

**ADITYA BIRLA HEALTH INSURANCE CO. LIMITED.**  
**Group Activ Travel - Policy Terms and Conditions**

**Section A. PREAMBLE**

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy Schedule/Certificate of Insurance/Product Benefit Table of this Policy.

You/ group Policyholder/ group organiser shall at all times ensure compliance with the requirements of IRDAI's Circular on Travel Insurance Products and operational matters bearing ref: IRDAI/HLT/CIR/MISC/174/09/2019 dated September 27, 2019 as may be amended from time to time. Provided that in case You/ group Policyholder/ group organiser fails to ensure compliance with the requirements of the said circular, the Insurer shall have a right to cancel the group Policy with or without notice

**Key Notes:**

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

**Section B. BENEFITS UNDER THE POLICY**

*Benefit B.1. "Medical Cover" is an in-built Benefit and is available to all Insured Persons. The Certificate of Insurance will specify which of the Optional Benefits and Optional Extensions are in force for the Insured Person.*

*All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured. Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under a Benefit/Optional Benefit during the Period of Insurance shall not exceed the benefit amount specified against the applicable Benefit/Optional Benefit in the Certificate of Insurance and subject always to the availability of the Sum Insured of the respective Benefit or Optional Benefit, as the case may be. Claims made under applicable Optional Extensions shall be considered as a part of the limit for that Benefit/Optional Benefit to which the Optional Extension has been added and such Claims shall be payable subject to the availability of that benefit amount specified in the Certificate of Insurance and the Sum Insured. Claims made under Optional Benefit "Additional Services" and Optional Extensions "Corporate Floater" and "Additional Sum Insured in case of Accident" shall be in addition to the Sum Insured and subject to the limit for that Optional Benefit/Optional Extension specified in the Certificate of Insurance.*

*Each Claim in respect of an Insured Person shall be payable subject to any applicable Deductible or Co-payment as specified against that Benefit or Optional Benefit or Optional Extension in the Certificate of Insurance or as opted and in force. Claims made under this Policy will be paid on reimbursement basis only unless specifically approved by Us or Our Assistance Service Provider or as may be specifically provided for in the subsequent sections.*

*If the Geographical Scope specified in the Certificate of Insurance is out of India, Country of Residence (India) is to be considered and if the Geographical Scope specified in the Certificate of Insurance is restricted to India, City of Residence is to be considered. Coverage shall be restricted to the Geographical Scope in force for the Insured Person.*

*The Certificate of Insurance will specify the currency in which claims under the Benefit, Optional Benefits and Optional Extensions will be made.*

*Claim documents as specified in Section C.4.3 is applicable to each and every claim. Additional Claim documents related to specific Benefit / Optional Benefit / Optional Extension are mentioned against the respective Benefit/Optional Benefit/Optional Extension.*

#### **B.1. MEDICAL COVER**

**a)** The Certificate of Insurance will specify whether Section B.1(a.1) or Section B.1(a.2) applies to the Insured Person.

##### **1. IN-PATIENT CARE WITH DAY/ CARE TREATMENT**

If an Insured Person is diagnosed with an Illness or suffers an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person's Hospitalization or the Insured Person to undergo any of the Day Care Treatments specified in Annexure – I at a Day Care Centre or Hospital, then We shall indemnify the Medical Expenses incurred on that Hospitalization or Day Care Treatment provided that:

- (i) The Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (ii) The treating Medical Practitioner certifies in writing that the treatment taken for that Illness or Injury is Medically Necessary Treatment;
- (iii) The treatment for the Illness or Injury commences during the Period of Insurance immediately and not exceeding 15 days following the diagnosis of the Illness or occurrence of the Injury.

For the purpose of this Benefit, 'treatment' shall be deemed to include only the following:

- (i) In patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an insured event or at the nearest suitable Hospital.
- (ii) Medical aid that is prescribed by a physician as necessary part of the treatment for broken limbs or injuries by the Insured Person (e.g. plaster casts, bandages and walking aids).
- (iii) Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician.
- (iv) X-Ray, and other diagnostic tests, provided these pertain to the diagnosed Illness/Injury due to which Hospitalization was deemed medically necessary.
- (v) Cost of transportation, including necessary medical care en-route, by recognized emergency service providers/surface Ambulance for medical attention at the nearest Hospital or at the nearest available Physician.
- (vi) Lifesaving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured Person by medical practitioners.

#### **B.2. OPTIONAL BENEFIT 1 – MEDICAL EVACUATION**

**a)** We shall indemnify the reasonable costs necessarily incurred for the Medical Evacuation of the Insured Person whilst on a Trip during the Period of Insurance in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment), provided that:

- (i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's Emergency medical evacuation;
- (ii) These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
- (iii) The Insured Person's Hospitalization is commenced and continued on the written advice of a Medical Practitioner;
- (iv) This Optional Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance;
- (v) The scope of cover for this Optional Benefit shall be limited to the following:
  - a. For any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.1).  
For any Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.2).

**b) Documents to be submitted for any Claim under this Optional Benefit:**

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;
- (ii) Documentary proof for all expenses incurred towards the Medical Evacuation.

### **B.3. OPTIONAL BENEFIT 2 – REPATRIATION OF MORTAL REMAINS**

**a)** If the Insured Person dies whilst on a Trip during the Period of Insurance as a result of Illness / Injury occurring during the Period of Insurance, We shall indemnify the costs of repatriation of the mortal remains of the Insured Person to the Country of Residence/City of Residence or, up to an equivalent amount, for a local burial (excluding costs incurred towards buying / procuring a grave) or cremation at the place where death has occurred provided that:

- (i) We shall not be liable to make payment under this Optional Benefit in respect of the Insured person in excess of the amount specified in the Policy Schedule/Certificate of Insurance;
- (ii) This Optional Benefit shall be provided on a Cashless Facility basis only, provided that the costs are certified in writing and authorized by Us or the Assistance Service Provider in advance;
- (iii) The scope of cover for this Optional Benefit shall be limited to the following:
  - a. Death of the Insured Person solely and directly due to any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.1);
  - b. Death of the Insured Person solely and directly due to any Injury sustained by the Insured Person during the Period of Insurance if this Optional Benefit is applicable to the Insured Person under the Policy along with Section B.1(a.2).

### **b) Documents to be submitted for any Claim under this Optional Benefit:**

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- (ii) Copy of the post-mortem report/certificate (wherever applicable);
- (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
- (iv) In case of transportation of the body of the deceased to the Country of Residence/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.
- (v) Copy of Embalming certificate

### **B.8. OPTIONAL BENEFIT 7 - PERSONAL ACCIDENT**

**a)** If the Insured Person dies or suffers Permanent Total Disablement (of the nature specified in the table below) within twelve months from the date of occurrence of an Injury solely and directly due to an Accident occurring during the Trip within the Period of Insurance, We shall pay in accordance with the cover opted for and specified in the Policy Schedule / Certificate of Insurance, provided that death or Permanent Total Disablement is solely and directly due to the Injury and the Insured Person or his representative arranges for the immediate treatment of the Insured Person in a Hospital.

<b>Event</b>	<b>% of SI Payable</b>
Death	100%
Permanent Total Disablement (PTD)	-
Loss of sight of both eyes, or actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or loss of sight of one eye, and loss of one entire hand or one entire foot	100%

Loss of sight of one eye, or actual loss by physical separation of one entire hand or one entire foot	50%
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For the purpose of this Optional Benefit only, physical separation of a hand or foot means actual severance of hand at or above the wrist, and of foot at or above the ankle.

The criteria for deciding total loss of function of body part or organ for the permanent total disablement shall be based on a certificate from treating Medical Practitioner's certificate / disability certificate from civil surgeon

If a Claim has been made under this Optional Benefit in respect of the Insured Person which does not result in 100% of the benefit amount specified in the Certificate of Insurance against this Optional Benefit being paid, then cover for the Insured Person under this Optional Benefit shall continue for the remainder of the benefit amount. Any amounts already paid under this Optional Benefit in respect of an Insured Person during the Period of Insurance shall be subtracted from any further amounts due under this Optional Benefit in respect of the Insured Person during that Period of Insurance.

Our maximum, total and cumulative liability under this Optional Benefit shall not exceed the amount specified against this Benefit in Policy Schedule / Certificate of Insurance.

Our maximum, total and cumulative liability under this Optional Benefit for Insured Person less than 5 years of Age shall not exceed US\$2000 unless specified otherwise in the Certificate of Insurance/Policy Schedule.

**b) Documents to be submitted for any Claim under this Optional Benefit:**

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Medical reports giving the details of the Accident, nature of the Injury, the extent of disability (if applicable) and the details of treatment provided.
- (ii) Death certificate (if applicable).
- (iii) Post-mortem report/certificate (wherever applicable).
- (iv) Police report (wherever applicable).
- (v) Medical Practitioner's certificate stating the reasons for and the extent of the Injury.
- (vi) Copy of discharge summary (if available).
- (vii) Treating Medical Practitioner's certificate describing the disablement.
- (viii) Disability certificate from a civil surgeon.

**B.17.OPTIONAL BENEFIT 16 – BOUNCE BOOKING**

**a)** We shall indemnify the Insured Person for the actual additional expenses / cost incurred by the Insured Person for alternative flight arrangements and/or for alternative accommodation in the event of (i) the confirmed flight booking for any part of the Trip within the Period of Insurance not getting confirmed at the sole instance of the Common Carrier, or (ii) the confirmed accommodation booking at the place of stay in any part of the Trip not getting confirmed solely at the instance of the accommodation provider, provided that:

**(i)** the Our liability shall be in relation to the travel covered by such confirmed booking and in relation to accommodation in the same place of stay and also provided that the Our liability to such additional expenses shall be in relation to the same class of travel and same category of accommodation limit as specified in Certificate of Insurance / Policy Schedule) as the case may be covered by the original confirmed bookings.

**(ii)** It is a Condition Precedent to Our admission of liability under this Optional Benefit that the Insured Person shall take all steps to fix the primary responsibility for the bouncing of bookings both with the Common Carrier and / or with the accommodation provider and try to recover from them the consequential loss incurred by the Insured Person by way of additional expenses for alternative travel arrangement or alternative accommodation arrangement. Details of the steps taken by the Insured Person shall be furnished to Us.

**(iii)** Any recovery towards additional expenses incurred for alternative travel or accommodation arrangement effected from the Common Carrier or accommodation provider as the case may be, if any, effected from the concerned agencies after settlement of the Claim under the Policy, shall be remitted to Us to the extent of the amount of claim admitted and paid by Us to the Insured Person.

**b) Exclusions applicable to Optional Benefit 16 – Bounce Booking:**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) If the Insured shall fail to adhere to the rules of the Common Carrier or the accommodation provider in connection with reconfirmation of the booking before the date of travel or date of accommodation as the case may be;
- (ii) In connection with any waitlisted travel booking or accommodation booking irrespective of whether such bookings have been promised to be confirmed later;
- (iii) If the confirmed accommodation is a personal arrangement or is free of charge;
- (iv) Where the alternative arrangements for either the travel or the accommodation is provided by the Common Carrier or the accommodation provider as the case may be within 6 hours from the time of departure of the travel covered by the bounced booking or the time of commencement of stay covered by the earlier confirmed accommodation booking.

**c) Documents to be submitted for any Claim under this Optional Benefit:**

It is a Condition Precedent to the Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A declaration from the Insured Person that he / she has strictly complied with the rules laid down by the Common Carrier or accommodation provider as the case may be relating to the reconfirmation of the booking prior to the date of departure of the flight or occupation of the accommodation.
- (ii) A confirmation from the Common Carrier of the bounced booking having occurred solely at their instance and responsibility.
- (iii) A confirmation from the accommodation provider of the bounced booking having occurred solely at their instance and responsibility.
- (iv) The Insured shall lodge his / her claim on the Common Carrier and / or the accommodation provider in writing
- (v) Statement of Claim for the expenses incurred;
- (vi) Original receipt for payment of charges to the other Common Carrier and / or other the accommodation provider.

**B.24.OPTIONAL BENEFIT 23 – EMERGENCY HOTEL ACCOMMODATION / EXTENSION**

**a)** If the Illness or Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or treatment of any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) by the Insured Person whilst on a Trip during the Period of Insurance solely and directly requires the Insured Person's Hospitalization, We shall indemnify the reasonable hotel accommodation charges necessarily incurred by an Immediate Family Member in the place of Hospitalization of the Insured Person, provided that:

- (i) The Insured Person's Hospitalization continues for more than 5 consecutive days;
- (ii) The Immediate Family Member's extended stay in the hotel was not part of the planned stay or covered under the original hotel booking;
- (iii) The Immediate Family Member is also an Insured Person or is covered under any other travel insurance policy issued by Us for the same period as the Period of Insurance.
- (iv) Our liability shall be in relation to hotel accommodation in the lower of same category of accommodation or original booking (per day) as the case may be covered by the original confirmed bookings.
- (v) We have accepted a Claim for the same period of Hospitalisation of the Insured Person under Section B.1(a.1) or B.1(a.2) as applicable.

**b) Documents to be submitted for any Claim under this Optional Benefit**

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) A certificate from the Medical Practitioner specifying the minimum period of Hospitalization.
- (ii) Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- (iii) Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation.
- (iv) Payment receipt of extension of hotel booking with the documentation.

**B.25.OPTIONAL BENEFIT 24 – OUT-PATIENT COVER**

a) The Certificate of Insurance will specify whether Section B.25(a.1) or Section B.25(a.2) applies to the Insured Person.

**1. OUT-PATIENT CARE**

If an Insured Person suffers an Illness or an Injury whilst on a Trip during the Period of Insurance that solely and directly requires the Insured Person to take Outpatient Treatment, then We shall indemnify the Medical Expenses incurred on that Out-patient Treatment.

**B.26.OPTIONAL BENEFIT 25 – HOTEL CANCELLATION:**

a) We shall indemnify the Insured Person for any cancellation charges related to the accommodation booked in advance in a hotel or guest house for the Period of Insurance solely and directly due to one of the reasons below, provided that Our liability shall be limited to the difference between the actual charges incurred for the reservation of such accommodation and the amounts obtained by refund towards the complete cancellation of the original reservation:

- i. Earthquake, storm, flood, inundation, cyclone or tempest provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey.
- ii. Terrorism provided that the peril takes place prior to the commencement of the Period of Insurance at or in the vicinity of the Place of Origin of the journey, the ultimate scheduled Place of Destination or any intermediate place which is involved in or related to the proposed journey;
- iii. The Insured Person's Immediate Family Member dies or is Hospitalized in an Emergency due to an unforeseen Illness or Injury for at least 2 consecutive days provided that such Illness or Injury shall occur not earlier than 10 consecutive days from the scheduled commencement of the Period of Insurance;
- iv. The Insured Person is Hospitalized in an Emergency due to an unforeseen Illness or Injury (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.1)) or any Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.1(a.2)) and such Hospitalization commences within 10 days from the scheduled commencement of the Period of Insurance and continues for at least 2 consecutive days and the treating Medical Practitioner certifies in writing that the Insured Person is not fit to undertake travel.
- (v) The treating Medical Practitioner certifies in writing that the Insured Person is not medically fit to undertake travel.
- (vi) Government imposed lockdown due to pandemic/ epidemic resulting in cancellation.

**b) Documents to be submitted for any Claim under this Optional Benefit**

It is a Condition Precedent to Our liability under this Optional Benefit that the following necessary information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Original bill and receipt or letter obtained from the hotel and/or guest house and/or any other paid residential accommodation (available on payment of fees) indicating the amount paid for the accommodation, the refund given and the cancellation charges retained.
- (ii) Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation.
- (iii) A declaration from the Insured Person furnishing the circumstances that compelled him/her to cancel the journey.
- (iv) Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his/her Immediate Family Member.
- (v) Any other document related to cancellation.

**B.30.OPTIONAL BENEFIT 29 – LOSS OF LAPTOP /TABLET / HAND BAGGAGE / MOBILE**

a) We shall indemnify the Insured Person for loss incurred due to theft of his/her laptop, tablet, hand baggage or mobile whilst on a Trip during the Period of Insurance provided that:

- (i) The claim will be settled at the market value (subject to the benefit amount specified in the Certificate of Insurance against this Optional Benefit) of the laptop, tablet, hand baggage or mobile before the loss, which shall be arrived at by depreciating the value by 25% per annum.



(ii) It has been reported to the local police where the incidence has occurred within 24 hours of the Insured Person becoming aware of the theft and a written police report being obtained in that regard.

**b) Exclusions applicable to Optional Benefit 29 – Loss of Laptop /Tablet / Hand Baggage / Mobile:**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any electrical or mechanical breakdown of the laptop, tablet or mobile
- (ii) Any loss of software or data in the laptop, tablet or mobile and any consequential loss arising from the same.
- (iii) Any loss as a result of any action taken by customs department / Government department.
- (iv) Loss of mobile in case of domestic travel or loss reported within Indian Geography.
- (v) Any loss reported due to the laptop, tablet, hand baggage or mobile being left unattended or forgotten by the Insured Person in a public place or public transport, hotel or apartment.

**c) Documents to be submitted for any Claim under this Optional Benefit:**

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- (i) Copy of the police report (wherever applicable);
- (ii) Details of the attempts made to trace the laptop, tablet, hand baggage or mobile;
- (iii) Letter defining incidence of theft;
- (iv) Bill copy for the laptop, tablet, hand baggage or mobile.

**B.39.OPTIONAL BENEFIT 38 – HOME BURGLARY**

**a)** We will indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's place of residence in India (at the address mentioned in the Certificate of Insurance) caused by actual or attempted Burglary and/or Robbery during the Period of Insurance. The cover incept from the date of departure of the Insured Person from the Country of Residence and ends on the date of expiry of the Period of Insurance or date of return to the Country of Residence, whichever is earlier. Our liability will be limited to the in respect of the Insured Person to benefit amount specified in the Policy Schedule/Certificate of Insurance in any one Policy Period irrespective of the number of such incidents or occurrences arising out of such incidents..

**b) Exclusions applicable to Optional Benefit 38 – Home Burglary**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Loss of cash and loss or damage to jewellery and valuables.
- (ii) Loss or damage caused by the Insured Person's and / or Insured Person's employee(s) or agents and / or Insured Person's family member's direct or indirect involvement in the actual or attempted burglary;
- (iii) Any loss or damage to, or on account of loss of, livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit or credit cards, precious stones, gold bullion;
- (iv) Loss or damage to any property/item illegally acquired, kept, stored or property subject to forfeiture in any manner whatsoever

**c) Documents to be submitted for any Claim under this Optional Benefit:**

It is a Condition Precedent to Our liability under this Optional Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Benefit:

- i. Covering Letter detailing full statement of the facts of the incidence of theft.
- ii. Copy of FIR (filed with the local police authorities)
- iii. Details of local investigation and survey of loss in case carried out by Insured Person.
- iv. Details of any other insurance covering the same loss
- v. Passport and Visa copy with Entry Stamp from country of visit and exit Stamp from India

## Section C. TERMS AND CONDITIONS

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The following special conditions shall be applicable only if the condition is specified to be in force for the Insured Person in the Policy Schedule/Certificate of Insurance.

### 1. Special Conditions

#### C.1.1. Floater Cover

(a) If the Certificate of Insurance is on family floater basis:

Our maximum, total and cumulative liability for any and all Claims under any Benefit/Optional Benefit in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period shall be the amount specified against that Benefit/Optional Benefit in the Certificate of Insurance.

Claims made under all applicable Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period shall be considered as a part of the limit for that Benefit/Optional Benefit to which the Optional Extension has been added and claims shall be payable subject to the availability of that benefit amount specified in the Certificate of Insurance and the Sum Insured.

The Sum Insured amount specified in the Certificate of Insurance shall represent Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/Optional Benefits/Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period.

#### C.1.2. Co-payment

(a) Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Person shall bear a Co-payment as specified in the Policy Schedule/Certificate of Insurance on each and every Claim made under the Policy and Our liability shall be restricted to the balance amount payable on the Claim.

#### C.1.3. Deductible

The claim amount assessed by Us for a particular claim shall be reduced by the Deductible as specified in the Policy Schedule/Certificate of Insurance. We shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.

#### C.1.4. Trip Type

The Policy Schedule/Certificate of Insurance will specify whether Single Trip Cover or Annual Multi Trip Cover is in force for the Insured Person.

### 2. GENERAL CONDITIONS

The following General Conditions shall be applicable to Benefit – ‘Medical Cover’, all Optional Benefits, Optional Extension and Specific Policy Terms & Conditions under the Policy.

C.2.1. The Insured Person’s cover under the Policy shall not attach to any journey that has already commenced prior to the Policy Period Start Date or prior to the commencement of the Insured Person’s cover under the Policy.

C.2.2. Extension of the Period of Insurance for a Single Trip Policy:

On Your written request, We may extend the Period of Insurance provided that the total Period of Insurance shall not exceed the maximum trip duration (as opted by You) specified in the Policy Schedule/Certificate of Insurance. If a Claim has been made under the Certificate of Insurance:

(i) No insurance cover shall be available under the Benefit or Optional Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Benefit or Optional Extension is available on a fixed benefit amount basis;

(ii) Insurance cover up to the available Sum Insured shall be available under the Benefit or applicable Optional Benefit or Optional Extension in respect of which the Claim is made if such Benefit or Optional Benefit or Optional Extension is available on an indemnity basis.

C.2.3. Extension of the Geographical Scope:

On Your written request, We may extend the Geographical Scope specified in the Certificate of Insurance provided that the additional premium specified by Us is received in full in advance of the commencement of



coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope or made any medical related Claim under the Policy.

C.2.4. All requests for extensions must be made at least 1 day before the expiry of the original Period of Insurance and accompanied by all the following information and documentation:

- (a) Duly completed application for extension;
- (b) Details of complete particulars of all Claims;
- (c) A good health declaration in respect of the Insured Person.

C.2.5. This product may be withdrawn / modified by Us after due approval from the IRDA of India. In case this product is withdrawn / modified by Us, this Policy can be extended under the then prevailing product or its nearest substitute filed with and approved by IRDA of India. We shall duly intimate You at least three months prior to the date of such withdrawal / modification of this product and the options available to You at the time of extension of this policy.

C.2.6. Extension shall automatically be granted except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person.

C.2.7. Assignment:

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

C.2.8. Grace Period & Renewal:

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

C.2.9. Cancellation / Termination - At Your request, the Certificate of Insurance shall be cancelled any time prior to the Period of Insurance End Date specified in the Certificate of Insurance subject to the following conditions:

(a) Full refund shall be made if the request for cancellation is received by Us not later than 7 days from the Period of Insurance Start Date and before commencement of the first Period of Insurance (i.e. the first one of the Period of Insurances in case of Insured Person planning to visit multiple countries) if the sole reason for such cancellation is denial of visa for the countries where the Insured Person was scheduled to visit. The visa denial or cancellation letter issued by appropriate authorities shall be submitted to Us along with the request for cancellation.

(b) Cancellation of Certificate of Insurance, issued for a Single Trip, at a date earlier than the Period of Insurance End Date specified in Certificate of Insurance can be done only if the Insured Person returns to the Country of Residence/City of Residence before the Period of Insurance End Date.

Refund of premium shall only be applicable if the difference between the arrival date to the Country of Residence and the Certificate of Insurance End Date is at least 1 day. Premium refunded shall be the difference of the amount of premium paid for the original Period of Insurance and the premium applicable by taking the arrival date as the new Period of Insurance End Date.

(c) Cancellation of Certificate of Insurance, issued for an Annual Multi Trip, at a date earlier than the Period of Insurance End Date shall be effected by Us and We shall retain premium on short period scales as applicable

(d) No refund of premium shall be eligible in case of cancellation of this Certificate of Insurance where a Claim has been incurred/ registered. We shall have no liability to make payment of any claims which are incurred post cancellation of the Certificate of Insurance.

### **3. PERMANENT EXCLUSIONS (applicable to Benefit – ‘Medical Cover’, all Optional Benefits & Optional Extensions)**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (a) Any condition or treatment as specified in Annexure – II.
- (b) Excluded providers: (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure IV of this policy and as disclosed in website

(<https://www.adityabirlacapital.com/healthinsurance/#!/homepage>) / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(c) Any events occurring outside the Period of Insurance except for a Claim for Trip Cancellation under Optional Benefit 12.

(d) The Insured Person:

(i) traveling against the advice of a Medical Practitioner; or

(ii) receiving medical treatment (or has planned to receive during the Policy Term for an existing illness/ diagnose/ condition); or

(iii) travelling for the purpose of obtaining medical treatment; or

(iv) taking part or is supposed to participate in a naval, military or air force operation or war like or peace keeping operation.

(v) traveling to any country for which his/her visa is not allotted.

(e) An act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.

(f) Any Illness or Injury directly or indirectly resulting or arising from or occurring during the commission of any breach of any law by the Insured Person with any criminal intent.

(g) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, ~~Acquired Immuno-Deficiency Syndrome (AIDS) whether or not arising out of HIV~~, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

(h) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarean section), abortion or complications of any of these. This exclusion shall not apply to ectopic pregnancy, which is proved by diagnostic means and certification by a gynaecologist that it is life threatening.

(i) Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization or procedure, birth control procedures, hormone replacement therapy, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.

(j) Any treatment or surgery for any dental Illness or Injury.

(k) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

(l) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and or devices whether for diagnosis or treatment.

(m) Unproven / Experimental Treatment which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.

(n) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walker, belts, collar, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer or thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

(o) Weight management services and treatment, vitamins and tonics related to weight control programmers, services and supplies including treatment of obesity (including morbid obesity).

(p) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.

(q) Treatment of all external Congenital Anomalies or Illness or defects or anomalies or treatment relating to external birth defects.

~~(r) Treatment of mental illness, stress, psychiatric or psychological disorders.~~

(s) Aesthetic treatment, cosmetic surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury.

(t) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.

- (u) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
  - (v) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
  - (w) Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, or is demonstrating any of the following conditions :
    - 1. Deep coma and unresponsiveness to all forms of stimulation; or
    - 2. Absent pupillary light reaction; or
    - 3. Absent oculovestibular and corneal reflexes; or
    - 4. Complete apnea.
  - (x) All expenses related to donor screening, treatment, including surgery to remove organs from the donor, in case of transplant surgery.
  - (y) Non-allopathic treatment.
  - (z) Illness or Injury attributable to the consumption, use, misuse or abuse of tobacco, intoxicating drugs or alcohol.
  - (aa) Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which in-patient care or a day care procedure is required.
  - (bb) 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.
  - (cc) Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.
  - (dd) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    - (i) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile or fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
    - (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    - (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above is also excluded.
- (ee) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
  - (ff) Any sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
  - (gg) Any Claim relating to Adventure Sports.
  - (hh) Any Medical Expenses or other expenses which are not Reasonable and Customary Charges.
  - (ii) Any procedure or diagnostic test for gender detection of foetus/unborn child.
  - (jj) Sterility and Infertility: (Code- Excl17)
- Expenses related to sterility and infertility. This includes:
- (i) Any type of contraception, sterilization
  - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - (iii) Gestational Surrogacy
  - (iv) Reversal of sterilization

**3.1. Additional Exclusions applicable to Benefit – 'Medical Cover', Optional Benefit 18 to 23, Optional Benefit 26, Optional Benefit 30 & Optional Benefit 34:**

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Medical treatment taken outside the Country of Residence/City of Residence if that is the sole reason or one of the reasons for the journey.
- (ii) Any treatment or Medical Expenses incurred for any Illness/Injury which was a Pre-existing Disease at the time of commencement of cover of the Insured Person under the Policy except for illnesses wherever proximate cause of loss is an accident.
- (iii) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence/City of Residence.
- (iv) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- (v) Routine physical tests and/or examination of any kind not consistent with or incidental to the diagnosis and treatment of any Illness or Injury either in a Hospital or as an outpatient and any type of vaccination or inoculation if it does not apply to post-bite treatment.
- (vi) Physiotherapy expenses or any services provided by chiropractitioner.
- (vii) Expenses related to any kind of Non-medical charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (i) Treatment of orthopaedic, degenerative and oncological diseases unless such treatment pertains to Life Threatening Medical Conditions or measures solely taken to relieve acute pain and in any case, excluding chemotherapy or radiotherapy expenses. This exclusion is applicable only to section B.1.a.1 and B.1.a.2.
- (ii) Any treatment or Medical Expenses incurred for any Accident/ Injury which has occurred prior to the commencement of the cover.

#### **4. CLAIM INTIMATION, ASSESSMENT AND MANAGEMENT**

Upon the occurrence of any event, Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, You or Insured Person (or the Nominee or legal heir if the Insured Person is deceased) shall undertake all the following in addition to any specific requirements specified within the Benefit/Optional Benefit/Optional Extension under which the Claim is made:

##### **4.1. Claims Intimation**

- (a) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, You or Insured Person (or the Nominee or legal heir if the Insured Person is deceased), shall notify Us either at Our call center or in writing immediately and in any event within the timeframe (if any) specified in the Benefit/Optional Benefit under which the Claim is made.
- (b) It is agreed and understood that the following details are to be provided to Us at the time of intimation of the Claim:
  - (i) Policy Number and Certificate of Insurance;
  - (ii) Claimant's Name;
  - (iii) Name of the Insured Person in respect of whom the Claim is being made;
  - (iv) Nature of Illness or Injury or contingency for which Claim is being made and the Benefit and/or Optional Benefit and/or Optional Extension under which the Claim is being made;
  - (v) Date of admission to Hospital or loss;
  - (vi) Name and address of the attending Medical Practitioner and Hospital (if applicable);
  - (vii) Any other information, documentation or details requested by Us or the Assistance Service Provider.
- (c) Any event that may give rise to a Claim under a Hospitalization benefit has to be notified to Us or the Assistance Service Provider, within 48 hours of Hospitalization or before discharge (whichever is earlier). However, We shall examine and relax the timeframe specified for Claim intimation depending upon whether the reasons for delay are beyond the control of the claimant.

##### **4.2. Claims Procedure**

- (a) **Cashless Facility:** Cashless Facilities are available only at Our Network Providers or the Assistance Service Provider. The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider, by completing the following procedure:
  - (i) Pre-authorization: You or Insured Person must call the Us/ Assistance Service Provider's call center specified in the Certificate of Insurance and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least within 24 hours of admission to Hospital.
  - (ii) We shall process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. We or the Assistance Service Provider shall confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's Hospitalization.

(iii) If the request for availing Cashless Facility is authorized by Us or the Assistance Service Provider, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by Us for availing Cashless Facility. Payment in respect of all Deductibles/Co-payments (if applicable) shall be made directly by You or the Insured Person to the Network Provider.

(iv) If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to Us to determine the admissibility of the Claim or if the treatment is not taken at a Network Provider, payment for the treatment shall have to be made by You or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to Us which shall be considered by Us subject to the terms, conditions and exclusions under the Policy.

(v) It is agreed and understood that in all cases where availing of Cashless Facility has been authorized in writing by Us, all the information and documentation specified below shall be submitted to Us or the Assistance Service Provider immediately and in any event before the Insured Person's discharge from Hospital:

i. Duly filled and signed Claim form.

ii. Duly filled and signed 'Release of Medical Information Form'.

(b) It is agreed and understood that:

(i) When authorizing the availing of Cashless Facility under this Policy, We may authorize You or the Insured Person's request for direct settlement of admissible Claims resulting from the Hospitalization in accordance with the agreed charges and the terms and conditions between the Network Provider and Us. If this authorization is provided then, We shall directly pay all amounts payable in accordance with the terms and conditions of the Policy to the Network Provider to the extent the Claim is admissible under the Policy.

(ii) We may modify or add to the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. The updated list would be available at Our or Assistance Service Provider's website or call centre.

(iii) Before availing the Cashless Facility, You or the Insured Person is required to check the applicable list of Network Providers for the area where the Cashless Facility is intended to be availed through the call center number as provided in the Certificate of Insurance.

**(c) Reimbursement:**

(i) It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified against the Benefit / Optional Benefit and Section C. 4.3 below shall be submitted (at the Insured Person's expense) to us immediately and in any event within 30 days of Insured Person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

**4.3. Claim Documentation**

You or Insured Person (or Nominee or legal heir if the Insured Person is deceased) shall (at his/her expense) give the documentation specified below and any additional information or documentation specified in the Benefit and/or Optional Benefit and/or Optional Extension under which the Claim is being made to Us or the Assistance Service Provider immediately and in any event within 30 days of the occurrence of the Injury/Illness or treatment or loss.

(i) Duly completed and signed Claim form, in original;

(ii) Copy of first and last page of passport copy with entry/exit stamp;

(iii) Any other document as required by Us or Assistance Service Provider;

(iv) Additional documents as specified for each Benefit.

(v) Original pathological or diagnostic reports, discharge summary, Day Care summary, indoor case papers and prescriptions issued by the treating Medical Practitioner or Hospital as applicable.

(vi) Copy of e-ticket / boarding pass.

(vii) NEFT / banking details along with cancelled cheque copy for Insured Person / Nominee (where applicable) with pre-printed name; if name is not pre-printed please provide copy of bank passbook / bank statement.

**Note:** All invoices and bills should be in Insured Person's name or as per the documents mentioned in the respective Benefit/Optional Benefits. Depending on the nature of the Claim, treatment undertaken or illness, there would be a possibility of seeking more information / document from the Claimant concerned without prejudice to his interest and the same shall be requested by any means of recognized communication channels. However, claims filed even beyond the timelines mentioned above will be considered if there are valid reasons for the delay.

**4.4. Policyholder's or Insured Person's or Claimant's duty at the time of Claim**

It is agreed and understood that as a Condition Precedent to Our liability in respect of a Claim to be considered under this Policy:

- (a) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (b) The Insured Person shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Person failing to follow such directions, advice or guidance.
- (c) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Section C.4 of the Policy and the specific procedures and timeframes specified under the respective Benefit or Optional Benefit or Optional Extension under which the Claim is being made.
- (d) The Insured Person shall, at Our request and at Our cost and expense, submit himself / herself for a medical examination by Our/Assistance Service Provider's nominated Medical Practitioner as often as We consider reasonable and necessary.
- (e) We/Assistance Service Provider's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (f) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.
- (g) Report any information/document which helps the insurance system to eliminate bad practices in the market.

#### **4.5. Claim Assessment**

- (a) All admissible Claims under this Policy shall be assessed by Us in the following progressive order:
  - i. If the provisions of the Contribution Section in Section C.13 are applicable, Our liability to make payment under that Claim shall first be apportioned accordingly.
  - ii. If any sub-limits on Medical Expenses are applicable in accordance with Section B.1 (b) (xi), Our liability to make payment shall be limited to such extent as applicable.
  - iii. The Deductible shall be applied to each Claim that is either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the amount of the Claim payable or paid exceeds the Deductible.
  - iv. Co-payment shall be applicable on the amount payable by Us after applying Section C.4.5(a) (i), (ii) and (iii).

#### **4.6. Payment terms**

- (a) We may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to You.
- (b) The obligation of the Company to make payments to the Insured Person in respect of claims made shall be to make payment in Indian Rupees and after the Insured Person's return to India only. For all admissible Claims, the exchange rate as follows shall be applied:

- (i) Reimbursement (indemnity) – Date of Invoice
- (ii) Fixed Benefit – Date of occurrence of insured event.

- (c) If the Assistance Service Provider or We request that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by You or the Insured Person.
- (d) The Sum Insured of the Insured Person shall be reduced by the amount payable or paid under the Policy Terms and Conditions or any Benefit / Optional Benefit / Optional Extension applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Period of Insurance for the Insured Person.
- (e) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted or if the benefit amount under the applicable Benefit/Optional Benefit/Optional Extension as specified in the Policy Schedule/Certificate of Insurance is exhausted.
- (f) If the Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (g) For Cashless Facility Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (h) For the reimbursement Claims, We shall pay to the Insured Person unless specified otherwise in the Certificate of Insurance. In the event of death of the Insured Person, unless specified otherwise in the Certificate of Insurance, We shall pay to the Nominee (as named in the Certificate of Insurance) and in case of no Nominee



to the legal heir of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

(i) All claims will be investigated (as required) and settled or rejected in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017. We shall settle or reject any Claim under the Policy within 30 days of receipt of the last necessary document/ information as required for settlement of such Claim and sought by Us. In case there is delay in the payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim has fallen due. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.

(j) No loading based on individual claim experience shall be applicable on Renewal premium payable in case of Annual Trip cover.

#### **5. Disclosure to Information Norm**

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by You, the Insured Person or any one acting on his or their behalf, We shall have no liability to make payment of any Claims and the premium paid shall be forfeited to Us on cancellation of the Policy.

#### **6. Observance of Terms and Conditions**

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by You or any Insured Person, shall be Condition Precedent to Our liability under the Policy.

#### **7. Reasonable Care**

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury or any other loss that may give rise to a Claim.

#### **8. Material Change**

It is a Condition Precedent to Our liability under the Policy that You shall immediately and in any case within 7 days notify Us in writing of any material change in the risk on account of change in occupation or business of the Insured Person at its own expense, as per Annexure -III. We may adjust the scope of cover and / or the premium paid or payable, accordingly.

#### **9. Records to be maintained**

You and Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all Claims under this Policy.

#### **10. No constructive Notice**

Any knowledge or information of any circumstance or condition in relation to You or Insured Person which is in possession of Us other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

#### **11. Complete Discharge**

Payment made by Us to the Insured Person or the Nominee or the legal heir or representative of the Insured Person, as the case may be, under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.

#### **12. Subrogation**

You and Insured Person shall at his/her own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and / or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his/her own expense provide Us with whatever assistance or cooperation is required to enforce such rights. This clause shall not apply to any Benefit or Optional Benefit or Optional Extension offered on a fixed benefit basis.

#### **13. Contribution**

(a) In case any Insured Person is covered under more than one indemnity insurance policies, with Us or with other insurers, You/Insured Person shall have the right to settle the Claim with any of Us, provided that the Claim amount payable is up to the sum insured of such Policy.

(b) In case the Claim amount under a single policy exceeds the Sum Insured after considering the deductible or co-payment, then the Insured Person shall have the right to choose the companies with whom the Claim is to be settled.

This clause shall not apply to any Benefit or Optional Benefit or Optional Extension offered on a fixed benefit basis.

#### **14. Policy Disputes**

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

#### **15. Cancellation / Termination**

We may at any time, cancel this Policy on grounds as specified in Section C.5 and We shall have no liability to make payment of any claims and the premium paid shall be forfeited, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to You at Your last known address.

#### **16. Communication**

(a) Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Schedule/Certificate of Insurance. Any communication meant for You or the Insured Person shall be sent by Us to Your last known address or the address as shown in the Policy Schedule/Certificate of Insurance (as applicable).

(b) All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Schedule/ Certificate of Insurance. Agents are not authorized to receive notices and declarations on Our behalf.

(c) Notice and instructions shall be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

#### **17. Alterations in the Policy**

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

#### **18. Cause of Action**

No Claims shall be payable under this Policy unless the event or occurrence giving rise to the Claim occurs in the Geographical Scope specified in the Certificate of Insurance.

#### **19. Overriding effect of Policy Schedule / Certificate of Insurance**

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule and/or Certificate of Insurance, the information contained in the Policy Schedule or Certificate of Insurance shall prevail.

#### **20. Electronic Transactions**

You and Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Our terms and conditions for such facilities, as may be prescribed from time to time.

#### **21. Grievances**

In case of a grievance, the Insured Person/ You can contact Us with the details through:

Our website: <https://www.adityabirlacapital.com/healthinsurance/#!/homepage>

Email: [care.healthinsurance@adityabirlacapital.com](mailto:care.healthinsurance@adityabirlacapital.com)

Toll Free: 1800 103 1033

Address: Aditya Birla Health Insurance Co. Limited 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013

For senior citizens, please contact Our respective branch office or call at 1800 103 1033 or write an e- mail at [seniorcitizen.abh@adityabirla.com](mailto:seniorcitizen.abh@adityabirla.com)

The Insured Person/You can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person/You is not satisfied with the response then they can contact Our Head of Customer Service at the following email [headcustomercare.abh@adityabirla.com](mailto:headcustomercare.abh@adityabirla.com).

If the Insured Person/You is not satisfied with Our redressal, he/she may use the Integrated Grievance Management Services (IGMS). For registration in IGMS please visit IRDAI website [www.irda.gov.in](http://www.irda.gov.in)

If the Insured Person/You are still not satisfied, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A

#### Section D. DEFINITIONS

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The terms and conditions, benefits, exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy. The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. **Adventure Sports** shall mean any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes racing and competitions, stunt activities of any kind, adventure racing, base jumping, blathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ 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, wrestling and activities of similar nature;
3. **Age** means the completed age of the Insured Person on his last birthday;
4. **Ambulance** means a road vehicle or aircraft operated by a licensed / authorized service provider only and equipped for the transport and paramedical treatment of the person requiring medical attention;
5. **Annual Multi Trip Cover** means a cover under the Policy under which there can be more than one Period of Insurance for the Insured Person during the Policy Period, subject to the maximum trip duration (per trip) specified on the Policy Schedule/ Certificate of Insurance or as opted;
6. **Any one Illness** means a continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where the treatment may have been taken;
7. **Assistance Service Provider** means the service provider specified in the Policy Schedule and/or Certificate of Insurance, appointed by Us from time to time;
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 in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved;
9. **Certificate of Insurance** means the certificate We issue to an Insured Person evidencing cover under the Policy;
10. **Checked-In Baggage** means the baggage (luggage and personal possessions belonging to or in the lawful custody of the Insured Person) offered by the Insured Person and accepted for custody by a Common Carrier for transportation in the same Common Carrier in which the Insured Person is travelling and for which the Common Carrier has provided a baggage receipt, and the contents of the baggage checked-in by the Insured Person as long as such contents do not violate any policy or rule restricting the nature of items that may be carried on board. This shall exclude all the items that are carried/ transported under a contract of affreightment;
11. **City of Residence** means and includes 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/Certificate of Insurance;
12. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment under a Benefit or Optional Benefit or Optional Extension in respect of an Insured Person;
13. **Company** (also referred as We/Us/Our) means the Aditya Birla Health Insurance Company Limited;

14. **Common Carrier** means any civilian land or water conveyance or scheduled aircraft operated under a valid license for the transportation of fare paying passengers under a valid ticket;

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

16. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

**a) Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body

**b) External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body;

17. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured shall bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured;

18. **Country of Residence** means the country in which the Insured Person is currently residing and as specified in the Insured Person's corresponding address as specified in the Policy Schedule or Certificate of Insurance, which for the purpose of this Policy shall be India;

19. **Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law;

20. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under—

**a)** has qualified nursing staff under its employment;

**b)** has qualified Medical Practitioner/s in charge;

**c)** has a fully equipped operation theatre of its own where surgical procedures are carried out;

**d)** maintains daily records of patients and shall make these accessible to the insurance company's authorized personnel;

21. **Day Care Treatment** refers to medical treatment, and/or surgical procedure as specified under Annexure I which is:

**a)** undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and

**b)** which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition;

22. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee / applicable currency 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;

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

24. **Dependent Child** means a child (natural or legally adopted), who is:

**a)** Financially dependent on the Insured Person;

**b)** Does not have his independent sources of income; and

**c)** Has not attained Age 25 years;

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

26. **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;

27. **Family** means and includes the Insured Person's legal spouse and upto 2 dependent children upto age 25 years ;

28. **Geographical Scope** means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Schedule/ Certificate of Insurance;

29. **Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting

periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received;

30. **Hijack** means any act of unlawful seizure or control of a Common Carrier with a wrongful intent using force or violence or threat thereof;

31. **Burglary** means any act of actual, forcible and violent entry and or exit from the premises of the Insured Person with intent to commit an act of crime or theft.

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

a) has qualified nursing staff under its employment round the clock;

b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 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 makes these accessible to the insurance company's authorized personnel.

or

Any institution established for in- patient care and day care and treatment of Injury or Illness and which has been registered as a Hospital or a clinic as per law rules and/or regulations applicable for the country where the contingency arises;

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

34. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

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

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

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

ii. it needs ongoing or long-term control or relief of symptoms

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

iv. it continues indefinitely

v. it recurs or is likely to recur

35. **Immediate Family Member** means an Insured Person's lawful spouse, Dependent Children and parents only;

36. **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;

37. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event;

38. **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;

39. **ICU Charges** means the amount charged by a Hospital towards ICU expenses 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.

40. **Insured Person** means a person whose name specifically appears under Insured in the Certificate of Insurance and is a covered group member;

41. **Life Threatening Medical Condition** means a medical condition suffered by the Insured Person which has the following characteristics:

a) Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or

b) Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or

c) Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system functions to treat single or multiple vital organ failures and requires interpretation of multiple physiological parameters and application of advanced technology; or

d) Critical care being provided in critical care area such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department;

and certified in writing by the attending Medical Practitioner as a Life Threatening Medical Condition;

42. **Man Day** means every completed 24 hrs per Insured Person from the start date of Period of Insurance which falls within the Period of Insurance.

43. **Maternity expenses** shall include—

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

b) expenses towards lawful medical termination of pregnancy during the policy period;

44. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription;

45. **Medical Evacuation** means the removal of the Insured Person from the site of Accident or Illness to a nearest Hospital where necessary medical care can be accorded to him/her, including medical care required en route.

46. **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;

47. **Medical Practitioner** means a person who holds a valid registration from the medical council of any State and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician and / or surgeon;

48. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

i. Is required for the medical management of the Illness or Injury suffered by the Insured Person;

ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

iii. Must have been prescribed by a Medical Practitioner;

iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

49. **Network Provider** means Hospitals or Health Care providers enlisted by an insurer or by an Assistance Service Provider and insured together to provide services to an insured on payment by a cashless facility;

50. **Nominee** means the person named in the Certificate of Insurance to receive the benefits payable under this Policy if the Insured Person is deceased. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor on the date when payment becomes due under the Policy, payment shall be made to the Appointee named in the Certificate of Insurance;

51. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network;

52. **Notification of Claim** means the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication;

53. **OPD Treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient;

54. **Period of Insurance** means a period within the Policy Period which commences when the Insured Person crosses the international border of the Country of Residence if the Geographical Scope is out of India to leave that country on a Common Carrier or City of Residence if the Geographical Scope is restricted to India to leave that city and expires automatically on the earliest of:

a) the Insured Person crossing the Indian international border to return to the Country of Residence on a Common Carrier if the Geographical Scope is out of India or returning to the City of Residence if the Geographical Scope is restricted to India; or

b) the expiry of the period specified in the Policy Schedule or Certificate of Insurance from the commencement of the Period of Insurance; or

c) the Policy Period End Date.

55. **Place of Destination** means the destination place where the journey of the Insured Person, forming part of the Trip, is scheduled to be concluded through a scheduled Common Carrier;

56. **Place of Origin** means the starting point/ place from where the Insured Person's Trip is scheduled to be undertaken through a Common Carrier by which he finally leaves the Country of Residence or City of Residence;



57. **Place of Residence** means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address of the Insured Person in the Policy Schedule or Certificate of Insurance;
58. **Policy** means these Policy Terms & Conditions, Benefit, Optional Benefits, Optional Extensions (if any), the Proposal Form, Policy Schedule, Certificate of Insurance, and Annexures which form part of the policy contract and shall be read together;
59. **Policy Schedule** means the certificate attached to and forming part of this Policy;
60. **Policyholder** (also referred as You) means the person who is the Group Administrator and named in the Policy Schedule as the Policyholder;
61. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specifically appearing in the Policy Schedule;
62. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule;
63. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule;
64. **Post-natal** period is the period beginning immediately after the birth of a child and extending for about six weeks
65. **Pre-existing Disease (PED)** 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;
66. **Pre-Natal** period (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy
67. **Professional Sports** means any sporting activity which is undertaken by the Insured Person from which he/she derives earnings, wage, reward, or profit of any kind.
68. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council in the respective jurisdiction;
69. **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;
70. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods;
71. **Robbery** means an act of taking or attempting to take anything of value by force, threat of force, or by putting an individual in fear.
72. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses;
73. **Single Trip Cover** means a cover of the Insured Person under the Policy under which there cannot be more than one Period of Insurance during the Policy Period;
74. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source;
75. **Sum Insured** means:
- (a) If the Certificate of Insurance is on individual cover basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/Optional Benefits/Optional Extensions in respect of the Insured Person for the Policy Period.
- (b) If the Certificate of Insurance is on family floater basis, the amount specified in the Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all Claims under any and all Benefit/Optional Benefits/Optional Extensions in respect of any and all Insured Persons named in the Certificate of Insurance for the Policy Period.
76. **Surgery / Surgical Procedure** means manual and / or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or a day care centre by a medical practitioner;
77. **Terrorism/Terrorist Incident** means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism;

78. **Trip** means planned journey, which starts and ends in the Country of Residence / City of Residence as mentioned in the Policy Schedule / Certificate of Insurance during the Policy Period except where it is for emigration purpose

79. **Unproven / Experimental Treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

80. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.