

STAR CORPORATE TRAVEL PROTECT INSURANCE POLICY
Unique No: IRDA/NL-HLT/SHAI/P-H/V.I/143/13-14

The Proposal and Declaration and Annexure thereto together with any statement, report or other document made by the Insured named in the Schedule leading to the issue of this **Policy** shall form the basis of this **policy** and are deemed to be incorporated herein.

In consideration of the payment of the required premium the Company agrees subject to the terms and conditions provided under this **Policy** to indemnify the Insured Person named in the Schedule or his/her legal representatives up to the **sum insured** or the appropriate benefit specified in the Schedule. Provided the insurance hereunder is only with respect to such benefits as are indicated by specific amount set against each benefit mentioned in the Schedule.

The **Policy**, Schedule and any attached enrollment forms endorsements papers and riders shall be read together.

PART 1: DEFINITIONS APPLICABLE TO ALL SECTIONS EXCEPT WHERE STATED OTHERWISE

ACCIDENT shall mean a sudden, unforeseen, and unexpected physical event caused by external, visible and violent means.

AGE means completed years as on the latest birthday as per the English calendar.

ASSISTANCE COMPANY shall mean Coris Heritage Asia Pacific P. Ltd., and/or its Registered Branch Offices situated worldwide providing assistance to the Insured.

AIR TRAVEL shall mean travel by an airline/aircraft for the purpose of flying therein as a passenger. **Air Travel** means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

CHECKED IN BAGGAGE shall mean the baggage handed over by the Insured Person or accepted by an International Airline/Carrier for transportation in the same mode of conveyance as the Insured Person travels and for which the Carrier has issued a Baggage Receipt.

COMPANY shall mean the Star Health and Allied Insurance Company Limited.

COMMON CARRIER shall mean an entity licensed to carry passengers for hire on land or water, excluding vehicle rental companies.

COUNTRY OF RESIDENCE shall mean the Republic of India

DAY means a period of 24 consecutive hours

DEDUCTIBLE shall mean a specified amount or the number of days shown on the

Policy of Insurance the Insured must incur before the Company will assume any liability for all or part of the remaining Covered benefits.

DEPENDENT shall mean the lawful spouse of the Insured and any non-earning child (including step child and adopted child) of the Insured

DISEASE shall mean an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and which are more than temporary indisposition and certified by a **Physician** or Surgeon.

EMERGENCY DENTAL TREATMENT means the services or supplies provided by a licensed dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from **Injury**. However, this definition shall not include any treatment taken for a **pre-existing condition**.

EMERGENCY MEDICAL TREATMENT means the services or supplies provided by a **Physician**, Hospital or Other Licensed Provider that are **Medically Necessary** to treat any **Illness** or other covered condition that is acute (onset is sudden and unexpected), considered life threatening, and one which, if left untreated, could deteriorate resulting in serious and irreparable harm. However, this definition shall not include any treatment taken for a **pre-existing condition**.

EMERGENCY MEDICAL EVACUATION means the medical condition of the Insured Person warrants (a) immediate transportation of the Insured Person from the place he/she is sick/sustains **Accidental** injuries to the nearest hospital for appropriate treatment (b) after treatment the medical condition of the Insured Person warrants transportation to the country where the **Trip** commenced for the purpose of further medical

treatment or recovery (c) or both (a) and (b) above. For the purpose of this benefit “Transportation” includes air ambulance.

FAMILY MEMBER shall mean the Insured, his/her lawful spouse and **dependent** children (including step children and adopted children).

HIJACK shall mean any unlawful seizure or exercise of control, by force of or violence or threat of force or violence and with wrongful intent, of an aircraft or any other **common carrier** in which the Insured Person is traveling as a passenger.

HOSPITAL shall mean a medically recognized establishment

- 1) that holds a valid license to practice medicine
- 2) the primary function of which is to provide for the care and treatment of sick or injured persons
- 3) that has a staff of one or more **Physicians** actually available on the premises at all times
- 4) that provides a 24 hour nursing service and has at least one qualified and registered professional nurse present and on duty at all times.
- 5) that has organized diagnostic and surgical facilities either on its own premises or these facilities are available to the **Hospital** on a pre-arranged basis.
- 6) is not, except incidentally to its primary function, a clinic, nursing home, rest home or convalescent home for the aged, or any similar institution.

ILLNESS shall mean a sickness, infirmity or **disease** that causes a loss that begins during Coverage Period and is not a **Pre-existing Condition**.

INCLEMENT WEATHER shall mean any severe, weather conditions, which delays the scheduled arrival or departure of a common carrier. This does not include normal, seasonal climatic/weather changes.

INJURY shall mean bodily **Injury** caused by an **Accident**, directly and independently of all other causes and sustained on or after the effective date of this coverage and before the termination date. Benefits for **Injury** will not be paid for any loss caused by sickness or other bodily diseases or infirmity.

INPATIENT shall mean a person who is confined in a **hospital** as a registered bed patient and for whom at least one Day’s room and board is charged by the Hospital.

INSURED CORPORATE means the Corporate shown in the Schedule of the Policy

INSURED PERSON means the individual whose name specifically appears in the Certificate to this Policy.

INSURABLE EVENT shall mean an event, loss or damage for which the Insured shall be compensated under this Policy.

MEDICALLY NECESSARY or **MEDICAL NECESSITY** means the services or supplies provided by a Hospital, **Physician** or Other Licensed Provider that are required to identify or treat the Insured's **Illness** or **Injury** and which, as determined by the Company / **Assistance Company**, are:

1. consistent with the symptom or diagnosis and treatment of the Insured's condition, **disease, Illness, ailment or Injury**;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of the Insured, a **Physician** or other provider;
4. the most appropriate supply or level of service that can be safely provided to The Insured.

When applied to the care of an **Inpatient**, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided to the Insured as an Outpatient.

OCCURRENCE means an **Accident** including continuous or repeated exposure to substantially same generally harmful conditions that result in bodily **injury** or property damage during the Insured **Trip**.

PERIOD OF INSURANCE shall mean the period commencing from the moment the date and time of final departure for a destination that is out side of the Country of Residence or the first day of insurance whichever is later and terminating on the last day of the number of days specified in the Schedule or return to immigration/customs of the Country of Residence on completion of the **trip** whichever is earlier. If return is delayed for any covered reason, coverage is extended until the Insured are able to return to the Insured's Country of residence. The day the Insured departs and the day the Insured returns are counted and included as separate days when determining duration of coverage.

PHYSICIAN shall mean a person who is qualified to practice medicine or is a Surgeon or an Anesthetist who has a valid license issued by the appropriate authority for the same, provided that this person is not the Insured Person or a member of the Insured Person's family.

POLICY shall mean the Insured's proposal / application, preamble the schedule, the Company's covering letter to the Insured and any endorsement attaching to or forming part hereof, either at inception or during the period of insurance.

PRE-EXISTING CONDITION/DISEASE shall mean any condition/**disease** for which care treatment or advice was recommended by or received from a **Physician** in the immediately preceding 12 month period prior to date of commencement of travel or a condition for which hospitalization or surgery was undergone within 5 year period immediately preceding the date of commencement of travel

REASONABLE ADDITIONAL EXPENSES shall mean any expenses for meals and lodging which are necessarily incurred by the Insured as a result of a **Trip** Interruption or **Trip** Delay and does not include meals and lodging provided by the **common carrier** or any other party free of charge.

REASONABLE AND NECESSARY EXPENSES shall mean charges for medical treatment or supplies or medical services that are **medically necessary** to treat the Insured's condition .In no event shall such charges exceed the charges prevalent in the relevant geographic area where the services are availed and as determined by the insurer and such charges does not include charges that would not have been made if no insurance existed.

SERVICE PROVIDER shall mean any person, organization or institution providing services to the insured for an Insurable event.

SOUND NATURAL TEETH means natural teeth that are either unaltered or are fully restored to their normal function and are **disease** free and have no decay.

STRIKE shall mean a stoppage of work (a) announced, organized and sanctioned by a labor union and (b) which interferes with the normal departure and arrival of a Common Carrier. Work slowdowns and lockouts shall also be included in the definition of a '**Strike**'.

SUM INSURED shall mean the maximum amount of coverage, as specified in the Schedule to this **Policy**, that the Insured is entitled to in respect of each benefit and as is applicable under this **Policy**.

TERRORIST act 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. Robberies or other criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered **terrorist** Acts. Terrorism does not include general civil protest, unrest, rioting, or an act of war.

TRAVEL AGENT shall mean the **Travel Agent**, tour operator, or other entity from which the Insured purchases his/her Insurance **Policy** or travel arrangements, and includes all officers, employees, and affiliates of the **Travel Agent** or tour operator.

TRIP shall mean a journey out of the Country of Residence and back during the **policy** period.

VALUABLES shall mean photographic, audio or video Equipment, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewellery, furs and articles made of or containing precious stones, metals etc.

PART 2:

COMMENCEMENT: The insurance in respect of each **insured person** covered for insurance shall commence from the first date mentioned in the Schedule or the date and time of final departure of each **insured person** to a destination outside the Republic of India whichever is later.

Trip Cancellation coverage, if part of the schedule, begins the day after the Insured's application / proposal is accepted by the Company.

PART 3:

TERMINATION: The insurance in respect of each **insured person** terminates (a) on the last of the number of days specified in the Schedule or (b) on return of each **insured person** to immigration/customs of the Country of Residence on completion of the **trip** or (c) on expiry of the permitted trip band or (d) on exhaustion of 180 days whichever shall first occur. If return is delayed for any covered reason, coverage is extended until the Insured person is able to return to the country of residence. The day the Insured departs and the day the Insured return are counted and included as separate days when determining duration of coverage. In the event of any **Insured Person** traveling outside India on the last day of the policy the insurance cover shall automatically extend until completion of the trip or until his/her return to India within 30/45 days from the date of expiry of the policy provided the travel period in aggregate undertaken by the **Insured person** during the entire policy period does not exceed 180 days.

AUTOMATIC EXTENSION

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

PART 4:

COVERAGE SECTION 1

This is not a general health insurance policy. Coverage under this section is intended for use by the Insured in the event of a sudden and unexpected sickness or Accident arising when the Insured is outside the Republic of India.

EMERGENCY MEDICAL EXPENSES, EMERGENCY MEDICAL EVACUATION AND TRANSPORTATION OF MORTAL REMAINS

The Company will indemnify the Insured or his/her legal representative up to a maximum amount specified in the Schedule of Benefits in the aggregate in respect of: -

The following expenses reasonably and necessarily incurred in the Country or Countries visited and recommended by the attending physician if the Insured shall sustain Accidental Bodily Injury or suffer illness

which first manifests itself during the Insured trip specified in the schedule and subject to deductible specified in the schedule

1.1

- a) the services of the Physician
- b) Hospital confinement and use of operating room
- c) Anesthetics (including administration) X-ray examinations or treatments and laboratory tests
- d) Ambulance service
- e) Drugs medicines and therapeutic services and supplies
- f) Life saving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured by medical practitioners for Disease/Accident arising out of a Pre- Existing Condition but not otherwise provided for.

1.2 Any extra expenses for transportation and medical treatment including medical services and medical supplies incurred in connection with the **emergency medical evacuation** of the Insured provided that –

- (i) the same is recommended by the attending **physician**
- (ii) in the view of the Company and/or the **Assistance Company**, the Insured is capable of being transported to the country of residence and
- (iii) arranged by the **Assistance Company**

1.3 If the Company and / or the **Assistance Company** advises that the continued treatment in the country of residence is appropriate, then the Company will pay the medical expenses incurred in the country of residence for the same **illness/bodily injury** contracted abroad following the transportation to the country of residence, for a maximum period of 30 days from date of return, provided the **disease** and/or **illness** was contracted during the Insured **Trip**.

Additional costs approved in advance by the Company and/or **Assistance Company** of accompanying person(s), if it is **medically necessary** that the Insured be accompanied to

Following the death of the Insured during an Insured **Trip** in terms of this **Policy**, the Company shall compensate for the costs of transporting the remains of the deceased Insured back to the country of residence or, up to an equivalent amount, for a local burial or cremation in the country where the death occurred, subject to the maximum limit as specified in the Schedule attached. Such expenses include expenses for embalming, cremation and coffin.

PROVIDED ALWAYS THAT

- 1 This insurance shall only apply in respect of costs and expenses incurred within 12 months of the date of the incident-giving rise to a claim within the validity of the **policy** period and should be reported/filed with the Company/**Assistance Company** within 30 days after **occurrence**
2. In-patient hospital, clinic or nursing home expenses must be notified to and authorized by the **Assistance Company** within 48 hours of admission.
3. Emergency Repatriation may only be authorized by the Company and/or the **Assistance Company**.

SECTION 2

DENTAL EMERGENCY ASSISTANCE

The Company shall compensate the Insured for expenses incurred on acute anesthetic treatment to a natural tooth or teeth or the services or supplies provided by a licensed dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from **Injury**, during Insured **Trip** but not exceeding the **Sum Insured** for the coverage as mentioned in the schedule, subject to the **deductibles** specified in the schedule attached.

However, this definition shall not include any treatment taken for a **pre-existing condition**.

Special Exclusions applicable for the Sections 1 & 2 of the policy in addition to the “General Exclusions” of the Policy

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

- 1 A health condition where the person whose condition gives rise to a claim is at the time of traveling receiving or on a waiting list for treatment in a hospital or nursing home or has received a terminal prognosis

- 2 Medical treatment to be obtained abroad if that is the sole reason or one of the reasons for the insured **trip**
- 3 A medical condition existing prior to commencement of this insurance
- 4 Non-emergency services, supplies, or charges (examples are those for cosmetic surgery, physical exams, allergies, hearing aids, eyeglasses, contact lenses, palliative or cosmetic foot care, experimental treatment, or other services which are not **Medically Necessary** to provide Emergency Medical Care)
- 5 Treatment that in the opinion of a medical practitioner approved by the Company and/or **Assistance Company** could reasonably be delayed until return of the Insured to his/her country of residence
- 6 For charges in excess of reasonable and necessary charges as per the determination by the Company or the **Assistance Company**.
- 7 Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner) unless necessitated by a covered **Accident** during the Insured **Trip**
- 8 Treatment received in unlicensed facilities or given by unlicensed health care providers
- 9 Treatment given by a **Family member** whether or not a licensed provider
- 10 Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- 11 Any costs related to mental or psychiatric disorders
- 12 Pregnancy, childbirth and any consequences thereof
- 13 Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy
- 14 Any medical check-ups during pregnancy or treatment of the pregnancy
- 15 Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc.

- 16 Treatment provided in government hospital or services for which no charge is made
- 17 Medical expenses incurred as the result of alcohol and/or drug abuse addiction or overdose
- 18 Well child care including examinations and immunizations
- 19 Routine physical or other examination where there is no objective indications or impairment in normal health
- 20 Medical expenses covered under any worker's compensation or similar **policy**.
- 21 Any expenses incurred in India unless approved by the **Assistance Company** in advance.

NOTE: Where the cost of medical services is more than \$100 prior approval of the **Assistance Company** is required.

SECTION 3

PERSONAL ACCIDENT

If an Insured sustains **Accidental** bodily **injury** at any time during the period of insurance caused solely and directly by external violent and visible means and such **injury** shall within 12 months from the date of the **Accident** be the sole and direct cause (apart from **illness** or **disease** directly resulting from or medical or surgical treatment rendered necessary by such **injury**) of death or disablement the Company will pay to the Insured or his/her legal representatives the under mentioned percentages of the **sum insured** which is specified in the schedule as per the Table of Benefits.

TABLE OF BENEFITS: Benefits (expressed in percentage of **Sum Insured**)

1. Death	100
2. Loss of one hand and one foot	100
3. Loss of speech and hearing in both ears	100
4. Loss or Inability to function of	
a. An arm at the shoulder joint	70
b. An arm to a point above the elbow joint	65

c. An arm below the elbow joint	60
d. A hand at the wrist	55
e. A thumb	20
f. An index finger	10
g. Any other finger	5
h. A leg above the center of the femur	70
i. A leg up to a joint below the femur	65
j. A leg to a point below the knee	50
k. A leg up to the center of the tibia	45
l. A foot at the ankle	40
m. A big toe	5
n. Any other toe	2
o. An eye	50

PROVIDED ALWAYS THAT

The aggregate liability of the Company under this Section shall not exceed 100%.

This insurance shall not apply in respect of death or disablement directly or indirectly caused by or arising out of the Insured being affected by a drug unless the drug is taken under the direction of a legally qualified medical practitioner provided such direction is not for the treatment of drug addiction

Special Exclusion applicable for Section 3 of the policy in addition to the “General Exclusions” of the Policy

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

- 1) **Accidents** due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- 2) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an **Accident**.

- 3) Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of death.
- 4) Any other claim after a claim for death has been admitted by the Company and becomes payable.
- 5) Any claim which arises out of an **Accident** connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.
- 6) Any claim arising out of an **Accident** related to pregnancy or childbirth, venereal **disease** or infirmity.

SECTION 4

LOSS OF CHECKED-IN BAGGAGE

If the **Checked-in baggage**, the property of the Insured (not hired or entrusted to him) or any part thereof shall be lost by an Airline/Carrier, the Company will by payment or at their option by reinstatement indemnify the Insured in respect of such loss up to the maximum amount as specified in the schedule of benefits, subject to the **deductibles** in the schedule attached.

PROVIDED ALWAYS THAT

1. The Insured shall exercise reasonable care for the safety of his property as if he was uninsured.
2. Any loss of **Checked-in baggage** in transit must be notified immediately to the Airline/Carrier (as appropriate) and a claim lodged with the Airline/Carrier (as applicable) and their written report must be obtained and produced in support of any claim in all such cases.
3. The liability of the Company is in excess of the liability of the Airline/Carrier subject to the excesses and limits applicable per article.
4. Maximum amount payable per **Checked-in baggage**, in case more than one bag has been checked-in, is 50 % of the applicable **Sum Insured**. In case of only one bag being checked-in, the amount payable is 100% of the applicable **Sum Insured**.
5. In the event of a claim in respect of a pair or set of articles the Company shall be liable only for the value of that part of the pair or set which is lost.
6. No one article, pair or set of articles shall be deemed of greater value than US\$ 100, if not supported by bills of purchase.
7. Cover only applies to loss, damage or destruction occurring during the Insured **Trip**.

In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 (“Warsaw Convention”) shall become the property of the Company.

Special Exclusions applicable for Section 4 of the policy in addition to the “General Conditions” of the policy: The company shall not be liable to make any payment under this benefit in connection with or in respect of:

- a. Any loss of the items contained within the Checked-in baggage without the Checked in baggage itself being lost.
- b. Items contained within the Checked-in baggage, which are valued in excess of US \$ 100 without appropriate proof.
- c. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- d. Items other than personal effects carried by the Insured if not declared and endorsed by the insurer specifically.
- e. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs; Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) mobile phones and deeds;
- f. Property shipped as freight or shipped prior to The Insured’s **Trip** departure date;
- g. Rugs or carpets of any type;
- h. More than USD500 aggregate for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items without submission of original receipts.
- i. The liability of the Airline/Carrier and the **deductible** specified in the **policy**.
- j. Any **Checked-in baggage** loss in the Republic of India.

SECTION 5

LOSS OF PASSPORT

The Company will pay in the event of the Insured losing his/her passport during the Insured **Trip** up to the amounts specified in the benefit schedule, subject to the specified **deductibles**, in respect of reasonable and necessary expenses incurred in obtaining a new passport or valid travel documents to return to the country of residence.

Special Exclusions applicable for Section 5 of the policy in addition to the “General Exclusions” of the policy

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the insured:

1. Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the passport due to theft unless it has been reported to the police authorities within 24 hours of the Insured becoming aware of the theft and a written police report being obtained in that regard.
3. Loss of the passport due to it being left unattended or forgotten by the Insured in a public place or public transport, hotel or apartment.
4. Loss or theft of the passport from a private place or from a private vehicle unless it was kept in a locked hotel room or apartment and forcible and violent entry was used to gain access to it.

SECTION 6

DELAY OF CHECKED-IN BAGGAGE

The Company shall compensate the Insured for the temporary delay of **Checked-in baggage** being transported during an Insured **Trip** of the **policy** but not exceeding the **Sum Insured** for the coverage as specified in the schedule subject to the **deductibles** specified in the Schedule attached to the **policy**.

The Company will pay for costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured suffering temporary delay of his/her **Checked-in baggage** while being transported during the **Trip** provided that:

- a. The delay of **Checked-in baggage** is more than 12 hours from the actual arrival time of the carrier at the destination and relates to delivery of baggage that has been checked *in by the carrier*.
- b. The Insured is a ticketed passenger on a common carrier.
- c. Insured submits the Company written proof of delay from the carrier.
- d. Insured submits the Company the original receipts for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy.

Special Exclusions applicable for Section 6 of the policy in addition to the “General Conditions” of the policy:

The company shall not be liable to make any payment under this benefit in connection with or in respect of

- (a) Delay arising from any delay, detention, confiscation by customs officials or other public authorities.
- (b) Any **Checked-in baggage** delay on the inbound sector to the Country of Residence.

SECTION 7 **FLIGHT DELAY**

The Company shall indemnify Insured for up to the amounts specified in the benefit schedule, subject to the **deductibles** specified in the Schedule attached in all in respect of reasonable additional accommodation and traveling and any other reasonable expenses incurred as a result of the Insured’s flight being delayed by more than six hours from the scheduled time until travel becomes possible, due to a **strike**, industrial action, mechanical breakdown and **inclement weather**. Incurred expenses must be accompanied by supporting receipts.

The insured will be reimbursed for,

1. Additional transportation costs to join the **Trip** (by the least expensive class).
2. Reasonable accommodations and meals up to \$50 per day.

PROVIDED ALWAYS THAT

1. The delay is beyond 6 hours of scheduled departure.
2. The Insured shall submit to the Company all-relevant bills and receipts to substantiate the expenses incurred.
3. The **common carrier** must certify the delay of the regularly scheduled airline flight.
4. The indemnity provided hereunder is in excess of what is provided by the **common carrier** or any other party free of charge.

SECTION 8

MISSED DEPARTURE/CONNECTION

The Company shall indemnify the Insured for up to the amounts specified in the benefit schedule, subject to the **deductibles** specified in the Schedule attached in all in respect of reasonable additional accommodation and traveling expenses incurred as a result of the Insured missing departure of the pre-booked outward journey from or pre-booked return journey to his country of residence (and/or missing departure of any intermediate connecting service) due to an **Accident** or mechanical failure, traffic congestion due to an **Accident**, and **inclement weather** causing interruption to the mode of transport in which the Insured is traveling to the departure point of the outward or return journey or intermediate connection service.

The insured will be reimbursed for,

1. Additional transportation costs to join the **Trip** (by the least expensive class).
2. Reasonable expenses for accommodations and meals up to \$50 per day.
3. And/or the non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source.

The compensation under this cover will not exceed the **Sum Insured** for the coverage as mentioned in the Schedule hereto. **Deductibles** as stated in the Schedule shall apply for each and every claim lodged under this section.

PROVIDED ALWAYS THAT

1. The Insured has taken every reasonable steps to complete the journey to the departure point on time.

2. The Insured shall submit to the Company all-relevant bills and receipts to substantiate the expenses incurred.

SECTION 9

AIRCRAFT HIJACKING

In the event that a **common carrier** in which the Insured is traveling is hijacked during the Insured **Trip** and the Insured's journey is interrupted or disrupted for more than twelve (12) hours, then the Company will pay Indian Rupee equivalent for each day of delay caused to the Insured, as per the amounts mentioned in the benefit schedule subject to the **deductible** as specified in the Schedule attached to the **Policy**.

The Company shall not be liable to make any payment under this Benefit during the first 12 hours of the hijacking of such Common Carrier.

Special Exclusions applicable for Section 9 of the policy in addition to the “General Exclusions” of the policy

The Company shall not be liable to make any payment under this Section in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

1. Any incident where the Insured is suspected to be either the principal or an accessory in the hijacking.
2. Any claim as a consequence of a change in the regular routes of carrier due to traffic, weather, fuel shortage, technical snag, or security reasons.

SECTION 10

PERSONAL LIABILITY

If the Insured in his/her private capacity shall become legally liable for

- (a) bodily **injury** or **illness** (fatal or non-fatal) (hereinafter referred to as **injury**) to any person (other than a person in the Insured's service or any member of his/her family or household)

OR

- (b) loss of or damage to property (not belonging to nor held in trust by or in the custody or control of the Insured or any member of his/her family or household or servants) caused by an **occurrence** during the

period of insurance then in respect of such **injury** loss or damage the Company will indemnify the Insured or, in the event of his/her death, his/her legal representative against all sums which he/she shall become legally liable to pay as compensation and all legal costs awarded to any claimant, maximum up to the limits specified in the schedule attached hereto.

For Insured in respect of all claims arising out of any one **occurrence** or series of **occurrences** consequent upon or attributable to one source or original cause, irrespective of the number of claimants inclusive of legal costs and expenses, being a combined limit for **injury** and loss of or damage to property.

The Company may at any time pay to the Insured (or, in the event of his/her death, his/her legal representative) in connection with any claim or series of claims notified hereunder the limit of liability stated above (after deduction of any sum or sums already paid by the Company whether as costs and expenses or as compensation) or any lesser amount for which such claim or claims can be settled and upon such payment being made the Company shall be under no further liability in connection therewith and shall (except with respect to any subrogation action) relinquish the conduct and control of such claim or claims.

PROVIDED ALWAYS THAT

The Company shall have complete control over the conduct of any legal proceedings and the selection, appointment and control of any Solicitor or other legal adviser.

Special Exclusions applicable for Section 10 of the policy in addition to the “General Exclusions” of the policy

The Company shall not be liable for:

1. Legal expenses incurred without their written consent.
2. Any claim which arises by virtue of an agreement but which would not have arisen in the absence of such agreement.
3. Any claim for injury, loss or damage arising directly or indirectly from
 - 3.1 the Insured's ownership or use of aircraft, mechanically propelled watercraft/vessels (other than rowing boats, punts or canoes),
 - 3.2 domestic animals or firearms other than sporting guns;

- 3.3 the Insured's occupation (except temporarily for the purpose of the **trip**) or ownership of any land or buildings other than the occupation of any temporary residence
- 3.4 the pursuit or exercise of any trade or profession, or from racing of any kind
- 3.5 willful or malicious acts of the Insured
4. This insurance does not apply to liability for which indemnity is provided under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected. Liability arising out of the rendering of or the failure to render professional services
5. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles all other motorized land conveyances,
6. Liability arising out of the transmission of a communicable disease by insured
7. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse
8. Bodily injury to any person eligible to receive any benefits voluntarily provided or required to be provided by insured under any worker's compensation law, non-occupational disability law or occupational diseases law or similar law
9. Suits or legal actions arising from the insured's Family member against the insured

SECTION 11

DEPUTATION OF SUBSTITUTE EMPLOYEE FOLLOWING A COVERED ACCIDENT/ SICKNESS/ILLNESS OF THE INSURED EMPLOYEE UNDER THE POLICY:

If following a covered **illness/accident** the Insured Person is to be evacuated and such **Emergency Medical Evacuation** is recommended by the attending physician and authorized by the Assistance Company, the Company will pay up to the sum indicated in respect of this benefit for any expenses incurred by the Insured in deputing a substitute employee from the same organization for the said purpose.

Special Provisions:

1. The expenses referred to above means travel cost reasonably and necessarily incurred .
2. No claim is payable under this section if the substitute employee has already been booked for travel prior to Emergency evacuation of the employee declared for insurance.
3. The destination shall be the same as that of the Insured Person.

4. Only one such substitution is permissible in respect of one employee.

GENERAL EXCLUSIONS

EXCLUSIONS APPLICABLE TO ALL SECTIONS EXCEPT WHERE STATED OTHERWISE

This insurance does not cover:

Loss directly or indirectly occasioned by happening through or in consequence of:

- 1 travel against medical advice or
- 2 any **Pre-Existing Condition** (whether physical or mental defect or infirmity)
- 3 with the intention of receiving medical treatment or
- 4 after a terminal prognosis has been made or
- 5 if the Insured is aware of any circumstances that could reasonably be expected to give rise to a claim
- 6 **Accidents** whilst engaged in
 - a. any form of racing, motor rallies and competitions, hang gliding, mountaineering (reasonably requiring the use of ropes or glides), pot holing, rafting or conoeing involving white water rapids, underwater activities requiring the use of artificial breathing apparatus, professional sport, rugby league or union, aerial activities, par ascending or aviation (other than as a fare-paying passenger in a certified multi-engine aircraft flown in the course of licensed operations for the transportation of passengers).
 - b. Winter Sports or the use of dry ski slopes
 - c. Manual work of any kind
 - d. Direct participation in riot or civil commotion.
 - e. The Insured engaging in any criminal or illegal act.
 - f. Claims increased by the Insured's own act or omission.
 - g. Deliberate exposure to exceptional danger (except in an attempt to save human life)

- 7 Suicide or willfully self-inflicted injury or illness, mental disorder, anxiety or depression, venereal disease, alcoholism, drunkenness or the use of drugs (other than drugs taken in accordance with treatment prescribed or directed by a registered medical practitioner but not for the treatment of drug addiction), self exposure to peril (except in an attempt to save human life).
- 8 War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection or military or usurped power, an act (whether on behalf of any organization, body or persons or group of persons) activities or directed towards the overthrow or influencing of the Government de jure or de facto or any provincial or local authority with force or by means of fear, terrorism or violence
- 9 The Insured engaging in or taking part in armed forces, naval or air force service or operations and/ or Flying or other aerial activity except as a passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized air charter Company (the word “passenger” does not include any member of the aircrew or a technician working in or upon an aircraft);
- 10 Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from nuclear fission, nuclear fusion or radio-active contamination.
- 11 Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from
 - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission.
 - ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - iii. Pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
- 12 Any loss covered directly or indirectly from any **injury**, **illness**, death expenses or other liability attributable HIV (Human Immunodeficiency Virus) and/or any HIV related **illness** including AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex (ARC) however caused and/or mutant derivatives, variations or treatment thereof however caused.

- 13 Claims arising from pregnancy.
- 14 Losses arising from Accidents on two wheeled vehicles unless the driver is duly qualified and are in possession of a current license valid in the country where the vehicle is operated. Notwithstanding the foregoing, underwriters will not be liable for claims arising from Accidents (as passenger or driver) on two wheeled vehicles of 125 cc or over.
- 15 Claims relating to any ownership (part, time-share or otherwise) of land or building
- 16 Consequential loss of any nature whether direct or indirect
- 17 Claims relating directly or indirectly as a result of bankruptcy or liquidation.
- 18 Provoked murder or assault, intentional self-injury or any attempt thereat
- 19 The Company shall not be liable for any sums recovered by or on behalf of the Insured by reason of any reciprocal arrangements under any other Insurance Scheme.
- 20 Professional or organized sports, rock climbing or mountaineering necessitating the use of ropes or guides, pot holing, hand gliding, bungee jumping, parachuting, any kind of race other than on foot or water and/or winter sports, racing speed or endurance tests, hazardous pursuits or occupation or Air Travel (Other than as a passenger in a duly licensed passenger carrying aircraft).
- 21 Congenital anomalies or any complications or conditions arising there from
- 22 This insurance shall not cover:

Loss, damage or destruction:

- (i) arising from confiscation or detention by customs or other official authorities;
- (ii) which at the time of the happening of such loss, damage or destruction is insured by or would, but for the existence of this insurance, be insured under the terms of any other existing **policy** or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other **policy** or policies had this insurance not been effected.

GENERAL CONDITIONS

APPLICABLE TO ALL SECTIONS UNLESS STATED OTHERWISE

1. Minimum age of the insured shall be 18 years and maximum age shall be 70 years for Individual Policies.

2. The maximum number of travel days that may be insured, under the **policy**, shall be 180 days. In the event of the Insured Person traveling outside India on the last day of the policy the insurance cover shall automatically extend until completion of the trip or until his/her return to India within 30/45 days from the date of expiry of the policy provided the total travel period undertaken by the Insured person during the entire policy period does not exceed 180 days
3. The **policy** applies to incidents outside the Republic of India unless specifically stated otherwise.
4. **Policy** start date should be on or before the **trip** start date. However the **policy** will be valid only if the Insured Journey commences within 14 days of the first day of insurance as indicated in the **policy** Schedule.
5. Written notice of **Accidents** proceedings or any other events which may give rise to a claim should be given to the **Assistance Company** immediately but in any case not exceeding 30 days after return of the insured back to country of residence. All certificates, information and evidence required by the Company or the **Assistance Company** shall be furnished at the expense of the Insured or his legal representatives.
6. No refund of premium will be allowed once cover under any Section has commenced.
7. Except with the written consent of the Company, no person is entitled to admit liability on their behalf or to give any representations or other undertakings binding upon them. The Company shall be entitled to conduct all proceedings arising out of or in connection with claims in the name of the Insured and to instruct Solicitors of their own choice for this purpose.
8. In the event of death of the Insured, the Company shall have the right to have a post-mortem at their own expense.
9. No payments will be made under Section 1, 2, 3, without the appropriate Medical Certificate.
10. All claims that are payable to the Insured Person shall be paid in Indian currency only.
11. No sum payable under this **policy** shall carry interest.
12. The Insured shall act in a prudent manner and exercise reasonable care for the safety and supervision of his property as if uninsured.
13. In the event of a claim for Medical Expense or Personal **Accident** a medical adviser or advisers appointed by the Company or the **Assistance Company** shall be allowed to examine the Insured as often as the Company or the **Assistance Company** shall consider necessary.

14. The due observance and fulfillment of all the terms and conditions of this insurance by the Insured or anyone acting on his/her behalf in so far as they relate to anything to be done or complied with by the Insured or anyone acting on his/her behalf shall be a condition precedent to any liability of the Company to make any payment under this insurance.
15. The Company may at their own expense take proceeding in the name of the Insured to recover compensation from any Third Party in respect of any indemnity provided under this insurance and any amounts so recovered shall belong to the Company. The Insured shall render all such reasonable assistance to the Company or the **Assistance Company** as the Company may require.
16. This insurance shall be construed and have effect under the Laws of The Republic of India.

EMERGENCY ASSISTANCE

It is a condition precedent to liability hereunder that in the event that an insured person suffers **illness** or **injury** or is in any event to be hospitalized, the insured person or their representative must inform Coris Heritage Asia Pacific P. Ltd., immediately for assistance or advice. The insured person or his/her representative should furnish to the **Assistance Company** as much information concerning the **illness** or **Accident** as is available, including the name of the treating doctor, name and telephone number of the hospital, the complete overseas travel insurance **policy** number and its date of issue and any other information required by them relevant to proceed the claim under this **policy**.

Standard Terms and Conditions

1. **Incontestability and Duty of Disclosure** : The **Policy** shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this **Policy**.
2. **Reasonable Care** The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.
3. **Observance of terms and conditions** The due observance and fulfillment of the terms, conditions and endorsement of this **Policy** in so far as they relate to anything to be done or complied with by the

Insured, shall be a condition precedent to any liability of the Company to make any payment under this **Policy**.

4. **Material change** The Insured shall immediately notify the Company by fax and in writing of any material change in the risk and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the Insured items or trade or business practices thereby containing the circumstances that may give rise to the claim and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly and unless so adjusted, any claim arising only out of such material change shall not be paid.
5. **Records to be maintained** The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of the period of insurance furnish such information as the Company may require.
6. **No constructive Notice** Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.
7. **Notice of charge etc.** The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this **Policy** but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.
8. **Special Provisions** Any special provisions subject to which this **Policy** has been entered into and endorsed in the **Policy** or in any separate instrument shall be deemed to be part of this **Policy** and shall have effect accordingly.
9. **Duties of the Insured on occurrence of loss** It is a condition precedent to liability hereunder that in the event of any **occurrence** likely to give rise to a claim under this insurance the Insured Person or his /her representative should

- (i) **notify the Assistance Company immediately and in any case within 48 hours after an actual or a potential loss begins or as soon as reasonably possible (but not later than 30 days after such loss begins)**
- (ii) **take all reasonable and proper care to safeguard the covered property**
- (iii) notify the police or other appropriate authority in case of robbery or theft within 24 hours.

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

10. **Rights of the Company on happening of loss or damage** The Company at its own expense shall have the right and opportunity to examine the Insured through the Company's appointed agents whose details will be informed to the Insured. The Company as and when reasonably required during the pendency of any claim shall have the right and opportunity to make Post-Mortem examination of the body of the Insured Person as permitted by law.

If the insured or any person on his behalf shall not comply with the requirement of the Company, or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the **Policy** shall be forfeited.

11. **Right to inspect** If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the **Policy**.

12. **Subrogation** In the event of payment under this **Policy**, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights.

The Insured and any claimant under this **Policy** shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

13. **Contribution** If at the time of the happening of any loss or damage covered by this **Policy**, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. However this does not apply to Personal **Accident** claims that will be paid up to the limits specified in the **policy**.

14. **Fraudulent claims** If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his behalf to obtain any benefit under this **Policy**, or if a claim is made and rejected and no court action or suit is commenced within three years after such rejection or, in case of arbitration taking place as provided therein, within 3 years after the Arbitrator or Arbitrators have made their award, all benefits under this **Policy** shall be forfeited.

15. **Cancellation/Termination** The policy cannot be cancelled once the cover has commenced. However where the insurance has become redundant due to changes in the business operations of the Insured Corporate the policy can be cancelled after retaining a minimum premium of Rs750/- provided no trip under the policy has been undertaken.

16. **Cancellation** of the **policy** may be done only on production of the Insured's passport as a proof that the journey has not been undertaken. Such cancellation will be subject to deduction of cancellation charges as noted under condition number 16 above, by the Company.

17. **Renewal condition:** This insurance is renewable subject to mutual consent.

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

19. **Arbitration clause** If any dispute or difference of any nature or kind shall arising out of or relating to this contract of insurance shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party

invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this **Policy** that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained. It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

20. **Notices** Any notice, direction or instruction given under this **Policy** shall be in writing and delivered by hand, post, or facsimile to: Star Health & Allied Insurance Company Limited No I New Tank Street ,Valluvar Kottam High Road , Nungambakkam Chennai 600034

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

21. **Customer Service and Grievances** If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours. In case the Insured is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

22. **Making a Claim** If the Insured needs to make a claim he/she will need to complete a Claim Form as soon as possible after the incident has occurred. The Insured must do this within 30 days of his/her return home.

CLAIM FILING PROCEDURES

The Insured is requested to submit the following documents in support of the respective claim. The documents mentioned here are the minimum documents necessary for claims processing. If the Company / **Assistance Company** need additional information the same may be called for when required.

NOTE: Where the cost of medical services is more than \$100 prior approval of the Assistance Company is required.

Emergency Medical Expenses, Emergency Medical Transportation and Transportation of Mortal Remains

- Hospital bills, Receipts in Original, Discharge Certificate of Hospital (original) Cash Memos from the Hospital / Chemist (s) supported by proper prescription clearly showing the diagnosis or ailment, Receipts and Pathological Reports, Certificate from the attending doctor that the patient is fully recovered. Treatment taken on different dates for separate ailments will be treated as separate claims. The claims form should clearly indicate the same and supporting documents should be provided for each one. **deductible** will apply for each claim separately.

- For Transporting the Mortal Remains to the Country of Residence or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death needs to be submitted.

For reimbursement of extra expenses of Transportation of Insured to the Country of Residence, a medical statement from a qualified & registered Physician indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements from relations or spouses will not be accepted. Original bills/receipts of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.

Dental Emergency Assistance Bills/ vouchers/ reports giving the details of the tooth treated and the treatment performed. Treatment taken on different dates for separate ailments will be treated as separate claims. The claims form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.

Personal Accident Section

Police Report, Death Certificate (if Applicable), Original bills/ vouchers/ reports/ discharge summary that are submitted, must mention the name of the person treated, the cause of Accident, details of the individual items of medical treatment provided and the dates of treatment. Post mortem report, if applicable, shall also be submitted.

Loss of Checked-in baggage

Property Irregularity Report or other report usually issued by the carriers in the event of loss of Checked-in baggage will need to be submitted with the claim form along with a letter from the airline stating the compensation received from them for the lost baggage. Adequate proof of value of items contained within Checked-in baggage valued in excess of US \$ 100 for loss/delay of Checked-in baggage will need to be

submitted.

Delay Of Checked-in baggage

Original bills of emergency items purchased, and the property Irregularity report or any other such report from the airline stating the date and time of arrival of delayed baggage.

Personal Liability Details of Incident and proof of judicial decision rendered by a court of law.

Aircraft Hijacking Proof of Travel on the Aircraft, Newspaper cutting or any other proof of Hijack of the Aircraft.

Missed Departure/Connection Confirmation from the airline, clearly mentioning the reason for missed departure of the flight, including personal letter by the Insured along-with the verification of the cause by the Police/Recognized Authority. All the bills / receipts of reasonable additional expenses incurred shall be submitted to the Company in original.

Flight Delay Confirmation from the airline, clearly mentioning the scheduled arrival time and the actual arrival time and the reason for delay the flight. All the bills / receipts of reasonable additional expenses incurred shall be submitted to the Company.

Loss of Passport Police Report and statement of expenses for Emergency Passport / Travel Documents along with original bills.

TOLL FREE NUMBER AND ADDRESSES OF THE BRANCHES OF THE ASSISTANCE COMPANY: