



युनाइटेड इंडिया इन्श्योरेंस कं. लि.

पंजीकृत एवं प्रधान कार्यालय : युनाइटेड इंडिया हाऊस, 24, वाइट्स रोड, चेन्नई - 600 014.

UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office . United India House, 24, Whites Road, CHENNAI-600 014.

IMPORTANT

Please make sure you read and fully understand this document before you travel from the Republic of India.

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

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

UIN NO.

OVERSEAS TRAVEL INSURANCE 2014

(Business and Holiday)

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

Now this policy provides as follows:

1 DEFINITIONS :

The following definitions apply throughout this insurance:

- 1.1 ACCIDENT – An accident is a sudden, unforeseen and involuntary event caused by external and visible and violent means.
- 1.2 ACT OF TERRORISM means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons whether acting alone or on behalf of or in connection with any organization (s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- 1.3 AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME) – the name assigned to it by the World Health Organisation. It includes HIV (Human Immune deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome and ARC (AIDS RELATED CONDITION).
- 1.4 AGE means completed years as on the commencement of risk as per the English Calendar.
- 1.5 ANNUAL MULTI TRIP INSURANCE – means a Trip or Trips of not exceeding 30 days duration each, that the insured person undertakes during the Insured Period as specified on the Proposal and/or Declaration Form/Policy Schedule.
- 1.6 INSURED PERSON is that person named in the Overseas Medclaim Policy Schedule, for whom the appropriate premium has been paid.
- 1.7 ASSISTANCE COMPANY means APRIL USA ASSISTANCE who provides emergency assistance and claims administration services. Their address is 11900 Biscayne Blvd # 600, Miami, Florida 33181, USA. E-mail :assistance@april-usa.com
- 1.8 HERITAGE is Heritage Health TPA Private Limited, who provides assistance to the insured person whilst in India. Their registered & head office address is McLeod House, 3, Netaji Subhas Road, Kolkata – 700 001, Tel.: (033) 248 2411 Fax: (033) 248 0482, Email: heritage_health@bajoria.in
The frontline office address is 1102, Raheja Chambers, 213 Free Press Journal Road, Nariman Point,

Mumbai – 400021,India, Tel.: (022) 66547960/ 61 Fax: (022) 66546812, Email: heritagehealth@vsnl.net

- 1.9 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 bound outside India.
- 1.10 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 Overseas Service Provider to the extent pre-authorization approval.
- 1.11 CHECKED IN BAGGAGE means the baggage handed over by the Insured Person and accepted by an International Airlines / carrier outside India for transportation in the same mode of conveyance as the Insured Person travels and for which the carrier has issued a baggage receipt.
- 1.12 COMMON CARRIER shall mean an entity licensed to carry passengers for hire on land or water, excluding vehicle rental companies.
- 1.13 COMPANY shall mean the UNITED INDIA INSURANCE COMPANY LIMITED.
- 1.14 CONDITION PRECEDENT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 1.15 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 rateable proportion of Sum Insured.
- 1.16 DEDUCTIBLE is a cost-sharing requirement under the policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- 1.17 DEPENDENT shall mean the lawful spouse of the Insured and any non-earning child of the Insured.
- 1.18 DISCLOSURE TO INFORMATION NORM – This policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-dexcription or non-disclosure of any material fact.
- 1.19 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.
- 1.20 EMERGENCY MEDICAL TREATMENT means the services or supplies provided by a Physician, Hospital or 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.
- 1.21 EMERGENCY MEDICAL EVACUATION means the medical condition of the Insured Person warrants
- i. Immediate transportation of the insured person from the place he/she is sick/sustains accidental injuries to the nearest hospital for appropriate treatment and/or
 - ii. After the 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.
- 1.22 HIJACK shall mean any unlawful seizure or exercise of control, by force of or violence or threat of force or violence and with wrongful intent, of an aircraft or any other Common Carrier in which the Insured person is travelling as a passenger.
- 1.23 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 an hospital with the appropriate authorities and
- Holds a valid licence to practice medicine and
 - Has qualified nursing staff under its employment round the clock.
 - Has qualified medical practitioner(s) or Physician(s) in charge round the clock;
 - Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
 - Maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel;
 - The primary function is to provide for the care and treatment of sick or injured persons

- 1.24 HOSPITALISATION means admission in a Hospital for a minimum period of 24 In-patient care consecutive hours except for a specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 1.25 ILLNESS means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and required medical treatment.
- 1.26 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.
- 1.27 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.
- 1.28 LOSS OF EYE means the total and irrecoverable loss of sight from one or more eyes.
- 1.29 LOSS OF LIMB means the loss of a hand or foot by permanent physical severance at or above the wrist or ankle including total and permanent loss of use of a hand or foot.
- 1.30 MEDICAL ADVISORS are medical Practitioners appointed by 'April USA Assistance' / 'Heritage'.
- 1.31 MEDICAL EXPENSES means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.32 MEDICALLY NECESSARY treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- a. Is required for the medical management of the illness or injury suffered by the insured;
 - b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - c. Must have been prescribed by a Medical Practitioner;
 - d. Must conform to the professional standards widely accepted in international medical practice.
- 1.33 MEDICAL PRACTITIONER is a person who holds a valid registration and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.
- 1.34 NETWORK PROVIDER – means hospitals or health care providers enlisted by an insurer or by a OSP and insurer together to provide medical services to an insured on payment by a cashless facility. You may visit www.coris-heritage.com for full list of Network hospitals.
- 1.35 NON-NETWORK – Any hospital, day care centre or other provider that is not part of the network.
- 1.36 NOTIFICATION OF CLAIM – Notification of claim is the process of notifying a claim to the insurer or Overseas Service provider by specifying the timelines as well as the address/telephone number to which it should be notified.
- 1.37 PHYSICIAN means a person legally qualified to practice in medicine or surgery including other legally qualified medical practitioner duly licensed by their respective jurisdiction which person is not a member of the insured person's family.
- 1.38 POLICY means the Insurance contract, the Policy schedule, and any attached enrollment forms/proposal forms, table of benefits, endorsements, papers or riders.
- 1.39 PERIOD OF INSURANCE - This insurance is valid from the First Day of Insurance or date and time of departure from India, whichever is later, subject to General Condition [1 (i)] and expires on the last day of the number of days specified in the policy schedule or on return to India whichever is earlier. Extension of the period of insurance is automatic for the period not exceeding 7 days, and without extra charge if necessitated by delay of public transport services beyond the control of the Insured person.
- When injury/illness accident covered under this policy is contracted during policy period and treatment for the same commences during the period and continues beyond the expiry date of this policy, only emergency expenses would be paid up to 45 days from the date of expiry of the policy provided the insured person is medically incapable of travel. 'April' must be notified immediately as soon as it is known that insured person is unfit to return to India. If any new illness/injury/accident is contracted beyond the expiry date of the policy, treatment for the same would not be covered.

- 1.40 PERMANENT TOTAL DISABLEMENT means a condition wherein the insured person is permanently, totally and absolutely disabled from engaging in any employment or occupation of whatsoever description.
- 1.41 PRE-EXISTING DISEASE/CONDITION means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months prior to commencement of risk under the policy.
- 1.42 STRIKE shall mean a stoppage of work (a) announced, organized and sanctioned by a labour union and (b) which interferes with the normal departure and arrival of a Common Carrier. Work slowdowns and lockouts shall also be included in the definition of a 'Strike'.
- 1.43 REASONABLE, CUSTOMARY AND NECESSARY charges means the charges for services or supplies that are Medically Necessary to treat the insured person, and which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.
- 1.44 VALUABLES means photographic, audio, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses antiques, watches, jewellery, furs and articles made of precious stones and metals.
- 1.45 SPOUSE means the legal husband or wife, who is between the age of 18 and 80 years old and is living in Country of Residence.
- 1.46 CHILDREN means dependent children including adopted children of the Insured person between the age of 3 months and 18 years (26 years if attending as a full time student of a recognized institution) who are unmarried, who permanently reside with the Insured person at the country of residence.
- 1.47 SERVICE PROVIDER shall mean any Person, organization or institution providing services to the insured for an Insurable event.
- 1.48 SUBROGATION – 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.
- 1.49 SURGERY – 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 centre by a medical practitioner.
- 1.50 TRAVEL AGENT shall mean the Travel Agent, tour operator, or other entity from which the Insured purchases his/her policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent or tour operator and who is a licensed intermediary empanelled with the company.
- 1.51 TRIP means journey out of the Republic of India and back. Multi Trip shall mean two or more Trips to a destination outside the Republic of India during the policy period.

2. GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

2.1 PART A

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim.

1. (i) The policy will be valid only if the insured journey commences within 14 days of the first day of Insurance as indicated in the policy schedule.
- (ii) Cancellation of the policy may be done in cases where a journey is not undertaken and /or early completion of journey and ONLY on production of the Insured person's PASSPORT as a proof that the journey has not been undertaken and/or a documentary proof of early completion of journey. Any request for cancellation will be not entertained within 14 days and beyond 30 days from the First Day of Insurance where a journey is not undertaken as indicated in the policy schedule. For early completion of journey, request for cancellation shall be made within 14 days of return from trip covered under the policy
 - a. In case a journey is not undertaken, cancellation will be subject to deduction of cancellation charges by the underwriters as applicable.
 - b. In case of early completion of journey the premium as per the table chargeable for the journey period applicable to the trip band will be retained. For this purpose the minimum

balance period should not be less than 14 days. The refund of premium under this clause shall be subject to no claim made or preferred under the policy.

2. 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, that the Insured Person, or his representative, must notify 'April USA Assistance' immediately. The Insured person or his representative should quote 'April USA Assistance' as much information concerning the illness; accident or occurrence as is available, including the name of the treating doctor, name and telephone number of the hospital, the OMP policy number and its date of issue.

For minor claims exceeding deductible, 'April USA Assistance' / 'Heritage' should be contacted upon return to the Republic of India, and a claim form completed.

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

In no event should a claim be notified to 'April USA Assistance' / 'Heritage' later than 31 days after the end of an insured trip.

3. Insurers shall be fully and completely subrogated to the rights of the Insured Person against parties who may be liable to provide indemnity or make a contribution in respect of any matter which is the subject of a claim under this insurance .The Insured Person further agrees to co- operate fully with insurers in seeking such indemnity or contribution including where appropriate, insurers instituting proceedings at their own expense against such parties in the name of the Insured Person.
4. The Insurers may require the Insured Person to furnish at his own expense all certificates, information, proofs or other evidence of claims. The insurers may approach any physician who may have treated the Insured Person, and the Insured Person must co-operate in this respect.
5. No person shall admit liability or make any offer or promise of payment without the express written consent of the Insurers / April USA Assistance.
6. The Insured Person shall take all reasonable and proper care to safeguard against accident or illness or loss of or damage to his property, as if this insurance was not in force. Failure to do so will prejudice the Insured Person's claim under this insurance.
7. The Insured Person may not transfer his interest in this insurance. However, the legal representatives of the Insured Person shall have the right to act for the Insured Person who is incapacitated or deceased.
8. This insurance does not operate beyond a period of 180 days continuous absence from the Republic of India unless specifically agreed by Insurers.
9. This policy and the Overseas Travel Insurance 2014 Schedule shall be read together as one contract and any wording or expression to which a specific meaning has been attached in any part of the Overseas Medclaim Policy and Schedule shall bear such specific meaning wherever it may appear.
10. Dispute resolution clause and procedure : This Contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Contract of Insurance.
 - a. Nature of coverage : This policy is not a general health insurance policy. Coverage under the medical expense section of this insurance is intended for use by the Insured person in the event of

a sudden and unexpected sickness or accident arising when the insured person is outside the Republic of India.

- b. Pre-existing Exclusions : This policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a pre-existing condition as defined below in General Condition 10 (c).
 - c. Pre-existing condition : : Any sickness for which the Insured Person has taken medical treatment within 48 months prior to the commencement of travel.
 - d. Prior Consultation : Any medical services or series of services except in the case of emergency medical services with a cost of greater than US\$ 100 shall not be covered by this policy unless the Insured Person consults with 'April' in the manner set out in the General Condition number 2.
 - e. Choice of Law : The parties to this insurance policy expressly agree that the laws of the Republic Of India shall govern the validity, construction, interpretation and effect of this policy.
11. Arbitration : If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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.

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.

- 12. Any claim under this policy that is fraudulent, or if fraudulent means are used to secure payment of benefits under this policy, then such action shall render this policy null and void and all claims hereunder shall be forfeited.
- 13. In the event of the Insured Person's death, Insurers shall have the right to carry out a post mortem at their expenses.
- 14. Any claim which has not been conclusively proven and the amount thereof substantiated shall not be payable.

2.2 PART B

- 1 NOTICE OF CLAIM – It is a condition precedent to our liability hereunder that written notice of claim must be given by the insured person within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 days after an actual or potential loss begins. If the property covered under the policy is lost or damaged, (a) a notification to that effect to be given immediately, (b) take preventive steps to protect, save and/or recover the covered property, (c) give immediate notice to the concerned authorities who is liable for the loss or damage, (d) notify the police or other appropriate authority in the case of robbery or theft within 24 hours.
- 2 TIME FOR FILING CLAIM FORM – Completed claim forms and written evidence of loss along with other necessary and supportive original documents to be furnished to the Assistance within thirty days from the date of such occurrence of loss.
- 3 PAYMENT OF CLAIM – All Claims under this Policy that are payable to the Insured Person shall be paid in Indian Currency only.

- 4 COMPLIANCE WITH POLICY PROVISIONS – Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.
- 5 Upon acceptance of an offer of settlement, the payment of amount due shall be made within 7 days from the date of acceptance of offer by the Insured. In the cases of delay in the payment, the insurer 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 by it.

Note : Waiver of delay may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

3 GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

The Company shall not be liable for –

1. Where the Insured Person :
 - a. is travelling against the advice of a Physician: or
 - b. is receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate; or
 - c. is travelling for the purpose of obtaining treatment; or
 - d. Has received a terminal prognosis for a medical condition.
 - e. If the insured is aware of any circumstances that could reasonably be expected to give rise to a claim.
 - f. Direct participation in riot or civil commotion.
2. Liability arising out of suicide, attempted suicide or willfully self inflicted injury or illness, mental disorder, anxiety, stress or depression, venereal disease, alcoholism, drunkenness or the use/abuse of drugs.
3. Liability arising out of insured person taking part in Naval, Military or Air- force operations.
4. Liability arising out of War, invasion, acts of foreign enemy, hostilities (Whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
5. Liability arising out of the loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from
 - a. ionising radiation or contamination by radioactivity from any nuclear waste from the combustion of nuclear fuel; or
 - b. radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
6. Liability arising out of from the Insured person engaging in Air Travel unless he or she flies as a passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion, Air Travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting therefrom following a flight.
7. Liability arising out of due to participation of the Insured person in winter sports, mountaineering (where ropes or guides are customarily used), riding or driving in races or rallies, caving or potholing, hunting or equestrian, skew diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles). Further no claim will be paid in case Insured Person participates in professional sports or any other hazardous sports. The claim is neither payable if it arises

from participation in potentially dangerous sports for which the Insured Person is either un-trained, or physically unfit or using improper equipment.

8. Liability arising out of accidents on two wheeled motorised vehicles unless at the time of the accident the driver is dully qualified, is in possession of a current full International driving license and the insured person is wearing a safety crash helmet, or losses arising from accidents on two wheeled motorised vehicles over 50 cc.
9. Liability arising out of losses arising directly or indirectly from **manual work or hazardous occupation**, or if engaging in any criminal or illegal act.

MANUAL WORK is physical work done by people most especially in contrast to that done by machines. **HAZARDOUS OCCUPATION** would include occupation that are risky, perilous, dangerous and uncertain and would include inter-alia occupations related to Aviation, Mountain climbing, surfing,, race car driving, scuba diving, parachuting and such similar activities.

10. 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 however caused and/or mutant derivatives, variations or treatment thereof however caused.
11. Claims arising from Pregnancy.
12. Pre-existing whether physical or mental defect or infirmity as defined in definition no.1.41.
13. Deliberate exposure to exceptional danger (except in an attempt to save human life).
14. Liability arising out of the transmission of a communicable disease by insured.
15. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
16. Suits or legal actions arising from the insured's family member against the insured.
17. Loss, damage or destruction arising from confiscation or detention by customs or other official authorities
18. Liability arising out of any loss or damage due to insured being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.

4 COVERAGES AND ITS SPECIFIC EXCLUSIONS

A. SECTION A – MEDICAL EXPENSES AND REPATRIATION

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

This insurance will pay up to the limit of cover shown in the Schedule in total for the Insured person in respect of covered medical related expenses mentioned below, reasonably and necessarily incurred outside the Republic of India by the Insured Person suffering bodily injury, sickness, disease or death during the period of Insurance.

Notwithstanding the above, if 'April USA Assistance' recommends that continued treatment in India is appropriate, the policy is extended to cover medical expenses incurred in India as specified in covered

expenses described below, provided that expenses will only be paid at the usual and customary level for such services, and further provided that expenses will only be paid for treatment incurred within the 90 day period immediately following the first manifestation of the bodily injury, sickness or disease.

Covered expenses :

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

1. Expenses for physician services, hospital and medical services and local emergency medical transportation.
2. Up to US \$ 225 per occurrence for dental services for the immediate relief of dental pain only. However, dental care rendered necessary as a result of a covered accident shall be subject to the limit of cover and deductible stated in the policy schedule.
3. Expenses for physician ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable hospital when the Insured Person is critically ill or injured and no suitable local care is available, subject to the prior approval of the Medical Advisors. In extreme emergency in remote areas where April cannot be contacted, the medical evacuation must be reported to the first available physician and the nearest Indian Consulate.
4. Expenses for medical evacuation, including transportation and medical care en route to a hospital in the Republic of India or the Insured Person's normal place of residence in the Republic of India when deemed medically advisable by the Medical Advisors and the attending physician.
5. If the Insured Person dies outside the Republic of India, the expenses for preparing the air transportation of the remains for repatriation to the Republic of India or up to an equivalent amount for a local burial or cremation in the country where the death occurred. All expenses must be approved by April before the remains are prepared for transportation to the Republic of India or for local burial or cremation.

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

1. Medical, dental and transportation related claims will not be paid except at the usual customary and reasonable level of charges for such services;
2. All medical evacuation or transportation of remains must be approved in advance by 'April USA Assistance' and their Medical Advisors.
3. No claim will be paid in respect of expenses for treatment, which could reasonably be delayed until the Insured Person's return to Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physician and the Medical Advisors.
4. No claim will be paid that is less than the deductible stated in the Schedule. The deductible shall apply to each insured event and shall be borne by the Insured Person.
5. No claim in respect of cosmetic surgery will be paid, unless such cosmetic surgery is rendered necessary as a result of a covered accident.
6. No claims will be paid in respect of routine physical examination or any other examination where there is no objective indication of impairment of normal health.
7. No claim will be paid in respect of medical treatment and related services obtained within the Republic of India except as stated.

8. The insurance will not cover pregnancy of the Insured Person including resulting childbirth, miscarriage, abortion or complication of any of these **except ectopic Pregnancy which would be life threatening if left untreated.**
9. Restricted Cover: In the event that the proposer is unable to present himself or herself for medical examination where called for by the Insurer, the limit of indemnity under this insurance is reduced to US \$ 10,000 in respect of and limited to the expenses for physician services, hospital physician and medical services and local emergency transportation and for repatriation of remains. Such limit applies to medical expenses incurred through covered illness or disease only.
- b. SECTION B – PERSONAL ACCIDENT

This insurance will pay as hereinafter mentioned:

1. If at any time during the covered trip, the insured person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then the insured person or his legal personal representative (s)/ Nominee, as the case may be, will be paid, the capital Sum Insured mentioned against Personal Accident in the Schedule of this policy, if such injury shall within twelve calendar months of occurrence be the sole and direct cause of:
- i) death of the insured person
 - ii) permanent Total Disablement (as defined in the policy) of the insured person
 - iii) total and irrecoverable loss of both eyes or two limbs or of one eye and one limb

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

No claim will be paid for:

1. More than US \$ 2,000 in respect of death if the insured person's age is under 16 years; to be calculated at the time of effecting this insurance.
2. Any claim in excess of the amount stated in the Schedule in respect of any one Insured Person.

C. SECTION C-LOSS OF CHECKED IN BAGGAGE

This insurance will pay up to the limit of cover shown in the Schedule under Section – 'C' in the event of the Insured Person suffering total loss of Checked in Baggage, as defined. The insurers reserve the right to replace or pay the intrinsic value of any lost article.

Specific Conditions:

1. The amount payable in respect of any one article, pair or set is limited to the amount stated in the Schedule.
2. In the event of loss of property whilst in the custody of a carrier, a Property Irregularity Report (PIR) must be obtained from the carrier immediately upon discovering the loss, which must be submitted to 'April' in the event of a claim hereunder.
3. No partial loss or damage shall become payable. However, total loss or damage of an individual unit (s) of baggage shall not be construed as falling within this exclusion.
4. No claim will be paid for items valued in excess of US \$ 100 without proof of ownership. Such proof shall be presented to April in the event of a claim hereunder.
5. No claim will be paid for Valuables as defined. Such items should at all times be carried by the Insured Person and not packed as part of checked in baggage.

6. Any recovery from a carrier or an airline including under the terms of the Warsaw Convention, shall become the property of insurers.

D. SECTION D – DELAY OF CHECKED IN BAGGAGE

This insurance will pay up to the limit of cover shown in the Schedule under Section – ‘D’ for necessary emergency purchase of replacement items in the event that the Insured Person suffers a delay of more than 12 hours from the scheduled arrival time at the destination for delivery of Baggage that has been checked in by an International Airline for an International outbound flight from the Republic of India.

Specific Conditions:

1. Non-Delivered/Late certificate must be obtained immediately from the airline, which must be submitted to ‘April’ in the event of a claim hereunder.
2. Proof of purchase must be provided for all items reimbursed under this section.
3. Any payment under section D shall be offset against any claim ultimately payable under section C.

E. SECTION E – LOSS OF PASSPORT

In the event of the Insured Person losing his/her Passport during the trip covered, this insurance will pay up to the limit of cover shown in the Schedule under Section – ‘E’ for the reimbursement of actual expenses necessarily and reasonably incurred by the Insured Person in connection with obtaining emergency travel documents or duplicate / fresh Passport in lieu of lost passport outside India.

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

No claims shall be paid for:

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

F. SECTION F – PERSONAL LIABILITY

This insurance will pay up to the limit of cover shown in the Schedule under Section-‘F’ if the Insured Person in his or her private capacity becomes legally liable to pay for accidental bodily injury to Third Parties or accidental damage to Third Party Properties, arising from an incident during the covered trip.

Specific Conditions:

1. No claims will be paid that is less than the deductible stated in the Schedule. The deductible shall apply to each insured event and shall be borne by the Insured Person. However, the deductible shall only apply to claims in respect of Third Party Property Damage.
2. No claims shall be paid arising from Employers or Contractual Liability.

3. No claims shall be paid arising from liability to any members of the Insured Person's family, travelling companion, friend or colleague.
4. No claims shall be paid for any liability arising directly or indirectly from or due to:
 - a. animals belonging to the Insured Person or in their care, custody or control ;
 - b. any willful, malicious or unlawful act;
 - c. pursuit of a trade, business or profession, employment or occupation;
 - d. ownership, possession or use of vehicles, aircraft, watercraft, parachuting, hand gliding, hot air ballooning or use of firearms;
 - e. legal costs of any proceedings that result from any criminal or illegal act;
 - f. insanity, the use of any alcohol, drugs, (except as medically prescribed) or drug addiction;
 - g. the supply of goods or services;
 - h. Any form of ownership or occupation of land or building (other than occupation only of any temporary residence.)

G. SECTION G – TRIP DELAY

This Insurance will pay the Insured up to the amounts specified in the benefit schedule under Section – 'G', subject to the deductibles specified in the Schedule attached in all in respect of reasonable additional accommodation and travelling 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 lowest expensive class).
2. Reasonable accommodations and meals up to \$100 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.

Exclusion:

In addition to the general exclusions, this section shall not cover any delay due to an insured covered hazard which was made public or known to the Insured Person/s prior to the purchase of this policy or prior to departure of flight or prior to booking of flight ticket.

H. SECTION H – TRIP CANCELLATION

The Insurance Company shall indemnify the insured up to the amount specified in the benefit schedule under Section – 'H', subject to the deductible specified in the Schedule attached to the policy if the insured shall sustain pecuniary loss in respect of any irrecoverable deposits and payments for unused travel and accommodation for which the Insured contracted prior to the commencement of the Insured trip as a result of the Insured's necessary and unavoidable inability (and not merely disinclination) to commence travel as arranged arising from –

- a. Accidental bodily injuries or death of insured or a family member of the insured. Family member means the insured person, spouse, children, parents, siblings and parents-in-law.
- b. Compulsory quarantine, jury or other legal service, witness call or redundancy of the insured.
- c. Police authorities of the Country of Residence requesting the Insured's presence at his/her home following actual burglary.

Subject to Insured notify the Company/Assistance about the cancellation or interruption within 72 hours unless the condition prevents it, then as soon as reasonably possible, failing which the right to compensation will lapse.

In addition to the general exclusions, the following exclusions also would apply to this Section. The Insurance Company shall not cover the loss arising directly or indirectly -

- a. From failure to notify the Travel Agent, or Tour Operator through whom the trip was booked within a reasonable time of the need to cancel or curtail the travel arrangements.
- b. From the financial circumstances of the insured.
- c. The insured (i). making changes to personal plans. (ii). Having a business or contractual obligation. (iii). Being unable to obtain necessary travel documents. (iv). Being detained or having property confiscated by any Customs.
- d. As a result of any unlawful act of an Insured or criminal proceedings involving any of the aforementioned other than the attendance under subpoena as a witness (other than in an expert, occupational, professional or other similar capacity) in a Court of Law.
- e. From failure in provision of any service (including error, omission or default) forming part of the booked trip, or from delay or amendment of the booked itinerary.
- f. From prohibitive regulations by the Government of any Country except from any such regulation which the insured was unaware existed (and could not reasonably be expected to be aware of) at the time of booking the Insured trip.
- g. On account of a Criminal Assault, where the insured, any family member of the insured, has been a Principal or accessory in the Assault committed.

I. SECTION I – HIJACKING

The Insurance Company shall pay a distress allowance as shown in the Schedule/Table of benefits under the respective section of "Hijack" for every 24 hours period during which any Common Carrier in which the Insured Person/s is/are travelling has been hijacked, where as a direct consequence, the trip has been disrupted up to a maximum amount stated in the Table of Benefits under Section – I - Hijack subject to any applicable Deductible.

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.

In addition to the general exclusions, the following exclusion also would apply to this section. 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 –

- a. Any incident where the insured is suspected to be either the principal or accessory in the hijacking.
- b. 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.

J. SECTION J – MISSED CONNECTION

The Insurance Company shall pay the amount stated in the Table of Benefits under Section –'J' towards missed connection, if the air craft on which the Insured is booked to travel from India is delayed beyond 12 hours than the original scheduled arrival time at the destination of the connecting flight resulting in the insured missing the connecting flight. For a claim to be admissible under this section it is a condition precedent to liability that the claim is admissible under Section-G – Trip Delay.

K. SECTION K – HOSPITAL DAILY ALLOWANCE

Subject to all other terms and conditions specified in the policy, it is hereby agreed that following hospitalization of the insured named in the schedule of the policy due to an accident or illness covered under the policy, a daily allowance as mentioned under Section-'K' of the table of benefits attached to the policy

shall be paid by the Company under this policy. For this purpose a day shall be reckoned as continuous 24 hours. All other terms and conditions shall remain unaltered.

5. GENERAL

In addition to the General Conditions specified in the terms and conditions above, the following specific conditions shall apply to Multi-trip –

Effective date - The Policy will start on the latest of the effective date specified on the Policy Schedule, or the commencement of a Trip and the required premium has been paid.

The Annual Multi Trip Policy shall be renewed on mutual consent by payment of the premium in advance specified by the Insurance Company, which premium shall be at the premium rate in force at the time of renewal. Unless renewed as herein provided, this policy shall terminate at the expiration of the period for which premium has been paid.

However, the Insured Person's coverage under this policy ends on the earliest of –

- a. The Policy Expiration date as specified in the schedule or
- b. The policy is terminated or
- c. The date the Insured person requests, in writing, that his or her coverage be terminated; or
- d. Termination of the insured journey.

In case of Individual Journey during the insured period, it shall expire 30 days or less, from the commencement of each Insured Journey.

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy.

IRDA REGULATIONS : This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.

GRIEVANCE REDRESSAL : In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office.

OMBUDSMAN

The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDA website www.irda.gov.in and on the website of General Insurance Council www.gicouncil.in

IMPORTANT NOTICE

The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the IRDA and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.

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