

OVERSEAS STUDENT TRAVEL CONNECT INSURANCE POLICY

NOTIFICATION

- ❖ We request you to read and understand this document carefully before travelling from India. This will also help you in understanding the terms, conditions and exclusions of this Policy and the procedures to be followed in case of emergency assistance from us and an event occurring giving rise to a claim under the policy.

Liberty General Insurance Limited (We, Our or Us) hereby agree to provide the insurance described in this policy to the named Insured (You, Your/Yourself) in the policy schedule, which is based on proposal from the Insured forming the basis of the contract, on payment of premium specified in the schedule and realization thereof by the Us, for the Insured Period defined in the policy, subject to the terms, conditions, benefits and exclusions mentioned in the policy. The limit of indemnity under the policy will be the amount exceeding deductible subject to Sum Insured specified against the loss mentioned in the policy schedule.

Part I: Definitions

The following words and terms shall have the meaning as described herein, wherever they appear in this Policy. The references to singular or masculine will include references to plural and female wherever the context permits and vice versa.

- 1) **“Accident or Accidental”** -means a sudden, unforeseen, uncontrollable and unexpected physical event caused by external, violent and visible.
- 2) **“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.
- 3) **“Age”** –means completed age on last birthday as per English calendar.
- 4) **“Act of terrorism”**- means the calculated use of violence (or the threat of violence) against civilians, harmful to human life, tangible or intangible property or infrastructure in order to attain goals that are political, economical, religious or racial interests; this is done through intimidation or coercion or instilling fear. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of Terrorism.
- 5) **“Any One illness”** – Any illness/disease/symptoms/complications arising out of single event/ cause compelling the Insured to seek medical advice would be considered as one illness and shall be considered under any one illness limit specified in the policy.
- 6) **“Bodily Injury”**- means physical, *external, Accidental* bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or condition existing prior to Policy Period.

- 7) **"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.
- 8) **"Chronic condition"**- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- 9) **"Common Carrier"**- means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license issued by relevant authority for the transportation of passengers for hire.
- 10) **"Condition Precedent"** - Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 11) **"Congenital Anomaly"** - Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- 12) **"Internal Congenital Anomaly"** - Congenital anomaly which is not in the visible and accessible parts of the body
- 13) **"External Congenital Anomaly"** - Congenital anomaly which is in the visible and accessible parts of the body.
- 14) **"Contribution"** - Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- 15) **"Damages for third party civil claims"**: - means monetary sums payable pursuant to judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian Law.
- 16) **"Day Care Center"** - also known as outpatient surgery centers, are health care facilities where surgical procedures not requiring an overnight hospital stay are performed. Such surgery is commonly less complicated than that requiring hospitalization.
- 17) **"Day Care Treatment"**- A day care center means any institution established for day care treatment of illness and / or injuries or a medical set -up 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 will make these accessible to the Insurance company's authorized personnel.

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- 18) **"Deductible"**-Amount or time stated in the schedule, which will be first borne by the Insured in respect of each and every claim. Our liability to make any payment under the Policy will be the amount in excess of deductible and limited to the maximum Sum Insured mentioned in the policy schedule. Deductible will be applicable for each event claimed by the insured.
- 19) **"Declaration"** –means explicitly written or verbal statement/ information provided by the Insured during the course of Insurance, which forms the basis of this contract.
- 20) **"Dental Treatment"** -Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 21) **"Dependent Child"** -A dependent child refers to a child up to 18 years (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income and is studying.
- 22) **"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, fraud, mis-description or non-disclosure of any material fact.
- 23) **"Doctor/Physician/Medical practitioner"**- A Medical practitioner is a person who holds a valid registration from the medical council of any state/country in which the treatment is provided and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license, somebody who is not related to insured either by sharing the residence of insured or is a family member of the insured. It would also include specialist surgeon and anesthetist.
- 24) **"Educational Institution"** - means any school, vocational institute, polytechnic, college, university or institute of higher learning which is duly licensed to provide educational services by trained and qualified teachers and where the Insured is registered as a full-time student.
- 25) **"Emergency Care"** -Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.
- 26) **"Grace Period"**-Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- 27) **"Hazardous Activity"**- participating in any sports or activity which could pose an increased risk or danger to You, and may require You to take additional precautions to avoid injury or claim.
- 28) **"Hijack"** - means the unlawful seizure or exercise of control of any Carrier by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government.
- 29) **"Hospital"**- A hospital means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:;

- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
 - iii. has qualified medical practitioner (s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 30) **"Hospitalisation"** - 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.
- 31) **"Illness"** - means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (an affliction of the bodily organs having a defined and recognized pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which first manifests itself during the Risk Period and requires medical treatment while the Insured Person is abroad.
- 32) **"Immediate family member"** – means Insured's spouse, children, parents, siblings, children in law, parents in law, siblings in law, grandchildren, grandparents, legal guardian who reside in India.
- 33) **"Injury"** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 34) **"Inpatient Care"** - Inpatient care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 35) **"Insured"** – means You and/or person(s) named in the policy schedule.
- 36) **"Insured Journey"** -means a single journey during the Policy Period to a destination outside of India, which is undertaken (departure and arrival) during the Policy Period
- 37) **"Inclement weather"** – means any catastrophic weather conditions which affect the scheduled arrivals or departures of the common carriers and does not include normal, seasonal climatic/ weather changes.
- 38) **"Intensive Care Unit"**- Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 39) **"Limit of Indemnity"** - means the amount stated in the Schedule against each relevant Section, which shall be Our maximum liability under this Policy (regardless of number of Claims made) for any one claim and in the aggregate for all claims under such Section subject to deductible specified in the policy schedule.
- 40) **"Maternity Expenses"** 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.
- 41) **"Medical Advise"** - Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

- 42) **“Medical Expenses”** - means those reasonable and customary expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Risk Period or Policy Period and on the advice of a Doctor following an Accident or Illness during the Risk Period, 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.
- 43) **“Medically Necessary”** -Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the Insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 44) **“Network Provider”** - means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- 45) **“New Born Baby”** –New born baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
- 46) **“Non- Network”**-Any hospital, day care Centre or other provider that is not part of the network.
- 47) **“Notification of Claim”** - Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- 48) **“Portable Electronic Equipment”**- The electronic equipment used by students like Laptop, I-Pad, Tablet, Note pad, electronic gadgets etc.
- 49) **“OPD treatment”** -OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 50) **“Permanent Total Disablement”** -means Doctor certified total, continuous and permanent physical or functional loss of body parts as a result of accidental bodily injury.
- 51) **“Policy”** – means the proposal forms with your statements, the Policy Schedule, and any attached enrollment forms, endorsements, papers or riders.
- 52) **“Policy Period”** - means the period starting when the Insured passenger boards the aircraft for onward overseas journey from India on or after the policy commencement date and terminates when he disembarks on return to India or the Expiration date specified in the policy schedule, whichever is earlier.
- 53) **“Pre-existing condition”** - means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed or diagnosable and / or received medical advice/ receiving medical advice/treatment prior to inception of Your first policy with Liberty General Insurance Ltd.
- 54) **“Proposal form”** - the application form for insurance cover submitted to Us along with all information and declarations which has enabled Us in considering whether and on what terms to offer this insurance.

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- 55) **“Qualified Nurse”** -Qualified nurse is a person who holds a valid registration from the Nursing Council of respective country or the Nursing Council of any state in respective country.
- 56) **“Reasonable and Customary Charges”** - means a charge which: (a) is charged for medical treatment, supplies or medical services that are Medically Necessary to treat Your condition; (b) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed.
- 57) **“Sound Natural Teeth”** - means natural teeth that are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.
- 58) **“Sponsor”**-In respect of this Policy Sponsor is the individual responsible for paying tuition fees of the student for the complete course in a registered educational institute outside India.
- 59) **“Strike”** - means 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. Included in the definition of Strike are work slowdowns, lockouts and sickouts.
- 60) **“Study Disruption”**- Discontinuity or break in the studies incapacitating the student to miss on his semester due to the risks mentioned in Section 7D.
- 61) **“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.
- 62) **“Surgery”** or **“Surgical Procedure”**- means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care center by a medical practitioner.
- 63) **“Theft”** – means a criminal act in which Insured’s property is stolen or taken away by unlawful or felonious means with intent to deprive the Insured of his property.
- 64) **“Claims Administrator/TPA/Third Party Administrator/Service Provider”** means an organization or institution that is licensed by the IRDA and engaged for a fee or remuneration to provide claims facilitation services to the Insured/Insured person and the Company and that We appoint from time to time as specified in the Schedule.
- 65) **“Trip”** - shall mean and include all journeys abroad undertaken from a port at the Country of Your Residence and return to any first port in the Country of Your Residence during the Period of Insurance as specified in the policy.
The maximum trip duration extended under this Policy is restricted to 1 year.
- 66) **“Tuition Fees”** – means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.
- 67) **“Unattended”**- When Your property is not in full view of You or is not taken care of and as a consequence there is an unauthorized interference /loss of the same.

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- 68) **“Unproven/Experimental treatment”** - is treatment including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- 69) **“Valuables”** - means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewelry, furs and any articles made of precious stones and metals, money, manuscripts, stamps, collection of stamps, bonds, ATM cards, credit cards, cheques, securities, medals, i-pods, mini disc players, MP3 players, tapes, films, cassettes, cartridges, headphones.
- 70) **“War”** - Open and declared conflict between the armed forces of two or more states or nations to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
- 71) **“We, Us, Our, Company”** – Liberty General Insurance Limited.
- 72) **“You/Your/Yourself”**- means the Insured Person(s) who is named in the Policy Schedule.

Part II: Scope of Cover

Section 1-Medical expenses, Medical Evacuation and Repatriation

The Company will indemnify the Insured reasonable and customary expenses up to Sum Insured specified in the Policy schedule under this Section subject to deductible applicable to each claim separately under this Section in respect of the following:

- A) **Medical expenses** incurred by the Insured outside Republic of India towards the emergency care and illness occurring for the first time during Policy Period or contracted during trip. The expenses would include:
- i. Doctor's Fees along with prescription. (Certified doctor's bill printed/written on his letter head)
 - ii. Expenses towards the room and boarding use of Emergency room, operation theatre, surgeon charges in accordance with the room and the duration of the patient's stay in the hospital.
 - iii. Emergency Outpatient treatments if the same is critical and cannot remain unattended till the Insured's return to India.
 - iv. Pathological investigations and diagnostic tests, X-rays for ailments occurring within the Policy Period.
 - v. Physician prescribed day care procedures like plaster casts, suturing, radiotherapy and phototherapy.
 - vi. Dental care as a result of accidental bodily injury affecting the sound natural teeth of the Insured for the first time during the Policy Period.
 - vii. Ambulance charges towards medical evacuation of the Insured from accident location to the Hospital up to limit specified in the Policy.
- B) **Emergency Medical Evacuation** to the Hospital in India due to accidental injury and/or illness occurring during the Policy Period. This benefit has to be preapproved by the Insurance Company/ Claim administrator of the Insurance Company and shall be after due approval by the treating doctor. The Company will also indemnify the Insured in respect of the Medical Expenses incurred by him within India to continue medical treatment commenced by the Insured outside of India, as a result of the Insured first having sustained Accidental Bodily Injury and/or Sickness and/or Disease during the course of the Insured Journey. The Company's liability to make payment hereunder shall be limited to a period of 60 days from and including the date upon which the aforesaid Accidental Bodily Injury and/or Sickness and/or Disease occurred or first manifested itself, and to Medical Expenses at the reasonable and Customary Level.

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- C) **Repatriation of the Mortal Remains** to the Republic of India in case of death of the Insured on account of Insured event up to the limit specified in the Policy or the equivalent amount for burial or cremation of the Insured in the Country where death has occurred. The expenses should be pre accepted and approved by the Company or the Claims administrator prior to preparing the remains for transportation to India or local burial/cremation.

Section 2-Personal accident

The Company will indemnify the Insured Sum Insured specified in the Policy Schedule under this Section subject to a deductible applicable to each claim separately as mentioned in the Schedule. The cover would be applicable for only one of the below mentioned benefits for same accident. We will cover an Accidental Bodily Injury sustained during the course of the Insured Journey, provided that such Bodily Injury is within 12 months of the date upon which it was sustained and is the sole and direct cause of the

A) Death

B) Permanent Total Disablement

- C) Disappearance-** In the event of the disappearance of the *Insured Person*, following a forced landing, stranding, sinking or wrecking of a conveyance in which such *Insured Person* was known to have been travelling as an occupant, it shall be deemed after twelve (12) months from the date of loss, subject to all other terms and conditions of this Policy, that such *Insured Person* shall have died as the result of an *Accident*. If at any time, after the payment of the *Accidental* death benefit considered under disappearance, it is discovered that the *Insured Person* is still alive; all payments shall be reimbursed in full to the *Company*.

Children Education Bonus- This benefit extended under this section is activated only when the claim is payable under any of the conditions mentioned above. If the claim is payable as per policy terms and conditions under this Section, we will pay the amount specified in the policy schedule as payment for use towards the cost of education for two of Your dependent children under the age of 18 at the date of loss.

Table for benefits under Death and Permanent Total disablement:-

Type of Disablement	Compensation in % of Total Sum Insured available under this benefit
Permanent Total Loss or dismemberment of two limbs	100
Permanent Total Loss of Sight of Both Eyes	100
Permanent Total Loss of Sight of One Eye and one limb	100
Permanent Total Loss of Hearing of Both ears	100
Permanent Total Loss of one eye/one limb	50
Permanent Total Loss of foot at ankle/arm at wrist	25
Permanent Total Loss of any of the fingers or toes	5
Quadriplegia	100
Paraplegia/Hemiplegia	50
Death	100

Exclusions applicable to Section 1 & 2

The Company shall be under no liability to make payment in respect of,

- 1) Any medical condition or complication arising from condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received before the commencement of the Policy Period, or condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical

- advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines), or injury, illness, sickness, disease, or other physical, medical, mental, or nervous conditions, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of application.
- 2) In case of any routine health checkup/ investigations without any objective existence of impairment of normal health, and expenses incurred for treatment in India except for expenses towards Section 1B(*Emergency Medical Evacuation*).
 - 3) For any medical expenses beyond the Policy Period specified in the schedule.
 - 4) Medical treatment if the same is the sole reason or one of the reasons for temporary travel.
 - 5) In respect of claims arising out of or attributable to travel undertaken against medical advice, or is under treatment for illness declared in medical report or medical certificate provided by the Insured with the Proposal Form.
 - 6) Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness, or sexually transmitted conditions, , Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection, venereal disease, alcoholism, drunkenness or abuse of drugs.
 - 7) Participation of the Insured as driver in races and rallies. Losses on account of Accidental injuries arising out of driving vehicle without having International driving License and not following all safety norms of the jurisdiction (e.g. Wearing helmet whilst driving, driving within specified speed limits etc.).
 - 8) If the Insured is exposed to any hazardous occupation like working with fireworks, trainer or instructor for trekking, mountaineering, scuba diving, winter sports etc. (except in life saving attempt), any criminal or illegal act, serving in any branch of the Military or Armed Forces of any country, whether in peace or War. In case of such service in Military or Armed Force, We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip.
 - 9) Claims arising out of any participation of the Insured unless under supervision of a trained professional in winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity in more than 10 meter depth without breathing device, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), professional sports or any other hazardous or potentially dangerous sport.
 - 10) For any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power, terrorism.
 - 11) For elective cosmetic/plastic surgery except as a result of accidental bodily injury during the Policy Period.
 - 12) For Dental care except as a result of accidental bodily injury to the sound natural teeth, during the Policy Period.
 - 13) Any claims arising directly or indirectly out of external or internal congenital anomalies.
 - 14) Pregnancy resulting in childbirth, miscarriage, abortion, or complication arising out of any of the foregoing expenses related to treatment of infertility or birth control measures except ectopic pregnancy.
 - 15) Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
 - 16) Treatment of all forms of cancer/neoplasm.
 - 17) Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
 - 18) Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium convalescence home or similar institution.
 - 19) Expenses towards immunizations and treatment towards Obesity, its causes and complications. Gastrectomy as a treatment for Morbid Obesity.
 - 20) Experimental, unproven or non-standard treatment.
 - 21) Medicines, investigations and treatment not supported by prescription by the physician.
 - 22) Treatment by any other system other than modern medicine (also known as Allopathy).
 - 23) The cost of spectacles, contact lenses, and hearing aids, crutches, artificial dentures, crowns and all other external appliances and/or devices whether for diagnosis or treatment.
 - 24) All relevant exclusions in those listed under General Exclusions.

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We will cover the following perils under medical expenses benefit and will not be separate benefits, subject to terms and conditions mentioned. All the mentions of the following in the policy document will be considered to be deleted and are amended as mentioned below.

1) Mental/Nervous Illness

The Company herewith agrees to pay to the Insured amount specified in the policy schedule, subject to policy terms and conditions, the medical expenses incurred towards the treatment of nervous or mental illness. Usual, Reasonable, and Customary expenses are covered for Inpatient hospitalization of more than 24 hours. The benefit payable is 50 USD per day up to 500 USD towards the treatment of the mental illness. Deductible applicable will be 24 hours inpatient hospitalization.

2) Sports Injury Medical care during Interschool Sports

Medical expenses incurred by the Insured towards accidental bodily injury on account of Insured participation in the Interschool sports subject to deductible specified in the policy schedule. The documents required for claim would be medical report confirming cause of the injury, injury details and treatment details.

Exclusions applicable to 2-

- 1) Any participation in professional or organized sports, racing, speed or endurance tests and dangerous pursuits.
- 2) Anything listed in General Exclusions.

3) Cancer Screening & Mammography Expenses

Medical expenses incurred by the Insured towards Cancer screening and mammographic examinations on recommendation from physician, subject to a maximum limit specified in the Policy. Expenses would be paid for the usual and customary charges incurred for these test. Any tests done as a part of preventive health check-up are not included under this benefit.

Section 3 – Emergency Dental Care

If you are diagnosed of dental pain for the first time during the Trip, the Company will pay for Dental care in case of emergency dental pain relief up to the limit specified in the policy schedule. In case of accidental Injury the dental care benefits will be limited to medical expenses limits as mentioned in the Policy. The benefit is applicable only for treatment for illness or accidental injury to sound natural teeth. The deductible mentioned in the Policy schedule with respect to this benefit will be applicable for each claim separately.

Section 4 – Personal Liability

The Company will indemnify the Insured reasonable and customary expenses up to Sum Insured specified in the Policy Schedule under this Section subject to deductible applicable to each claim separately, in respect of any legal liability arising out of accidental bodily injury or accidental property damage caused by the Insured in his private capacity to a third party occurring during the Insured Journey.

Special Conditions:

- A) The liability of the Company to indemnify the Insured under this section will be restricted to the compensation determined by the foreign court of law or otherwise agreed and approved in advance by the

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Company. If the legal action is initiated against the Insured is within India, the Company's liability would be subject to,

- a) Written intimation provided to the Company immediately on occurrence of legal liability overseas, at the address specified in the schedule, and
 - b) Not incurring any defense costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Company, which shall be entitled (but in no case obligated) at any time to take over and conduct in the name of the Insured the defense and/or settlement of any action or claim and shall be entitled at all times to receive the Insured's cooperation and assistance and to appoint lawyers on the Insured's behalf. Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Assured hereunder.
- B) The Company will not settle any claim without written consent from the Insured, however if the Insured disagrees on available settlement recommended by the Company, then the Company's liability will be limited to the amount for which the claim could have been settled.

Exclusions applicable to Section 4:

The Company will not be liable to make payments for the claims arising out of or traceable to,

- 1) Insured's liability to any employee/employer (under contract for services)
- 2) Third party property damage or bodily injury to Insured's family, co-worker or travelling companion.
- 3) Professional liability arising out of Insured's profession/activities.
- 4) Livestock belonging to Insured or is in custody of Insured.
- 5) The possession or use of vehicles, aircrafts or watercrafts, which are hired by You .
- 6) Any dangerous or hazardous activity, use of firearms, willful, criminal or unlawful act with criminal intent, terrorism.
- 7) Mental illness, Alcoholism, drug addiction or drugs(except medically prescribed medicines)
- 8) Any supply of goods or services.
- 9) Any form of ownership or occupation of land or buildings, rental or holding any part of premises on rental basis.
- 10) Liability under any agreement or contract.
- 11) Sexual molestation, corporal punishment, or physical or mental abuse
- 12) Anything listed in General Exclusions.

Section 5 - Hijack Allowance

The Company is liable to pay the Insured the amount specified against this section , if the Common Carrier in which Insured is travelling is hijacked during the Trip, within the Policy Period specified and Insured journey is interrupted for more than 24 hours.

Exclusions applicable to Section 5:

The Company will not be liable for payment of any claim arising out of, traceable to attributable to and in respect of,

- 1) The Insured is suspected to be either principal or accessory in the hijacking.
- 2) Any claim on account of change in regular route of travel of the Common Carrier due to weather, fuel shortage, traffic, and technical snag or security reasons.
- 3) Anything listed in General Exclusions.

Section 6 - Travel Impediments

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- A) **Volcanic Eruption Cover**—In the event you have opted for the plan with this cover, the Company is liable to pay the amount specified in the schedule if due to Volcanic Eruption, the Insured journey from foreign country, in a Common Carrier as a fare paying passenger on which he/she is booked to travel to India is delayed than the original scheduled time beyond the deductible mentioned in the policy schedule. The benefit would be payable for continuous and completed period of 12 hours in excess of the deductible towards the reasonable travel and accommodation expenses incurred by You, subject to all other policy terms and conditions and policy limit mentioned.

Exclusions applicable to Section 6A:

- 1) Any claim arising as a result of You travelling against the advice of local or national authority.
 - 2) The aircraft being taken out of service by Civil Aviation Authority or similar authority.
 - 3) The condition where the delay was known prior to inception of cover.
- B) **Loss of Passport**—The Company will reimburse the Insured, the amount specified in the schedule if the Insured loses the passport overseas, for obtaining a duplicate or fresh passport overseas or within 30 days of his return to India.

Exclusions applicable to Section 6B

- 1) Any loss not reported to the local overseas police and written copy of the same not obtained within 24 hours of the occurrence of the event.
- 2) Loss on account of confiscation or detention by customs, police or public authorities.
- 3) Theft of the passport unless reported to the police in the foreign country within 24 hours and the copy of the complaint submitted to Us.
- 4) Loss or theft from private or vehicle hired for travelling or private place of accommodation unless the same was kept in locked hotel room or apartment and was stolen with violent and forcible entry.
- 5) Loss due to unattendance and ignorance in safeguarding the passport
- 6) Anything listed in General Exclusions

Section7- Personal Solicitude

- A) **Loss of Checked-in Baggage**- The Company herewith agree to reimburse You the expenses incurred towards the total loss of checked in baggage, subject to deductible and limit specified the policy schedule, in case if your checked in baggage is lost by the Common Carrier at the destination outside India. The benefit will be extended towards the trip specified in the travel ticket from India to Overseas destination and return to India including the halts and via destinations.
The Insured must be ticketed passenger and must provide written communication from the common carrier towards the Loss of baggage.

Special Condition-

- i. In case more than one checked in bags are lost then the maximum limit of Indemnity per bag would be restricted to actuals or 50% and per item 10% of the applicable Sum Insured, after deduction of refund or compensation provided by the airline.
- ii. Insured provides the written proofs towards the loss of baggage to the Insurer/administrator.
- iii. The Company's liability arises only on acceptance of the liability by the Airlines in the form of compensation.

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- iv. 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 Common 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.

Exclusions applicable to Section 7A-

- 1) Valuables, money, securities and tickets/passes or any other item not declared to or agreed upon by the Company.
- 2) Any partial loss of items contained in the checked-in baggage.
- 3) Items having value of more than 100 USD or equivalent amount in any other currency will have to be supported by the bill/ receipts or documentation confirming the ownership of the Insured.
- 4) The same baggage being insured under any other insurance will be considered for ratable proportion of the cover.
- 5) Self-carried baggage
- 6) Anything listed in General Exclusions.

B) *Bail bond Insurance*—In case the Insured is arrested or detained by the police of the jurisdiction where Insured has travelled, as declared in the proposal form, for bailable offence, then the Company shall be liable to pay the amount specified in the schedule towards the bail of the Insured subject to policy terms and conditions. The Company shall arrange the bail amount through the Claims administrator or directly on behalf of the Insured. The Insured has to attend all the trials and appear before the court of law as directed by the court. The Insured will have to refund the amount of bail bond to the Company in case the bail bond is forfeited by the negligence, misconduct or wrongful act of the Insured, within 30 days after the bail bond is forfeited. In case of death of the Insured the responsibility will have to be taken over by the legal heir/immediate family member or sponsor.

The amount will be refunded to the Company/Claims administrator by the court as soon as court releases the bail amount with which the deposit was made. The amount will not be payable to the Insured. The judgment shall have no bearing on the refund of the deposit to the Company/Claims administrator. Any fine or penalty imposed by the court on the Insured will not be the part of bail bond amount and Insured will not have any liberty to get the fine deducted or adjusted from the bail amount.

Exclusions applicable to Section 7B-

- 1) Non bailable offences.
 - 2) In cases where the Insured is charged for breaking the law of the Country.
 - 3) Any criminal intent
 - 4) Charge for over speeding of the vehicle.
- C) *Study Disruption***— The Company shall be liable to reimburse the Insured the amount of non-refundable fees paid in advance for current semester, in the event of discontinuity in the studies of the Insured on account of following reasons during the Policy Period,
- 1) Any serious illness or medical condition of the Insured requiring medical supervision and hospitalization for more than one month covered under the policy, which prohibits the Insured person from continuing his studies for the semester for which the tuition fees is already paid.
 - 2) Accidental grievous injury or death of any of the parents of the Insured, inabling the Insured to complete the semester and miss the same.

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The expenses shall be covered subject to the claim payable under Medical expenses benefit of the Policy. Insured will be required to submit the receipt towards the advance payment of tuition fees and letter from the school in regards to non-refunding of the fees and inability of the student to attend the semester with reason towards the same.

Exclusions applicable for Section 7C,

- 1) All exclusions listed in General exclusions Section
- 2) Simultaneous claims under Study Disruption benefit and sponsor protection are not permitted.

D) Sponsor Protection - The Company herewith agrees to pay to the Insured amount specified in the policy schedule, subject to policy terms and conditions, in the event of accidental injury to the Sponsor declared in the proposal form causing death of the Sponsor. The amount payable under the section will be the lower of the tuition fees towards the remaining period of education or limit specified in the policy.

Exclusions applicable for Section 7D,

- 3) All exclusions listed in General exclusions Section
- 4) Simultaneous claims under Study Disruption refund benefit and sponsor protection are not permitted.

E) Compassionate Visit - The Company herewith agrees to pay the amount specified in the policy schedule towards the cost of economy class of transportation by the most direct route via a Common Carrier, subject to policy terms and conditions, in the event of hospitalization of the Insured on account of illness or accidental injury covered under the policy and the attending physician approves the requirement of his immediate family member to attend him in the hospital.

Section 8- Common Carrier-Accidental Death & Disability

The Company is liable to pay the amount specified in the policy schedule towards accidental death or permanent total disablement of the named Insured subject to other policy terms and conditions. The cover is provided in addition to the Personal accident cover under Section-2. The benefit is specifically towards death or disablement on account of accidental bodily injury within 12 months from the date of loss while travelling in a bus, tram, rail or aircraft and which is the sole and direct cause of death of the Insured or loss of eyes, two limbs, or loss of one limb and one eye.

Exclusions applicable to Section 8-

- 1) All exclusions under Section 1&2.
- 2) Anything listed in General Exclusions.

Section 9-Maternity Cover with New Born Baby Expenses

The Company is liable to pay the amount specified in the policy schedule towards hospitalization on account of pregnancy/childbirth under Medical Expenses benefit of the Policy. The maximum liability of the Company will be up to the limit specified in the policy.

We will cover accommodation charges for baby up to a maximum of four (4) nights for the newborn if the mother is admitted and not suffering any complications and expenses towards immediate hospitalization of the baby after birth maximum up to maternity limit specified in the policy.

SPECIAL CONDITIONS APPLICABLE TO MATERNITY EXPENSES:

- a) These benefits are admissible if the expenses are incurred in Hospital / Nursing Home as in-patients only.
- b) A waiting period of 10 months is applicable for payment of any claim relating to normal delivery or caesarean section. The waiting period will stand deleted only in case of delivery, miscarriage, abdominal operation for extra uterine pregnancy or abortion induced by accident or other medical emergency.
- c) Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one insured person covered under the Policy or any renewal thereof. Those Insured persons who are already having two or more living children will not be eligible for this benefit.
- d) Pre-natal and post-natal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.

Section 10-Complications of Pregnancy

Treatment of Complications of Pregnancy during the first 26 weeks of Pregnancy is covered under this insurance. A complication of Pregnancy is defined as: Illness whose diagnosis is distinct from Pregnancy, but are adversely affected or caused by Pregnancy, and not associated with a normal Pregnancy. This includes: ectopic Pregnancy.

Exclusions applicable to Section 9&10-

- 1) All exclusions applicable to Section 1 & 2 except for those related to pregnancy
- 2) All general exclusions except for those related to pregnancy.

Part III: Add on Covers

If the cover is opted by the Insured, on payment of additional premium, the Company herewith agrees to pay to the Insured amount specified in the policy schedule, subject to policy terms and conditions, the expenses incurred towards

Section 11-Total Loss of Portable Electronic Equipment

If the cover is opted by the Insured, the Company is liable to pay the amount specified in the policy schedule subject to policy terms and conditions, total physical loss of portable electronic equipment up to the limit specified in the policy.

Exclusions applicable to Section 11-

- 1) Theft or burglary of the instrument while in the custody of entity other than Insured.
- 2) Loss due to detention, destruction, confiscation, request by or under the order of any Public or government authority.
- 3) Instrument kept unattended.
- 4) Any mysterious disappearance of the instrument.
- 5) Loss on account of willful act of the Insured or any other person with permission of the Insured.
- 6) Loss of software, data, electrical or mechanical breakdown or any consequential losses.
- 7) Deductible specified in the schedule.
- 8) Loss due to any external cause other than theft.

Loss Assessment: The settlement of the claim will be as per the market value of the instrument just before the loss. The maximum liability of the Company will not exceed the Sum Insured specified in the schedule or calculated amount as mentioned above, whichever is lower.

Section 12- Pre-existing Ailment

If the cover is opted by the Insured, on payment of additional premium, the Company is liable to pay the amount specified in the policy schedule subject to policy terms, conditions and exclusions under Section 1. The cover is extended towards the medical expenses incurred by the Insured outside India. The benefit is payable up to the sublimit mentioned in the policy for the cover. Exclusion 1 under Section 1&2 and exclusion 14 under general exclusions applicable to all the sections stands deleted for this benefit.

Part IV: General Exclusions applicable to all the Sections:

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following,

1. Any consequential losses causing damage to any property arising directly or indirectly from,
 - 1.1- Any radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component.
 - 1.2- Contamination by radioactivity from any nuclear waste from combustion of nuclear fuel.
 - 1.3- Any sickness or disease related to and arising out of existence, production, handling, manufacture, sale, distribution, deposit or use of asbestos or product thereof, e.g. Asbestosis.
2. Attempted or actual engagement of the Insured in any illegal or criminal act.
3. Insured travelling abroad unless as a fare paying passenger.
4. Any and all consequential losses.
5. Insured's participation in any naval, military or air forces operations whether in the form of military exercises, war games or actual engagement with domestic or foreign enemies.
6. Any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power, terrorism.
7. Self-inflicted injury, illness, mental disorder, anxiety/stress / depression/nervousness having no underlying physical illness as a cause; venereal disease, willful or deliberate exposure to danger, suicide or attempt threat.
8. Insured being under the influence of alcohol, drugs or intoxicating substances during and Insured event.
9. Participation of the Insured in any sports events as a professional or for gain or rewards thereof.
10. Driving any vehicle without valid driving license and all precautionary measures following traffic rules and regulations.
11. Any pathological fractures.
12. Pregnancy except ectopic pregnancy resulting to childbirth, miscarriage, abortion, or complication arising out of any of the foregoing expenses related to treatment of infertility or birth control measures unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's or the child's life in event of acute complications, provided that the Insured has not completed the age of 38 years and 30th week of pregnancy.
13. Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
14. Any Pre-existing conditions and complications arising out of the same.
15. Any claim lodged being fraudulent in any respect or false declaration made or use of support documents or devices by You or anyone acting on Your behalf to obtain benefit out of the policy by wrongful means or willful act.

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16. Travel against medical advice, receiving or waiting to receive any medical treatment, received any terminal prognosis for medical condition.
17. In respect of Your travel to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.

General Conditions Applicable to all Sections-

A) Declaration

- i. The Company shall have no liability towards any claim arising under this Policy if You make any false/ incorrect declaration/information in the proposal form for insurance, which is material for accepting the risk and offering the cover under the Policy.
- ii. The Company further understands that You have read the policy and prospectus and have understood the implications of the contents prior to affixing your signature on the proposal form.

B) Notification of Claims

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

The Company's liability under this Policy will be subject to the following provisions, upon the happening of any event giving rise to or likely to give rise to a Claim under any Section of this Policy,

- i) An immediate notification is made to the Insurance Company/ Claims administrator of the Company in respect of any Claim under Medical expenses and emergency medical evacuation, by the Insured or, if deceased, his legal or other representative or immediate family member, and provided with the name of the treating Physician, the name and telephone number of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, all the original bills and receipts and any other documentation or information that might be required or requested by the Insurance Company / Claims Administrator of the Company for assessment of the claim.
- ii) The named Insured shall notify the Insurance Company/Claims administrator of the Company immediately or not later than 30 days after his return to India. He will have to fill in the claim form and forward the same to the Company/ Claims administrator along with all the bills, receipts and other supporting documentation or additional information requested by the Company/Claims administrator of the Company for assessment of the claim.
- iii) The Insured shall not admit any liability or make any offer or promise of payment without the prior intimation and written consent of the Company.

C) Reasonable Care

The Insured shall take all reasonable and proper steps to safeguard and protect himself and his possessions against any fact, matter, circumstance or cause that might result in a Claim under this Policy, and shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

D) Transfer of Interest

The insurance policy forms a Contract between the Company and the Insured Person. The Insured Person under the Policy is not eligible to transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person,

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Institution, Hospital, Company or Corporate without specific prior approval in writing from authorized officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of Claim under the Policy.

E) Assessment of Claim & Payment

The Claim will be assessed and processed for payment only on receipt of complete documentation and or information within 15 days from the date of intimation of the Claim as requested by the Company for arriving at the decision towards the claim liability under the policy, until such time there will be no liability imposed on the Company for payment of the Claim. If the Insured does not provide the requisite documentation within 30 days from the date of intimation to the Company, the Company shall assume that Insured is not interested in pursuing the Claim and thus constrained to repudiate the concerned Claim. In the event that the Company decides to reject a claim made under this Policy, the Company shall do so within a period of thirty days of the investigation report or the additional investigation report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

The Claim Procedure would be in full compliance with relevant provisions of Insurance Regulatory and Development Authority Health Regulation 2013.

- i) Any settlement amount or payable amount under the Policy will not carry any interest except as required by section 9(6) of the Protection of Policy Holder's Interest, Regulation 2002 whereby payment of the claim amount due shall be made within 7 days from the date of acceptance of the offer of settlement by the Insured/ Insured Person. In case of any delay in payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- ii) All the claim payments with respect to the claims made by the Insured on his return to the Republic of India will be made in Indian Rupees only.
- iii) The following will apply specifically in respect of a Claim under Sections 1 and/or 2:
 - a) The Company is not liable to make payment in respect of those charges approved by the Insurance Company/ Claims Administrator of the Company prior to being incurred.
 - b) The Insured or legal heir in case of death of the Insured, shall furnish all certificates, Post mortem report, information, proofs or other evidence in support of the Claim.
 - c) The Insured shall present himself for medical examination by a Medical Advisor as considered necessary by the Insurance Company / Claims Administrator of the Company at his expense and the Insured agrees that the Insurance Company / Claims Administrator of the Company may approach anyone who may have treated the Insured for information and/or documentation in respect of the Claim.
 - d) The Insured or legal heir in case of death of the Insured, shall furnish the additional documents if required to assess the claim to the Company.
 - e) The Company may make arrangements to pay the Claim to the Insured's legal guardian or legal representative in case of permanent disablement of the Insured. Any payment made by the Company thereby in good faith shall operate as a complete discharge of the Company's liability in respect of the Claim.
 - f) Medical Expenses except at the Usual and Customary Level shall not be considered by the Insurance Company.
 - g) The foreign currency exchange rate as on date of loss or first bill shall be considered for all reimbursement claims settlement.
 - h) The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.

F) Contribution

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The Company shall be liable to settle the ratable proportion of the admissible amount towards the loss or damage in case You are covered under any other Insurance Policy covering the similar losses, at the time of loss during the Policy Period. The clause will be applicable for indemnity covers and not for benefit covers under the policy.

G) Subrogation

The Insured and any claimant under this Policy, shall at the expense of the company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company. The clause will be applicable for indemnity covers and not for benefit covers under the policy.

H) Arbitration

- i) Any dispute or difference arising towards the quantum to be paid under the Policy (liability being otherwise admitted) shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties, 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 the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be the Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- ii) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- iii) 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 award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained
- iv) If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

I) Age

The Age shall be computed as on the Risk start Date.

In Student Overseas Travel plans the entry age of the Insured will be 14 years and exit age would be 40 years. All proposals for minor will have to be proposed by the Parent or Guardian of the student.

J) Electronic Transaction

The Insured agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice 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 the Company, for and in respect of the Policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions and exclusions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. The Company may

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exchange, share or part with any information to or with other Group Companies or any other person in connection with the Policy, as may be determined by the Company and shall not hold the Company liable for such use/application when done so after agreement with Insured.

K) Cancellation Of the policy

- i) This Policy may be cancelled by the Insured after 15 days from the date of policy inception, by intimation in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced.
- ii) Upon cancellation, the Company shall be entitled to deduct cancellation charges subject to retaining a minimum of Rs.250/-.
- iii) In the event the Policy is cancelled for non-cooperation of the Insured or if you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred and/or no Trip has happened up to the date of cancellation. In the event a claim has occurred and/or trip has happened in which case there shall be no return of premium.
- iv) In case of any early return of the Insured person prior to expiry of the Policy Period the company will refund premium at the following rates subject to no claims being incurred on the policy.

Risk Period	% of Premium retained by Company
Above 50% of Policy Period	100
Above 40% to 50% of Policy Period	80
Above 30% to 40% of Policy Period	75
Above 20% to 30 of Policy Period	60
Up to 20% of Policy Period	50

L) Free-look Cancellation

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation, if he has any objections to any of the terms and conditions. The Company shall refund the premium paid after adjusting the amounts spent on Stamp duty charges and proportionate risk premium. Cancellation will be allowed only if there are no claims reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is available only at the time of first issuance of the Policy and shall not be applicable for the policy extensions at the end of the policy term.

M) Notifications & Declarations

The Insured needs to send any and all notices and declarations to the Company in writing only. Any and all notices and declarations for the attention of the Company shall be sent to the address specified in the Schedule.

N) Fraud

If the Insured shall make any Claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all Claims or payments hereunder shall be forfeited by the Company.

O) Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this Policy shall not be waived or changed except by endorsement issued by the Company.

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P) Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy. No agent shall or has the authority to change in any respect whatsoever any terms and conditions and exclusions under this Policy or waive off any of its provisions.

Q) Product withdrawal

The product if withdrawn in future will be subjected to approval from authority and due intimation will be given to the policy holder. However we assure to serve you till the time the Policy Period is expired or cancelled by the Insured and the Insured can opt for any other existing product which would cater to the need of the Insured.

R) Any Change in Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company. Any change We make will be notified three months in advance to the effective date of the change in the policy.

S) Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be a condition precedent to the Company's liability under this Policy.

T) Policy Extension

The original policy period can be specified periods as mentioned in premium table upto one year as per Insured's requirement, which can be extended further up to one year on payment of additional premium for maximum three years from the original policy inception date.

Travel policy extensions can be granted on all Travel Plans subject to the following,

- a) No claims being incurred under the original.
- b) Declaration from the Insured that the person is in good health and there are no claims reported/occurred during original Policy Period.
- c) Request should be received by the company at least 7 days prior to expiry of the earlier Policy Period in order to ensure that there is no break in insurance between the original Policy Period and requested extension period.
- d) Grace period of 7 days with exclusions for the break period will be acceptable and allowed. However all such proposals need to be referred to and approved by the Underwriting Manager at Head Office.
- e) We will allow 5% premium discount in case of each policy extension of one year with Us, provided there are no claims in the expiring policy and/or previous extension period. Mentioned 5% premium discount will be applicable to each of the subsequent one year extensions only.

U) Alteration in Risk for Overseas Travel Insurance Policy

The Policyholder can choose the plan with lower sum insured than the one he has opted at the inception. Any change in plan can be accepted only at the end of policy period while extending the policy. Any change in cover for the

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extension should be notified to the Company 1 month prior to the extension by submitting the Alteration in the risk for overseas travel insurance Policy –Intimation Form provided by the Company.

V) Sum Insured

Student Travel Plans	Sum Insured in USD
Smart Genie	50000
Genius Junior	100000
Bright Angel	250000
Masterminds	500000

W) Premium Loading

1. The premium will be loaded @ 20% for the additional cover for pre-existing illness.
2. Additional premium will be charged for additional cover for total loss of electrical equipment, premium table is mentioned below.

No. of Days	Premium(INR)
30	82
60	164
90	247
120	329
180	493
365	1000

Sub-limits:

In case more than one checked in bags are lost then the maximum limit of Indemnity per bag would be restricted to actuals or 50% and per item 10% of the applicable Sum Insured, after deduction of refund or compensation provided by the airline.

Deductibles:

Deductibles	
Benefits	Amount in USD/Time in Hours
Medical expenses and evacuation	100
Emergency Dental Care	100
Loss of Passport	30
Hijack Allowance	24 Hours
Personal Liability	100
Bail Bond Insurance	50
Volcanic Eruption Cover	12 Hours
Mental/Nervous Illness	24 Hours
Maternity Cover with new born baby expenses	100
Complications of pregnancy	100

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Customer Care

We at Liberty General Insurance Welcome You and appreciate Your gesture for choosing Us as Your Insurer and providing Us an opportunity to serve You during Your Dream Travel. We would again request You to read the Policy terms and Policy schedule carefully to make sure that your requirements are fulfilled.

Grievances:

In case the Insured is aggrieved in any way, the Insured may contact Insurer at the specified address, during normal business hours. In case the Insured/Insured Person has not got his/her grievances redressed by the Company within 15 days, then he/she may approach the Insurance Ombudsman for the redressal of the same. A list containing the addressees of Offices of Ombudsman is attached to this Policy. Policy holder may also obtain copy of IRDA circular number 1385_GI-2002_ENG dated 26-04-2002, notification on Insurance Regulatory and Development Authority (Protection of policy holders' interests) Regulations, 2002.

Grievance Redressal Procedure

We are concerned about you and are committed to extend the best possible services. In case you are not satisfied with our services or resolutions. Please follow the below steps for Redressal.

Step 1:

Call us- on our Toll free no-1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week)

Email us at- care@libertyinsurance.in

Write to us-

Liberty General Insurance Ltd
10th Floor, Tower A,
Peninsula Business Park,
GanpatraoKadamMarg,
Lower Parel, Mumbai- 400013

Step 2:

If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in

Step

If you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in

An acknowledgement will be sent on receipt of your concern. We would then investigate the concern internally and respond with a suitable resolution. Please share your contact details to enable us to get in touch with you.

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In case you are not satisfied with the decision or resolution provided by the company you may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman Offices are given below:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, FathimaAkhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)

NEW DELHI	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near PanbazarOverbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. ManikaDatta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <u>Kolkata – 700 072.</u> Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal

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Passport No:

Nominee Name:

Policy Period: From.....(HH:MM)to.....(24:00 hours) Or return of the Insured to India (whichever is early)

Insured Details:

Name of the Insured	Relation to Proposer	Gender (Male /Female)	Date of Birth (DDMM YYYY)	Name of the Nominee	Relation to the Nominee	Passport Number

Name of the Gaurdian	Relation to Insured	Gender (Male /Female)	Date of Birth (DDMMYYYY)

Name of the Sponsor	Address of the Sponsor

Section	Benefits	Sum Insured Limit for above mentioned policy period	Deductible

S.No	Add On Cover	Sum Insured Limit for above mentioned policy period	Deductible

Special Conditions:

Previous Policy No:

Previous Policy Period:

Previous Claim history (If Any):

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Base Premium in INR:
Premium for Pre-Existing Cover in INR:
Premium for Total Loss of Portable Electronic Equipment in INR:
Service Tax in INR:
Education Cess in INR:
Total Premium in INR:

Claims Assistance:
24*7 Helpline: Call us- on our Toll free no-1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week)
Email: care@libertyinsurance.in.
Name of the Third Party Administrator:
Address of Third Party Administrator:

Authorized Signatory
Signed for and on behalf of the Liberty General Insurance Limited, at Mumbai.

You will appreciate that this policy is based on the information provided by you/your representative and the policy is not valid if any of the information provided is found to be incorrect or there is non-disclosure of material facts. We also understand that this policy does not cover any pre-existing illness or disability or conditions arising therefrom.

Policy will be valid only if counter signed by the insured
Signature of Insured

Receipt No / Collection No / Amount (INR):
(If Premium is paid through cheque the policy is void ab-initio in case of dishonor of cheque)

Service Tax Reg. No. _____

This Policy of Insurance is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorized officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of Claim under the Policy.

Stamp duty for the said policy is paid vide GRASS DEFACE no. 0000067238201213 dated 24/12/2012 as prescribed in govt.notification revenue & forest department no. Mudrank 2004/4125/CR/690/M-1 , Dt 31/12/2004

Corporate Office: Liberty General Insurance Limited, 10th Floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Lower Parel, Mumbai- 400013

Annexure A

Claim Documents Checklist

Following is the indicative document list for reimbursement claims:

A) Medical Expenses, Dental treatment

- i. Duly filled and signed claim form.
- ii. Consent for Declaration of Medical information form
- iii. Original discharge summary
- iv. Original set of investigation reports
- v. Original bills and receipts
- vi. Pharmacy bills in original with prescriptions
- vii. Any other treatment documents based on the discharge summary

B) Non-Medical Benefit Claims

- 1) Personal Accident/Accident to sponsor/Common Carrier AD & D cover :

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- a. Covering Letter detailing full statement of the facts of the Accident
- b. Duly filled and signed claim form.
- c. Original admission or discharge card
- d. Copy of Emergency Room medical summary / Consultation summary provided by the treating doctor / hospital or ambulance service providers.
- e. Treating Doctor's medical report
- f. Passport /visa copy with entry and exit stamps.
- g. Copy of FIR (filed with the local police authorities).
- h. Post mortem report /death certificate, if applicable
- i. Certificate from Civil surgeon certifying the extent of disability
- j. Consent for Declaration of Medical information form
- k. Any other document if required will be advised on receipt of claim documents.

Benefit in the Policy	Documents Required	Procedure to be followed
Personal liability	<ul style="list-style-type: none"> • Duly filled and signed claim form • Self-Declaration and statement of event in writing • Statements of the witnesses • Legal notice/summons or any other documents relevant to incident 	<ul style="list-style-type: none"> • Immediate intimation to the common carrier and Company/Claims administrator • Do not commit or agree up on any compensation to the third party without the consent of the Company
Hijack Allowance	<ul style="list-style-type: none"> • Duly filled and signed claim form • Copies of Travel ticket and boarding pass • Passport copy revealing entry and exit stamps • Correspondence copies with common carrier about the event • Self-Declaration and statement of event in writing • Statements of the witnesses 	<ul style="list-style-type: none"> • Immediate intimation to the Company/Claims administrator • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company
Volcanic Eruption cover	<ul style="list-style-type: none"> • Duly filled and signed claim form • Copies of Travel ticket and boarding pass of flight delayed from Overseas • Passport copy revealing entry and exit stamps • Certificate from airlines confirming the cause and duration 	<ul style="list-style-type: none"> • Get certificate from airlines confirming the cause and duration of delay from India • Immediate intimation to the Company/Claims administrator • Fill the claim form completely and submit all

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	<p>of delay</p> <ul style="list-style-type: none"> • Copies of Travel ticket and boarding pass of New flight scheduled from Overseas destination • Written confirmation of additional travel and accommodation charges incurred. 	<p>the documents to the correspondence address of the TPA/Company within 30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.</p>
Loss of Passport	<ul style="list-style-type: none"> • Duly filled and signed claim form • Copy of new passport • Copy of previous passport(if available) • Copy of return tickets • Proof of complaint to local police 	<ul style="list-style-type: none"> • Immediate intimation to the Company/Claims administrator • File a complaint with local police • Contact Indian Embassy, wherever necessary • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company within 30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.
Loss of Checked in Baggage	<ul style="list-style-type: none"> • Duly filled and signed claim form • Copies of Travel ticket and boarding pass • Passport copy revealing entry and exit stamps • Correspondence copies with common carrier about the loss of Baggage with declaration of contents and cost of the same in the lost baggage • Property Irregularity report from the Common Carrier authority • Details of compensation received from the common carrier 	<ul style="list-style-type: none"> • Immediate intimation to the common carrier and Company/Claims administrator • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company within 30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.
Bail bond Insurance	<ul style="list-style-type: none"> • Duly filled and signed claim form • Proof of complaint at local police • Copy of Bail Bond • Receipt towards Paid Bail amount. 	<ul style="list-style-type: none"> • Immediate intimation to the common carrier and Company/Claims administrator • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company within

		30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.
Study Disruption	<ul style="list-style-type: none"> • Duly filled and signed claim form. • Consent for Declaration of Medical information form • Original discharge summary/Death Certificate • Original set of investigation reports • Original receipts towards Advance Tuition fees paid • Original Refund / no Refund letter from university 	<ul style="list-style-type: none"> • Immediate intimation to the common carrier and Company/Claims administrator • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company within 30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.
Compassionate Visit	<ul style="list-style-type: none"> • Duly filled and signed claim form • Original Travel ticket and boarding pass • Passport copy revealing entry and exit stamps • Copies of Medical records and approval from the attending physician for requirement of the family member to attend the Insured. 	<ul style="list-style-type: none"> • Immediate intimation to the common carrier and Company/Claims administrator • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company within 30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.
Total loss of Laptop/I-Pad	<ul style="list-style-type: none"> • Duly filled and signed claim form • Correspondence copies with carrier about the loss of Laptop/I-Pad with cost of the same • Original receipts towards purchase of Laptop/I-Pad. • Details of compensation received from the carrier • Proof of complaint at local police 	<ul style="list-style-type: none"> • Immediate intimation to the common carrier and Company/Claims administrator • Fill the claim form completely and submit all the documents to the correspondence address of the TPA/Company within 30 days of return to India or policy expiry date whichever is earlier. The claim payment will be done in INR only.

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