USD 20,000

3 SECTION C: LOSS OF CHECKED BAGGAGE

The Company will pay the Insured up to the Section C Sum Assured specified in the Schedule in respect of the complete and permanent loss or destruction of the Insured's Checked Baggage, save that the Company may, in its sole and absolute discretion, opt to reinstate or replace the Checked Baggage as an alternative to making payment to the Insured hereunder.

Specific Conditions

It is a condition precedent to the Company's Liability hereunder that upon discovering the loss of Checked Baggage the Insured shall obtain a relevant property irregularity report from the Airline and submit the same to the Insurance Company / Claims Administrator in the event of a Claim.

1. The Company's liability to make payment shall not arise until liability is admitted by the Airline.

   The company's liability will be restricted to maximum of 50% of the Sum assured (as per the schedule of the policy) per piece of baggage and 100 % of the sum insured for all pieces of checked in baggage put together. Any Claim for any item lost in respect of which the claim exceeds Rs 6000/- or other currency equivalent must be supported by documentation evidencing the insured's ownership of the same, such documentation to be submitted to the Insurance Company/ Claims Administrator in the event of a claim. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item, subject to maximum Rs 6000/-.

2. In case of the same baggage being covered under any other insurance the policy will contribute its rateable proportion.

3. The Company's payment to the Insured will be reduced by:
   a. any payment made under Section D below, and
   b. any sum for which the Airline is liable to make payment.

4 SECTION D: DELAY OF CHECKED BAGGAGE

The Company will pay the Insured up to the Section D Sum Assured specified in the Schedule in respect of the Insured's emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage, the arrival of which is delayed by more than 12 hours beyond the time of the Insured's arrival at the intended destination outside of India.

Specific Condition

1. It is a condition precedent to the Company's Liability hereunder that upon discovering the delay in arrival of the Checked Baggage the Insured shall obtain written non-delivery confirmation from the Airline along with the period of delay, which must be submitted to the Insurance Company / Claims

Administrator in the event of a Claim.

2. In case of more than one claim during the insured journey the Company's liability in all claim put together will be restricted to the Section D Sum Insured. The time deductible of 12 hrs will apply separately for every claim.

5 SECTION E: LOSSOFPASSPORT

In the event of the Insured's loss of his passport, the Company will pay the Insured the Section E Sum Assured (less the deductible) specified in the Schedule towards expenses necessarily incurred by the Insured in obtaining a duplicate or fresh passport.

6 SECTION F: PERSONAL LIABILITY

The Company will indemnify the Insured up to the Section F Sum Assured (less the deductible) specified in the Schedule against any legal liability incurred by the Insured in his private capacity to pay Damages for third party civil Claims arising out of Accidental Bodily Injury or Accidental Property Damage occurring during an Insured Journey.

Specific Conditions

1. No Deductible shall be applicable in respect of the legal liability incurred by the Insured in his private capacity to pay Damages for third party Accidental Bodily Injury.

2. The Company's liability to indemnify the Insured under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by the Company. In the event that legal action is taken against the Insured within India, it is a condition precedent to the Company's liability hereunder that the Insured shall:
   a. give immediate written notice to the Company to the address specified in the Schedule, and
   b. not incur any defence costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Company, which shall be entitled (but in no case obligated) at any time to take over and conduct in the name of the Insured the defence and/or settlement of any action or claim and shall be entitled at all times to receive the Insured's cooperation and assistance and to appoint lawyers on the Insured's behalf. Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Assured hereunder.

The Company shall not settle any claim without the express consent of the Insured, but if the Insured refuses an available settlement recommended by the Company then the Company's liability shall thereafter be restricted to the amount by which the claim could have been settled.

7. SECTION G - HIJACK COVER

For each 24 hour period the insured is detained by hijackers following hi-jacking of any aircraft in which the insured is traveling, the Company will pay the sum specified in the schedule subject to the maximum limit specified in the schedule. All other policy terms and conditions shall remain unaltered.

8. Section H - Trip Delay

Subject to all other terms and conditions, if the air craft on which the insured is booked to travel from India is delayed beyond 12 hours than the original scheduled departure time, the Company will pay the sum mentioned in the schedule for every 12 hours delay in excess of 12 hours, subject to the maximum amount mentioned in the schedule.

However, the Company will not pay,

1. for any departure which is delayed as a result of the insured or any other person who have arranged to travel with failing to check-in correctly as required by the airlines
2. for any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked
3. if the air craft is taken out of service on the instructions of the Civil Aviation Authority or similar authority

9. SECTION I - HOSPITALISATION DAILY ALLOWANCE

Subject to all other terms and conditions, it is hereby agreed that following hospitalisation of the insured named in the Schedule of the policy due to an accident or illness covered under the policy, a daily allowance as specified in the schedule shall be paid by the Company under this policy. For this purpose a day will be reckoned as continuous 24 hours. All other terms and conditions shall remain unaltered.

10. SECTION J - GOLFER'S HOLE-IN-ONE

Subject to all other terms and conditions, it is hereby agreed that the insurer shall reimburse expenses incurred in celebration of achieving a hole-in-one by the insured during the trip, anywhere in the world excluding India, in a United States Golfers' Association (USGA) recognized golf course, subject to maximum the limit shown in the Schedule against this cover. All other terms and conditions shall remain unaltered.

11. SECTION K TRIP CANCELLATION

Subject to all other terms and conditions, the Company will indemnify the insured subject to limits shown in the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source, following the necessary and unavoidable cancellation of the trip prior to its commencement from India because of:

1. insured's death, serious injury or sudden sickness requiring minimum three day hospitalisation
2. death of insured's spouse or parent or child
3. serious injury or sudden sickness requiring minimum three days

hospitalisation of insured's wife or child who were booked to travel with the Insured and who is also insured with BAGICL

4. Compulsory quarantine or prevention of travel by Government

12. SECTION L TRIP CURTAILMENT

Subject to all other terms and conditions, the Company will indemnify the insured subject to limits shown in the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source, following the necessary and unavoidable curtailment (the cutting short by early return to India) of the trip because of:

1. death, serious injury or sudden sickness of your spouse or child residing with you in India and who is not travelling with you on the insured journey
2. the hijack of an aircraft in which you are travelling as a fare-paying passenger

13. SECTION M ACCIDENTAL DEATH & DISABILITY (COMMON CARRIER)

The policy will pay the sum insured specified in the schedule in addition to the sum insured specified under the personal accident section if the insured sustains Accidental Bodily Injury during the course of the insured journey while travelling in a common carrier such as rail, bus, tram or aircraft and such bodily injury is within 12 months of the date upon which it was sustained the sole and direct cause of the Insured's death or Loss of Two Eyes and/or loss of Two Limbs or Loss of one limb and one Eye.

14. SECTION N HOME BURGLARY INSURANCE

The policy will indemnify the insured for claims made in respect of loss of or damage to contents of the insured's home in India (located at the address mentioned in the policy schedule) caused by actual or attempted Burglary and/or Robbery during the policy period. The cover incepts from the date of departure of the insured from the country and ends on the expiry date or date of return to the country whichever is earlier. The company's liability will be limited to the sum insured specified in the schedule. The cover excludes loss or damage to jewellery and valuables.

15. SECTION O - MISSED CONNECTION

Subject to all other terms and conditions, if the air craft on which the insured is booked to travel from India is delayed beyond 12 hours than the original scheduled arrival time at the destination of the connecting flight resulting in the insured missing the connecting flight, the company will pay the sum mentioned in the schedule towards missed connection. For a Claim to be admissible under this section it is a condition precedent to liability that the claim is admissible under **Section H: Trip Delay.**

16. SECTION P - BAIL BOND INSURANCE

Subject to all other terms and conditions if the insured is arrested for any inadvertent law breaking during his/her travel overseas the company would pay the amount as mentioned in the schedule

towards the bail amount for release.

However, the Company will not pay,

1. for any bail amount where the insured has been charged for breaking the law with Criminal Intent
2. for any bail amount where the insured has been charged for over speeding in a vehicle.

17. SECTION Q- ADVENTURE SPORTS INSURANCE

Subject to all other terms and conditions if the insured incurs anymedical expenses due to injuries as a result of the insured's participation in any adventure sports the Company will pay the amount incurred towards such medical expenses subject to the maximummentioned in the schedule.

18. SECTION R- LAPTOP INSURANCE

Subject to all other terms and conditions if the insured incurs a loss due to damage to or theft of his/her Lap Top During the journey abroad and within the policy period the Company will indemnify the insured the loss subject to the sum mentioned in the schedule

However, the Company will not pay,

1. for any electrical or mechanical breakdown of the lap top
2. for any loss of soft wares or data in the lap top and any consequential loss
3. for any loss as a result of any action taken by customs department.

Claim Settlement:

The claim shall be settled at Market Value of the Laptop before the loss, which will be arrived at by depreciating the value by 25% per annum. However the maximum liability would be restricted to the SI.

19. SECTION S- TUITION FEE

Coverage

In the event of the insured unable to continue the school semester due to any of the following reasons arising during the policy period, the Company shall reimburse the tuition fee paid in advance for the current semester, subject to maximum the limit shown in the schedule:

1. Serious medical condition of the insured requiring hospitalisation covered under the policy
2. Death or serious injury requiring hospitalisation of either of the parents of the insured

This coverage is also subject to the exclusions of Personal Accident and Medical Expenses sections of the policy.

Documents required for admission of a claim

- Duly filled in claim form
- Copy of the receipt of payment of advance tuition fee
- Letter informing the school regarding the inability of the student to continue the semester duly acknowledged by the school

20. SECTION T - ACCIDENT TO SPONSOR

Coverage

In the event of the sponsor named in the schedule meets with an accident during the policy period, which results in his death or permanent total disability during the policy period, the Company shall reimburse the remaining school fee subject to maximum the limit shown in the schedule.

This coverage is also subject to the exclusions under the Personal Accident section of the policy.

21. SECTION U: FAMILY VISIT

Coverage

In the event of the insured is hospitalized as a result of an accidental injury or sickness covered under the policy and the attending physician in writing advises the necessary attendance of a Family Member of the Insured, the Company will reimburse the actual cost of economy class transportation by the most direct route via a common carrier subject to maximum the sum insured. For this purpose, family member shall mean spouse, parent, sibling and in laws of the insured.

22. SECTION V EMERGENCY CASH ADVANCE

In case of this section being available under the Travel Plan selected by the insured and shown in the schedule of the policy issued to him/her:

This is an assistance service when the insured person requires emergency cash following incidents like theft/burglary of luggage/money or hold up. The Assistance Department shall co-ordinate with the insured person's relatives in India to provide emergency cash assistance to the insured person as per his requirement, upto the limit specified in the policy schedule.

- As soon as the need arises insured person calls up Assistance Department on the telephone number indicated in the policy schedule.
- Assistance Department shall verify the details of the insured and ascertain the amount of cash required, local contact in India who can provide payment security including delivery charges through credit card or close relatives
- Assistance Department organizes cash delivery after obtaining payment security from insured or his relatives.

Above is not an insurance benefit but an assistance provided by the Insurance Company/Service Provider. The terms and conditions are as mentioned.

SECTION D) EXCLUSION-STANDARD

I. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.

2. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, civil unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.

3. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from:
   a. Ionising radiation or contamination by radioactivity form any nuclear waste from combustion of nuclear fuel; or
   b. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or
   c. asbestosis or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.

4. The Insured's actual or attempted engagement in any criminal or other unlawful act.

5. Any consequential losses.

6. In respect of travel by the Insured to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.

7. The Insured engaging in air travel unless he flies as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

SECTION D) EXCLUSION- SPECIFIC

I. SECTION A: PERSONAL ACCIDENT AND SECTION B: MEDICAL EXPENSES & MEDICAL EVACUATION & REPATRIATION

1. The Company shall be under no liability to make payment in respect of any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India save asprovided for under Section B 2.1.4

2. The Company shall be under no liability to make payment of any Medical Expenses incurred beyond the expiry of the Policy Period, save as provided for under Section B 2.1.4.

3. The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
   a. Where the insured is:
      i. Travelling against the advice of a Physician; or
      ii. Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured in his proposal; or
      iii. Travelling for the purpose of obtaining treatment; or
      iv. In receipt of a terminal prognosis for a medical condition.

4. Medical and related expenses incurred by the Insured for Curative treatment in "Emergency Medical Care" incident, non-Emergency treatments or follow-up non-Emergency treatments.

5. Suicide, attempted suicide or wilfully self-inflicted injury or illness venereal disease, alcoholism, drunkenness or the abuse of drugs.

6. The participation of the Insured unless under supervision of a trained professional in winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), professional sports or any other hazardous or potentially dangerous sport.

6. The participation of the Insured in riding or driving in races or rallies.

7. Losses arising from Accidents as a driver on motorised vehicles unless at the time of the Accident the insured is in possession of a current full international driving licence and while riding a two wheeler is wearing a safety crash helmet.

8. Losses arising directly or indirectly from manual work or hazardous occupation, self-exposure to needless peril (except in an attempt to save human life), or if engaging in any criminal or illegal act.

9. Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing even if there is Medical Emergency where "Emergency Medical Care" is required.

10. Experimental, unproven or non-standard treatment.

11. Treatment by any other system other than modern medicine (also known as Allopathy).

12. The cost of spectacles, contact lenses, and hearing aids,

crutches, and all other external appliances and/or devices whether for diagnosis or treatment.

13. Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician.

    Note - This exclusion will not be applicable to coverage provided for Emergency Medical Care as in clause 2.1.6 of Section B above.

14. In case of Plan Travel Brilliant Minds (Students) claims under this section arising out of sickness/illness is specifically excluded.

II. SECTION C: LOSS OF CHECKED BAGGAGE

1. The self-carried baggage is specifically excluded from the policy coverage.
2. Partial destruction of baggage or missing of contents from the baggage is not covered under the policy.
3. The Company shall be under no liability to make payment hereunder in respect of any Claim for valuables.

III. SECTION D: DELAY OF CHECKED BAGGAGE

Delay of baggage when the intended destination is in India

IV. SECTION E: LOSS OF PASSPORT

The Company shall be under no liability to make payment for:

1. Loss or damage to the Insured's passport as a result of the confiscation or detention by customs, police or any other authority.
2. Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.
3. Loss caused by the Insured's failure to take reasonable steps to guard against the loss of the passport.

V. SECTION F: PERSONAL LIABILITY

The Company shall not be under any liability to make payment for Claims arising out of:

1. the Insured's liability to any employee (whether under a contract of or for services);

2. Bodily Injury to and/or Property Damage to property belonging to the Insured's Family, any co-worker of the Insured, and any travelling companion of the Insured;

3. any liability for Bodily Injury and/or Property Damage arising directly or indirectly from or due to:
   a. livestock belonging to the Insured or in the Insured's care, custody or control;
   b. any wilful, malicious, criminal or unlawful act, error, or

omission;

c. the pursuit of any trade, business of profession, employment or occupation;
d. the ownership, possession or use of vehicles, aircraft, or watercraft;
e. parachuting, hand-gliding, hot air ballooning or the use of firearms or any other dangerous or hazardous activity;
f. the use or misuse of any alcohol, hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
g. the supply of goods or services;
h. any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).
i. Any professional liability arising out of the insured's profession/activities.

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES

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

2. Multiple Policies
i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
iii. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

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

4. Claim Settlement (provision for Penal Interest)
a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary

document.

b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

5. Arbitration

Arbitration Clause shall not be applicable.

6. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a

Insurance Policy:—

(a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
(b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
(c) any other act fitted to deceive; and
(d) any such act or omission as the law specially declares to be fraudulent

7. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through

Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road
Yerawada, Pune 411006
E-mail: bagichelp@bajajallianz.co.in
Call : 1800-209-5858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users - mobile /landline) or020-30305858

Grievance Redressal Cell for Senior Citizens
Senior Citizen Cellfor Insured Person who are Senior Citizens
'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly
Health toll free number: 1800-103-2529
Exclusive Email address:seniorcitizen@bajajallianz.co.in

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 as detailed in Annexure II:

Note: Note: Address and contact number of Governing Body of Insurance Council Council For Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 69038801/03/04/05/06/07/08/09
Email: inscoun@cioins.co.in
Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 3300+ Network hospitals PAN India. Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

SECTION E) GENERAL TERMS AND CLAUSES - SPECIFIC TERMS AND CLAUSES

1. Conditions Precedent- Where this Policy requires You to do or not to

do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Reasonable Care

The Insured shall take all reasonable and proper steps to safeguard and protect himself and his possessions against any fact, matter, circumstance or cause that might result in a Claim under this Policy, and shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

3. Transfer of Interest

This Policy of Insurance is a Contract between the Company and the Insured Person. The Insured Person) shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorised officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of Claim under the Policy.

4. Cancellation

i. This Policy may be cancelled by the Insured after the expiry of 14 days from the effective date, in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced, and this Policy shall stand cancelled if the Insured Journey has not commenced within 14 days of the commencement date shown on the Schedule.

ii. Upon cancellation, the Company shall be entitled to deduct cancellation charges according to its cancellation scale subject to retaining a minimum of INR 224. (Excluding Taxes).

iii. In case of any early return of the insured person prior to expiry of the policy period the company will refund premium at the following rates subject to no claims being incurred on the policy

Period of Risk	Rate of Premium Retained by Company
Above 50% of Policy Period	100% of premium
Above 40% to 50% of Policy Period	80% of premium
Above 30% to 40% of Policy period	75% of premium
Above 20% to 30% of Policy Period	60% of premium
Policy inception - 20% of Policy period	50% of premium

5. Notifications & Declarations

Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be sent to the address specified in the Schedule.

6. Governing Law

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India. The

section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this policy shall not be waived or changed except by endorsement issued by the Company.

7. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

8. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be a condition precedent to the Company's liability under this Policy.

SECTION E) GENERAL TERMS AND CLAUSES - OTHER TERMS AND CLAUSES

1. Notification of Claims

i. In respect of any claim under section A and B the insured or if deceased, his legal heirs or other legal representative, shall notify the Insurance Company/ Claims Administrator within 14 days from the date of loss and provide him with the name of the Physician, the name and telephone numbers of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, and any other documentation or information that might be required or requested by the Insurance Company/ Claims Administrator of the Company.

ii. For all other Claims, the Insured shall notify the Insurance Company / Claims administrator of the company, immediately within 7 days from the date of loss, obtain mandatory claim documentation forms for completing the same on and return submit to the Insurance Company / Claims Administrator of the company, along with supporting invoices and any other documentation or information that might be required or requested by Insurance Company/ Claims Administrator of the Company.

iii. The Insured shall not admit any liability or make any offer or promise of payment without the prior written consent of the Company.

2. Assessment of Claim & Payment

i. No sum payable under this policy shall carry interest.

ii. The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured has provided it and/or the Insurance Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.

iii. The obligation of the Company to make payments to the Insured in respect of Claims made after the Insured's return to India shall be to make payment in Indian Rupees only.

iv. Specifically in respect of a Claim under Sections A and/or B:

a. The Company's liability to make payment is in respect of those charges approved by the Insurance Company / Claims Administrator prior to being incurred.

b. If requested by the Insurance Company / Claims Administrator, the Insured shall (at his own expense) furnish all certificates, information, proofs or other evidence in support of the Claim, present himself for medical examination by a Medical Advisor as considered necessary by the Insurance Company / Claims Administrator, and the Insured agrees that the Insurance Company / Claims Administrator may approach anyone who may have treated the Insured for information and/or documentation in respect of the Claim.

c. In the event of the Insured's death, the Company shall have the right to carry out a post mortem at its own expense.

d. Where the Insured is incapacitated or otherwise unable to give a valid release for the Claim, the Company may make arrangements to pay the Claim to the Insured's legal guardian or legal representative. Any payment made by the Company thereby in good faith shall operate as a complete and effective discharge of the Company's liability in respect of the Claim.

e. The Company shall not pay Medical Expenses except at the Usual and Customary Level.

3. Paying a Claim

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from

the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

ANNEXURE I:- ICD SPECIFIC FOR MENTAL ILLNESS

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

ANNEXURE II: OMBUDSMEN DETAILS

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.

Office Details	Jurisdiction of Office Union Territory, District)
BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurga

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0172 – 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	rh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road,	Delhi & following Districts of Haryana - Gurugram, Faridabad,

Office Details	Jurisdiction of Office Union Territory, District)
New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Sonepat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

Office Details	Jurisdiction of Office Union Territory, District)
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College,M.G.Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue,	West Bengal, Sikkim, Andaman & Nicobar

Office Details	Jurisdiction of Office Union Territory, District)
KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki,

Office Details	Jurisdiction of Office Union Territory, District)
	Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar nagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman	Goa, Mumbai

Office Details	Jurisdiction of Office Union Territory, District)
Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: bimalokpal.mumbai@cioins.co.in	Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad

Office Details	Jurisdiction of Office Union Territory, District)
	, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram nagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance	Bihar, Jharkhand.

Office Details	Jurisdiction of Office Union Territory, District)
Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

"List of Ombudsman offices established by the Central Government for redressal of grievance are also available at https://www.cioins.co.in/Ombudsman"

Claims Procedure for Travel Companion

A. Notification to BAJAJ ALLIANZ Medical Assistance

1. In case of medical sickness/accident you will have to call and notify us at the 24 hours telephone number mentioned overleaf. It is important to notify us before seeking any medical consultation (unless it is an accident/emergency). In case of medical hospitalization, please notify us immediately or contact us on the toll free numbers mentioned at the back.

   We have our coordinating doctor on duty to speak to the Insured and provide medical advise. However if the Insured wants a medical referral of any specialist doctor/hospital, we can provide the referral.

2. It is important to notify us immediately before/after seeking any kind of medical consultation (unless it is an accident/emergency) and provide us with the treating doctor/hospital details, medical expenses incurred/paid and review appointment details because this will help us to validate your claim and provide you with a Claim Reference Number which must be mentioned in the Claim Form.

B. Policy Excess

3. For medical sickness/accident there is a policy excess of USD 100 (deductible) which the Insured will have to self-pay and this amount cannot be claimed. This implies for any claim the first USD100 are to be borne by the insured. This applies for both outpatient and inpatient treatment.

C. Outpatient Consultation

4. For outpatient consultation(s), the Insured will have to self-pay and file the claim upon return to India. However, if the amount is above USD 500 and the insured is facing difficulty in making payments due to shortage of cash on hand then we can arrange to make payments on behalf of the patient, provided the medical condition is NOT due to any conditions listed in the exclusion list.

5. The important documents required to file a claim is as follows:
   - Claim Form (To be signed by the Treating Doctor and Insured) and with the Claims Reference Number.
   - Doctor's medical report.
   - Original admission/discharge card
   - Original bills, receipts and prescriptions.
   - Original X-ray, pathological and investigative reports.
   - Copy of passport, visa with entry and exit stamp.

6. If any hospital does not submit a bill to you for the treatment /service rendered, please inform us before you leave the hospital. If the hospital insists that they will claim directly from the Insurance Company, please inform them that BAJAJ ALLIANZ shall not entertain any such requests from the hospital. Only claims whereby the Insured filed directly with all relevant documents on return to India will be considered.

7. Send all documents to the address of Notification of Claims, as mentioned in the policy schedule.

D. Hospitalization

8. If the Insured is admitted to a hospital- after OPD consultation or otherwise please notify us immediately.

9. The Insurance medical assistance department (doctor) will discuss your medical condition with the treating doctor and if it is confirmed that the admission to a hospital is NOT due to any conditions listed in the exclusion list, then the Insurance Company shall guarantee payments to the hospital and settle the payments with the hospital.

10. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at travel@bajajallianz.co.in

- Completed Claim Form signed by the Treating Doctor and Insured.
- Name, address and contact details of the Local/ Family Medical
- Doctor in India.
- Signed copy of the RELEASE OF MEDICAL INFORMATION FORM(ROMIF) to authorize your Treating Doctor and Local Medical Doctor in India to release your medical information to the Insurance Medical assistance Department.
- Treating Doctor's medical report.
- Estimated medical expenses.
- Date of Travel from India.
- Details of domestic health Insurance policy, if any (Policy No, name and address of insurance company).
- Passport copy with entry & exit stamp.

11. Your prompt submission of the above documents/information (ROMIF, LMO details, Medical Reports, estimated medical expenses, Claim Form, Passport copy) will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby facilitating the claims process.

For any further clarifications please do not hesitate to contact us at Telephone +91-20-30305858, fax +91-20-30512207 or email to us at travel@bajajallianz.co.in

Type of Claim	Documents Required	Procedure
Medical Accident & Sickness Expenses (outside India)	▪ Claim Form (To be signed by the Treating Doctor and Insured) and with the Claims Reference Number. ▪ ROMIF ▪ Doctor's medical report. ▪ Original admission/discharge card ▪ Original bills, receipts and prescriptions. ▪ Original X-ray, pathological and investigation reports. ▪ Copy of passport, visa with entry and exit stamp.	▪ Please contact our Assistance Department at the number given above, obtain a Claim form from them and fill it in. It is necessary to obtain the attending physician's signature on the Form. ▪ Please collect all bills / Receipts and Invoices ▪ Submit all documents to the address mentioned on the policy schedule
Loss of Checked-in Baggage	▪ Signed Claim Form ▪ Copies of Boarding Pass/Ticket ▪ Copies of correspondence with the Airline authorities/others about loss of checked baggage along with the declaration of contents & their cost in the lost baggage ▪ Property Irregularity Report, PIR (to be obtained fro the airline authorities) ▪ Admission of liability by Airlines ▪ Details of compensation received from airlines/other authorities	▪ Intimate the Airline about your loss and lodge complaint ▪ Claim Form can beo btained from our Assistant Department ▪ Fill in the Claim Form and submit all documents to the address mentioned on the policy schedule
Delay of Checked in Baggage (not for students)	▪ Signed Claim Form ▪ Copies of Boarding Pass/ Ticket/ Baggage Tags ▪ Copies of correspondence with the Airline authorities/others certifying the delay ▪ PIR Report (to be obtained from the airline authorities)	▪ Obtain confirmation of the delay from the airline ▪ Claim form can beo btained from our Assistance Department ▪ Fill in the Claim form and submit all documents to the address mentioned on the policy schedule
Loss of Passport (not for Students)	▪ Signed claim form ▪ Copy of new passport ▪ Copy of previous passport (if available) ▪ Copy of return tickets ▪ Proof of complaint to the local police	▪ File a complaint with the local police ▪ Contact the Indian Embassy, wherever necessary ▪ Submit all documents to the address mentioned on the policy schedule
Tuition Fees (for Students only)	▪ Duly filled in claim form ▪ Copy of the receipt of payment of advance tuition fee ▪ Letter informing the schoolr egarding the inability of the student to continue the semester duly acknowledged by the school ▪ Discharge card of hospitalization along with detailed medical report & all investigation report ▪ The documents depending upon claim will be notified	▪ Obtain confirmation of inability to attend school from the school authorities ▪ Claim form can beo btained from our Assistance Department ▪ Fill in the Claim form and submit all documents to the address mentioned on the policy schedule

Type of Claim	Documents Required	Procedure
Accident to Sponsor (for Students only)	▪ Duly filled personal accident claim form ▪ Copy of the death certificate of the deceased ▪ Any other documents if reqd will be informed by the claims department of Bajaj Allianz ▪ Death summary from hospital where last treated ▪ Letter from school authority informing about the balance tuition fee if any for the course ▪ Duly filled Medical Sickness or Personal Accident Claim Form	▪ Inform our Assistance Department regarding the incident ▪ Submit all documents to the address mentioned on the policy schedule
Family Visit (for Students only)	▪ Duly filled Medical sickness or Personal Accident claim form ▪ Certificate from the doctor treating the insured mentioning the requirement of necessary attendant & reasons for the same ▪ Travel tickets in original along with the copy of the visa & passport	▪ Inform our Assistance Department regarding the condition of the insured. ▪ Obtain prior authorization that the travel of the family member will be covered ▪ Submit all documents to the address mentioned on the policy schedule
Personal Liability	▪ Duly filled in claim form ▪ Full statement of the facts in writing ▪ Witness statements ▪ Any other documents relevant to the incident, including Summons, Legal Notice, etc	▪ Inform our Claims Dept. immediately (at the address given on the policy schedule below) giving full details of the incident ▪ Do not commit any benefit/compensation or enter into an agreement
Accidental Death & Dismemberment (Common Carrier)	▪ Our Claims Dept. will advise on documentation upon receipt of claim notification	▪ Collect all documents pertaining to the loss including correspondence with carrier and submit all documents to the address mentioned on the policy schedule ▪ Claim Form can be obtained from our Assistance Department