



THE ORIENTAL INSURANCE COMPANY LIMITED
Regd. Office: 'ORIENTAL HOUSE' P.B. No.7037, A 25/27, Asaf Ali Road, New Delhi - 110 002.
CIN: U66010DL1947GOI007158

**OVERSEAS MEDICLAIM POLICY -BUSINESS AND HOLIDAY
POLICY**

Kind Attention: Policy Holder

Please check whether the details submitted by you in the proposal form are correctly incorporated in the policy schedule. If you find any discrepancy in the issued policy schedule, please inform the policy issuing office within 15 days from the date of receipt of the policy, failing which the details relating to the person (s) covered would be treated correct for all future records.

Please make sure you read and fully understand the coverage details under this document before you travel from the Republic of India. In absence of any communication from you within 15 days from the date of receipt of this policy, it would be understood as acceptance of policy terms and the claims if any arise under the policy will be dealt based on proposal and policy details.

Please read carefully the full details of the procedure for obtaining assistance and claims.

Failure to follow the instructions given could result in rejection of the claim.

PREAMBLE:

WHEREAS THE INSURED PERSON designated in the policy schedule hereto having by a proposal and declaration (and Medical History and Physician's Report and certificate, if any) which shall be the basis of the contract and shall be deemed to be incorporated therein, applied to The Oriental Insurance Company Limited (hereinafter called the insurers) for the insurance hereinafter set forth and having paid the premium for the insurance specified hereinafter for the number of days stated in the policy schedule.

Now this policy provides as follows:

DEFINITIONS:

The following definitions apply throughout this insurance. They have this meaning wherever they appear in the policy or policy schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

W.T.A. Travels Services, provides emergency assistance and claims administration services (Cashless Medical Services). Their address is 2893, Executive Park Drive, Suite 204, Weston Florida, 33331, USA

HERITAGE is Heritage Health Insurance TPA Private Limited, who provides assistance to the insured person whilst in India. Their registered office address is – Mcleod House, 3, Netaji Subhas Road, Kolkata, 700001, India and its principal office at: Champion Building, Gr. Flr., 15, Parsi Panchayat Road, Andheri (E), Mumbai – 400069, Maharashtra. Email: heritagehealthomp@bajoria.in

- 1. Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
- 2. Acquired Immune Deficiency Syndrome** - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune- deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC(AIDS Related Condition).
- 3. Age** - means completed years as at the effective date.
- 4. Assistance Company** – shall mean WTA Travel Services, Inc., and/or its registered branch offices situated worldwide providing assistance to the insured.
- 5. Common Carrier** - means any civilian land or water conveyance or scheduled aircraft in each case operated under a valid license for the transportation of passengers for hire.
- 6. Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
- 7. Cashless Service** - means a facility extended by the assistance company on behalf of the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre-authorization approved.
- 8. Checked Baggage-** means the baggage handed over by the insured person and accepted by an international airlines / carrier while travelling from the Republic of India for transportation in the same mode of conveyance as the Insured Person travels and for which the carrier has issued a baggage receipt.
- 9. Contribution** - means 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.
- 10. Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - Internal Congenital Anomaly - which is not in the visible and accessible parts of the body
 - External Congenital Anomaly - which is in the visible and accessible parts of the body
- 11. Day** - means a period of 24 consecutive hours.
- 12. Disease/Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
 - (a) Acute Condition - 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 - is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.
- 13. Dental Treatment** - is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

14. Deductible - is a cost sharing requirement that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.

15. Eligible Children - means named dependent children including adopted and step children of the insured person between Ages six (6) Months and eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited institution of higher learning) who are unmarried, who permanently reside with the insured person, and receive the majority of maintenance and support from the insured person.

16. Eligible Family - means the insured person and/or the insured person's spouse and/or, the insured person's eligible children & insured person's parents.

17. Grace Period - means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Such facility is only applicable in Annual multi trip Policies.

18. Hijack: shall mean any unlawful seizure or exercise of control, by force of or violence or threat of force or violence and with wrongful intent of an aircraft or any other common carrier in which the insured person is travelling as a passenger.

19. Hospital - A hospital means any institution established for In-patient care and day care treatment of sickness and/or injuries and which has been registered as a Hospital 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 at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified Medical Practitioner(s) in charge round the clock;
- 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.

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

21. IRDAI - means Insurance Regulatory and Development Authority of India.

22. Immediate Family Member - means an Insured Person's legal spouse; siblings; siblings-in-law; parents; parents-in-law; legal guardian, ward; step-parents; who reside in India

23. Inclement weather: shall mean any severe weather condition, which delays the scheduled arrival or departure of a common carrier. This does not include normal seasonal climatic/weather changes.

24. Injury - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible means which is verified and certified by a medical practitioner / physician.

25. Inpatient / Inpatient Care - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

26. Insurable event: shall mean an event, loss or damage for which the insured shall be compensated under the policy.

27. Insured Journey/Trip - means any journey undertaken within policy period and which commences when the passenger boards the aircraft for onward overseas journey and terminates when he disembarks on return to India or the policy expiration date whichever is earlier.

- Single trip shall mean one trip to a destination outside of the Republic of India during the policy period, the details of which are specified in the schedule to this policy.
- Annual multi trip shall mean two or more trips to a destination outside of the Republic of India during the policy period.

28. Insured Period(s) - means with respect to the policy, the period commencing with the effective commencement date of the policy and terminating with the expiration date of the policy as stated in the policy schedule and any subsequent period for which the Policy may be extended/renewed.

29. Insured Person - is a person named in the Overseas Medclaim Policy Schedule, for whom the appropriate premium has been paid.

30. Land/Sea Arrangements - means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered trips on the proposal and declaration form and arranged by a tour operator, travel agent, cruise line or other organization.

31. Loss of eye- means the total and irrecoverable loss of sight from one or more eyes.

32. Loss of limb- means the loss of a hand or foot by permanent physical severance at or above the wrist or ankle including total and permanent loss of use of a hand or foot.

33. Medical Advise - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

34. Medical Advisors- are medical Practitioners appointed by 'WTA Travel Services' / 'Heritage Health Insurance TPA Private Limited'.

35. Medical Expenses - means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

36. Medically Necessary - means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

37. Medical Related Expenses reasonably and necessarily incurred- means expenses that in the opinion of the treating physician and WTA Travel Services/Heritage Health Insurance TPA Private Limited are medically necessary in order to maintain life and/ or relieve immediate pain or distress for illness/disease/accident first manifested/occurring during the period of insurance.

38. Money: It means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, postal orders, current postage stamps that are not part of a collection and luncheon voucher.

39. Notification of Claim - means the process of notifying a claim to the insurer or 'WTA Travel Services' or 'Heritage Health Insurance TPA Private Limited' by specifying the timeliness as well as the address / telephone number to which it should be notified.

40. Period of Insurance- This insurance is valid from the first day of insurance or date and time of departure from India, whichever is later, subject to General Condition [1 (i)] and expires on the last day of the number of days specified in the policy schedule or on return to India whichever is earlier.

Extension of the period of insurance is automatic for the period not exceeding 7 days, and without extra charge if necessitated by delay of public transport services beyond the control of the Insured Person.

When injury/illness/ accident covered under this policy is contracted during policy period and treatment for the same commences during the period and continues beyond the expiry date of this policy, only emergency expenses would be paid up to 90 days from the date of expiry of the policy provided the insured person is medically incapable of travel. 'WTA Travel Services/ Heritage Health Insurance TPA Private Limited' must be notified immediately as soon as it is known that insured person is unfit to return to India. If any new illness/injury/accident is contracted beyond the expiry date of the policy, treatment for the same would not be covered.

41. Permanent total disablement- means a condition wherein the insured person is permanently, totally and absolutely disabled from engaging in any employment or occupation of whatsoever description.

42. Physician / Medical Practitioner - means

- a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license, or
- a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

The attending physician / medical practitioner will not be (a) an insured person or (b) your immediate family member or c) anyone who is living in the same household as the Insured

43. Policy - means the insurance contract, the policy schedule, and any attached enrollment forms, endorsements, papers or riders.

44. Policy Schedule - means the policy schedule attached to and forming part of the policy.

45. Pre-existing Condition - means any condition, ailment or injury or disease, that is/are diagnosed by a physician within 12 months prior to the effective date of the policy issued by the insurer or for which medical advice or treatment was recommended by, or received from, a physician within 12 months prior to the effective date of the policy.

46. Proposal Form - means any signed proposal by filling up the questionnaires and declarations, written statements and any information including the medical history and physician's report and certificate in addition thereto supplied to us by you and which forms the basis of this policy and is deemed to be attached and which forms a part of this policy.

47. Professional Sports - means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.

48. Renewal - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

This is applicable only in annual multi trip policies.

49. Room Rent - means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

50. Scheduled Airline - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

51. Serious Injury or Sickness - means injury or sickness certified as being dangerous to life by a legally qualified Physician.

52. Service Provider: shall mean any person, organisation or institution providing services to the insured for an insurable event.

53. Strike: shall mean a stoppage of work (a) announced, organized and sanctioned by a labour union and (b) which interferes with the normal departure and arrival of a common carrier. Work slowdowns and lockouts shall also be included in the definition of "strike".

54. Sound Natural Teeth - means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

55. Spouse - means your legal husband or wife.

56. Sum Insured - means the maximum amount of coverage, as specified in the schedule to this policy, that the Insured is entitled to in respect of each benefit and is applicable under each section of this policy or the schedule of benefit per incidence\loss, arising out of the same illness/injury.

57. Subrogation - means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recoverable from any other source.

58. Terrorist Act- it means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption or commission of an act dangerous to human life or property against any individual, property or government with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interest, whether such interest are declared or not. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism. Robberies or other criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist acts. Terrorism doesn't include general civil protest, unrest, rioting or an act of war.

59. Traveling Companion - means up to two (2) named person(s) who is/are booked to accompany you on the trip.

60. Trip- shall mean a journey out of the country of residence and back during the policy period.

61. Termination: The insurance terminates on the last of the number of days specified in the schedule or return to immigration/customs of the country of residence on completion of the trip whichever is earlier. If return is delayed for any covered reason, coverage is extended until the insured are able to return to the insured's city of residence. The day the insured departs and the day the insured return are counted and included as separate days when determining duration of coverage.

62. Reasonable and Customary charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the

geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

63. Valuables- means photographic, audio, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses antiques, watches, jewellery, furs and articles made of precious stones and metals.

64. War - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

65. We, Us, Our - means The Oriental Insurance Company Limited.

66. You/Your/Yourself - means the Insured Person(s) who is named in the policy schedule.

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

ELIGIBILITY:

1. This policy can be issued to an individual proposer or to his/her dependent family members as a family plan.
2. The minimum age of a proposer to be covered in the policy without any medical checkup is 60 Years beyond which a pre health checkup is required and only on satisfaction of the insurer coverage may be offered. (List of tests is mentioned in the proposal form).

Family Plan- For the purpose of the family plan the following conditions are applicable:

1. The minimum age of the Insured/Insured person shall be 6 months and maximum age without any medical check-up shall be 60 years beyond which a pre health checkup is required and only on satisfaction of the insurer coverage may be offered. (List of tests is mentioned in the proposal form).
 2. The maximum persons that may be covered under a policy shall be 7 inclusive of the insured and his/her lawful spouse, dependent children and his/her dependent parents.
 3. The sum insured is applicable separately to each and every Insured Person of the family.
3. The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim.
- (i) The policy will be valid only if the insured journey commences within 14 days of the first day of Insurance as indicated in the policy schedule.
 - (ii) Cancellation of the policy may be done ONLY in cases where a journey is not undertaken and ONLY on production of the Insured person's PASSPORT as a proof that the journey has not been undertaken. Any request for cancellation will be entertained not less than 14 days after the First Day of Insurance as indicated in the policy schedule. Such cancellation will be subject to deduction of cancellation charges by the underwriters as applicable.
 - (iii) No refund of premium or part thereof will be allowed in case insured person returns to India before expiry of policy.

4. Claim Procedure:

(a) It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this Insurance, the Insured Person, or his representative, must notify 'WTA Travel Services' immediately. The Insured person or his representative should quote 'WTA Travel Services' as much information concerning the illness, accident or occurrence as is

available, including the name of the treating doctor, name and telephone number of the hospital, the OMP policy number and its date of issue.

For claims exceeding deductible, 'WTA Travel Services'/ 'Heritage' should be contacted upon return to the Republic of India, and a claim form completed.

This document, together with invoices, travel documents and any other relevant details must be sent to 'WTA Travel Services'/ 'Heritage', clearly stating under which section of this policy a claim is being made. Please note that if medical treatment has been received, medical certificates showing the nature of the injury or illness together with all bills, and receipts if already paid, should be forwarded to 'WTA Travel Services'/ 'Heritage'.

In no event should a claim be notified to 'WTA Travel Services'/ 'Heritage' later than 30 days after the end of an insured trip.

(b) Any medical services or series of services with a cost greater than \$ US 100 shall not be covered by this policy unless you consult with the 'WTA Travel Services'/ 'Heritage' and the cost for such services are authorized in advance by the 'WTA Travel Services'/ 'Heritage'.

(c) Claim Forms: 'WTA Travel Services'/ 'Heritage'/we, upon receipt of a notice of claim, will furnish you with such forms as we may require for filing proofs of loss.

(d) Time for filing claim forms and evidence: Completed claim form and written evidence of loss must be furnished to 'WTA Travel Services'/ 'Heritage'/us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

Insured shall obtain and furnish to 'WTA Travel Services'/ 'Heritage'/Us with all original bills, receipts and any other documentation upon which a claim is based at your cost and shall also give Us in a timely fashion such additional documentation, information and assistance as We may require in dealing with the claim.

(e) Supporting documentation & examination: You or someone claiming on your behalf shall provide us with all documentation, medical records and information we may request to establish the circumstances of the claim, its quantum or our liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:

i. Our claim form, duly completed and signed for on behalf of the Insured Person.

ii. Original Bills & Receipts including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of treatment taken

iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.

iv. A precise diagnosis of the treatment for which a claim is made.

v. A detailed list of the individual medical services and treatments provided and a unit price for each.

vi. Prescriptions that name the insured person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

vii. Any other document as requested by claims department which is relevant to the coverage under the policy.

(f) Time of payment of claim: We shall make the payment of claim that has been admitted as payable by us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA of India (Protection of Policyholders Interests Regulation), 2017. In case of any delay in payment as stated herein, we will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

(g) Payment of Claim: All claims under this Policy that are payable to you shall be paid in Indian currency.

5. Insurers shall be fully and completely subrogated to the rights of the insured person against parties who may be liable to provide indemnity or make a contribution in respect of any matter which is the subject of a claim under this insurance. The insured person further agrees to cooperate fully with insurers in seeking such indemnity or contribution including where appropriate, insurers instituting proceedings at their own expense against such parties in the name of the insured person.

6. The Insurer may require the insured person to furnish at his own expense all certificates, information, proofs or other evidence of claims. The insurers may approach any physician who may have treated the insured person, and the insured person must cooperate in this respect.

7. No person shall admit liability or make any offer or promise of payment without the express written consent of the Insurers / WTA Travel Services/Heritage.

8. The insured person shall take all reasonable and proper care to safeguard against accident or illness or loss of or damage to his property, as if this insurance was not in force. Failure to do so will prejudice the insured person's claim under this insurance.

9. The insured person may not transfer his interest in this insurance. However, the legal representatives of the insured person shall have the right to act for the insured person who is incapacitated or deceased.

10. This insurance does not operate beyond a period of 180 days continuous absence from the Republic of India unless specifically agreed by Insurers.

- **Travel Extension** - The maximum number of travel days under a single trip that may be insured, under the policy, shall be 180 days. However, the policy may be extended beyond the initial period of 180 days during the same trip duration by a maximum of up to an additional 180 days i.e. 360 days in total, by collecting additional premium. Any extension if accepted by company's authorised official is subject to medical condition, claim history and reoccurrence nature of medical condition which could result in a claim during the extension period

For extension of the Policy the Insured / Insured Person shall submit a declaration letter clearly mentioning the claims filed during the original policy duration and also that he / she is unaware of any existing health condition which could result in a claim during the extension period.

If the Insured / Insured Person does not declare the claims filed or the claims that are to be filed under the original policy, then any extension of the policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The company will also not be liable to pay any claim filed under the extended policy.

The premium payable for the extension of the policy during the trip will be as per the existing trip band and age band slab and subject to underwriting guidelines of the company.

11. Date of expiry of the policy:

(i) Single Trip Insurance:

Your policy will terminate on the last day for which premium has been paid or on return to India or 180 days from the date of commencement of the insured journey or any extended period of journey, whichever is earlier.

(ii) Annual Multi Trip Insurance:

This policy will terminate on the expiration date shown in the policy schedule for which the premium has been paid.

However, the insured person's coverage under this policy ends on the earliest of:

- 1) the policy expiration date as stated above; or
- 2) the policy is terminated; or
- 3) the date the insured person requests, in writing, that his or her coverage be terminated; or
- 4) termination of the Insured Journey.

In case of individual journey during the insured period, it shall expire 30 / 45 days or less, from the commencement of each insured journey.

Further however we may cancel this policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts by giving you a 15 days' notice delivered to you, or mailed to your last address as appears in our records, stating when such cancellation shall be effective. In the event of cancellation for mis- representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the Annual Multi Trip policy is cancelled for non-cooperation of the insured or if you cancel the Annual Multi Trip Policy, the premium shall be computed in accordance with our short rate table for the period the policy has been in force, provided no claim has occurred and/or no trip has happened up to the date of cancellation. In the event a claim has occurred and/or trip has happened in which case there shall be no return of premium.

Short rate table (in case of Annual Multi Trip Policy as given above) -

Cancellation	:	ANNUALLY
Up to 1 month	:	25 % OF Annual Premium
Up to 3 months	:	37.5 % OF Annual Premium
Up to 4 months	:	50 % OF Annual Premium
Up to 6 months	:	62.5 % OF Annual Premium
Up to 8 months	:	87.5 % OF Annual Premium
Above 8 months	:	100 % OF Annual Premium

These are retention scales.

12. Territory: This policy applies to incidents anywhere in the world outside India unless limited by us through endorsement or specifically restricted in the policy, policy schedule or as given in the general exclusion to this Policy.

13. Contribution: If at the time of a claim there is another insurance policy or other contract in your or the Insured Person's name which covers the Insured Person for the same expense or loss (in part or in whole), then the insured person shall have the right to require a settlement of

The Oriental Insurance Company Ltd.

Overseas Mediclaim Policy-Business and Holiday

UIN: OICTIOP21581V022021

Policy

his claim in terms of any of his policies. The insurer so chosen by the insured person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy. Provided further that, If the amount to be claimed under the policy chosen by the policy holder, exceeds the sum insured under a single policy after considering the deductibles or co-pay (if applicable), the policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of contribution defined in definitions. This clause shall only apply to indemnity sections of the policy and shall not apply to any benefit offered on fixed benefit basis.

14. Concealment or Fraud: The entire policy will be void if, whether before or after a loss, you have, related to this insurance,

- (a) Intentionally or recklessly or otherwise concealed or misrepresented or not disclosed, what we consider to be any material fact or circumstance;
- (b) Engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- (c) Made false statements.

15. This policy and the Overseas Mediclaim Policy schedule shall be read together as one contract and any wording or expression to which a specific meaning has been attached in any part of the Overseas Mediclaim Policy and schedule shall bear such specific meaning wherever it may appear.

16. Dispute resolution clause and procedure: This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this contract of insurance.

17. Nomination: Indemnity, if any, in case of your loss of life is payable to the nominee named in the proposal form provided such nominee survives you; otherwise, indemnity is payable to your estate. All other indemnities of this policy are payable to you. Any payment we make in good faith pursuant to this provision shall fully discharge us to the extent of the payment.

18. Consent of Nominee: Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this policy.

19. Change of Nominee: No change of nominee under this policy shall bind us, unless consent thereto is formally endorsed thereon by our authorized official.

20. Legal Actions: Without prejudice to provision 17 above, no action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written evidence has been furnished in accordance with the requirements of this policy.

If we disclaim liability to you or any insured person for any claim, and if you do not notify us in writing within one (1) year from the date of receipt of the notice of such disclaimer that you do not accept such disclaimer and intend to recover this claim from us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this policy.

21. Mis-statement of age: If your age has been misstated, all amounts payable under this policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event your age has been misstated, and if according to your correct age, the coverage provided by the policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then our liability during the period you are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the policy.

22. Compliance with policy provisions: Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

23. Other interest: Your personal representatives cannot claim from or sue us. If more than one person or company has an interest in you, we will pay a benefit only once, if any.

24. Reasonable care and assistance: You and each insured person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You and they must also make every effort to get back any property which has been lost.

In addition, you and each insured person must assist us in any manner we may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

25. Settlement of loss: Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to us.

26. Valuation: We will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

27. Subrogation: In the event of any payment under this policy, we shall be subrogated to all your rights of recovery thereof against any person or organization and you shall execute and deliver instruments and papers to us and do whatever else is necessary to secure such rights and provide whatever assistance we might reasonably require of you in the pursuance of our subrogation rights. You shall take no action after the loss to prejudice such rights.

28. Consideration: This policy is issued in consideration of the premium being paid and realized by us. No receipt for premium shall be valid except on our system generated official form.

29. Free Look Period -

(a) Single Trip Insurance - Free look period is not applicable.

(b) Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this policy provided no trip has commenced. If you have any objections to any of the terms and conditions, you have the option of cancelling the policy stating the reasons for cancellation and you will be refunded the premium paid by you after deduction of cancellation charges by the underwriters as applicable.

You can cancel your policy only if you have not made any claims under the Policy. All your rights under this policy will immediately stand extinguished on the free look cancellation of the policy. Free look provision is not applicable and available at the time of renewal of the Policy.

30. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to any Travel insurance policy available with us.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

a. Nature of coverage: This policy is not a general health insurance policy. Coverage under the medical expense section of this insurance is intended for use by the Insured person in the event of a sudden and unexpected sickness or accident arising when the insured person is outside the Republic of India.

b. Pre-existing Exclusions: This policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a pre-existing condition as defined below in General Condition.

c. Pre-existing condition: Any sickness for which the insured person has sought medical advice or has taken medical treatment in the preceding 12 months prior to the commencement of travel.

d. Prior Consultation: Any medical services or series of services with a cost of greater than US\$ 100 shall not be covered by this policy unless the insured person consults with 'WTA Travel Services/Heritage' in the manner set out in the claim procedure explained above.

e. Choice of Law: The parties to this insurance policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this policy.

1. No claim will be paid where the insured person:

a. is travelling against the advice of a physician: or

b. is receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate; or

c. is travelling for the purpose of obtaining treatment; or

d. has received a terminal prognosis for a medical condition.

2. No claim will be paid for any pre-existing conditions or any complication arising from it.

3. No claim will be paid arising from suicide, attempted suicide (whether sane or insane) or willfully self-inflicted injury or illness, sexually transmitted conditions, venereal disease, alcoholism, drunkenness or the abuse of the drugs, or any loss arising directly or indirectly from any injury, illness, death, loss or expenses.

5. No claim will be paid arising from war, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, mutiny, 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.

6. No claim will be paid for any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

7. No claim will be paid for any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism; or

8. This insurance does not cover any claim arising from the loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from

a. ionizing radiation or contamination by radioactivity from any use, release or escape of nuclear materials/waste from the combustion of nuclear fuel; or

b. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

c. the dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials,

Note: However, the above (a, b, c) only applies if 50 or more persons sustain death within 90 days of the date of the incident) or

9. No claim will be paid which arises from the insured person engaging in air travel (operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or scheduled airlines) unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. 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 therefrom following a flight.

10. No claim will be paid arising from the participation of the insured person in winter sports, skydiving, hand gliding, bungee jumping, scuba diving, mountaineering (where ropes or guides are customarily used), riding or driving in races or rallies, caving or potholing, hunting or equestrian, skew diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles). Further no claim will be paid in case insured person participates in professional sports or any other potentially hazardous sports, unless specifically covered as an extension of the policy duly endorsed and approved by the authorised official of the company.

11. No claims will be paid for losses arising directly or indirectly from self-exposure to needless peril (except in an attempt to save human life)

12. No claims will be paid for losses arising directly or indirectly from engaging in any criminal or illegal act.

13. No claim will be paid for any loss of which a contributing cause was your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or your resistance to arrest;

14. No claim will be paid for any loss, injury, damage sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.

SECTION 1 – MEDICAL EXPENSES COVERAGES & BENEFITS

Nature of coverage: This policy is not a general health insurance policy. Coverage under the medical expense section of this insurance is intended for use by the Insured person in the event of a sudden and unexpected sickness or accident arising when the insured person is outside the Republic of India.

This insurance will pay up to the limit of cover shown in the schedule in total for the Insured person (s) in respect of covered medical related expenses as mentioned below, reasonably and necessarily incurred outside the Republic of India by the insured person (s) suffering bodily injury, sickness, disease or death arising not due to pre-existing condition, during the period of insurance.

Notwithstanding the above, if 'WTA Travel Services' recommends that continued treatment in India is appropriate, the policy is extended to cover medical expenses incurred in India as specified in covered expenses described below, provided that expenses will only be paid at the usual and customary level for such services, and further provided that expenses will only be paid for treatment incurred within the 90 day period immediately following the first manifestation of the bodily injury, sickness or disease.

Covered expenses:

The following are payable only if the expenses relate to covered sickness / injury / disease or death.

1. Expenses for physician services
2. Outpatient Treatment.
3. Hospital confinement and use of operating room
4. Anesthetics (including administration), X-ray examinations or treatments and laboratory tests.
5. Ambulance Service
6. Drugs medicines and therapeutic services and supplies
7. Life saving unforeseen emergency measures or measures solely designed to relieve acute pain, provided to the insured by medical practitioners for disease/accident arising out of a pre-existing condition but not otherwise provided for
8. If the Insured Person dies outside the Republic of India, the expenses for preparing the air transportation of the remains for repatriation to the Republic of India or up to an equivalent amount for a local burial or cremation in the country where the death occurred. All expenses must be approved by "WTA Travel services" before the remains are prepared for transportation to the Republic of India or for local burial or cremation.

Definition:

Per Disease/Illness/Sickness/Injury - means a disease/illness/ sickness/injury with its subsequent complications/hospitalizations will be considered as one episode/loss for the purpose of this policy.

Hospital Confined/Hospital Confinement - means confined in a hospital for at least 24 hours by reason of an injury or sickness for which benefits are payable.

Intensive Care Unit - Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Medical Emergency - means the occurrence of a sudden, serious and unexpected sickness or injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in:

- 1) Death;
- 2) Permanent placement of the insured's health in jeopardy;
- 3) Serious impairment of bodily functions; or
- 4) Serious and permanent dysfunction of any body organ or part.

Expenses incurred for "Medical Emergency" will be paid only for sickness or injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

Physiotherapy - means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a physician

Surgery - 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

Hospital Room and Board Expenses - 1) daily semi-private room rate when Hospital confined; and 2) general nursing care provided and charged for by the Hospital.

Hospital Miscellaneous Expenses - While hospital confined; benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.

Surgeon's fees - Physician's fees for Inpatient surgery. Anesthetist services - in connection with inpatient surgery.

Physician's Visits - when Hospital confined. Benefits are limited to one physician's visit per day. Benefits do not apply when related to surgery.

Diagnostic - limited to routine tests such as: complete blood count; urinalysis; and chest x-ray. If otherwise payable under this policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries

Ambulance Service - medical transportation fees and services.

SPECIFIC CONDITIONS - (applicable to Section – 1 Medical expenses and Repatriation)

1. Medical, dental and transportation related claims will not be paid except at the usual customary and reasonable level of charges for such services;
2. All medical evacuation or transportation of remains must be approved in advance by "WTA Travel services" and their medical advisors.
3. No claim will be paid in respect of expenses for treatment which could reasonably be delayed until the insured person's return to Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physician and the medical advisors.
4. No claim will be paid that is less than the deductible stated in the schedule. The deductible shall apply to each insured event and shall be borne by the insured person.
5. No claim in respect of cosmetic surgery will be paid, unless such cosmetic surgery is rendered necessary as a result of a covered accident.
6. No claims will be paid in respect of routine physical examination or any other examination where there is no objective indication of impairment of normal health.
7. No claim will be paid in respect of medical treatment and related services obtained within the Republic of India except as stated.
8. No claim will be paid in respect treatment received in unlicensed facilities or given by the unlicensed health care provider.
9. No claim will be paid in respect treatment given by a family member whether or not a license provider.
10. No claim will be paid in respect any costs incurred in connection with rest, cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
11. No claim will be paid in respect any costs related to mental or psychiatric disorders.

12. No claim will be paid in respect expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
13. No claim will be paid in respect the diagnosis and treatment of acne; or
14. No claim will be paid in respect deviated septum, including sub mucous resection and/or other surgical correction thereof; or
15. No claim will be paid in respect organ transplants that are considered experimental in nature; or
16. No claim will be paid in respect expenses which are not exclusively medical in nature; or
17. No claim will be paid in respect eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless injury or sickness has caused impairment of vision or hearing; or
18. The insurance will not cover pregnancy, childbirth and any consequences thereof unless the medical assistance provided abroad involves unforeseen emergency measures to save the insured's or the child's life in the event of acute complications, provided that the insured has not completed the age of 38 years and 30th week of the pregnancy is not yet completed.
19. No claim will be paid in respect medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
20. No claim will be paid in respect any medical checkups during pregnancy or treatment of the pregnancy.
21. No claim will be paid in respect rehabilitation and/or physiotherapy or the costs of prosthesis/prosthetics (artificial limbs) etc.
22. No claim will be paid in respect of treatment provided in:
 - 1) Government hospital or services for which no charge is made.
 - 2) Medical expenses incurred as the result of alcohol and drug abuse addiction or overdose.
 - 3) Child care expenses including examinations and immunizations.
23. No claim will be paid in respect medical expenses covered under any worker's compensation policy.
24. No claim will be paid in respect any pre-existing condition or any complication arising from it; except in case of life saving unforeseen emergency. In such event, measures solely designed to relieve acute pain, provided to the insured by the physician for disease/accident arising out of a pre-existing condition would be reimbursed up to \$1500 per policy. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain. All further medical cost to improve or maintain medically stable state or to prevent the onset of acute pain would have to be borne by the Insured.
25. No claim will be paid in respect services, supplies, or treatment, including any period of hospital confinement, which were not recommended, approved, and certified as medically necessary by a physician; or
26. No claims will be paid for treatment of orthopedic, degenerative or oncologic diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain.
27. No claim will be paid for any costs incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain.
28. Restricted Cover: In the event that the proposer is unable to present himself or herself for medical examination where called for by the Insurer, the limit of indemnity under this insurance

is reduced to US \$ 10,000 in respect of and limited to the expenses for physician services, hospital physician and medical services and local emergency transportation and for repatriation of remains. Such limit applies to medical expenses incurred through covered illness or disease only.

SECTION 2: HOSPITAL DAILY ALLOWANCE

In the event of the insured person being hospitalized for a period of more than 48 hours and also if we have accepted a liability under the medical expenses cover aforementioned, then we will pay you / insured person the amount mentioned in schedule for each day the insured person stays in a hospital subject to the maximum limit mentioned.

SECTION 3: DENTAL EMERGENCY EXPENSES

This insurance will pay up to the benefit amount mentioned in the policy schedule per occurrence for dental services for the immediate relief of the dental pain only. However, in case a dental care is rendered necessary as a result of a covered accident then the policy will cover for the reasonable and customary charges, subject to the deductible, shown in the policy schedule, actually incurred if as a result of sudden acute pain, which occurs without warning to one or more of your sound natural teeth requiring immediate dental treatment under circumstances described in a hazard during the course of an overseas insured journey. Dental benefits will be provided for medically necessary filling of the tooth or surgical treatment, services, or supplies, subject to the per tooth and per occurrence maximum amounts shown in the policy schedule.

Dental benefits shall be limited to treatment sustained to sound natural teeth. Covered emergency dental expenses are those incurred overseas, under the circumstances described in a Hazard during the Insured Journey within 30 Days of date of the first treatment.

The deductible in respect of this benefit will be applicable, if any, and shall be of an amount as specified in the Schedule to this Policy.

Definition:

Immediate Dental Treatment - means treatment commencing within 24 hours of the time and date the sudden acute pain first occurs, however this definition shall not include any treatment taken for a pre-existing disease.

Exclusion:

In addition to the general exclusions listed in this policy, this coverage section shall not cover immediate dental treatment in the Republic of India.

SECTION 4: ASSISTANCE (MEDICAL, REPATRIATION, EVACUATION & LEGAL)

“WTA Travel Services” will provide the following services as described below.

(a) **Medical Assistance** - As soon as the OSP is notified of a medical emergency resulting from your accident or sickness, the OSP will contact the medical facility or location where you are located and confer with the physician at that location to determine the best course of action to be taken. If possible and if appropriate, your family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The OSP will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending

or securing the availability of services of a local physician and arranging hospital confinement of you where, in its discretion, deems such confinement appropriate.

(b) Medical Evacuation –

The policy covers the expenses for physician ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable hospital when the insured person is critically ill or injured and no suitable local care is available, subject to the prior approval of the medical advisors of the OSP. In extreme emergency in remote areas where “WTA Travel services” cannot be contacted, the medical evacuation must be reported to the first available physician and the nearest Indian consulate.

Expenses for medical evacuation, including transportation and medical care en route to a hospital in the Republic of India or the insured person’s normal place of residence in the Republic of India when deemed medically advisable by the medical advisors and the attending physician.

The OSP will arrange the evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of your condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by “WTA Travel Services”.

(c) Repatriation - the assistance company agrees to make the necessary arrangements for the return of your remains to India in the event you die while this service agreement is in effect as to you.

(d) Legal Assistance - If you are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to you, assistance company will, if required, provide you with the name of an attorney who can represent you in any necessary legal matters.

(e) Lost Luggage or Lost Passport - If you, outside India, notify the assistance company that your luggage or passport has been lost, the assistance company will endeavor to assist you by contacting the appropriate authorities involved and providing direction for replacement.

(f) General Assistance - the assistance company will serve as a central point for translation and communication for you during emergencies. The assistance company agrees to provide to you advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, the assistance company will provide insurance coordination, verifying coverage of you, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation to ease claim filing when you return to India.

(g) Pre-Departure Services - prior to your departure, upon request the OSP will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and state department and private service warnings about travel to certain locations. The assistance company will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.). Subject to receiving reasonable notice of this request.

(h) Emergency Travel Agency - the OSP agrees to provide you with 24 hour travel agency service for airline and hotel reservations. The OSP will also arrange payment for your airline tickets and other travel services, using your credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by the OSP for you.

(i) **Emergency Cash Transfers and Advances** - the assistance company will arrange for cash payments to you through a variety of sources, including credit cards, hotels, banks, consulates and western union. The assistance company provides this service to supplement the facilities of your credit cards. Credit card transactions performed by the OSP are subject to confirmed credit.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the OSP shall act in a medical or legal capacity on behalf of you only. The OSP assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You shall not have any recourse to the OSP by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

You are responsible for the cost of services arranged by the assistance company on behalf of you or a covered immediate family member. The assistance company will access this policy and/or other insurance policy benefits to which you may be entitled, and/or your credit cards or other forms of financial guarantees provided by you, in order to facilitate payment for such services.

SECTION 5 – PERSONAL ACCIDENT

This insurance will pay as hereinafter mentioned:

If at any time during the covered trip, the insured person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the insured person or his legal personal representative (s), as the case may be, will be paid, as per under mentioned percentages of the sum insured which is specified in the schedule as per the table of benefits, if such injury shall within twelve calendar months of occurrence be the sole and direct cause of:

- i) death of the insured person
- ii) permanent total disablement (as defined in the policy) of the insured person
- iii) total and irrecoverable loss of both eyes or two limbs or of one eye and one limb

Table of benefits: Benefits (expressed in percentage of sum insured)

1	Death	100
2	Loss of one hand and one foot	100
3	Loss of speech and hearing in both ears	100
4	Loss of both the limbs	100
5	Loss of both eyes	100
6	Loss of one limb and one eye	100
7	Loss of inactivity to function of	
	a. An arm at the shoulder point	70
	b. An arm to a point above the elbow joint	65
	c. An arm below the elbow point	60
	d. A hand at the wrist	55
	e. A thumb	20
	f. An index finger	10
	g. Any other finger	5
	h. A leg above the center of the femur	70
	i. A leg upto a joint below the femur	65
	j. A leg to a point below the knee	50

	k. A leg upto the center of tibia	45
	l. A foot at the ankle	40
	m. A big Toe	5
	n. Any other toe	2
	o. Any eye	50

Provided always that the policy will not pay under more than one of the foregoing sub clauses in respect of the same accident.

No claim will be paid for:

1. More than US \$ 2,000 in respect of death if the insured person's age is under 18 years; to be calculated at the time of effecting this insurance.
2. Any claim in excess of the amount stated in the schedule in respect of any one insured person.
3. Accidents due to disturbances of consciousness, strokes, fits which affect the entire body and pathological disturbances caused by the mental reaction.
4. Damage to health caused by curative measures, radiation, infection and poisoning except where these arise from an accident.
5. Any payment under this section during any one period of insurance by which our liability in that period would exceed the sum payable in the event of death.
6. Any other claim after a claim for death has been admitted and becomes payable.
7. Any claim which arises out of an accident where the cause has to do with the operation of an aircraft or which occurs during parachuting except when the insured person is flying as a passenger on a multi-engine aircraft.
8. Any claim arising out of an accident relating to pregnancy or childbirth, venereal disease or infirmity.

SPECIAL CONDITIONS APPLYING TO THE PERSONAL ACCIDENT SECTION

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the table of benefits will be considered by the medical team of Heritage Health Insurance TPA Pvt Limited.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the table of benefits will be added together, but not exceeding 100% of the sum insured stated in the schedule.
3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in such a case will be how far normal physical or mental capabilities are impaired, solely from a medical point of view as ascertained by Heritage Health Insurance TPA Pvt Limited.
4. If the accident affects any physical or mental function, which was already impaired beforehand, a deduction will be made equal in amount to this prior disablement.
5. If the insured person dies for a reason unconnected with the accident within a year of the accident or for whatever reasons after more than a year from the accident, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.
6. In the event of permanent disablement, the insured person will be under obligation:

- a) To have himself / herself examined by doctors appointed by us or on our behalf and we will pay the costs involved thereof.
- b) To authorize doctors providing treatments or giving expert opinion, other insurers and any other authority to supply us any information that may be required. If the obligations are not met with due to whatsoever reasons, we may be relieved of our liability to pay.
7. In the event of permanent disablement, a disablement payment cannot be claimed prior to completion of the healing process or within one year of occurrence of the accident, whichever is earlier

SECTION 6-LOSS OF CHECKED BAGGAGE

This insurance will pay up to the limit of cover shown in the schedule, subject to deductible, in the event of the insured person suffering permanent total loss of checked baggage, held in the care (not hired), custody and control of a common carrier, due to theft or due to misdirection by a common carrier or due to non- delivery at its destination while you are a ticketed passenger on the common carrier under the circumstances described in a hazard during the course of an insured journey. Benefits will only be payable in case of the loss of an entire piece of checked baggage, and not for damage to the luggage or partial loss of its contents, as defined. The insurers reserve the right to replace or pay the intrinsic value of any lost article.

Specific Conditions:

1. The amount payable in respect of any one article, pair or set is limited to the amount stated in the Schedule.
2. The maximum amount payable per checked-in baggage, in case more than one bag has been checked-in is 50% of the applicable sum insured. In case of only one bag being checked-in the amount payable is 100% of the applicable sum insured.
3. In the event of loss of property whilst in the custody of a carrier, a property irregularity report (PIR) must be obtained from the carrier immediately upon discovering the loss which must be submitted to 'WTA Travel Services' in the event of a claim hereunder.
4. No partial loss or damage shall become payable. However, total loss or damage of an individual unit (s) of baggage shall not be construed as falling within this exclusion.
5. No claim will be paid for items valued in excess of US \$ 100 without proof of ownership and bills. Such proof shall be presented to 'WTA Travel Services' in the event of a claim hereunder.
6. No claim will be paid for valuables as defined. Such items should at all times be carried by the insured person and not packed as part of checked baggage.
7. No claims will be payable for any checked-in baggage loss in Republic of India.
8. Any recovery from a carrier or an airline including under the terms of the Convention for the unification of certain rules relating to International carriage by Air, 1929 (Warsaw Convention), shall become the property of insurers.
9. Loss of a pair/set: (pair or set of articles is treated as one article e.g. a pair of earrings)
In case of loss to a pair or set, we may elect to:
 - (a) repair or replace any part, to restore the pair or set to its value before the loss; or
 - (b) pay the difference between the cash value of the property before and after the loss.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a common carrier and for which a claim check has been issued to you by a common carrier.

Documented Loss - means police or other local authority reports or documentation from the appropriate party responsible for the loss.

Benefits for baggage loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, we will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable deductible.

Exclusions:

In addition to the general exclusions listed in this policy this coverage section shall not cover any documented loss and we will not be liable under this section for any:

1. Excluded classes of property: animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with a common carrier), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, money, securities such as credit cards, debit cards, cheques, traveler cheques, membership cards, tickets or documents, business good or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables;
2. Loss to property insured under any other insurance policy, or otherwise reimbursed by a common carrier;
3. Loss of your baggage sent in advance or souvenirs and articles mailed or shipped separately.

SECTION 7 – DELAY OF CHECKED BAGGAGE

This insurance will pay up to the limit of cover shown in the schedule for necessary emergency purchase of replacement items for more than the deductible shown on the policy schedule in the event that the insured person suffers a delay of more than 12 hours from the scheduled arrival time at the destination for delivery of baggage that has been checked by an international airline for an international outbound flight from the Republic of India.

You must be a ticketed passenger on a common carrier. Additionally, all claims must be verified by the common carrier who must certify the delay or misdirection.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a common carrier and for which a claim check slip/certificate has been issued to you by a common carrier.

Personal effects means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.

Limitation:

If upon further investigation it is later determined that your baggage checked with the common carrier has been lost, any amount claimed and paid to you under the baggage delay policy section will be deducted from any payment due to you under the common carrier baggage loss or baggage/personal effects policy sections as applicable.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the schedule to this policy.

Exclusion:

In addition to the general exclusions listed in this policy this coverage section shall not cover any baggage delay incurred in the Republic of India.

Specific Conditions:

1. A non-delivery certificate must be obtained immediately from the airline which must be submitted to 'WTA Travel Services' in the event of a claim hereunder.
2. Proof of purchase must be provided for all items reimbursed under this section.

SECTION 8 – LOSS OF PASSPORT

In the event of the insured person losing his/her passport during the trip covered, this insurance will pay up to the limit of cover shown in the schedule for the reimbursement of actual expenses necessarily and reasonably incurred by the insured person in connection with obtaining emergency travel documents in lieu of lost passport, outside India.

No claim will be paid that is less than the deductible stated in the schedule. The deductible shall apply to each insured event and shall be borne by the insured person.

No claims shall be paid for:

1. Loss or damage to passport due to delay or confiscation or detention by customs, police or other authority.
2. Theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained.
3. Loss or theft of passport left unattended by the insured person unless located in a locked hotel room or apartment and an appropriate sized safety deposit box was not available for use by the insured person.

SECTION 9: EMERGENCY MEDICAL EVACUATION

We will pay the reasonable and customary charges up to the maximum amount shown in the policy schedule or the schedule of benefits for covered expenses incurred if injury or sickness results in your necessary emergency evacuation. An emergency evacuation must be ordered by the assistance company and physician who certifies that the severity or the nature of your injury or sickness warrants your emergency evacuation.

Covered expenses are those for transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with your emergency evacuation. All transportation arrangements made for evacuating you must be by the most direct and economical route possible. Expenses for transportation must be:

- (a) recommended by the attending physician;
- (b) required by the standard regulations of the conveyance transporting you; and
- (c) arranged and authorized in advance by the assistance company.

Definitions:

Emergency Evacuation means:

- (a) your medical condition warrants immediate transportation from the place where you are injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or
- (b) after being treated at a local hospital, your medical condition warrants transportation to the country where the trip commenced to obtain further medical treatment or to recover; or
- (c) both (a) and (b) above.

Transportation - means any land, water or air conveyance required to transport you during an emergency evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Limitation

If the insured person is riding on a motorcycle or any other two wheeled motorized mode of conveyance as driver or as passenger the maximum principal sum payable is \$10,000

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the schedule to this policy.

SECTION 10: REPATRIATION OF MORTAL REMAINS

We will pay benefits up to the amount stated in the policy schedule or schedule of benefits or the actual costs incurred, whichever is the lower, for covered expenses reasonably incurred to repatriate your body from the place of death to India, in case of your death as the result of the bodily injury or sickness during the period of insurance.

All repatriation of remains arrangements must be approved in advance by assistance company.

Covered expenses include, but are not limited to, expenses for:

(a) embalming; (b) cremation; (c) coffins; and (d) transportation.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the schedule to this policy.

SECTION 11: HIJACK DISTRESS ALLOWANCE

In the event of air or sea common carrier in which you or the insured person is travelling is hijacked on the trip abroad during the period of insurance for more than 12 hours, and the journey is interrupted, then we will pay as per cover shown in schedule for each day to each insured person up to the maximum limit mentioned in the schedule.

Definition:

Hijacked - means the unlawful seizure or wrongful exercise of control of an aircraft or other common carrier, or the crew thereof, in which you are traveling as a passenger.

Condition:

We will not pay for:

1. First 12 hours of hijacking
2. More than US \$ 1000 in respect of one insured person during the period of insurance.
3. Any claim where the insured person is considered as the principal or accessory in the hijacking.
4. Any claim as a consequence of change in the direction of the route of the carrier due to traffic, weather, fuel shortage, technical snag or security reasons.

SECTION 12: PERSONAL LIABILITY

In the event the insured person becomes legally liable to a third party under statutory liability provisions in private law for an incident which results in death, injury or damage to the health of a person or damage to his/ her properties, We will pay up to the limit stipulated in the schedule provided that the incident takes place on a trip abroad during the Period of Insurance.

Exclusion:

We will not pay for:

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- I. Any claim up to the deductible stated in the schedule. The deductible will apply to each insured event and shall be borne by the insured person.
- II. Any claim arising from employer's liability or contractual liability or through special promises made by the insured person.
- III. Any claim of personal liability of the insured person towards his/ her family, relations and travelling companions, whether personal or official.
- IV. Any claim resulting from transmission of an illness or disease by the insured person.
- V. Any claim or damage resulting from professional activities by the insured person.
- VI. Any claim for liability arising directly or indirectly from or due to:
 - a) As a keeper or owner of animals.
 - b) Ownership, possession of vehicles, aircrafts, watercrafts, or activities of the insured person in parachuting, hang-gliding, hot air ballooning or use of firearms.
 - c) Any willful, malicious or unlawful act.
 - d) Insanity, the use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
 - e) Any supply of goods or services.
 - f) Any ownership or occupation of land or buildings other than the occupation only of any temporary residence.

Limit of Liability:

Our liability for this section shall be limited to the maximum per insured trip equal to the sum insured mentioned in the schedule.

SPECIAL CONDITIONS:

1. Our liability comprises checking the question of personal liability, contesting unjustified claims and providing indemnity for damages which you or the insured person has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by us or under a judicial decision.
2. If there is a legal action with the claimant or his/ her heirs or assignees over a personal liability claim, we may conduct the legal action at our expenses in the name of the insured person and you or the insured person will allow us to do so.
3. If an event insured against occurs which may result in a personal liability claim falling within the cover provided and if there are criminal proceedings relating to this event and if in these proceedings, we wish to appoint a defence counsel for you or the insured person or approve such an appointment, we will pay the costs of this counsel.
4. If we wish to settle a personal liability claim by accepting liability or making an out of court settlement and cannot do so due to resistance by the insured person, we shall not be liable to pay the extra expenditure incurred from the date of refusal in respect of main sum, interest and cost.

SECTION 13: FLIGHT DELAY

We will reimburse reasonable additional expenses for trip delay, subject to the maximum shown in the policy schedule or the schedule of benefits, if your trip is delayed for more than 12 hours due to a covered hazard.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the schedule to this policy.

Covered Hazards:

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1. delay of a common carrier caused by inclement weather; or
2. delay due to a strike or other job action by employees of a common carrier scheduled to be used by you during your trip; or
3. delay caused by equipment failure of a common carrier.

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the common carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a common carrier.

Reasonable Additional Expense - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the common carrier or any other party free of charge.

Exclusion:

In addition to the general exclusions listed in this policy this coverage section shall not cover any delay due to an insured covered hazard which was made public or known to you prior to the purchase of this policy.

SECTION 14: AUTOMATIC EXTENSION OF THE POLICY

Automatic extension of the period of insurance is granted upto a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by the scheduled airlines, which is beyond the control of the insured, and no alternative air transportation is made available to the insured. Minimum flight delay of 6 hours is a precondition for the cover to become active.

SECTION 15: TRIP CURTAILMENT

We will reimburse you the covered expenses paid by you following necessary curtailment (shortening and / or alteration) of the insured journey and you have to directly return to the country of usual residence, where you started your insured journey, subject to the maximum shown in the policy schedule or the schedule of benefits, due to:

1. The aircraft which you boarded as a passenger is hijacked.
2. Due to unexpected death of your immediate family member.
3. Due to natural disaster which has prevented you from continuing with the scheduled trip
4. Due to unexpected strike, riot or civil commotion which are beyond your control
5. You are unable to continue the trip due to a serious sickness, serious injury or death to: you; your traveling companion; your immediate family member; or your traveling companion's immediate family member

This coverage is effective if the incident occurs within the operative time mentioned in the policy schedule and only if you were unaware of any circumstances that could lead to disruption of your trip at the time of purchasing this policy.

Covered Expenses:

1. Any loss of travel and or accommodation expenses paid in advance or forfeited after the commencement of the trip

2. Non-refundable unused portion of travel or accommodation costs or additional accommodation and / or travel expenses (excluding telephone costs, meals and beverages)
3. Any additional land or sea or air travel (economy class wherever possible) or accommodation expenses incurred as a result thereof.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the schedule to this policy.

Section 16: TRIP CANCELLATION

We will pay loss of deposits up to the maximum amount stated in the policy schedule or the schedule of benefits, if prior to the contracted departure date your trip is canceled and you are prevented from taking the trip due to a sickness, injury or death to: you; your traveling companion; your immediate family member; or your traveling companion's immediate family member under the circumstances described in a hazard during the course of an insured journey.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the schedule to this policy.

Cancellation:

We will reimburse you for the unused, non-refundable cancellation portion of the hotel cost and/or the common carrier ticket cancellation charges provided that you booked and paid for these costs before such sickness, injury or death occurred. Benefits are subject to the maximum shown in the policy schedule.

Definitions:

Land/Sea Arrangements - means pre-paid travel arrangements for a scheduled tour, trip or cruise and arranged by a tour operator, travel agent, cruise line or other organization.

Prevented from Taking the Trip - means:

(i) with regard to sickness, injury or death of you or your traveling companion, a physician has recommended that due to the severity of your or your traveling companion's condition it is medically necessary that you or your traveling companion cancel the trip. You or Your traveling companion must be under the direct care and attendance of a physician.

(ii) with regard to sickness, injury or death of your immediate family member or your traveling companion, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the trip.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a common carrier, and is defined as legal by the relevant authorities.

Traveling Companion - means up to two (2) named person(s) who is/are booked to accompany you on the trip.

Exclusions:

In addition to the general exclusions listed in this policy this coverage section shall not cover any claim if the trip is cancelled as a result of:

1. alcohol or drug abuse addiction or overdose; or
2. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered accident while our policy is in force; or
3. pregnancy and all related conditions; or
4. laws, regulations or orders, issued or made by any Government or Public Authority; or
5. any pre-existing condition; or

6. an insured person traveling against the advice of a physician; or
7. the default of any a) provider of transport; b) agent of such provider; or
8. Strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a trip was booked; or
9. delay due to withdrawal from service temporarily or permanently of any common carrier on the orders or recommendations of any port authority or the aviation agency or any similar body in any country.

Section 17: MISSED CONNECTIONS/MISSED DEPARTURE

We will reimburse reasonable additional expenses due to missed connections, or missed departure by your scheduled airline, on your return journey, subject to the maximum shown in the policy Schedule or the schedule of benefits, if the missed connection / departure is due to a covered Hazard during the course of an insured journey.

The deductible excess in respect of this benefit will be applicable if any, and shall be of an amount as specified in the schedule to this policy.

Covered Hazards: Delay in scheduled common carrier failing to get you to your destination in time due to

1. Inclement weather; or
2. Strike or other job action by employees of a common carrier scheduled to be used by you during your return journey; or
3. Equipment failure of a common carrier.

You may claim only delayed departure or missed departure / missed connection, not both.

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the common carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a common carrier.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a common carrier, and is defined as legal by the relevant authorities in the respective countries.

Reasonable Additional Expense - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the common carrier or any other party free of charge.

Specific Exclusions:

In addition to the general exclusions listed in this policy this coverage section shall not cover

1. Expenses that you would have incurred during the normal course of your trip.
2. Missed connections due to an covered hazard which was made public or known to you prior to the purchase of this policy.
3. Your failure to allow sufficient time to get to the departure point.
4. Claims not supported by a written report from the appropriate authorities.

Claims that are not justifiable given the circumstances, for example; the fear of an event happening or not taking place.

Section 18: BOUNCED BOOKINGS OF HOTEL AND AIRLINE

The company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to reimburse the insured if the hotel booking / airline ticket is bounced due to over booking.

To claim this benefit under non-availability of accommodation on account of over booking by the hotels or airlines, the insured should have reconfirmed the booking in advance and should have written proof of the same. Wait listed booking will not be compensated for. For hotel overbooking, the overbooked portion of the hotel stay must include the first night stay; the overbooking must happen at check-in. We will reimburse the difference between the original booking amount and the reasonable new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked. The new booking must be for up to the number of nights overbooked at a similar hotel where the cost of stay is no more than 10% greater per night than the initial booking. We will not reimburse for nights on the original booking that were not overbooked.

For airline overbooking, an option of a free replacement flight within 6 hours from the departure of the original overbooked original flight must not be available to you and you must cancel your originally booked flight and purchase a new flight at the same class of service of no more than 10% greater fare than your original overbooked flight. We will reimburse the difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the airline.

The compensation under this cover will not exceed the sum insured for the coverage, less the 10% deductible, as mentioned in the schedule hereto.

The deductible excess in respect of this benefit will be applicable if any for each separate claim, and shall be of an amount as specified in the schedule to this policy.

Exclusions -

- Any air tickets / hotel bookings which are allotted to airline staff / hotel staff or under any special travel industry employee scheme
- Any air tickets / hotel bookings made within 7 days of departure/hotel arrival.

Section 19: FINANCIAL EMERGENCY ASSISTANCE COVER

In the event of the insured person getting into a financial emergency due to theft, pilferage, robbery, dacoity of his travel funds, We will pay up to the amount stipulated in the schedule.

We will not pay for:

- i. Any claim reported in excess of 30 days after the occurrence of the incident, giving rise to a claim.
- ii. Any loss or shortage due to currency fluctuation, errors, omission, exchange loss or depreciation in value.
- iii. Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident and a written report obtained.
- iv. Any claim in respect of loss of travelers' cheques not immediately reported within 72 hours to the local branches or agents of the issuing authority.
- v. Loss of money not kept in the personal custody of the insured person.

Section 20: BURGLARY

What We Will Cover: We will pay you for the loss and damage caused by burglary and/or attempted burglary, during your trip to:

a) The contents of your home up to the benefit sum insured,

What We Will Not Cover: We will not make payment to you under this benefit:

a) If the loss or damage occurs while your home is unoccupied.

b) If you and/or your family and/or your domestic staff are directly and / or indirectly in any way involved in or concerned with the actual or attempted burglary.

c) In respect of any kutchra construction.

d) For any loss or damage to livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, jewellery, valuables, ATM or credit cards

e) For the first Rs 5000 of each and every claim under this benefit.

f) Under and for any interest in the property insured which has come into existence subsequent to this policy having come into effect.

DEFINITIONS:

Business or Business purposes means any full or part time, permanent or temporary, activity undertaken with a view to profit or gain.

Burglary means an act involving the unauthorized entry to or exit from your home or attempt thereof by unexpected, forcible, visible and violent means, with the intent to commit an act of theft.

Contents means the following not used for business or business purposes, so long as they are owned by you and/or your family and/or you or your family are legally responsible for them:

1) household goods, such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature.

2) Personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.

Domestic staff means any person employed by you solely to carry out domestic duties associated with your home, but does not include any person employed in any capacity in connection with any business, trade or profession.

Home means your private residence as shown in the schedule which is used or occupied solely for domestic purposes by you and/or your family and/or your domestic staff whether owned by you or your family or otherwise.

Kutchra construction means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.

Market value means the value at which property insured could be replaced with one of the same kind, type, age and condition.

Theft means an act of directly or indirectly and illegally permanently depriving you and/or your Family of the possession of the contents by any person by violent or forceful means or otherwise.

Unoccupied means your home that remains unoccupied by you and/or your family for more than ninety (90) consecutive days.

GENERAL CONDITIONS

These terms and conditions have general application to this coverage as a whole, and they apply regardless of the number of benefits that are operative under this policy.

1. Reasonable Care

All reasonable steps, safeguards and precautions to avoid any injury, loss or damage that might result in a claim under this policy or otherwise must be taken by you and/or your family and/or Your domestic staff, and you and/or your family shall exercise reasonable care in employing domestic staff or other employees or contractors to work in your home.

2. Notification of Claims

If an event occurs that may give rise to a claim under this policy, or there are circumstances that are likely to give rise to a claim, you must:

- a) Inform the policy issuance office or the nearest office of Oriental Insurance immediately, and, in any case by way of written intimation (against a receipt from us) or by registered post not later than 7 days from on identification/knowing of the incident of loss on return of his/her journey.
- b) Provide us with all relevant information, documentation and details of items lost, damaged or destroyed along with their values, and also any other assistance that we may reasonably require to enable us or independent surveyors or our representatives to investigate any claim and/or to establish to our reasonable satisfaction that a loss of the amount stated has occurred under this policy. Specifically in the case of the notification of a circumstance likely to give rise to a claim, you shall also give us reasons for the anticipation of a claim with full particulars including dates and the persons involved.
- c) Preserve any damaged property so that it may, at our discretion, be inspected and examined by independent surveyors or our representatives.
- d) In case of actual or attempted burglary, you must in addition to a), b) and c) above:
 - i) immediately lodge a written complaint with the police listing out the items with values that were lost, damaged or destroyed and that you intend to claim for and forward a copy of that written complaint, the First Information Report and/or Final Report to us, and
 - ii) take all practicable steps to apprehend the guilty persons and to recover any property lost, and
 - iii) protect the remaining property from further damage as per general condition 1 above, and
 - iv) within 7 days supply us with an inventory of damaged or stolen property detailing the quantity, age, description, actual cash value and amount of loss claimed for in respect of each item, along with all documentation required to support and substantiate your claim.
- e) In case the event or circumstance to be notified involves any form of legal process, you must in addition to a), b), c) and d) above:
 - i) immediately send us every written notice or information of any verbal notice of a claim, and
 - ii) Immediately send us any writ, summons, or other legal process issued or commenced against you, and
 - iii) permit us to take over the control and conduct of the defence, pursuit or settlement of any claim and provide us or our representatives with such cooperation and assistance as may be required for that purpose, and
 - iv) not, without our prior written consent, incur any costs, admit liability for or attempt to settle, make any admission, offer any payment or otherwise assume any contractual obligation with respect to any legal action or threat of legal action.

3. Basis of Loss Settlement

If you make a claim under this policy that we accept for payment, then the basis upon which we shall calculate the payment due to you and make payment shall be as follows:

- a) In the event of a total loss of an item, we will pay you the market value of the item (or, if not readily available, then an item of equivalent but not better quality) as it existed immediately before the occurrence of the loss, less salvage value but limited nevertheless to the benefit sum insured or the limit as stated in the schedule. However, we may instead (alone or with other Insurers), in our sole and absolute discretion, reinstate, replace or repair the property or premises lost or any part thereof, but only to the extent and in the manner that circumstances permit.
- b) In the case of damage to an item:
 - a. If it is reasonably capable of repair, reinstatement, renewal or refurbishment then our payment to you will reflect your reasonable costs of restoring by such means the damaged item to its condition immediately prior to the event that gave rise to the claim under this policy.
 - b. If the cost of replacement, repair, reinstatement, renewal or refurbishment of any item is equal to or exceeds the value of the lost or damaged item immediately before the occurrence of the damage, then we will pay you the value of the item as it existed immediately before the occurrence of the loss or damage, less salvage value but limited nevertheless to the benefit sum insured or the limit as stated in the schedule.
- c) We will only pay you in India and in Indian Rupees subject to your having established to our reasonable satisfaction that the replacement, reinstatement, repair, renewal or refurbishment has been effected by you.
- d) We shall not make any payment for the cost of any enhancements, alterations, additions and/or improvements.
- e) We shall not make any payment for more than 20% of the benefit sum insured "Benefit: Burglary" in respect of any one item.
- f) If you have any other insurance(s) that would cover a claim under this policy, or would cover that claim but for the existence of this policy, then our payment to you will represent a rateable proportion of the claim.
- g) Under no circumstances will our liability to make payment exceed the Sum Insured under any particular benefit per claim and in the aggregate.

SECTION 21. ACCIDENTAL DEATH AND DISMEMBERMENT

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

SECTION 22: DIFFERENCE IN AIR FARE DUE TO DELAYED/ EARLY RETURN

The company covers for losses arising in event of Insured returning back to India before or after scheduled date of return due to illness or accident, because of which scheduled return flight is cancelled or delayed upto the limit of benefit mentioned in the policy schedule.
All other terms and conditions are applicable as per product.

SECTION 23: COMPASSIONATE VISIT/ MEDICAL REUNION

Scope of Cover

In event of the insured being hospitalized consequent upon any injury sustained and/ or illness contracted at any place being part of the trip covered hereunder and such hospitalisation shall in the opinion of the medical practitioner attending on the insured extend beyond a period of 5 days, the company shall pay the sum as specified in the policy schedule per day or part thereof for special assistance rendered to the Insured during the period of hospitalisation by any person of the family or near relatives.

Provided that:

- i. The hospitalisation has been advised by the medical practitioner attending on the insured and such hospitalisation is admitted under medical expenses cover of this policy; and
- ii. The need of such assistance is essential in the opinion of the medical practitioner attending on the insured and recommended by him/ her accordingly.

The company shall also reimburse the cost of the economy class air ticket incurred by the person rendering such special assistance from and to the place of origin of such person or the place of residence of the person.

Provided that the daily allowance shall not be payable by the company for the period spent by the person rendering the special assistance for travel to and from the hospital.

The company's liability under this benefit, however, shall in respect of any one event or all events of hospitalisation during the period of insurances shall not in total exceed the sum insured as specified in the policy schedule.

TERMS & CONDITIONS APPLICABLE TO BENEFIT UNDER THE COMPASSIONATE VISIT

- i. The insured shall as far as possible seek for such special assistance from any one of his/ her relatives, either at the place of hospitalisation or any other nearest place.
- ii. It is a condition precedent to the company's liability hereunder that the need for such a special assistance and consequent visit of any one of the family or near relative from a particular place is also approved by the assistance service provider before any one of the family or relatives undertakes the trip.

CLAIMS PROCEDURE

Claims provisions applicable to benefit under Compassionate Visit

In event of the insured sustaining an injury and/ or contracting an illness requiring hospitalisation in the opinion of the medical practitioner and further in the opinion of such medical practitioner continuous presence in the form of special assistance is required to be rendered to the insured during the period of hospitalisation by any of the members of the family or relative, immediate notice shall be given and approval obtained from the assistance service provider by the insured before requisitioning such special assistance.

The insured shall endeavor wherever possible to requisition such a special assistance from any member of the family or near relative from places nearer to the place of hospitalisation.

In any case, the company's liability shall be limited to economy class airfare applicable from and to the country of residence of the Insured to the place of hospitalisation.

Documents to be submitted in support of the claim

Duly completed claims form to be supported by

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- i. A certificate from the medical practitioner recommending the presence in the form of special assistance to be rendered by a member of the family or near relative during the entire period of hospitalisation. Certificate to also specify the minimum period of hospitalisation.
- ii. Discharge summary of the hospital furnishing details - date of admission, date of discharge, and the presence of the member of the family or near relative on all days of hospitalisation.
- iii. Original ticket used for the travel to and fro by the member of the family or near relative.
- iv. And any other document as may be appropriately applicable for the claims preferred under this section of the policy.

SECTION 24: LOSS OF INTERNATIONAL DRIVING LICENCE

The company shall pay or reimburse to the insured/ insured person upto the sum insured or sub limit as specified in the policy certificate for expenses incurred towards obtaining a duplicate or fresh International Driving License either overseas or within 30 days upon the return to India, in the event of loss of Insured's International Driving License Overseas during covered trip. The insurer's liability to make payment is only in excess of the deductible as specified in policy certificate.

This benefit shall be payable subject to the following:

1. Any loss is required to be reported to the police having jurisdiction at the place of loss within 24 hours of the occurrence of the incident, and a written report being obtained for the same.
2. A deductible of an amount specified in the policy certificate shall be separately applicable for each and every claim made under this benefit.
3. As a condition precedent to the company's liability under this benefit, the insured person shall immediately, or as soon as practicable, follow the below procedure in the event of any occurrence or event giving rise to a claim under this policy:
 - Provide immediate notice of such loss to the applicable Indian/Country of origin authority as also expeditiously give or arrange for the applicable Indian/ Country of origin authority to be provided with any and all information and documentation in respect of the claim and/or the company's liability for it that may be requested by the company or by the applicable Indian/ Country of origin authority.
 - Provide the written police report to the applicable Indian/ Country of origin authority.
 - Furnish all relevant claim related documents.

Specific Exclusions

The company shall not be liable for any claim under this cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) Any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident and a written report is obtained from the police.
- b) Any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.
- c) Any loss arising from or due to International Driving License left unattended or forgotten by the Insured in the public place or public transport, hotel or apartment.
- d) Any loss falling under the general exclusions of this policy.

SECTION 25: LAPTOP / TAB COVER

Subject to all other terms and conditions if the insured incurs a loss due to damage to or theft of his/her Lap Top during the journey abroad and within the policy period the company will indemnify the insured the loss subject to the sum mentioned in the schedule, however, the company will not pay,

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

Claim Settlement:

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

SECTION 26: ADVENTROUS SPORTS COVER

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

Compliance with Terms and Conditions

You and/or Your Family's and/or Your Domestic Staff's compliance with the terms and conditions of this Policy, in so far as these require anything to be done by You and/or by them or complied with by you and/or them, is a condition precedent to our liability. In the event of any breach, we may repudiate any liability for your claim.

Withdrawal & Alteration of Policy Conditions: The policy terms and conditions may undergo alteration as per the IRDAI Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDAI Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDAI guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

Payment of premium: The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

Protection of Policy Holder's Interest: in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if

required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the Company has / have hereunto set his/their hand/s.

Place:

Date:

For and on behalf of
The Oriental Insurance Company Limited
Duly Constituted Authority

COVERAGE DETAILS

This product offers two plans:

- Plan A - Worldwide-Excluding USA/Canada with different levels of sum Insured defined.
- Plan B - Worldwide-Including USA/Canada with different levels of sum Insured defined.

Major plans under the product are of two types based on the number of trips in the covered risk period. They are as follows:

Single-trip insurance - covers the insured for a single trip abroad and can be purchased for individuals, couples or families. A new policy must be purchased each time the insured takes a trip abroad.

Multi-trip insurance - covers the insured for multiple trips during a set period (Annual), Maximum number of days each individual trip can last is either 30 days or 45 days.

The product is envisaged to cover the four age groups as defined under:

- Age less than equal to 40 years.
- Age between 41-60 years.
- Age between 61-70 years
- Age above 70 years.

Sum Insured:

Two covers based up on the sum insured limits under each of the two plans viz., Plan A, and Plan B as under are offered :

- **Silver Plan** - With Base Sum Insured limit of \$25,000 with an option to increase SI limit in steps of \$ 5,000 up to \$ 1,00,000 (Not including \$1,00,000)
- **Gold Plan** - With Base Sum Insured limit of \$1,00,000 with an option to increase SI limit in steps of \$50,000 up to \$10,00,000 (Including \$10,00,000)

The following table illustrates the detailed list of coverage/benefits and respective SI, deductibles applicable under the proposed product:

Sections	COVERAGES / DEDUCTIBLE	Plan-A(Worldwide-Excluding USA/Canada)		Plan-B (Worldwide-Including USA/Canada)	
		Sum Insured	Deductible	Sum Insured	Deductible
1	MEDICAL EXPENSES	<p>Silver Plan - Base Sum Insured of \$ 25,000 with an option to increase SI in steps of \$ 5000 up to \$ 1,00,000.</p> <p>Gold Plan - Base Sum Insured of \$ 1,00,000 with an option to increase SI in steps of \$ 50,000 up to \$ 10,00,000.</p>	\$100	<p>Silver Plan - Base Sum Insured of \$ 25,000 with an option to increase SI in steps of \$ 5000 up to \$ 1,00,000.</p> <p>Gold Plan - Base Sum Insured of \$ 1,00,000 with an option to increase SI in steps of \$ 50,000 up to \$ 10,00,000.</p>	\$100

2	HOSPITAL DAILY ALLOWANCE	Silver Plan - A daily benefit of \$25 with a maximum limit of \$150 Gold Plan - A daily benefit of \$25 with a maximum limit of \$300		Silver Plan - A daily benefit of \$25 with a maximum limit of \$150 Gold Plan - A daily benefit of \$25 with a maximum limit of \$300	
3	DENTAL EMERGENCY EXPENSES	\$300	\$100	\$300	\$100
4	ASSISTANCE (MEDICAL, REPATRIATION, EVACUATION AND LEGAL)	Covered in 1		Covered in 1	
5	PERSONAL ACCIDENT	\$30000	0	\$30000	0
6	LOSS OF BAGGAGE	\$1000	0	\$1000	0
7	DELAY IN BAGGAGE	\$100/12 Hrs		\$100/12 Hrs	
8	LOSS OF PASSPORT	\$300	\$50	\$300	\$50
9	EMERGENCY MEDICAL EVACUATION	Covered in 1		Covered in 1	
10	REPATRIATION OF MORTAL REMAINS	\$7500	0	\$7500	0
11	HIJACK DISTRESS ALLOWANCE	\$125 per day with a maximum of \$500		\$125 per day with a maximum of \$500	
12	PERSONAL LIABILITY	\$200000	\$200	\$200000	\$200
13	FLIGHT DELAY	\$50 per 12 hour with a maximum of \$200		\$50 per 12 hour with a maximum of \$200	
14	AUTOMATIC EXTENSION OF THE POLICY	Up to 7 days		Up to 7 days	
15	TRIP CURTAILMENT	\$500	\$100	\$500	\$100
16	TRIP CANCELLATION	\$500	0	\$500	0

17	MISSED CONNECTIONS/MISSED DEPARTURE	\$500/3 hours		\$500/3 hours	
18	BOUNCED BOOKING OF HOTEL AND AIRLINE	\$500/10%		\$500/10%	
19	FINANCIAL EMERGENCY ASSISTANCE COVER	\$1000	0	\$1000	0
20	HOME BURGLARY INSURANCE	INR 15, 00, 000		INR 15,00, 000	
21	ACCIDENTAL DEATH / DISMEMBERMENT (ADD)	Covered in 5		Covered in 5	
22	DIFFERENCE IN AIR FARE DUE TO DELAYED/ EARLY RETURN	\$500	0	\$500	0
23	COMPASSIONATE VISIT/ MEDICAL REUNION	\$5000	\$100	\$5000	\$100
24	LOSS OF INTERNATIONAL DRIVING LICENCE	\$250	0	\$250	0
25	LAPTOP / TAB COVER	\$1500	\$100	\$1500	\$100
26	ADVENTROUS SPORTS COVER	Already covered		Already covered	

Contact Details for WTA Travel Services, Inc. (OSP)/ Heritage Health Insurance TPA Pvt Ltd. (Indian Partner)

Location of Centre	World Travel Assist - USA	World Travel Assist - Europe	World Travel Assist - Singapore	Heritage Health Insurance TPA Pvt.Ltd. - India
Address	W.T.A. TRAVEL SERVICES, INC. 2893 Executive Park Drive, Suite 201, Weston, Florida 33331, U.S.A.	W.T.A. TRAVEL SERVICES, INC. C/ Covarrubias 22. 2ºIzda 28010 Madrid. Spain	W.T.A. TRAVEL SERVICES, INC. 75 Kim Yan Road Singapore 239372	Heritage Health Insurance TPA Pvt.Ltd. Champion Building, Gr.Flr, 15, Parsi Panchayat Road, Andheri (E), Mumbai - 400069. India.
Toll – Free Number for Assistance	+1 877 822 7386	+34 900 804 116	+65 3163 2058 +65 8001302100	1800 22 4004 (Toll Free within India)
Other Telephone Numbers	+1 305 328 3897	+34 911 881 617	+65 315 80234	+91-22-61273891 (24 hrs) +91-22-61273892/ 93
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Jurisdiction	North, Central & South America	Europe, UK & Ireland, Africa, Pakistan	Singapore	South & South East Asia, Middle East, Australia & New Zealand