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Guidelines on Standard Domestic Travel Insurance Product

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To
All General and Health Insurers,

Re: Guidelines on Standard Domestic Travel Insurance Product

A. Preamble:

1. Indian travel market is one of the biggest markets in the world. As per reports, around 36% of Indian households undertake trips for one purpose or other both within and outside the country. It is desired that all travels undertaken should be safe. There is a need to make every trip financially secure by providing suitable protection cover against unknown contingent events. Though, there are a number of travel insurance products available in India, each product is distinct and the insuring public may find it difficult to choose an appropriate product. Therefore, a standard travel product is designed with uniform features of coverage, so as to make available the most common requirements of a common passenger.
2. Towards this, the following Guidelines on Standard Domestic Travel Insurance Product (SDTIP) are issued.
3. The standard product shall have the basic mandatory covers as specified in these Guidelines which shall be uniform across the market.
4. Only those optional covers as specified in these guidelines can be offered along with the standard product.
5. The insurer may determine the premium keeping in view the covers proposed to be offered subject to complying with the norms specified in the IRDAI (Health Insurance) Regulations, 2016 (HIR, 2016) and Guidelines notified there under.
6. The Standard Product shall comply with all the applicable provisions of IRDAI (Health Insurance) Regulations, 2016, Consolidated Guidelines on Product filing in Health Insurance Business (Ref: IRDAI/HLT/REG/CIR/194/07/2020 dated 22nd July, 2020), Master Circular on Standardization of Health Insurance Products (Ref: IRDAI/HLT/REG/CIR/193/07/2020 dated 22nd July, 2020) and other applicable Guidelines as amended from time to time.
7. Every General and Stand-alone Health Insurer, who has been issued a Certificate of Registration to transact General and/or Health Insurance Business, shall endeavour to offer this Standard Domestic Travel Insurance Product.

8. This product is allowed to be offered as a group product also.

9. Construct of Standard Domestic Travel Insurance is as follows

Plans & Coverages under Domestic Travel Insurance

S N	Benefits	Range of Sum Insured per person	Claim Type	Deductibles	Plan-A	Plan-B	Plan- C	Plan-D	Plan- E
	Mode of travel covered				Coverage for travel through Taxi Cab/bus	Coverage for travel through Taxi Cab/Bus	Coverage for Train Travel (Only for Reserved tickets)	Coverage for Air-travel	Domestic Trips involving travel through any one or multiple modes of common carrier such as Taxi Cab, Bus, Train, Ship or Air travel
	Limit on distance				Within 100 kms from the Place of Origin	More than 100 kms from the Place of Origin	No restrictions on distance	No restrictions on distance	No restrictions on distance
	Covered Journey				A single journey from Place of Origin to Place of Destination.	A single journey from Place of Origin to Place of Destination	A single journey from the Place of Origin to Place of Destination.	A single journey from the Place of Origin to Place of Destination .	Coverage from Place of Origin till return to Place of Origin/Place of Residence
	Tenure (Minimum & maximum)				Duration of journey	Duration of journey	Duration of journey	Duration of journey	Domestic trips with maximum duration of upto 30 days.
	Mandatory Benefits	Rs.							
1	Hospitalization Expenses due to Accident	Min: Rs. 1Lakh. Max: Rs. 10 lakh	Indemnity	Rs. 500	Yes	Yes	Yes	Yes	Yes
2	Accidental Death	Min: Rs. 1lakh for adults; Max: Rs. 1 crore per person. Note: For minors,	Benefit Based	NA	Yes	Yes	Yes	Yes	Yes

		insurer to grant subject to underwriting.							
3	Permanent Total Disability (PTD)	As per accidental death cover	Benefit Based	NA	Yes	Yes	Yes	Yes	Yes
4	Permanent Partial Disability (PPD)	As per accidental death	Benefit Based	NA	Yes	Yes	Yes	Yes	Yes
5	Repatriation Of Mortal Remains	Min: Rs. 20,000 Max : Rs. 1lakh	Benefit Based	NA	NA	Yes	Yes	Yes	Yes
6	Automatic trip extension	available			No	No	No	No	Yes
Optional Benefits									
7	Compassionate Allowance	Min: Rs. 10,000 Max: Rs. 1 lakh	Indemnity		No	Yes	Yes	Yes	Yes
8	Missed Flight Connection	Min: Rs. 2500 Max : Rs. 50000	Indemnity		No	No	No	Yes	Yes
9	Loss Of Checked-in Baggage (applicable only for air travel)	Min : Rs. 2000 Max : Rs. 20000	Benefit Based		No	No	No	Yes	Yes
10	Trip Delay (applicable only for air travel) (beyond 3 hour)	Min: Rs. 500 Max: Rs. 5000	Benefit Based	3 hours	No	No	No	Yes	Yes
11	Carrier Cancellation (applicable only for air travel)	Min: Rs. 2500 Max : Rs. 50000	Benefit Based		No	No	No	Yes	Yes
12	Trip cancellation & Interruption	Min : Rs. 20000 Max : Rs. 100000	Indemnity	Rs. 10000	No	No	No	No	Yes

B. Other Norms applicable:

S.N	Particulars	Norms Applicable
i	Plan Variants	There are 5 plans under this product. Other than plan variants specified in these Guidelines, no other plan variant is allowed to be offered under standard travel insurance product.
ii	Distributions Channels	Standard product may be distributed across all distribution channels including Point of Sale persons and Common Public

		Service Centres but must necessarily be offered through online channel by all insurers. Distribution of standard travel insurance product shall be governed by the regulations of concerned distribution channels.
iii	Category of Cover	Coverage under the product is based on indemnity and benefit basis as specified these guidelines.
iv	Policy Period	The policy shall be offered with the tenure as specified in these guidelines.
v	Modes of premium payment	There shall be only single premium payment and it shall be collected in advance.
vi	Entry age	There shall be no restrictions on minimum and maximum age of entry. However, the proposer shall be at minimum of age 18 years.
vii	Type of Policy	Standard domestic travel insurance product may be offered on Individual & Group basis. When offered as a family cover, the chosen sum insured shall apply to each family member separately.
viii	Definition of family	Family consists of the proposer and any one or more of the family members as mentioned below: (i) Legally wedded spouse. (ii) Parents and Parents-in-law. (iii) Natural or Legally adopted Children.
ix	Co-payment & deductibles	There is no co-payment. However, deductibles as specified in these guidelines are applicable.
x	Waiting Period	There shall be no initial waiting period.
xi	Underwriting	Underwriting of the proposals received under this product shall be based on the board approved underwriting policy.
xii	Extension of policy	Only Plan-E: Domestic Trips of the standard product shall be extended subject to request of policyholder should there be extension of duration of Trip. Request for extension for policy to be submitted atleast 3days before completion of term of the existing policy.
xiii	Cancellations	Under Plan-E: Domestic Trip, where the tenure of the policy is for less than or equal to 7days, the policy can't be cancelled once the Insured Journey is commenced. Cancellation of Policy by Insured is permitted only in case where the tenure of the policy is more than 7days under Plan-E: Domestic Trip.
XIV	Sublimit for room (in case of hospitalization cover)	1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.10000/- per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all inclusive as provided by the Hospital / Nursing Home up to 4% of the sum insured subject to maximum of Rs.20,000/- per day.

C: Construct of Terms and Conditions for Standard Product:

10. The Policy Terms and Conditions of the Standard Product shall be in the format specified in Annexure – 1. Insurer may suitably modify the definitions and other clauses of the policy contract prospectively based on the Regulations or Guidelines that may be issued by the Authority from time to time.
11. Insurers are allowed to use the name of standard domestic product for the group policy by adding the word “group”. However, the benefit structure of the standard policy remains the same except premium rate and specification of terms and conditions suitable to group policy.

D: Other Norms:

12. The nomenclature of the product shall be Standard Domestic Travel Insurance Policy, succeeded by name of insurance company, (Bharat Yatra Suraksha, <name of insurer>). No other name is allowed in any of the documents.
13. The Proposal Form used for the product shall be subject to the norms specified under the Guidelines on Product Filing in Health Insurance.
14. Insurers shall mandatorily issue Customer Information Sheet (CIS) as per the format specified at Annexue-2 in these guidelines.
15. The Standard product shall be launched without prior approval of the Authority subject to complying with the following conditions.
 - a. The product shall be approved by the Product Management Committee.
 - b. Insurers shall obtain UIN for the standard product by filing the relevant particulars in Form – IRDAI-UNF-SDTIP (as specified at Annexure-3 in these Guidelines) along with a certificate from Chief Compliance Officer that the product filed is in compliance with the norms specified under these guidelines.
 - c. On review of the application, the Authority may call for such further information as may be required and may issue suitable directions which shall be retrospectively effected in respect of all contracts issued under this product.
16. All General and Health Insurers shall endeavour to offer this product from 01st July, 2021 onwards.
17. This has the approval of the competent authority.

Sd/----

General Manager (Health)

Annexure-1

Bharat Yatra Suraksha, [Company Name]

1. PREAMBLE

This Policy is a contract of insurance issued by *[name of the Company]* (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'policyholder') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the proposal form by the proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

Any amount payable under the policy shall be subject to the terms of coverage, exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims shall be the Section-wise Sum Insured as specified in the Schedule.

3. DEFINITIONS

The terms defined below, which are used elsewhere in the Policy in Initial Capital letters shall have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and third-gender and references to any statutory enactment includes subsequent changes to the same.

3.1. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2. Act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons whether acting alone or on behalf of or in connection with any organization (s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

3.3. Age means age of the Insured person on last birthday as on date of commencement of the Policy.

3.4. Air Travel means travel through aircraft or helicopter for the purpose of flying as a passenger.

3.5. Associate Medical Expenses means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category applicable in a Hospital:

- (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
- (b) Fees charged by surgeon, anesthetist, Medical Practitioner;

Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

- 3.6. AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
- 3.7. Catastrophe** means an unexpected natural event such as an earthquake, tsunami, Flood, Inundation, Storm, Tempest, Cyclone, Volcanic eruption, Landslide, rockslide disrupting travel.
- 3.8. Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- 3.9. Checked-In Baggage** means the baggage entrusted by the Insured and accepted by a Common Carrier for transportation in the same mode of conveyance as the Insured Person travels and for which a baggage receipt is issued to the Insured. This shall exclude all the items that are carried/ transported under a Contract of Affreightment
- 3.10. Condition Precedent** means a policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 3.11. Common Carrier** means any commercial public airline, railway, motor transport, or waterborne vessel (which shall include ocean going and / or coastal vessels) operating under license issued by the appropriate authority for transportation of passengers. It includes contract carriage commercial vehicle. The scope of Common carrier does not include travel through automobiles owned by the Insured Person either as a passenger or driver and travel through any two-wheeled motor vehicle either as a passenger or driver.
- 3.12. Company** means the <full name of the Insurance Company>.
- 3.13. Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- i) has qualified nursing staff under its employment;
 - ii) has qualified medical practitioner/s in charge;
 - iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 3.14. Day Care Treatment** means medical treatment, and/or surgical procedure which is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than

24 hrs because of technological advancement, and which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3.15. Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

3.16. Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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

3.18. Emergency Medical Evacuation means the medical condition of the Insured Person warrants immediate transportation of the insured person from the place he/she sustains accidental injuries to the nearest hospital for appropriate treatment.

3.19. Family consists of the self and any one or more of the family members as mentioned below:

- a) Legally wedded spouse.
- b) Parents and Parents-in-law.
- c) All natural or legally adopted Children.

3.20. Group Administrator / Proposer means the person/organization who has signed in the proposal form / declaration form and named as such in the Policy Schedule.

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

3.22. Hospital means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- a) has qualified nursing staff under its employment round the clock;
- b) has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- c) has qualified medical practitioner (s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e) maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

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

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

3.25. Insured person means person(s) named in the schedule of the Policy.

3.26. In-Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

3.27. 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.

3.28. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

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

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

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

- a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- b. it needs ongoing or long-term control or relief of symptoms
- c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- d. it continues indefinitely
- e. it recurs or is likely to recur

3.30. Immediate Family means siblings, uncle and aunty (brothers & sisters of mother and father), children-in-law; siblings-in-law; grandparents; grandchildren.

3.31. Maternity expenses means medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

3.32. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

3.33. 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.

3.34. 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 State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license. Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or (c) or anyone who is living in the same household as the Insured. The term Medical Practitioner includes a physician and / or surgeon.

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

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

3.36. Nominee means the person named in the Policy Schedule to receive the benefits due under the Policy on the death of the Insured Person.

- 3.37. Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
- 3.38. Non- Network Provider** means any hospital that is not part of the network.
- 3.39. Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 3.40. Place of Destination** of the Insured Person means the destination place where the journey of the Insured is scheduled to be concluded through a Common Carrier.
- 3.41. Place of Origin** of the Insured Person means the starting point or place or location from where the Insured's journey is scheduled to be undertaken through a Common Carrier.
- 3.42. Place of Residence** means any city, town or village in which the Insured Person is currently residing in India and as specified in the Insured Person's corresponding address in the Policy Schedule.
- 3.43. Policy Period** means the duration of insurance coverage as specified in the Policy Schedule.
- 3.44. Pre-Existing Disease (PED):** Pre-existing Disease means any condition, ailment, injury or disease:
- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 3.45. Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.
- 3.46. Period of Insurance** means the period from Policy Start Date to Policy End Date or actual Trip Duration, as specified in the Policy Schedule.
- 3.47. Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
- 3.48. Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 3.49. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

3.50. 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.

3.51. 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 places at regular and specified times.

3.52. 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 recovered from any other source.

3.53. Sub-limit is the maximum amount that the insurer is liable to pay and the insurer is not liable to pay any amount in excess of the pre defined limit.

3.54. Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) during the Policy Year.

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

3.56. Third Party Administrator or TPA means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under IRDAI (TPA- Health Services) Regulations as amended from time to time.

3.57. Trip shall mean and include a journey undertaken by the Insured Person from the Place of Residence or Place of Origin on or after the Policy Start Date & time to the Place of Destination on or before the Policy End Date & time as specified in the policy schedule.

3.58. You/Your means the Insured Person as specified in the Policy Schedule.

4. Coverage under Standard Domestic Travel Insurance

The company will pay the insured person the benefits as detailed below, for events described, if it occurs during the period of insurance only. Each Benefit is subject to its own Sum Insured as mentioned in the policy schedule.

Coverage	Domestic Travel Insurance
Base Covers	Sections - 1 to 6
Optional Covers	Sections - 7 to 12

Base Cover (Sections 1 to 6)

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

Section-1: Hospitalization Expenses due to Accident:

If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Insurance while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly requires the Insured Person to be hospitalized or to undergo Day Care Treatment, then the Company will reimburse the costs incurred on Emergency Care upto the limit specified in the Policy Schedule.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home,
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.
(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation when it is a "Day Care Treatment")
- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following other expenses necessitated due to injury shall also be covered:

- a) Dental treatment.
- b) Plastic surgery.
- c) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

Terms & Conditions applicable to Section-1. Hospitalization Expenses due to Accident:

- a. The scope of coverage includes hospitalisation or day care treatment.
- b. The coverage is only for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- c. The Insured Person is admitted to Hospital or undergoes Day Care Treatment within seven days of the occurrence of the Accident;
- d. The Company shall indemnify the Insured upto the Sum Insured specified under this Section for emergency medical evacuation, including necessary medical care en-route, reasonably incurred forming part of the treatment for any

Injury sustained whilst on Trip during the Period of Insurance. These transportation expenses would be limited to transporting the Insured from the place of injury to the nearest appropriate medical facility or to the Place of Origin or to the City of Residence of the Insured, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of Your condition, and these means may include surface ambulance, scheduled airline, railroad. Provided that the decisions as to the means of transportation, final destination and medical care to be provided en-route shall be approved by the company.

- e. The company will reimburse only of those Medical Expenses that are Reasonable and Customary Charges

Exclusions applicable to Section-1. Hospitalization Expenses due to Accident

The Company shall not be liable to make any payments under this policy in respect of any claim of any Insured Person directly or indirectly, caused by, arising from or in any way attributable to:

- i. Investigation & Evaluation (Code- Excl04)
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization/Day Care Treatment.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment and Investigation taken outside the geographical limits of India.
- vi. No claim in respect of cosmetic surgery will be paid, unless such cosmetic surgery is rendered necessary as a result of a covered accident
- vii. Any costs incurred in connection with rest cure or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- viii. Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either
- ix. Rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any external diseases, defects or anomalies.
- x. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.
- xi. The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

- xii. Intentional self injury
- xiii. The company shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease.

Note: The expenses that are not covered under this Section are placed under List-I of **Annexure-A**. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

Section-2: Death due to Accident

If an Insured Person suffers an Injury due to an Accident that occurs during the Period of Insurance while the Insured Person is travelling as a passenger on a Common Carrier and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, the company will pay the benefit equal to 100% of Sum Insured as compensation to the nominee named in the policy or to the legal heirs in the event there is no nominee, as per the amount stated as sum insured in the policy schedule.

Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.

Section-3: Permanent Total Disablement

The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during Period of Insurance while the Insured Person is travelling as a passenger on a Common Carrier, provided that the Permanent Total Disablement occurs within 365 days from the date of the Accident:

- a) Total and irrecoverable loss of sight of both eyes or
- b) Physical separation or loss of use of both hands or feet or
- c) Physical separation or loss of use of one hand and one foot or
- d) loss of sight of one eye and Physical separation or loss of use of hand or foot
- e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

Section-4: Permanent Partial Disablement:

The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the

nature specified below solely and directly due to an Accident during the Period of Insurance while the Insured Person is travelling as a passenger on a Common Carrier provided that the Permanent Partial Disablement shall occur within 365 days of the date of the Accident.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
1	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
1	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12	Any other permanent partial disablement	Percentage as assessed by a Government Authority such as Chief Medical Officer or equivalent of a district.

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder for each Insured Person

Note:

- a) If the accident occurs during the Period of Insurance, benefits covered under Sections 2, 3 and 4 above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 365 days from the date of accident.

Note applicable to Sections 2, 3 & 4:

- a) In case of death of the Insured Person within 365 days from the date of Accident due to the Injury sustained during the Accident while on the Insured Journey, the amount of claim payable under Section-2: Death due to Accident shall be adjusted with the amount of claim paid under Section-3: Permanent Total Disablement and/or Section-4: Permanent Partial Disablement.
- b) The cumulative amount of claim payable under Section-2, Section-3 and Section-4 in no case shall exceed the amount of Sum Insured as specified in the Policy Schedule.

Section- 5: Repatriation of Mortal Remains

Following an admissible claim under Section-2: Death due to Accident, the Company shall pay for repatriation of mortal remains of the insured person from the place of death to the Insured's place of residence up to the limits mentioned in the Policy schedule, provided, the death of the insured person occurred in a location that is not the place of residence of the insured person and the place of death is at least 100 kilometres by road from his place of residence. If it is not possible to repatriate the mortal remains to city of residency then the company will pay for expenses incurred for the burial or cremation of the Insured in the place where the death has occurred subject to a maximum of the Sum Insured specified in the policy schedule.

Section- 6: Automatic Trip Extension (Applicable only for Plan- E: Domestic Tour)

The period of insurance is automatically extended if you cannot get back to your Place of Residence or Place of Origin before your cover ends as per the policy schedule, your insurance will remain in force without additional premium for:

- (i) Up to 5 days from the Policy Expiry Date if the common carrier (taxi cab, bus, train, ship or airlines) in which you are travelling as a passenger is cancelled or delayed at the instance of the Common Carrier or due to any order issued by the authorities and when no alternative travel arrangement is available.
- (ii) Up to 7 days from the Policy Expiry Date if the insured is injured during the Period of Insurance and the claim under Section 1 - Hospitalisation due to Accident has been admitted by the company.

(iii) Up to 10 days from the Policy Expiry Date due to occurrence of the following events during the course of the trip

- a) Pandemic or epidemic as declared by WHO or by any appropriate government authorities.
- b) Earthquake.
- c) Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
- d) Landslide and rockslide
- e) Avalanche
- f) Floods resulting from unseasonal rains, storm or cyclone.
- g) Terrorism
- h) Tsunami
- i) Volcano Eruption

Note:

- a) There shall be no break in the domestic tour.
- b) Where the insured person cannot commence return journey for any of the reasons other than what is specified above, subject to its underwriting policy, the company may extend the policy for a specified period subject to receipt of premium.

Optional Covers (Sections 7 to 12)

The covers listed below are Optional Policy benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted by the insured person and on payment of additional premium.

Section 7. Compassionate Allowance

In event of the Insured being Hospitalized consequent upon any Injury sustained during the period of Insurance and such Hospitalisation shall in the opinion of the Medical Practitioner attending on the Insured extend beyond a period of 5 days, the Insurer shall reimburse the cost of economy class air travel/common carrier incurred by any one person of the family or any one person deputed by the family to render such special assistance from the Place of Origin or the Place of Residence of such person to the place of hospitalization of the insured person and return to the Place of Origin or Place of Residence of the person. The company will also reimburse the cost towards accommodation expenses for a member of the family or any person deputed by the family to stay at the place of Hospitalization of the Insured Person. The maximum amount payable and the maximum number of days the amount payable are as specified in the policy schedule.

The benefit is payable provided that

- a. Hospitalization under Section 1. Hospitalisation due to Accident has been accepted by the company and this optional cover has been opted by the Insured.

- b. The Insured Person is hospitalized at a distance of at least 100 kilometres by road from his Place of Residence.
- c. 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
- d. This benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the policy schedule for the Coverage Period;
- e. The company shall not be liable to pay any amount under this Cover Benefit after the Insured Person's discharge from Hospital;
- f. The company shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following the same Accident.

Section- 8. Missed Flight Connection (applicable only for Air travel under Plan-D and Plan-E)

The Company shall indemnify the insured in case of failure of the Insured to access the connecting flight as per schedule any time during the Trip, caused solely by the delay of the flight in which the Insured is travelling immediately prior to the Missed Flight for the reasons beyond the control of the Insured.

The missed connection should have occurred due to the following reasons:

- i. Delay of a Scheduled Aircraft caused by Inclement Weather.
- ii. Delay due to a Strike by employees of Airlines scheduled to be used by the Insured Person during Your Trip.
- iii. Delay caused by Equipment Failure of a Scheduled Aircraft.
- iv. Delay caused if the Scheduled Aircraft is taken out of service due to technical reasons on the instructions of the civil aviation authority.
- v. Delay of scheduled aircraft caused by an act of terrorism.

The Company shall also pay the official cancellation charges, if any, incurred by the Insured resulting from cancellation by the Insured of the ticket in relation to the Missed Flight, and reimburse the additional cost of transportation to continue the journey originally scheduled to have been covered by the Missed Flight, provided that, such additional cost shall be in relation to the scheduled destination and not to any different destination and provided that the additional cost shall be for tickets of the same class and / or type as of the Missed Flight.

EXCLUSIONS APPLICABLE TO BENEFIT 8– MISSED FLIGHT CONNECTION

No claim shall be payable by the Company:

- a) If the time gap between the scheduled arrival of the previous flight and the scheduled departure of the next flight (Missed Flight) is less than 3 hours.
- b) Any missed connection due to above reasons which was made public or known to the Insured prior to the purchase of this Policy.

- c) For any missed connection as a result of the insured or any other person who have arranged to travel with failing to check-in in time as required by the airlines or report in time at the place of departure of the common carrier.
- d) If the missing of the flight is the result of any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever;
- e) In case of any intimation, atleast 24 hours before the departure of original flight, given to the Insured of a possible delay of the flight that might lead to missing of connecting flights.
- f) In case of any circumstances other than those directly attributable to the delay of the earlier flight beyond the control of the Insured.

TERMS AND CONDITIONS APPLICABLE TO BENEFIT 8- MISSED FLIGHT CONNECTION

1. The Insured shall endeavour to take all timely steps to ensure avoidance of missing a flight even in case of delays of the arrival of the earlier flight.
2. In case of missing flight, when insured shall look for alternative flights to continue the scheduled journey, he / she shall ensure minimum additional cost and earliest departure in selecting the alternative flight..
3. In order to minimize the claim under this Policy, the Insured shall also take all efforts to see that the cancellation charges are either waived or reduced to the minimum level by the Common Carrier.
4. While preferring the claim, the Insured shall declare that he / she has not been compensated by the Common Carrier or any other agency concerned in connection with delay of the flight that led to the situation of missing flight. In case of any payment from the airline, the same will be deducted from any claim payable to the Insured Person.

Section-9: Loss of Checked-in Baggage (applicable only for Air travel under Plan-D and Plan-E)

If the Insured Person's checked-in baggage is lost by the scheduled commercial airline to which it was entrusted, then the Insurer will pay a fixed amount as specified in the policy schedule. The compensation shall be relating to the loss of baggage as a whole. Should the lost Checked-in Baggage be traced and delivered to the Insured, the Insured shall return to the Company the entire amount paid hereunder.

TERMS AND CONDITIONS APPLICABLE to Section 9. Loss of Checked-in Baggage

- a) In the event of loss of property whilst in the custody of the airline, a Property Irregularity Report (PIR) must be obtained from the airline immediately upon discovering the loss, which must be submitted to the insurer in the event of a claim.
- b) The baggage should be totally lost. No partial loss or damage shall become payable.
- c) The Insurer liability under this cover will be limited to the travel destinations specified in the main travel tickets and return trip back. All halts and destinations

included in this main travel ticket will also be considered for payment under this cover.

- d) The liability of the Insurer to make payment shall not arise until liability is admitted by the airline.
- e) The company is not liable for loss arising from any delay, detention or confiscation by customs officials, police or other public authorities;
- f) If the lost or undelivered Checked-In Baggage or portion of it is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit in full irrespective of whether delivery of the Baggage is taken or not.

Section-10. Trip Delay - beyond 3 hours (applicable only for Air Travel under Plan-D and Plan-E)

The Company to pay the amount as specified in the Policy Schedule if an Insured Person's journey on scheduled commercial airline is delayed beyond the number of hours specified in the Policy Schedule of its scheduled departure time.

This Benefit will be payable provided that:

- a) The Insured Person provides the company a written proof from the Common Carrier of the length of the delay unless this proof is available to Us directly from a reliable source in the public domain.
- b) The delay is in excess of the Deductible from the time of scheduled departure of the Common Carrier.
- c) The company shall not accept more than one claim under this Benefit during the Period of Insurance.

EXCLUSIONS APPLICABLE TO Section 10. Trip Delay - beyond 3 hours

In addition to the general exclusions, this section shall not cover

- a) any delay due to a hazard which was made public or known to the Insured Person prior to the purchase of this policy or prior to booking of flight ticket
- b) any departure which is delayed as a result of the Insured or any other person who is arranged to travel with the Insured failing to check in correctly as required by the Common Carrier.

Section-11. Carrier Cancellation (applicable only for Air Travel under Plan-D and Plan-E)

The company will pay the Sum Insured if the Insured Person's booked and confirmed journey is cancelled by the common carrier within 48 hours prior to the scheduled departure by the scheduled airline.

The Benefit will be payable provided that:

- a. The Insured Person provides the Company with a written proof from the Common Carrier of the cancellation of the journey unless this proof is available to the company directly from a reliable source in the public domain.
- b. Any cancellation of the journey by the Insured Person is not payable under the policy.

Section-12. Trip cancellation & Interruption (Applicable only for Plan-E: Domestic Trips)

The Company shall compensate the Insured Person if a trip is cancelled or interrupted due to one of the circumstances specified below:

- a) death or serious injury or sudden sickness requiring minimum 3 days of hospitalization within 5 days before the date of departure specified in the policy schedule of (a) of the Insured Person or (b) immediate Family member of the Insured Person
- b) Any disruptions such as mass bandhs or widespread strikes which the Insured Person could not reasonably avoid or aware in time;
- c) Pandemic & epidemic as declared by WHO or any appropriate government authorities occurring at and in the vicinity of any port involved in the Insured's Trip.
- d) Catastrophic events occurring at and in the vicinity of any port involved in the Insured's Trip which shall mean the following:
 - i. Earthquake.
 - ii. Lighting, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
 - iii. Landslide and rockslide
 - iv. Avalanche
 - v. Floods resulting from unseasonal rains, storm or cyclone.
 - vi. Terrorism
 - vii. Tsunami
 - viii. Volcano Eruption.

Benefits in Case of Cancellation of Trip before the scheduled departure:

The Company will pay this benefit up to Sum Insured as specified in the Schedule to this Policy for trips that are cancelled before the scheduled departure date due to any of the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/Insured Person's departure date.

Benefits in Case of Interruption of Trip After the scheduled departure:

The Company will pay this benefit up to Sum Insured as specified in the Schedule to this Policy for trips that have been interrupted, due to any of the reasons mentioned above. The Company will reimburse for the forfeited, non-refundable prepaid payments, made prior to the Insured/Insured Person's departure date and additional transportation expenses incurred by the Insured/Insured Person.

- a) From the place that the Insured/Insured Person left the trip to the place that the Insured / Insured Person may rejoin the trip;
- b) Additional transportation expenses incurred by the Insured/ Insured Person to reach the original trip destination if the Insured / Insured Person is delayed, and leaves after the trip departure date.

This Cover Benefit will be payable provided that:

- a) The event giving rise to a claim under this Cover Benefit must be such as to reasonably cause a journey to be cancelled or interrupted;
- b) the benefits will not exceed the cost of economy airfare by the most direct route, less any refunds paid or payable or the insured is entitled to.
- c) The company shall not be liable to reimburse any expenses under this Cover Benefit for any facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or interruption of the journey.
- d) The Company will reimburse the unused and non-refundable portion of the pre-paid lodging cost and/or the ticket cancellation charges (up to the maximum amount specified in the schedule) if the Trip is cancelled and the Insured Person is unable to undertake the Trip.
- e) The booking should have been made in advance prior to the cancellation.

In event of any of the contingencies covered occurring either at the place of origin in the City of Residence of the Insured or at any intermediary place any time after the commencement of the Trip and before termination of the same, resulting in the interruption of the scheduled travel being part of the Trip necessitating cancellation of the Trip, immediate notice thereof shall be given by the Insured to the Company.

5. COMMON EXCLUSIONS APPLICABLE TO ALL SECTIONS (Including Optional Benefits)

In additions to the Exclusions specified under each section, the following exclusions are applicable to all Sections including Optional Benefits.

1. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
2. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.

- d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
3. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
 4. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.
 5. If the insured is aware of any circumstances that could reasonably be expected to give rise to a claim.
 6. Liability arising out of suicide, attempted suicide or wilful self inflicted injury or illness, anxiety, stress or depression, venereal disease except HIV/AIDS, alcoholism, drunkenness or the use/abuse of drugs.
 7. Liability arising out of from the Insured person engaging in Air Travel 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 there from following a flight.
 8. Any claim relating to events occurring before the commencement of the Period of Insurance or after the completion of the Period of Insurance, except relating to Section 10: Trip Delay.
 9. Claims increased by the Insured Person's own act or omission.
 10. Liability arising out of accidents to the journey through two wheeled motorised vehicles.
 11. Liability arising out of journey by the Insured Person through one's own motor vehicle.
 12. Liability arising out of journey where the Insured Person is driving the common carrier.
 13. Liability arising out of Insured engaging in any criminal or illegal act.
 14. Deliberate exposure to exceptional danger (except in an attempt to save human life).
 15. Liability arising out of any loss or damage due to insured being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
 16. No claim will be paid in respect of expenses for treatment, which could reasonably be delayed until the Insured Person's return to City of Residence. The question of what can or what cannot be reasonably delayed will be decided by the independent Medical Practitioner.
 17. No claim in respect of cosmetic surgery will be paid, unless such cosmetic surgery is rendered necessary as a result of a covered accident.

18. 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.
19. The insurance will not cover pregnancy of the Insured Person including resulting childbirth, miscarriage, abortion or complication of any of these except of complications in pregnancy arose due to accident to the Insured during the period of Insurance.
20. Any hospital admission or routine examination for investigative/ diagnostic purpose.
21. Any costs incurred on spectacles, contact lenses, hearing aids, corrective and cosmetic dental surgeries.
22. Any treatment related to alcoholism or drug dependency.
23. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion.
24. Act of Terrorism by the Insured or which is abetted by the Insured in any manner.
25. Participation in any hazardous activities.

6. CLAIM PROCEDURE:

6.1 Procedure for Cashless claims: (applicable only to Section-1: Hospitalization cover)

(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized Third Party Administrator (TPA).

(ii) Cashless request form available with the network provider or Third Party Administrator (TPA) shall be completed and sent to the Company/TPA.

(iii) The Company/ Third Party Administrator (TPA) upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

(iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

(v) The Company or Third Party Administrator (TPA) reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant details.

(vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / Third Party Administrator (TPA) for reimbursement.

6.2 Procedure for reimbursement of claims:

For reimbursement of claims, the insured person shall submit the necessary documents to the insurer/ Third Party Administrator (TPA) within thirty days of date of discharge from hospital.

6.3 Notification of Claim:

Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.

- i. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- ii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

6.4 Documents to be submitted:

Basic documents required for all claims include

- a) Duly completed claim form
- b) Photo Identity Proof of the insured person
- c) Any other relevant document required by the Company for assessment of the claim
- d) NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- e) KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines

Other documents to be submitted to claim under respective sections are provided below:

Section No.	Sections	Documents to be submitted
1	Hospitalization Expenses due to Accident	<ul style="list-style-type: none">• Original Discharge Summary (wherever applicable)• Original Medical Reports• Original Invoices/Bills• Original Payment Receipts• Hospitalization Expenses due to Accident• Investigation Reports supporting the diagnosis, if any• Treating doctors report for necessity for evacuation, if applicable
2	Accidental Death	<ul style="list-style-type: none">• Death Certificate• Post-mortem Certificate, if conducted• FIR (wherever required)• Police Investigation report• Viscera Sample Report (if applicable)• Forensic Laboratory report• Legal Heir Certificate• Succession Certificate

		<ul style="list-style-type: none"> • Copy of discharge summary (if available).
3	Permanent Total Disability (PTD)	<ul style="list-style-type: none"> • Original treating Medical Practitioner's certificate confirming the disability and its %. • Original Discharge summary from the Hospital • Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
4	Permanent Partial Disability (PPD)	<ul style="list-style-type: none"> • Original treating Medical Practitioner's certificate confirming the disability and its %. • Original Discharge summary from the Hospital • Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
5	Repatriation Of Mortal Remains	<ul style="list-style-type: none"> • In case of transportation of the body of the deceased to the City of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased. • Copy of Embalming certificate, if any • Flight itinerary and Boarding pass and/or ticket details as applicable • Copy of death certificate. • Post mortem report, if conducted.
6	Automatic trip extension	<ul style="list-style-type: none"> • Certificate from common carrier on cancellation of flight. • Newspaper articles, if any
7	Compassionate Allowance	<ul style="list-style-type: none"> • Report from the treating doctor advising the requirement of support from family or any person deputed by the family. • Copy of the ticket • Copy of the receipt for accommodation
8	Missed Connection (applicable only for air travel)	<ul style="list-style-type: none"> • Copies of Travel ticket and boarding pass of flight Scheduled from the first port of arrival • Copies of Travel ticket and boarding pass of New flight Scheduled from the first port of arrival • Confirmation from the Common Carrier of the delayed flight along with the reasons for delay • Unused ticket for the ongoing flight (Missed Flight) with an endorsement of the Common Carrier of cancellation of the same • Original used ticket obtained afresh towards the alternative flight • Certificate from the Common Carrier of the Missed Flight that the fare for the part of the Trip covered by the Missed Flight is forfeited in full or in part together with the amount of forfeiture. • Original used ticket obtained afresh towards the alternative Common Carrier for the part of the journey covered by the missed Common Carrier indicating the amount paid as fare,

		<p>and in which such Insured Person has travelled.</p> <ul style="list-style-type: none"> • Confirmation of the delay from the Common Carrier which is used for transit to the Place of Origin of the booked journey as to the scheduled ETA and the actual time of arrival at Place of Origin.
9	Loss Of Checked-in Baggage (applicable only for air travel)	<ul style="list-style-type: none"> • Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any), • Property Irregularity Report (obtained from airline), • The Insured has to provide an undertaking in writing stating that in the event if the baggage is traced and returned to him / her, he / she will be refunding the entire claim amount settled under this policy. • Flight itinerary.
10	Trip Delay (applicable only for air travel) (beyond 3 hour)	<ul style="list-style-type: none"> • Copy of ticket & boarding pass, • Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay. (Mandatory) • Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any). • Copies of Boarding Pass, Ticket.
11	Carrier Cancellation (applicable only for air travel)	<ul style="list-style-type: none"> • Confirmation from the Common Carrier of the cancellation of flight along with the reasons for cancellation.
12	Trip cancellation & Interruption	<ul style="list-style-type: none"> • Confirmation of cancellation of the Trip detailing the circumstances of cancellation; • Original ticket issued by the Common Carrier indicating the cost the ticket and receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip, the cancellation charges retained; • Original bill and a receipt / letter obtained from the hotel and / or guest house and / or any other paid residential accommodation (available for fee) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained, wherever such accommodation has been arranged at the place of cancellation of the Trip; • Ticket issued by the Common Carrier in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured which indicate the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip. • In case the cancellation of the Trip shall result because of personal contingencies covered hereunder or a decision taken at the instance of the Insured arising out of the contingencies namely earthquake, storm, flood, inundation,

		<p>cyclone, tempest & terrorism, the duly completed claims form to be accompanied by:</p> <ul style="list-style-type: none"> • A declaration from the Insured furnishing the circumstances that compelled him / her to cancel the Trip; • Medical evidence as may be required by the Third Party Administrator in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family; • Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the Trip indicating the cancellation charges retained; • Receipt / letter obtained from the hotel and / or guest house and / or any other residential accommodation (available for a fee) indicating the cancellation charges retained, wherever such accommodation has be arranged at the place of cancellation of the Trip; • Used ticket issued by the Common Carrier or boarding pass, as the case may be, in original for return journey from the place of cancellation to the City of Residence or Place of Origin of the Insured together with the receipts for the refunds obtained towards the unfulfilled portion of the Trip. • And any other document as may be appropriately applicable for the claims preferred under this section of the Policy
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[Note: Insurer may specify the documents required in original and waive off any of above required as per their claim procedure]

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
4. The company shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation set out above. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from our representatives.
5. Documents which are common to interlinked claims may not be insisted again with respect to the same claims.

6.5 Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

6.6 Services Offered by TPA (To be stated where TPA is involved) (applicable only to Section-1: Hospitalisation due to Accident)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include (i) claim settlement and claim rejection; and (ii) any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the agreement entered into with the Company.

6.7 Payment of Claim

All claims under the policy shall be payable to the policyholders in Indian currency only.

7. General Terms & Conditions (applicable to All Sections – Base and Optional covers unless stated otherwise)

The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except acknowledged on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

7.1 Disclosure of Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

Written notice of insured events which may give rise to a claim should be given to the insurer immediately but in no case exceeding 30 days from date of occurrence. All certificates, information and evidence required by the Company shall be furnished at the expense of the Insured or his legal representatives.

If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.

7.2 Condition Precedent to Admission of Liability

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

7.3 Material Change

The Insured Person shall immediately notify the Company in writing of any change in his physical defect or infirmity with which he has become affected since the payment of the premium or commencement of the journey.

7.4 Automatic Termination of Insurance

This policy shall automatically terminate upon the Insured Person's death or payment of Sum Insured under Section 2: Death due to Accident. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period.

7.5 Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company

may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

7.6 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

7.7 Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

7.8 Geography & Policy Currency:

This Policy applies to events or occurrences taking place in India only. All payments under this Policy will only be made in Indian Rupees.

7.9 Multiple policies (Applicable to covers which offer fixed benefits)

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.

7.10 Multiple policies (Applicable for Section 1 - Hospitalisation Expenses due to Accident)

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only have indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

7.11 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited. Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

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

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

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

**7.12 Cancellation of the Policy by the insured:
Before the commencement of Insured Journey/Trip under Period of Insurance**

Applicable for all Plans:	<p>You at any time before the commencement of the Period of Insurance may cancel this Policy by giving written notice to The Company as long as you are able to establish to our satisfaction that the proposed Journey has not commenced.</p> <p>In the event of such cancellation of policy, the Insurer shall deduct ---% of the premium or an amount of Rs. ---, (Note: Insurer to specify the amounts subject to pricing norms) whichever is less and refund the balance premium amount to the insured.</p> <p>Note: It is applicable where the Insured did not cancel the ticket but only cancelled the Insurance Policy purchased along with or separately for the journey.</p>
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Applicable for Plan-A & B- Journey through Taxi and Bus.	Policy must be cancelled atleast 1 hour before the journey
Applicable for Plan C- Coverage for Train Travel & Plan- D- Air Travel	Policy must be cancelled atleast 3 hours before the commencement of Journey
Applicable for Plan E- Domestic Trip	The policy must be cancelled atleast 3days before the commencement of Period of Insurance
After the commencement of Insured Journey	
Applicable for Plans- A, B, C & D	The policy can't be cancelled after the commencement of insured journey
Applicable for Plans- E: Domestic Trip with tenure of less than or equal to 7days):	The policy can't be cancelled after the commencement of Insured Trip.
Applicable for Plans- E: Domestic Trip with tenure of more than 7days):	Such policies can be cancelled even after the commencement of Insured Journey provided no claims have been preferred. Insurers are advised to design the cancellation grid for the same subject to pricing.

Note:

- a) If the ticket for the proposed Insured Journey/Trip is cancelled, the insurance policy will automatically get cancelled. Here, the Insurer shall deduct ---% of the premium or an amount of Rs. ---, whichever is less and refund the balance premium amount to the insured. Note: Insurers to specify the refund norms subject to pricing.
- b) In case of any early return of the Insured prior to expiry of the Period of Insurance, the company will refund premium at the following rates subject to no claims being incurred on the Policy. Note: Insurers to specify the refund norms subject to pricing.

7.13 Cancellation/termination by Insurer (Applicable only for Plan-E: Domestic Travel Insurance)

The Company may cancel the Policy immediately on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

7.14 Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period.

7.15 Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

7.16 Arbitration

- a) If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- b) It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

7.17 Endorsements (Changes in Policy)(Applicable only for Plan-E)

- a) This policy constitutes the complete contract of insurance.
- b) This Policy cannot be modified by anyone (including an insurance agent or broker) except the company.
- c) Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- d) Any changes through addition or deletion of Insured Person can be done only before the commencement of Insured Journey.
- e) This policy can be extended for a further period through endorsement. Such change would be subject to acceptance by the company and payment of premium (if any).

7.18 Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

7.19 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

7.21 Renewal of the Policy:

As it is a travel insurance policy providing coverage only for the travel through Insured Journey/Trip, this policy can't be renewed.

7.22 Possibility of revision of the premium rates:

The company, with prior approval of IRDAI, may revise or modify the premium rates.

7.23 Policy Disputes:

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

7.24 Premium Payment

All premiums must be paid in full before commencement of the Insured Journey/Trip.

8. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

- i. Website :
- ii. Toll Free :
- iii. E-mail:
- iv. Fax :
- v. Courier :

9. Grievances

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

- i. Website:
- ii. Toll free:
- iii. E-mail:
- iv. Fax :
- v. Courier:

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

For updated details of grievance officer, kindly refer the link.....

(Note to insurers: Address of the Grievance Officer and link having updated details of grievance officer on website to be specified by the insurer. Insurer to also specify separate contact details for senior citizens)

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

Insurance Ombudsman –The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A. [Insurers are advised to note the revised details of insurance ombudsman as and when amended as available in the website <http://ecoi.co.in/ombudsman.html> and ensure that updated details are prospectively incorporated in the policy documents for the information of the policyholders].

Annexure-A

List I – Items for which coverage is not available in the policy

SN	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	SPIROMETRE
36	STEAM INHALER
37	ARMSLING

38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

SN	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB
5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH
11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES

28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SN.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SN	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure-B.

The contact details of the **Insurance Ombudsman** offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, JeevanSoudhaBuilding,PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road,JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504

	Email: bimalokpal.delhi@ecoi.co.in
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam – a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam-682015. Tel.: 0484 - 2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in

Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in

[Note to Insurers: Insurers are advised to mention the correct address, e mail Id, phone number etc. of insurance ombudsmen while issuing policy contracts]

Annexure-2

Customer Information Sheet
(Description is illustrative and not exhaustive)

No	TITLE	DESCRIPTION	Refer to policy clause number	
1.	Product Name	Bharat Yatra Suraksha ,<name of the Insurer>.		
		Basic Cover		
2.	What am I covered for under domestic travel insurance	1) Hospitalization Expenses due to Accident including expenses for emergency medical evacuation	Section- 1	
		2) Accidental Death	Section-2	
		3) Permanent Total Disability (PTD)	Section-3	
		4) Permanent Partial Disability (PPD)	Section-4	
		5) Repatriation Of Mortal Remains	Section-5	
		6) Automatic trip extension	Section-6	
		Optional Benefits		
		7) Compassionate Allowance	Section-7	
		8) Missed Flight Connection	Section-8	
		9) Loss Of Checked-in Baggage (applicable only for air travel)	Section-9	
		10) Trip Delay (applicable only for air travel) (beyond 3 hour)	Section-10	
		11) Carrier Cancellation (applicable only for air travel)	Section-11	
12) Trip Cancellation & Interruption	Section-12			

3.	What are the Major exclusions in the policy	<ul style="list-style-type: none"> a. Pre-existing illness/disease/injury/condition. b. Self-inflicted injury, attempted suicide c. Insured taking part in naval, military or airforce operations d. War, invasion, acts of foreign enemy, civil war and similar activities e. Ionising radiations, contamination by radioactivity, nuclear fuel and similar activities f. Insured participating in professional sports g. Claims arising from Pregnancy h. Confiscation or detention by custom's officials i. Influence of drugs, alcohol or intoxicants j. Liability arising out of accidents to the journey through two wheeled motorised vehicles k. Liability arising out of journey by the Insured Person through one's own motor vehicle. l. Liability arising out of journey where the Insured Person is driving the common carrier. m. Liability arising out of Insured engaging in any criminal or illegal act n. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion. o. Act of Terrorism by the Insured or which is abetted by the Insured in any manner. p. Claims increased by the Insured Person's own act or omission 	5
4.	Waiting period	There is no initial waiting period under standard domestic travel insurance policy.	
5.	Payment basis	The claims are payable both on indemnity and benefit basis depending the coverage. Cashless payment of covered expenses upto specified limits in the Hospitals under the network of Insurers/ Third Party Administrators.	6
6.	Renewal Condition	The Policy is issued on per journey & trip basis. The policy is not renewable. However, the policy can be extended as per the underwriting policy of the company subject to payment of premium.	7.21

8.	Cancellation	<p>Before commencement of Journey: Applicable for Plan-A & B- Journey through Taxi and Bus.=: Policy must be cancelled atleast 1 hour before the journey. Applicable for Plan C- Coverage for Train Travel & Plan- D- Air Travel: Policy must be cancelled atleast 3 hours before the commencement of Journey. Applicable for Plan E- Domestic Trip: The policy must be cancelled atleast 3 days before the commencement of Period of Insurance.</p> <p>After commencement of Journey: Applicable for Plans- A, B, C & D: The policy can't be cancelled after the commencement of insured journey. Applicable for Plans- E: Domestic Trip with tenure of less than or equal to 7 days): policy can't be cancelled after the commencement of Insured Trip. Applicable for Plans- E: Domestic Trip with tenure of more than 7 days): Such policies can be cancelled even after the commencement of Insured</p>	7.12
9	Claims	a. For Cashless Service: <i>(Insurer to provide the details /web link from where Hospital Network details can be obtained)</i>	6.1
		b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/the Company/ within thirty days of date of discharge from hospital and occurring of insured event. For more details on claim procedure please refer the policy document.	6.2
10	Policy Servicing	<i>Insurer to provide the contact details of company officials.</i>	
	Grievances/ Complaints	a. Details of Grievance redressal officer (Insurer to provide the link) b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ c. Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	9
11	Insured's Rights	Insurer to specify the norms on TAT for Pre-Auth and Settlement of reimbursement.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Annexure-3

Form IRDAI-UNF-SDTIP

[All the items should be filled in properly and carefully. No item must be left blank.]

S No	Item	Particulars (to be filled in by insurer)
Section I: General Information		
1.1	Name of Health / General Insurer	
1.2	Registration No.alloted by IRDAI	
1.3	Name of Appointed Actuary [Please note that his/her appointment should be in force as on the date of this application]	
1.4	Brand Name [Give the name of the product which will be printed in Sales Literature and known in the market. This name should not be altered/ modified in any form after launching in the market. This name shall appear in all returns etc. which would be submitted to IRDAI	Bharat Yatra Suraksha,<Name of the insurer>
1.5	Date of approval by PMC	
Section II: Underwriting		
2.	Underwriting –Selection of Risks [This section should discuss how the different segments of the population will be dealt with for the purpose of underwriting (to the extent they are relevant and a brief detail of procedure adopted for assessment of various risk classes may be given.)	
2.1	Specify Non-medical Limit [Where no pre-medical examination is asked for]	
2.2	Specify when and what classes of lives would be subject to medical examination	
2.3	Whether any loading based on the health status are applicable	Yes / No
2.4	Whether any loading based on the occupation are applicable	Yes / No
2.5	Specify, any other underwriting criteria	
2.6	Whether Underwriting of the product aligned to the Board Approved Underwriting policy of the Company	Yes / No
2.7	Whether full costs of pre	Yes / No

	policy medical check up are borne by the Insurer								
2.8	If no, specify the percentage proposed to be borne by the Insurer.								
Section III - Distribution Channels									
3.1	Distribution channels:								
3.1(a)	Specify the various distribution channels to be used for distributing the product- [reply shall be specific and can not refer to the replies like "as approved by IRDAI]								
3.1(b)	Commission scales to distribution channels— specify the rates which are to be paid-[reply shall be specific]								
3.2	Expected proportions of business to be procured by each channel shall be indicated for the next 5 years.	Distribution Channel	Year 1	Year 2	Year 3	Year 4	Year 5		
		1. Individual Agents							
		2. Corporate Agents							
		3. Insurance Brokers							
		4. Web Aggregators							
		5. Micro Insurance Agents							
		6. CSC							
		7. PoS							
		8. Direct – Only Online							
		9. Direct Marketing - Others							
		(Incorporate separate line for each distribution channel)							
	10. Others- specify								
	11. Total								

Section IV - Reinsurance arrangements		
4.1	Retention limit	
4.2	Name of the reinsurer (s)	
4.3	Terms of reinsurance (type of reinsurance, commissions, etc.).	
4.4	Any recapture provisions shall be described.	
4.5	Reinsurance rates provided	
4.6	Whether a copy of the reinsurance program and a copy of the Treaty is submitted to the Authority.	Yes/No
4.6.1	Whether reinsurance program and a copy of the treaty enclosed (required only if these are not filed with the Authority previously)	Yes/No
4.6.2	Whether the reinsurance proposed for the product is in line with the Board approved reinsurance program filed with the Authority	Yes / No
4.6.3	If no, furnish the particulars	
Section V: Pricing		
5	<p>Premium Loadings & Discounts <i>(Please provide objective and transparent criteria to offer discounts/rebate/LoadingsAnd complete financial justifications by AA to every item referred hereunder.</i></p> <p><i>In case of General and Health Insurers to be also furnished separately in the Technical Note)</i></p>	
5.1	Sum insured rebates/discounts offered, if any	
5.2	Rebates/charges for different modes offered:	
5.3	Premium rebates/discounts	
5.4	Staff rebates	
5.5	Any other discounts offered	
5.6	Maximum cap on all Discounts for all variables taken together	

	5.7	Any loadings proposed			
	5.8	Maximum Cap on all Loading for all variables taken together			
	5.9	Subrogation (Not applicable to Health Insurance)			
5.10	Pricing Assumptions and Methodology: The pricing assumptions and the methodology may vary depending on the nature of product. Give details of the following				
5.11	Give the actuarial formulae, if any, used; if not, state how premiums are arrived at briefly explaining the methodology and details:				
5.12	Source of data (internal/industry/reinsurance)				
5.13	Rate of morbidity [The tables wherever relevant shall be the prescribed one.]				
5.14	Rates of policy terminations. [The rates used must be in accordance with insurer's experience. If such experience is not available, this can be from the industry/reinsurer's experience.]				
5.15	Rate of interest, if any. [The rate or rates must be consistent with the investment policy of the insurer.]				
5.16	Commission scales [Give rates of commission. These are explicit items.]				
5.17	Expenses - Split into First Year, Renewal and Claim related:- [Expense assumptions must be company specific. If such experience is not available, the Appointed Actuary might consider industry experience or make reasonable assumptions.]				
	5.17 .1	First Year expenses by: sum assured related, premium related, per policy related			
		<i>First Year Expenses</i>	sum assured related	premium related	per policy related
	5.17 .2	Renewal expenses where relevant (including overhead expenses) by : sum assured related, premium related, per policy related			
		<i>Renewal Expenses</i>	sum assured related	premium related	per policy related

	5.17.3	Claim expenses				
	5.17.4	Future inflationary increases, if any				
5.18	Allowance for transfers to shareholder, if any: [Please see section 49 of the Insurance Act, 1938]					
5.19	Taxation. [Please see the relevant sections of the Income Tax Act, 1961 applicable for payment of taxes by the Insurer]					
5.20	Any other parameter relevant to pricing of product –specify					
5.21	Reserving assumptions (please specify all the relevant details)					
5.22	Base rate (risk premium)-furnish the rate table, if any					
5.23	Gross premium- furnish the rate table, if any					
5.24	Annualised Premium					
	5.24.1 Minimum					
	5.24.2 Maximum					
5.25	sum insured wise loss ratio -		Sum Insured-wise loss ratio to be provided for all basic and optional covers separately. Data to be provided for 3 Financial Years.			
	SN	Benefit	Min SI			Max SI
	1	Hospitalization Expenses due to Accident				
	2	Accidental Death				
	3	Permanent Total Disability (PTD)				
	4	Permanent Partial Disability (PPD)				
	5	Repatriation Of Mortal Remains				
	6	Automatic trip extension				
		Optional Benefits				
	7	Compassionate Allowance				
	8	Missed Flight				

		Connection					
	9	Loss Of Checked-in Baggage (applicable only for air travel)					
	10	Trip Delay (applicable only for air travel) (beyond 3 hour)					
	11	Carrier Cancellation (applicable only for air travel)					
	12	Trip cancellation & Interruption					
5.26	sum insured wise combined ratio - to be furnished for each option or plan separately			Sum Insured-wise combined ratio to be provided for all basic and optional covers separately. Data to be provided for 3 Financial Years.			
	S.N	Benefit					
	1	Hospitalization Expenses due to Accident					
	2	Accidental Death					
	3	Permanent Total Disability (PTD)					
	4	Permanent Partial Disability (PPD)					
	5	Repatriation Of Mortal Remains					
	6	Automatic trip extension					
		Optional Benefits					
	7	Compassionate Allowance					
	8	Missed Flight Connection					
	9	Loss Of Checked-in Baggage (applicable only for air travel)					
	10	Trip Delay (applicable only for air travel) (beyond 3 hour)					
	11	Carrier Cancellation (applicable only for air travel)					
	12	Trip cancellation & Interruption					
5.27	Expected cross-subsidy between sum insured						
5.28	Experience of similar products, if any for the preceding Five Financial Years						

	S.No	Exposure	Premium – Rs.	Number of claims	Incurr ed claims -Rs.	Claim frequency	Average cost per claim	Burning cost-Rs.	Loss ratio	Combined ratio
	FY									
	FY-1									
	FY-2									
	FY-3									
	FY-4									
	<p>1. Exposure: earned life year (no of life earned during a particular financial year);</p> <p>2. Premium: premium earned during the financial year;</p> <p>3. Number of claims: claims occurred during the financial year;</p> <p>4. Incurred claims: Incurred amount as of today for claims mentioned in “3”;</p> <p>5. Claim frequency: No. of claims/ Exposure;</p> <p>6. Average cost per claim: Incurred claims / No. of claims;</p> <p>7. Burning cost: Claims frequency* Average cost per claim;</p> <p>8. Loss ratio: Incurred claims/ Premium;</p> <p>9. Combined ratio: Loss ratio + Expense ratio;</p>									
5.29	Revision in pricing for existing products (Submit separately as an Annexure, percentage difference between existing and modified premium rates for each rating factor)									
5.30.1	Whether there is an increase or decrease in the premiums									
5.30.2	Justification for change/ modification in premium									
5.30.3	Experience of the product across plans / sum insured									
5.30.4	How the pricing methodology differs between sum insured options									
5.31	Results of Financial Projections/Sensitivity Analysis: [The profit margins should be shown for various model points for base, optimistic and pessimistic scenarios in a tabular format below. The definition of profit margin should be taken as the present value of net profits to the p.v of premiums. Please specify assumptions made in each scenario. For terms less than or equal to one year loss ratio may be used and for terms more than one year, profit margin may be used.]									
5.32	Risk discount rate used in the profit margin									
5.33	Average Sum Insured									

	Assumed			
5.34	Assumptions made under pessimistic scenario			
5.35	Assumptions made under optimistic scenario			
5.36	PM: Profit Margin/Loss Ratio]	<i>PM (base scenario)</i>	<i>PM (pessimistic scenario)</i>	<i>PM (optimistic scenario)</i>
	Hospitalization Expenses due to Accident			
	Accidental Death			
	Permanent Total Disability (PTD)			
	Permanent Partial Disability (PPD)			
	Repatriation Of Mortal Remains			
	Automatic trip extension			
	Optional Benefits			
	Compassionate Allowance			
	Missed Flight Connection			
	Loss Of Checked-in Baggage (applicable only for air travel)			
	Trip Delay (applicable only for air travel) (beyond 3 hour)			
	Carrier Cancellation (applicable only for air travel)			
	Trip cancellation & Interruption			
Section VI: Enclosures to the Application:				
The following specimen documents should be enclosed:				
6.1	Sales Literature /Prospectus. This is the literature which is to be used by the various distribution channels for selling the product in the market. This shall enumerate all the salient features of the product alongwith the exclusions applicable for the basic benefits and shall be in compliance with the relevant circulars issued by the Authority at all times).			
6.2	Policy Document& Policy Schedule			
6.3	Technical Note on Pricing			
6.4	Proposal form, wherever necessary			
6.5	Premium Table			
6.6	Certificates by Appointed Actuary and Chief Compliance Officer			
6.7	CIS			

Soft ware used for product design and monitoring --- (for information of the Authority)

The Insurer shall enclose a certificate from the Chief Compliance Officer, Appointed Actuary, countersigned by the principal officer of the insurer, as per specimen given below:(The language of this should not be altered)

Certification by Chief Compliance Officer:

I----- (Name of Chief Compliance Officer) the undersigned, on behalf of the Insurer named below, hereby affirm and declare as follows:

1. That the details of the (Name of product) filled in above are true and correct and reflect what the policy and other documents indicate.
2. That the product complies with the various provisions of the IRDAI Health Insurance Regulations, 2016, Guidelines on Standardization of Health Insurance, Product Filing, Guidelines on Standardization of Exclusions in Health Insurance Contracts, Guidelines on Standard Domestic Travel Insurance Product, issued thereon and the applicable provisions of extant IRDAI Regulations and all circulars issued by IRDAI from time to time.
3. That this application and all other documents are complete and have been verified for correctness and consistency not only in respect of each item of each document but also vis-a-vis one another.
4. I certify that the policy wordings and Customer Information sheet filed along with this application is in compliance with IRDAI (Health Insurance) Regulations, 2016, Product Filing Guidelines, Guidelines on Standardization of Health Insurance, Guidelines on Standardization of Exclusions in Health Insurance Contracts, Guidelines on Standard Domestic Travel Insurance Product, issued thereon.
5. I further certify that the Prospectus submitted is in compliance with the applicable provisions of Rules, IRDAI Regulations and Guidelines on Product Filing and Insurance Advertisements.

Date:

(Chief Compliance Officer)
Name of Insurer

Certification by Appointed Actuary:

" I, **(name of the appointed actuary)**, the appointed actuary, hereby solemnly declare that the information furnished in this Application Form is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above product are workable and sound, the assumptions are reasonable and premium rates are fair."

I have carefully studied the requirements of the Product Filing Procedure in relation to the design and rating of insurance products.

The rates, terms and conditions of the above mentioned product are determined on technically sound basis and are sustainable on the basis of the information and claims experience available in the records of the insurer.

An adequate system has been put in place for collection of data on premiums and claims based on every rating factor that will enable review of the rates and terms of the cover from time to time. It is planned to review the rates, terms and conditions of cover (--- mention periodicity of review) based on emerging experience.

It is further certified that the underwriting of the product now filed shall be within the Board approved underwriting philosophy of the Company.

The requirements of the Product Filing Procedure have been fully complied with in respect of this product or revision or modification of the product.

I further declare that except the Sections mentioned in S.No., no other feature/benefit/clause is modified in the product (applicable only for revision or modification of the product)

Place

Signature of the Appointed Actuary

Date:

Certification by Principal Officer or CEO

I (name of the Principal Officer or CEO), (mention designation) hereby confirm that:

1. The rates, terms and conditions of the above-mentioned product filed with this certificate have been determined in compliance with the IRDA Act, 1999, Insurance Act, 1938, and the Regulations and guidelines issued there under, including the File and Use / Product Filing guidelines.
2. The prospectus, sales literature, policy and endorsement documents, and the rates, terms and conditions of the product have been prepared on a technically sound basis and on terms that are fair between the insurer and the client and are set out in language that is clear and unambiguous.
3. These documents are also fully in compliance with the underwriting and rating policy approved by the Board of Directors of the insurer.
4. The statements made in the filing Form -IRDAI-UNF-SDTIP are true and correct.
5. The requirements of the Product Filing Guidelines have been fully complied with in respect of this product.

Date: _____ Signature of Principal Officer or Designated Officer

Place: _____ Name and designation along with Company's seal