Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
For more details, log on to: www.bajajallianz.com | E-mail:
bagichelp@bajajallianz.co.in or
Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office:

TRAVEL PRIME POLICY

POLICY WORDINGS
UIN- BAJTIOP24007V042324

IMPORTANT

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 his policy clause is applicable for the different Travel Plans listed. The sections covered under the respective plans are given in the table below.

SECTION A) PREAMBLE

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 and such loss is incurred within the policy period.

Section	**Basic Cover available under Travel Prime Individual, Travel Prime Family, Travel Prime Corporate, Travel Prime Age, Travel Prime Super Age (Section 1 to 16). Travel Prime Student (Section 1to 7) Travel Prime Asia (Section 1 to 9, 14 and 16)**
Section 1	Personal Accident
Section 2	Medical Expenses & Medical Evacuation
Section 3	Repatriation
Section 4	Loss of Checked Baggage
Section 5	Accidental Death & Disability (Common Carrier)
Section 6	Loss of Passport
Section 7	Personal Liability
Section 8	Hijack Cover
Section 9	Trip Delay
Section 10	Hospitalization Daily Allowance
Section 11	Golfer's Hole-in-one
Section 12	Trip Cancellation
Section 13	Trip Curtailment
Section 14	Delay of Checked Baggage
Section 15	Home Burglary Insurance
Section 16	Emergency Cash Assistance Services

Section	**Travel Prime Asia (Section 1 to 9, 14 and 16)**
Section 1	Personal Accident
Section 2	Medical Expenses & Medical Evacuation
Section 3	Repatriation
Section 4	Loss of Checked Baggage
Section 5	Accidental Death & Disability (Common Carrier)
Section 6	Loss of Passport
Section 7	Personal Liability
Section 8	Hijack Cover

Section 9	Trip Delay
Section 14	Delay of Checked Baggage
Section 16	Emergency Cash Assistance Services

Sections for Additional Covers under Travel Prime Individual (Section 17 to 20)	
Section 17	Missed Connection
Section 18	Difference in airfare due to delayed or early return
Section 19	Bounced Hotel
Section 20	Personal Accident Cover in India

Sections for Additional Covers under Travel Prime Student plans(Section 21 to 26)	
Section 21	Bail Bond Insurance
Section 22	Loss of Laptop
Section 23	Tuition Fees
Section 24	Accident to Sponsor
Section 25	Family Visit
Section 26	Suicide

Sections applicable under various plans of Travel Prime Policy

Plan Name	Section Included	Section Excluded
Travel Prime Individual Plans	Basic Cover (1 to 16) + Additional Cover (17 to 20)	Additional Cover (21 to 26) +
Travel Prime Asia Plans	Basic Cover (1 to 16)	Basic Cover (10 to 15 and 16)+ Additional Cover (17 to 26)
Travel Prime Age Plans	Basic Cover (1 to 16)	Additional Cover (17 to 26)
Travel Prime Super Age Plans	Basic Cover (1 to 16)	Additional Cover (17 to 26)
Travel Prime Family Plans	Basic Cover (1 to 16)	Additional Cover (17 to 26)
Travel Prime Corporate Plan	Basic Cover (1 to 16)	Additional Cover (21 to 26) + Additional Cover (17 to 20)
Travel Prime Student Plans	Basic Cover (1 to 7)+ Additional Cover (21 to 26)	Basic Cover (8 to 16)+ Additional Cover (17 to 20)

SECTION B) DEFINITON- 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. An Accident means a 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 You where the payments, of the costs of treatment undergone by You 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.
   i) Internal Congenital Anomaly which is not visible and accessible parts of the body is called Internal Congenital Anomaly
   ii) External Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.

6. Co-payment-
   Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
7. Day Care Centre- means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified 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/ Procedure- 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.

   A detailed list of procedures considered under Day Care is attached with the policy wordings (refer annexure 1). For an updated list of Day Care Procedures kindly visit our website
9. Deductible" Deductible is a cost-sharing requirement under a travel insurance policy that provides that the insurer will not be liable for a specified rupee amount and for a specified number of days/hours which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
10. Dental Treatment- Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns extractions and surgery excluding any form of cosmetic surgery / implants.
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 - 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 Your health.
13. "Hospitalization" Hospitalization means admission in a Hospital for a minimum period of 24 consecutive hours In Patient Care except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
14. Illness- Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
    (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    b. it needs ongoing or long-term control or relief of symptoms
    c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    d. it continues indefinitely
    e. 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 of a hospital which is under the constant supervision of dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
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. "Medical Advise" Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

20. 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/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. List of non-medical expenses is attached with the policy wordings (refer annexure 2). For an updated list of Day Care Procedures kindly visit our website or (refer annexure 1).

21. 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-
    a. is required for the medical management of the illness or injury suffered by the Insured /Insured Person;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c. must have been prescribed by a medical practitioner,
    d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

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" OPD treatment is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day care or in patient.

25. 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.

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

27. 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 center by a medical practitioner.

28. 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) DEFINITION- 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. **"Home Burglary "** Home burglary means any act of actual, forcible and violent entry and or exit from the premises of the Insured with intent to commit an act of crime or theft.

.

10. "**Insurance Company / Claims Administrator**" means the person or organization named in the Schedule.
11. "**Insured**" means the person named in the Schedule.
12. "**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.
13. **"Family**" means the Insured, insured's spouse and 2 children. In the benefit of family visit family is indicated as the Insured's spouse and children. However dependant parents can not be covered under this policy.
14. **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.
15. "**Loss of Eye"** means the total and irrecoverable loss of sight from either or both eyes.
16. "**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.
17. "**Medical Advisors**" mean the medical practitioners appointed by the Insurance Company / Claims Administrator.
18. "**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.
19. 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.
20. **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.
21. **"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) .
22. **Pre existing ailment or disease-** Any condition, ailment or injury or related conditions for which you had signs or symptoms, and /or were diagnosed, and / or received medical advice/ treatment within 48 months prior to the first policy issued by the insurer
23. "**Property Damage**" means actual physical damage to tangible material property belonging to a third party.
24. "**Schedule**" means the schedule, and any annexure to it, attached to and forming part of this Policy.
25. **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.
26. **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.
27. "**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.
28. "**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.
29. **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.

30. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
31. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.
32. **"Usual and Customary Level**" means medical charges that:
    a. 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
    b. Do not include charges that would not have been made if no insurance existed.
33. Permanent Total Disablement:
    Means Loss of the physical ability through an accidental injury resulting in to the following:
    a) loss of the sight of both eyes
    b) physical separation of or the loss of ability to use both hands or both feet
    c) physical separation of or the loss of ability to use one hand and one foot
    d) loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

    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.

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

35. "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

Basic Cover available under Travel Prime Individual, Travel Prime Student, Travel Prime Asia, Travel Prime Corporate, Travel Prime Age, Travel Prime Super Age and Travel Prime Family of Travel Prime Policy (Section 1 to 16)

Section 1: Personal Accident-

1. The Company will pay the Sum Assured under Personal Accident Section specified in the Schedule if the Insured sustains Accidental Bodily Injury during the course of The Insured Journey and such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the-

    a. Insured's death
    b. Permanent Total Disablement

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.

Note: Personal Accident Cover under Travel Prime Family Plan is on Individual Sum Assured Basis.

- In event of a claim under personal accident section the Sum Assured will be applicable as follows:
- For Proposer and earning spouse 100 % of sum assured
- For Non earning spouse and every additional adult 50% of Sum Assured
- For Child 25% of Sum Assured

Section 2: Medical Expenses & Medical Evacuation-

1. The Company will indemnify the Insured up to the Section Medical Expenses and Medical Evacuation Sum Assured specified in the Schedule or up to a sub limit specified below in respect of:

   a. 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 up to 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.

   b. 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.

   c. In case of Medical Evacuation to hospital in India as per Medical Expenses & Medical Evacuation above and if approved by the Insurance Company / Claims Administrator, and subject to the Section 2 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.

   d. 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 2 would be restricted to the Section 2 Sum Assured as per the schedule of the policy during the policy period.

   e. Medical and related expenses incurred by the Insured for the treatment of the Mental Illness as specified in Annexure I 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
      iii. 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

   f. 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.

   g. If You are hospitalized on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred during hospitalization as per the table of benefits below **(The table of benefits provided below is applicable only for plans where insured is above 60 years of age at the time of inception of policy.)**

Travel Prime Corporate Plans (61 yrs to 70 yrs) **Hospitalization Benefits**	**Sublimit**
Hospital Room, Board and hospital miscellaneous	1500 USD

Intensive Care Unit	2500 USD
Surgical Treatment	9000 USD
Anesthetist Services	25% of Surgeon Fees
Physician's Visit	75 USD
Diagnostic and Pre Admission Testing	500 USD
Ambulance Services	400 USD

Sublimit for Travel Prime Age Plan (61-70 years)					
Hospitalization Benefits	Silver 50000 USD	Gold 2 Lakhs USD	Platinum 5 Lakhs USD	Travel Super Platinum Age 7.5 Lakhs USD	Travel Maximum Age 10 Lakhs USD
Hospital Room, Board and hospital miscellaneous	1200 USD	1500 USD	1700 USD	2000 USD	2300 USD
Intensive Care Unit	2000 USD	2500 USD	2500 USD	3000 USD	3200 USD
Surgical Treatment	8000 USD	9000 USD	11500 USD	15000 USD	20000 USD
Anesthetist Services	25%	25%	25%	25%	25%
Physician's Visit	50 USD	75 USD	75 USD	100 USD	150 USD
Diagnostic and Pre Admission Testing	400 USD	500 USD	600 USD	1000 USD	1500 USD
Ambulance Services	300 USD	400 USD	500 USD	600 USD	1000 USD

Sublimit for Travel Prime Super Age Plans (71 years onwards)	
Hospitalization Benefits	Travel Prime Super Age 50000 USD
Hospital Room, Board and hospital miscellaneous	1200 USD
Intensive Care Unit	2000 USD
Surgical Treatment	8000 USD
Anesthetist Services	25%
Physician's Visit	50 USD
Diagnostic and Pre Admission Testing	400 USD
Ambulance Services	300 USD

Section 3: Repatriation

We will pay benefits up to the amount stated in the Policy Schedule or Schedule of Benefits for covered expenses reasonably incurred to return insured body to India if You die during a Trip as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. Benefits will not exceed the maximum shown in the Policy Schedule. All

Repatriation of Remains arrangements must be approved in advance by Insurance Company / Claims Administrator of the Insurance Company. Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

Section 4: Loss of Checked Baggage

The Company will pay the Insured up to the Section 4 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 and paid by the Airline in the form of compensation, supported by documentary proof issued by Airline.

2) 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 INR 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 INR 6000/- considering same as one item for multiple numbers or quantity.

3) In case of the same baggage being covered under any other insurance, the policy will contribute its ratable proportion.

4) The Company's payment to the Insured will be reduced by:

    i) Any payment made under Section 14 below, and

    ii) Any sum for which the Airline is liable to make payment.

Section 5: 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's overseas 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 Permanent Total Disablement.

Section 6: Loss of Passport

In the event of Insured's loss of passport, the Company will pay Insured Section 6 Sum Assured (less the deductible) specified in the Schedule towards expenses necessarily incurred by the Insured in obtaining a duplicate passport

Section 7: Personal Liability

The Company will indemnify the Insured up to the Section 7 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:
    i. Give immediate written notice to the Company to the address specified in the Schedule, and
    ii. Not incur any defense 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 defense 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.
3. 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.

Section 8 – Hijack Cover

For each 24 hour period the insured is detained by hijackers following hijacking of any aircraft in which the insured is travelling, the Company will pay up to the maximum sum specified in the schedule.

All other policy terms and conditions shall remain unaltered.

Section 9 - Trip Delay

Subject to all other terms and conditions, if the air craft on which the insured has booked his/her ticket/s to travel from Republic of India or travel to Republic of 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.

Company shall indemnify only one event of Trip Delay during the policy period.

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 airline.
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 other competent statutory authority except due to bad weather conditions.

Section 10 – Hospitalization Daily Allowance

Subject to all other terms and conditions, it is hereby agreed that following hospitalization 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.

Hospitalization Daily Allowance benefit shall be extended only if such hospitalization is admissible under section Medical Expenses specified under the policy.

Section 11 – 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.

Section 12 – 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.

Company shall indemnify only one event of Trip cancellation during the policy period.

- The company shall indemnify the insured for any overseas trip cancellation for any journey from Republic of India only if the Insured Journey is cancelled due to the following conditions:

1) Insured's Death, insured's serious injury or sudden sickness requiring minimum three day hospitalization within 07 days before the date of departure which is noted as policy inception date on Policy Copy.
2) Death of insured's spouse or parent or child.
3) Serious injury or sudden sickness requiring minimum three days hospitalization of the insured's wife or child (within 07 days before the date of departure which is noted as policy inception date on Policy Copy.) and who were booked to travel with the insured and who is also insured with us.
4) Inclement Weather conditions like Storm, flood, Hurricanes, or Natural Disaster.

- The company shall indemnify the insured for trip cancellation for journey to Republic of India only if the Insured Journey is cancelled due to the following conditions:

5) Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster

Section 13 – Trip Curtailment

Subject to all other terms and conditions, the Company will indemnify the insured subject to limit 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, parents, parent in laws or child residing with you in India and who is not travelling with you on the insured journey
2. Serious injury or sudden sickness requiring minimum three days hospitalization of the insured's wife or child (within 07 days before the date of departure) and who were booked to travel with the insured and who is also insured with Bajaj Allianz General Insurance Company Limited.
3. The hijack of an aircraft in which you are travelling as a fare-paying passenger.

Section 14- Delay of Checked Baggage

The Company will pay the Insured up to the Section 14 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.

Exclusions Applicable to Section 14

1) Delay of baggage when the intended travel destination is India.

Specific Condition

2) 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.

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 14 Sum Insured. The time deductible of 12 hrs will apply separately for every claim.

Section 15 – 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.

Section 16 – Emergency Cash Assistance Service

This is only an assistance service provided when You require emergency cash flow following incidents like theft/burglary of luggage/money or hold up. We ourselves or through our Claims Administrator shall co-ordinate with Your relatives in India to provide emergency cash to You or collect the amount & arrange for the transfers up to the limit specified in the Policy Schedule.

The Company's liability to arrange for cash shall not arise until the FIR registered with the local police authority is made available to the Company itself or through Claims Administrator of the company is verified and The Company itself or through claims administrator of the Company confirm that the loss was due to theft/burglary of luggage/money.

Admissibility of claim under this section will be subject to following conditions:

1. As soon as the theft/burglary of luggage/money occurs, insured should first register FIR with the local police authority

2 .Insured person may then intimate The Company itself or through Claims Administrator of the Company on Email or contact on telephone number indicated in the policy schedule.

3. The company shall verify the details of the insured and ascertain the amount of cash required and admissible under this section

4. The company will arrange for cash payments to the insured through a variety of sources, including but not limited to credit cards, hotels, banks, consulates and Western Union. Credit Card Transactions performed by The Company are subjected to the confirmed Credit.

5. Administrative cost incurred if any for the transfer of funds shall be deducted from the collected amount.

Wordings applicable for Additional Covers under Travel Prime Individual

Section 17 - 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 9- Trip Delay

Section 18- Difference in airfare due to delayed or early return

Subject to all other terms and conditions of the policy, if the insured return back to India before or after the scheduled date of return, due to illness or accident, because of which scheduled return flight is cancelled then The company will pay for the fare difference for economy class return ticket when the insured's original return ticket was issued at a reduced rate and with a fixed or limited return date, and such return date cannot be met due to the insured's illness or accident covered under the policy

Section 19- Bounced Hotel

In case of the Insured Person not getting hotel services booked on confirmed basis with the suppliers, the Insured would be reimbursed 90% of the cost of, expenses relating to transportation to the alternative hotel, cost of up gradation to a superior class of hotel if required, up to the Sum Insured stated on the policy schedule.

Section 20- Personal Accident Cover in India

1) The Company will pay the Sum Assured under Personal Accident cover in India Section specified in the Schedule if the Insured sustains Accidental Bodily Injury during his travel intended from home to airport on the day of overseas departure from India and on day of his arrival back to India for his travel intended from Airport to home and such Bodily Injury within 12 months of the date upon which it was sustained is the sole and direct cause of the-

i. Insured's death,
ii. Permanent Total Disablement,
iii. 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.
iv. 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

Wordings applicable for Additional Covers under Travel Prime Student plans (Section 21 to 26)

Section 21 - 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.

Section 22 – Loss of Laptop

Subject to all other terms and conditions, if the Insured incurs a loss due to Theft of his/her laptop during the journey abroad and within the Policy Period, the Company will indemnify the Insured for the loss due to Theft, subject to the Claim Settlement Criteria mentioned below.

However, the Company will not pay for any:

1. Deductible mentioned in the Schedule
2. Electrical or mechanical breakdown of the laptop
3. Loss of software's or data in the laptop and any consequential loss
4. Loss or damage arising from detention, confiscation, destruction or requisition by or under the order of any Government and/or public or local authority
5. Loss or damage arising for any reason, other than Theft
6. Theft of the laptop whilst in the custody of any persons, other than the Insured.
7. Loss arising out of mysterious disappearance of the laptop
8. Loss of the laptop if left unattended
9. Loss occasioned through the willful act of the Insured or any willful act of any other person with a connivance of the Insured.

Claim Settlement Criteria:

Subject to sum insured/limit under this section, the claim shall be settled at present market value of the laptop at the time of the loss, which will be arrived at by depreciating the replacement value of the laptop by 25% per annum or any part thereof.

Section 23 - TUITION FEE

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 hospitalization covered under the policy

2. Death or serious injury requiring hospitalization of either of the parents of the insured

Claim under this section shall be admissible if the claim of insured requiring hospitalization is admissible under the Medical expenses and Evacuation Section of the policy.

Section 24 - ACCIDENT TO SPONSOR

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.

Section 25- Family Visit

In the event if 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 and on the satisfaction of the Insurance company for necessary attendance of a family Member, 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.

This benefit shall be extended only if such hospitalization is admissible under section Medical Expenses and Medical Evacuation.

Section 26 Suicide

In consideration of the payment of additional premium as specified in the Schedule, it is hereby agreed and declared that in case of death on account of suicide or attempt to suicide, one time payment as mentioned in policy schedule would be offered as benefit.

Waiting period for 6 month will be applicable for this benefit since departure from India.

In case of co-renewal same will be applicable for first 6 months from date of inception of the policy.

The Company shall be under no liability to make any payment under Medical expenses, evacuation, Repatriation and personal accident benefit in respect of any Claim for suicide.

SECTION D) EXCLUSION- STANDARD

I.General Exclusions Applicable to All Sections

1) 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:
2) 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.
3) 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 nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
4) 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.
5) The Insured's actual or attempted engagement in any criminal or other unlawful act.
6) Any consequential losses.
7) 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.

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 1: PERSONAL ACCIDENT, SECTION 2: MEDICAL EXPENSES & MEDICAL EVACUATION AND SECTION 3: 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 same as provided for under Section Medical Expenses & Medical Evacuation.

2) The company shall be under no liability to make payment of any Medical Expenses incurred before the policy inception and beyond the expiry of Policy Period, same as provided for under Section Medical Expenses & Medical Evacuation.

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:

i) Where the insured is:

(a) Travelling against the advice of a Physician; or

(b) 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

(c) Travelling for the purpose of obtaining treatment; or

(d) 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 willfully self-inflicted injury or illness, 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.

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

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

9) 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.

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

11) Experimental, unproven or non-standard treatment.

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

13) The cost of spectacles, contact lenses, and hearing aids, crutches, and all other external appliances and/or devices whether for diagnosis or treatment.

14) 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 1 f. of Section 2 above.

15) Weight management services and treatment related to weight reduction programs including treatment of obesity and its complications.

16) Congenital anomalies or any complications or conditions arising there from.

17) Any Fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.

II. SECTION 4: LOSS OF CHECKED BAGGAGE

5) The self-carried baggage is specifically excluded from the policy coverage.

6) Part or partial destruction of baggage or missing of contents from the baggage is not covered under the policy.

7) The Company shall be under no liability to make payment hereunder in respect of any Claim for valuables.

8) Professional Equipments, liabilities or instruments in the baggage are excluded from the scope of the policy.

III. SECTION 6: 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.

IV. SECTION 7: PERSONAL LIABILITY

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

4. The Insured's liability to any employee (whether under a contract of or for services);
5. 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;
6. 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 willful, 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.

V. SECTION 14: DELAY OF CHECKED BAGGAGE

1) Delay of baggage when the intended travel destination is India

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

1. 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

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

2. Conditions Precedent- The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.
3. 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)
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.

1. Endorsements -

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

2. Arbitration –

Arbitration Clause shall not be applicable.

3. 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.

4. 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 III:

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 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. **Insured**- Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

3. **Communications**- Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4. **Cancellation-**

a. This Policy may be cancelled by the Insured after the expiry of 15 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.

b. Upon cancellation, the Company shall be entitled to deduct cancellation charges according to its Cancellation Scale subject to retaining a minimum of Rs.250/-.

c. In case of any early return of the insured person under Travel Prime Policy 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 on Risk	Rate of Premium Retained by the Company
Above 50% of policy period	100%
Above 40% to 50% of policy period	80%
Above 30% to 40% of policy period	75%
Above 20% to 30 % of policy period	60%
Policy Inception 20% of policy period	50%

d. Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured Person

5. Notifications & DeclarationsAny 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. Contribution.

a. Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

b. If, at the time of the happening of any loss or damage covered by this Policy, there existing any other insurance of any nature whatsoever covering the loss or damage as covered under this Policy, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

c. However, this condition will not be applicable to the following sections of this policy: (a) Section A: Personal Accident, (b): Section G: Hijack Cover, (c): Section I: Hospitalization Daily Allowance; (e): Section M:Accidental Death and Disability (common carrier)

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.

9. 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.

10. 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).

11. Revision/ Modification of the policy-

There is a possibility of revision/ modification of terms, conditions, cover ages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

12. .Withdrawal of Policy-

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, You can choose, among Our available

similar and closely similar Travel insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.
Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for any extension and accordingly upon Your seeking extension of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You.

13. 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.

14. Subrogation

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

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

1. Claims Procedures

(Applicable for Personal Accident, Medical Expenses, Medical Evacuation & Repatriation, Accidental Death & Disability (Common Carrier), Hospitalization Daily Allowance, Trip Cancellation, Trip Curtailment, Difference in Airfare due to delayed or early return, PA Cover in India

If you meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to our liability, you must comply with the following.

Hospitalization

In case of medical sickness/accident you will have to call and notify us at the 24 hours telephone number - ++91-20-30305858. . 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.

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

Outpatient Consultation

a. 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.
b. 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.
c. You or someone claiming on your behalf must promptly and in any event within 30 days of discharge from a Hospital give us the documentation (written details of the quantum of any claim along with all original supporting documentation as per the claims documents list specified below.
d. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and

send Us a copy of the post mortem report (in case its conducted) within 30 days.

e. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Xerox copies of the claim documents.

f. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted along with the letter confirming the status of the claim & settlement details if any.

g. 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

Claims Procedures (applicable for other sections – Non Medical coverages)

a. You or someone claiming on your behalf must promptly and in any event within 30 days from date of loss give us documentation (written details of the quantum of any claim along with all supporting documentation as per the claims documents list specified below.

b. Your prompt submission of the required documents/information will enable the claim processing unit for assessment the claim

c. 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

2. Policy Excess

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. Policy excess for rest of the benefits will be applicable as per policy schedule and will be applicable foe each and every claim.

This implies for any claim the policy excess to be borne by the insured. This applies for all benefits with policy excess stated in policy schedule.

3. Notifications of Claims-

Condition Precedent shall mean a policy term or condition upon which the Insurers Liability under the policy is conditional upon:

a. In respect of any claim under section 1,2 and 3 , 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.

b. 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.

c. Under any unavoidable circumstances if delay in communication to register claim or documentation submission may be condoned after valid reason received from insured.

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

e. Time for filing claim form and evidence

i. Completed claim forms/ Documents and written evidence/ proof of loss, must be submitted to the Company or Claims Administrator of the Company furnished to us within thirty (30) days from after the date of such loss. Insured You or some else claiming on your behalf of Insured shall obtain and furnish to the Company or Claims Administrator of the Company Us with all original bills, receipts, and any other documentation upon which a claim is based at your cost of Claimant and shall also give to the Company Us in a timely fashion such additional documentation, information and assistance as the Company or Claims Administrator of the Company we may require for examining scrutinizing in dealing with the claim. In absence of the requisite documents and in the absence of revert from claimant insured within 60 days from date of intimation / loss, the Company we would assume that insured/ claimant is not interested in pursuing the claim and accordingly the Company we would be constrained to repudiate the aforesaid claim.

Benefit	Documents	Procedure
Personal Accident	• Copy of FIR (filed with the local police authorities) • Claim Form (to be filled and signed by insured) • Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports in case any hospitalization • Death certificate/Post Mortem report in case its conducted (In case of Death) • Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims) • NEFT form and Cancelled cheque stating insured's (nominee in case of death claim) Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Medical Expenses	• Claim Form (to be filled and signed by insured) • Attending Physician Statement (to be filled and signed by overseas treating doctor) • Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports • Invoices / Bills towards medical expenses. • Original Paid receipts (hardcopy) in case of reimbursement claim. • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details (for reimbursement claim). • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. • Deductible amount as per policy schedule to be issued with DD/Cheque in favour of Bajaj Allianz General Insurance Company Ltd (in case of complete cashless subject to	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Please collect all bills/Receipts and Invoices for all payments done by you. • Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule.

	confirmation of admissibility from "Us". In case inability to provide deductible amount from insured same can be deducted from your cashless bill.	
Medical Evacuation	• Claim Form (to be filled and signed by insured) • Attending Physician Statement (to be filled and signed by overseas treating doctor) • Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports • Invoices / Bills towards medical expenses. • Original Paid receipts (hardcopy) in case of reimbursement claim. • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details (for reimbursement claim). • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. • Deductible amount as per policy schedule to be issued with DD/Cheque in favour of Bajaj Allianz General Insurance Company Ltd (in case of complete cashless subject to confirmation of admissibility from "Us". In case inability to provide deductible amount from insured same can be deducted from your cashless bill.	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Please collect all bills/Receipts and Invoices for all payments done by you. • Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule.
Repatriation	• Claim Form (to be filled and signed by assignee) • Invoices / Bills towards medical expenses. • Original Paid receipts (hardcopy) in case of reimbursement claim • Death certificate/Post Mortem report/ Certificate of emblem in case its conducted • NEFT Form and Cancelled cheque stating assignee's Indian Bank account details (for reimbursement claim.) • Cancelled passport and Visa copy	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Please collect all bills/Receipts and Invoices for all payments done by you. • Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule

Dental Treatment	• Claim Form (to be filled and signed by insured) • Attending Physician Statement (to be filled and signed by overseas treating doctor) • Medical records/Consultation Papers/Investigation Reports • Invoices / Bills towards medical expenses. • Original Paid receipts (hardcopy) in case of reimbursement claim • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Please collect all bills/Receipts and Invoices for all payments done by you. • Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule
Loss Of Checked in Baggage	• Claim Form (to be filled and signed by insured) • PIR report (Property Irregularity Report) (to be obtained from the airline authorities) • Letter from the airlines accepting the liability for loss • Proof of compensation received form airlines • Proof of items valued more than INR 6000 • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Intimate the Airline about your loss and lodge complaint.
Delay of Checked in Baggage	• Claim Form (to be filled and signed by insured) Copies of Boarding Pass/Ticket/Baggage Tags. • Copies of correspondence with the Airline authorities/others certifying the delay & actual date and time of delivery of baggage. • PIR report (Property Irregularity Report) (to be obtained from the airline authorities). • Ticket Itinerary • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Intimate the Airline about your loss and lodge complaint.

Loss Of Passport	• Duly Signed Claim Form stating exact circumstances of loss. • Copy of FIR (first information report)/Police Report. • Receipts related to expenses incurred to obtain a new passport • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • New passport copy or certificate of travel issued.	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Please collect all bills/Receipts and Invoices for all payments done by you. • Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule
Personal Liability	• Claim Form (to be filled and signed by insured) • Detailed self explanatory note stating scenario arises in to third party loss • Court order or any judicial order received against the compensation. • Invoices / Bills supporting the claim amount • Original Paid receipts if paid (hardcopy) in case of reimbursement claim • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	• Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. • Please collect all bills/Receipts and Invoices for all payments done by you. • Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule
Accidental Death & Dismemberment (Common Carrier)	• Copy of FIR (filed with the local police authorities) • Claim Form (to be filled and signed by insured) • Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports in case any hospitalization • Death certificate/Post Mortem report in case its conducted (In case of Death) • Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims) • NEFT form and Cancelled cheque stating insured's (nominee in case of death claim) Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.

Hijack	• Claim Form (to be filled and signed by insured) • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details. • Passport and Visa copy exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Trip Delay	Claim Form (to be filled and signed by insured) • Letter from the airlines stating reason and duration of delay. • Ticket Itinerary • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Hospitalization Daily Allowance.	This benefit shall be extended if the claim under medical expense section 2 is admissible and hospitalization is for completed 24 hours.	NA
Golfer's Hole-in-one	• Claim Form (to be filled and signed by insured) • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details. • Certificate from Golfer Association stating game points • Passport and Visa copy exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Trip Cancellation	• Claim Form (to be filled and signed by insured) • Hospitalization discharge summary/consultation papers of insured if applicable. • All bills and payment receipts towards transportation and lodging(incurred overseas) if applicable. • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details. • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India • Invoices / Bills supporting the claim amount	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.

	• Certificates from overseas billers regarding cancellation charges if applicable. • Death certificate in case of death • Letter from the airlines stating reason for cancellation.	
Trip Curtailment	• Claim Form (to be filled and signed by insured) Hospitalization discharge summary/consultation papers of insured if applicable. • All bills and payment receipts towards transportation and lodging(incurred overseas) if applicable. • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. • All bills and payment receipts towards transportation and lodging in overseas. • Certificate from overseas biller regarding cancellation charges • Death certificate in case of death	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Home Burglary Insurance	Claim Form (to be filled and signed by insured) • Covering Letter detailing full statement of the facts of the incidence of theft. • Copy of FIR (filed with the local police authorities) • Details of local investigation and survey of loss in case carried out by insured. • Details of any insurance covering same loss • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Emergency Cash Assistance Services	Claim Form (to be filled and signed by insured) • Covering Letter detailing full statement of the facts of the incident and overseas bank details. • Copy of FIR (filed with the local police authorities) • Details of local contact / relative in India who would arrange for the amount	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.

	• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	
Bail Bond	• Claim Form (to be filled and signed by insured) • Copy of FIR (first information report) • Copy of the court order and proof of payment of the bail bond. • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Loss of Laptop	• Claim Form – (to be filled and signed by insured) • Copy of FIR (first information report) stating the circumstance of the loss. • Original bill of purchase for the laptop. • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Tuition Fees	• Claim Form (to be filled and signed by insured) • Copy of Receipt towards the advance payment of tuition fee • Letter regarding the inability of the student to continue semester duly acknowledged by the school • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Missed Connection	Claim Form (to be filled and signed by insured) • Letter from the airlines stating reason and duration of delay. • Ticket Itinerary • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Difference in airfare due to delayed or early return	• Claim Form (to be filled and signed by insured) Hospitalization discharge	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a

	summary/consultation papers of insured if applicable. • All bills and payment receipts towards transportation. • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. • Both ticket itineraries (Old and new) • Medical document and discharge summary stating hospitalization details and need for pre or postponement of Trip. • Death certificate in case of death	Claim procedure and related documents.
Bounced Hotel	Claim Form (to be filled and signed by insured) • Proof against hotel booking Details • letter from Hotel mentioning reason for non accommodation and compensation received if any • Bills/invoices and receipt raised against the accommodation or transportation • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Personal Accident Cover in India	Copy of FIR (filed with the local police authorities) • Claim Form (to be filled and signed by insured) • Medical records/Consultation Papers/Investigation Reports in case any hospitalization • Death certificate/Post Mortem report in case its conducted (In case of Death) • Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims) • NEFT form and Cancelled cheque stating insured's (nominee in case of death claim) Claimant Indian Bank account details • Passport and Visa copy	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
Accident to Sponsor	• Duly Signed Claim Form detailing exact circumstances	Please contact us on our toll free numbers, or email us at

	• Medical records /Consultation Papers/Investigation Reports of hospitalisation of sponsor • Letter from school authority stating about the balance tuition fee for the course • Death certificate of the sponsor in case deceased • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India	travel@bajajallianz.co.in to obtain a Claim procedure and related documents.

4. Paying a Claim-

a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
b. 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.
c. 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 within a period of 30 days 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. 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.
d. 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 condition no 26.

5. Basis of Claims Payment-

a) Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.
b) Cashless will paid to overseas facility in their respective currency of the country.
c) For the purpose of reimbursement claim payments all currencies shall be converted in to USD (as policy sum insured are in USD) and later to INR (as reimbursement payment will be in INR only).

6. Assessments of Claim & Payment-

a. No sum payable under this policy shall carry interest.
b. 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.
c. 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.
d. Specifically in respect of a Claim under Sections 1and/or 2 and/ or 3-
    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.
f. Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.

Claim Assistance- In event of a claim during the insured's overseas trip, the insured shall contact on our toll free numbers or email ids available on Travel Kit or Policy Schedule. We provide assistance through our In house Team or may seek assistance from overseas assistance partners

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 behavioral disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F22	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.
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. Tel.: 0172 – 4646394 / 2706468	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.chandigarh@cioins.co.in	
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, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, 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.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman,	Rajasthan.

Office Details	Jurisdiction of Office Union Territory, District)
Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	
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, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar 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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman 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	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

Office Details	Jurisdiction of Office Union Territory, District)
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, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
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"

Note: Address and contact number of Governing Body of Insurance Council
Executive Council Of Insurers, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 69038801/03/04/05/06/07/08/09
Email: inscoun@cioins.co.in

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