

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

POLICY WORDINGS

IMPORTANT

Please make sure you read and fully understand this document before Insured Beneficiary travel from the Republic of India. Please also read carefully the full details of the procedure for obtaining assistance and claims. Failure to follow the instruction given could result in rejection of the claim and this policy clause is applicable for all the different Travel Plans listed. The sections covered under the respective plans are given in the table below.

PREAMBLE

Whereas the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd (hereinafter called the “Company”), a proposal which is hereby agreed to be the basis of this Group Policy is issued in the name of Insured and Certificate of Insurance is issued thereunder in the name of Insured Person, and the Insured Person and or Insured on behalf of Insured Person has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions and limitations, to indemnify the Insured Person and subject always up to the Sum Assured in the Certificate of Insurance during the Cover Period.

Section	Travel Prime Holiday Silver, Travel Prime Holiday Gold, Travel Prime Holiday Platinum, Travel Prime Holiday Super Platinum, Travel Prime Holiday Maximum (Section 1 to 20)
Section 1	Personal Accident
Section 2	Medical Expenses & Medical Evacuation
Section 3	Repatriation
Section 4	Loss of Checked Baggage
Section 5	Accidental Death & Disability (Common Carrier)
Section 6	Loss of Passport
Section 7	Personal Liability
Section 8	Hijack Cover
Section 9	Trip Delay
Section 10	Hospitalization Daily Allowance
Section 11	Golfer’s Hole-in-one
Section 12	Trip Cancellation
Section 13	Trip Curtailment
Section 14	Delay of Checked Baggage
Section 15	Home Burglary Insurance
Section 16	Emergency Cash Benefit
Section 17	Missed Connection
Section 18	Difference in airfare due to delayed or early return
Section 19	Bounced Hotel
Section 20	Personal Accident Cover in India

Section	Travel Prime Holiday Asia Flair and Travel Prime Holiday Asia Supreme (Section 1 to 9, Section 14 and Section 16)
Section 1	Personal Accident
Section 2	Medical Expenses & Medical Evacuation
Section 3	Repatriation
Section 4	Loss of Checked Baggage
Section 5	Accidental Death & Disability (Common Carrier)
Section 6	Loss of Passport
Section 7	Personal Liability
Section 8	Hijack Cover
Section 9	Trip Delay
Section 14	Delay of Checked Baggage
Section 16	Emergency Cash Benefit

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

A. OPERATIVE PARTS

SECTION 1: PERSONAL ACCIDENT-

The Company will pay the Sum Assured under Section 1: Personal Accident specified in the Schedule if the Insured Person sustains Accidental Bodily Injury during the course of the Insured Journey and such Bodily Injury within 12 months of the date upon which it was sustained is the cause of the-

- a. Insured Person's death
- b. His/ Her Permanent Total Disablement

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

SECTION 2: MEDICAL EXPENSES & MEDICAL EVACUATION-

The Company will indemnify the Insured Person up to the Section 2: Medical Expenses and Medical Evacuation Sum Assured specified in the Schedule in respect of:

- a. The Medical and related expenses incurred by the Insured Person for medical treatment outside India. The expenses covered would include physician services, hospital and medical services and local emergency medical transportation. Dental Services for immediate relief of dental pain are covered up to the amount specified in the schedule. However dental care rendered necessary as a result of a covered accident shall be subject to the limit of cover as stated in the policy.
- b. Medical Evacuation to a hospital in the Republic Of India required (as per advice of the attending Physician) as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. The Medical Evacuation shall be subject to prior consent of the Insured Person and will have to be pre-approved by the Insurance Company / Claims Administrator of the Insurance Company.
- c. In case of Medical Evacuation to hospital in India as per Medical Expenses & Medical Evacuation above and if approved by the Insurance Company / Claims Administrator, and subject to the Section 2 Sum Assured remaining (if any), the Company will also indemnify the Insured Person in respect of the Medical Expenses incurred by him within India to continue medical treatment commenced by the Insured Person outside of India, as a result of the Insured Person first having sustained Accidental Bodily Injury and/or Sickness and/or Disease during the course of the Insured Journey and within cover period. The Company's liability to make payment hereunder shall be limited to a period of 90 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 Usual and Customary Level.
- d. The deductible applicable as per the schedule of the policy would be applicable in respect of each and every claim made under the policy and the company's liability in all claims put together under Section 2 would be restricted to the Section 2 Sum Assured as per the schedule of the policy during the policy period.
- e. If You are hospitalized on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Cover Period, then We will pay You, Reasonable and Customary Medical Expenses incurred during hospitalization.
- f. If no event will benefits continue to be provided by the Company for any Covered Medical Expenses incurred by Insured Beneficiary after the Expiration Date of the Certificate of Insurance or Insured Beneficiary's return to India, whichever is earlier

Note: Waiver of condition (f) hereinabove may be considered, if before expiry of Date of the Certificate of Insurance, Insured Beneficiary is admitted in the hospital overseas and still continuously confined in the hospital overseas even after the Expiration Date of the Certificate of Insurance and continued treatment overseas as an Inpatient in a Hospital is necessitated due to Medical conditions of Insured Beneficiary.

Provided however this waiver is applicable only

- (i) if the Emergency Medical Evacuation is not appropriate or recommended by the Insurance Company / Claims Administrator of the Insurance Company, and
- (ii) for such period during which the Insured Beneficiary continues to be hospitalised as inpatient beyond expiry of Date of the Certificate of Insurance subject to maximum of 75 days beyond the expiry of Date of the Certificate of Insurance."

SECTION 3: REPATRIATION

We will indemnify up to the amount stated in the Policy Schedule or Schedule of Benefits for covered expenses incurred to return Insured Person's body to India if he/she die during a Trip as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey and Cover Period. Sum Assured for the coverage will not exceed the maximum shown in the Policy Schedule. All Repatriation of Remains arrangements must be approved in advance by Insurance Company / Claims Administrator of the Insurance Company. Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

Exclusions applicable to Sections 1, 2 & 3:

The Company shall be under no liability to make payment in respect of any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India same as provided for under Section

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

Medical Expenses & Medical Evacuation.

1. The company shall be under no liability to make payment of any Medical Expenses incurred in India before the policy inception and any expenses incurred beyond the expiry of Policy Period overseas, same as provided for under "Medical Expenses & Medical Evacuation".
2. The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
3. Where the Insured Person is:
 - a. Travelling against the advice of a Physician; or
 - b. Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured Person in his proposal; or
 - c. Travelling for the purpose of obtaining treatment; or
 - d. In receipt of a terminal prognosis for a medical condition
4. Suicide, attempted suicide or willfully self-inflicted injury or illness, mental disorder, anxiety/stress / depression/nervousness having no underlying physical illness as a cause, alcoholism, drunkenness or the abuse of drugs.
5. Any injury, illness, death, loss, expenses or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome), venereal disease and/or any mutant derivative or variation thereof however caused.
6. The participation of the Insured Person 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, 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 are not covered.

7. The participation of the Insured Person in riding or driving in races or rallies.
8. Losses arising from Accidents as a driver on motorized vehicles unless at the time of the Accident the Insured Person is in possession of a current full international driving license and while riding a two wheeler is wearing a safety crash helmet.
9. Losses arising directly or indirectly from manual work or hazardous occupation, self-exposure to needless peril (except in an attempt to save human life), or if engaging in any criminal or illegal act.
10. Pregnancy, resulting childbirth, miscarriage, abortion, medical termination of pregnancy or complication arising out of any of the foregoing. However this exclusion will not apply to:
 - i) Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
 - ii) Miscarriage due to accident, if the proximate cause of such miscarriage is accident.
11. Experimental, unproven or non-standard treatment.
12. Treatment by any other system other than modern medicine (also known as Allopathy).
13. The cost of spectacles, contact lenses, and hearing aids, crutches, and all other external appliances and/or devices whether for diagnosis or treatment.
14. Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician.
15. Weight management services and treatment related to weight reduction programs including treatment of obesity and its complications.
16. Congenital anomalies or any complications or conditions arising there from.
17. Any Fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.

SECTION 4: LOSS OF CHECKED BAGGAGE

The Company will indemnify the Insured Person up to the Section 4 Sum Assured specified in the Group Policy Schedule in respect of the complete and permanent loss or destruction of the Insured Person's Checked Baggage including content therein.

Specific Conditions

1. It is a condition precedent to the Company's Liability hereunder that upon discovering the loss of Checked Baggage the Insured Person shall obtain a relevant property irregularity report from the Airline and submit the same to the Insurance Company / Claims Administrator in the event of a Claim.
2. The company's liability to make payment shall not arise until liability is admitted and paid by the Airline in the form of compensation and supported by documentary proof issued by Airline.
3. The company's liability will be restricted to maximum of 50 % of the Sum assured (as per the schedule of the policy) per baggage and 100 % of the Sum Insured for more than one checked in baggage put together. While submitting claim documents, any item/items lost in respect of which the claim exceeds INR 6000/- or other currency equivalent must be supported by documentation evidencing the Insured Person's ownership of the same, such documentation to be submitted to the Insurance Company/ Claims Administrator in the event of a claim. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item/items, subject to maximum INR 6000/- considering same as one item for multiple numbers or quantity.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

4. In case of the same baggage being covered under any other insurance, the policy will contribute its ratable proportion.
5. The Company's payment to the Insured Person will be reduced by:
 - a. Any payment made under Section 14 below, and
 - b. Any sum for which the Airline is liable to make payment.

Exclusions applicable to Section 4

1. The self-carried baggage is specifically excluded from the policy coverage.
2. Partial destruction of baggage or missing of contents from the baggage is not covered under the policy.
3. The Company shall be under no liability to make payment hereunder in respect of any Claim for valuables.
4. Professional Equipment, any instruments or its any consequential liabilities in the baggage are excluded from the scope of the policy.

SECTION 5: ACCIDENTAL DEATH & DISABILITY (COMMON CARRIER)

The Company will pay the Sum Assured specified in the Policy schedule in addition to the Sum Assured specified under the "Personal Accident section" if the Insured Person sustains Accidental Bodily Injury during the course of the Insured's overseas journey while travelling in a common carrier such as rail, bus, tram or Aircraft and such bodily injury is within 12 months of the date upon which it was sustained the cause of the Insured's death or Permanent Total Disablement.

SECTION 6: LOSS OF PASSPORT

In the event of Insured Person's loss of passport, the Company will pay Insured Person Section 6 Sum Assured (less the deductible) specified in the Schedule towards expenses necessarily incurred by Insured Person in obtaining a duplicate passport.

Exclusions Applicable to Section 6

The Company shall be under no liability to make payment for:

1. Loss or damage to the Insured Person's passport as a result of the confiscation or detention by customs, police or any other authority
2. Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.
3. Loss caused by the Insured Person's failure to take reasonable steps to guard against the loss of the passport.

SECTION 7: PERSONAL LIABILITY

The Company will indemnify the Insured Person up to the Section 7 Sum Assured (less the deductible) specified in the Schedule against any legal liability incurred by the Insured in his private capacity to pay Damages for third party civil Claims arising out of Accidental Bodily Injury or Accidental Property Damage occurring during an Insured Journey.

Specific Conditions

1. No Deductible shall be applicable in respect of the legal liability incurred by the Insured Person in his private capacity to pay Damages for third party Accidental Bodily Injury.
2. The Company's liability to indemnify the Insured Person under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by the Company. In the event that legal action is taken against Insured Person within India, it is a condition precedent to the Company's liability hereunder that the Insured Person shall:
 - a. Give immediate written notice to the Company to the address specified in the Schedule, and
 - b. Not incur 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 Person the defense and/or settlement of any action or claim and shall be entitled at all times to receive the Insured Person cooperation and assistance and to appoint lawyers on the behalf of Insured Person. 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.
3. The Company shall not settle any claim without the express consent of the Insured Person, but if Insured Person refuses an available settlement recommended by the Company then the Company's liability shall thereafter be restricted to the amount by which the claim could have been settled.

Exclusions Applicable to Section 7

1. The Company shall not be under any liability to make payment for Claims arising out of:
2. The Insured Person's liability to any employee (whether under a contract of or for services);
3. Bodily Injury to and/or Property Damage to property belonging to the Insured's Family, any co-worker of the Insured, and any travelling companion of the Insured Person;

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

4. Any liability for Bodily Injury and/or Property Damage arising directly or indirectly from or due to:
 - a. Livestock belonging to the Insured or in the Insured Person's care, custody or control;
 - b. Any willful, malicious, criminal or unlawful act, error, or omission;
 - c. The pursuit of any trade, business of profession, employment or occupation;
 - d. The ownership, possession or use of vehicles, Aircraft, or watercraft;
 - e. Parachuting, hand-gliding, hot air ballooning or the use of firearms or any other dangerous or hazardous activity;
 - f. The use or misuse of any alcohol, hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
 - g. The supply of goods or services;
 - h. Any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).
 - i. Any professional liability arising out of the Insured Person's profession/activities.

SECTION 8 – HIJACK COVER

For each 24 hour period the Insured Person is detained by hijackers following hijacking of any Aircraft in which the Insured Person is travelling, the Company will pay up to the maximum sum specified in the schedule.

All other policy terms and conditions shall remain unaltered.

SECTION 9 - TRIP DELAY

Subject to all other terms and conditions, if the air craft on which the Insured Person has booked his/her ticket/s to travel from Republic of India or travel to Republic of India, is delayed beyond 12 hours than the original scheduled departure time, the Company will pay the sum mentioned in the schedule for every 12 hours delay in excess of 12 hours, subject to the maximum amount mentioned in the schedule.

Company shall indemnify only one event of Trip Delay during the policy period.

However, the Company will not pay,

1. For any departure which is delayed as a result of the Insured Person or any other person who have arranged to travel with Insured Person failing to check-in correctly as required by the airline.
2. For any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked.
3. If the air craft is taken out of service on the instructions of the Civil Aviation Authority or other competent statutory authority except due to bad weather conditions.

SECTION 10 – HOSPITALIZATION DAILY ALLOWANCE

Subject to all other terms and conditions, it is hereby agreed that following hospitalization of the Insured Person named in the Schedule of the policy due to an accident or illness covered under the policy, a daily allowance as specified in the schedule shall be paid by the Company under this policy. For this purpose a day will be reckoned as continuous 24 hours.

All other terms and conditions shall remain unaltered.

Hospitalization Daily Allowance benefit shall be extended only if such hospitalization is admissible under section Medical Expenses specified under the policy.

SECTION 11 – GOLFER'S HOLE-IN-ONE

Subject to all other terms and conditions, it is hereby agreed that the insurer shall reimburse expenses incurred in celebration of achieving a hole-in-one by the Insured Person during the trip, anywhere in the world excluding India, in a United States Golfers' Association (USGA) recognized golf course, subject to maximum the limit shown in the Schedule against this cover.

All other terms and conditions shall remain unaltered.

SECTION 12 – TRIP CANCELLATION

Subject to all other terms and conditions, the company will indemnify the Insured Person for the financial loss incurred by the Insured arising out of cancellation of the Trip subject to limits shown in the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the Insured, which are not recoverable from any other source, following the necessary and unavoidable cancellation of the trip prior to its commencement.

The company shall indemnify the Insured Person for any overseas trip cancellation for any journey from Republic of India only if the Insured Journey is cancelled due to the following conditions:

1. Insured Person's Death, serious injury or sudden sickness requiring minimum three day hospitalization before the date of departure which is noted as policy inception date on Policy Copy.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

2. Death of Insured Person's spouse or parent or child not travelling with the Insured Person.
3. Serious injury or sudden sickness requiring minimum three days hospitalization of the Insured Person's Immediate Family Member due to an unforeseen Illness or Injury.
4. Inclement Weather conditions like Storm, flood, Hurricanes, or Natural Disaster.

For this benefit, Immediate Family Member shall mean an Insured Person's lawful spouse; children, legally adopted children, Parents and parents-in-law

The company shall indemnify the insured Person for trip cancellation for journey to Republic of India only if the Insured Journey is cancelled due to the following conditions:

1. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster

SECTION 13 – TRIP CURTAILMENT

Subject to all other terms and conditions, the Company will indemnify the Insured Person subject to limit shown in the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the him/her, which are not recoverable from any other source, following the necessary and unavoidable curtailment (the cutting short by early return to India) of the trip because of:

1. Death, serious injury or sudden sickness of Insured Person's spouse, parents, parent in laws or child residing with him/her in India and who is not travelling with you on the Insured Journey
2. Serious injury or sudden sickness requiring minimum three days hospitalization of the Insured Person's spouse or child (within 07 days before the date of departure) and who were booked to travel with the Insured Person and who is also insured with Bajaj Allianz General Insurance Company Limited.
3. The hijack of an Aircraft in which you are travelling as a fare-paying passenger.

SECTION 14- DELAY OF CHECKED BAGGAGE

The Company will pay the Insured Person up to the Section 14 Sum Assured specified in the Schedule in respect of the Insured Person's emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage, the arrival of which is delayed by more than 12 hours beyond the time of the Insured Person's arrival at the intended destination outside of India.

Exclusions Applicable to Section 14

1. Delay of baggage when the intended travel destination is India.

Specific Condition

1. It is a condition precedent to the Company's Liability hereunder that upon discovering the delay in arrival of the Checked Baggage the Insured Person shall obtain written non-delivery confirmation from the Airline along with the period of delay, which must be submitted to the Insurance Company / Claims Administrator in the event of a Claim.

In case of more than one claim during the Insured Journey the Company's liability in all claim put together will be restricted to the Section 14 Sum Insured. The time deductible of 12 hours will apply separately for every claim.

SECTION 15 – HOME BURGLARY INSURANCE

The policy will indemnify the Insured Person for claims made in respect of loss of or damage to contents of his/her home in India (located at the address mentioned in the policy schedule) caused by actual or attempted Burglary and/or Robbery during the policy period. The cover incept from the date of departure of the Insured Person from the Home country and ends on the expiry date or date of return to the Home country whichever is earlier. The company's liability will be limited to the sum Insured specified in the schedule. The cover excludes loss or damage to jewellery and valuables.

SECTION 16 – EMERGENCY CASH BENEFIT

In case of this section being available under the Travel Plan selected by the Insured Person and shown in the schedule of the policy issued to him/her. This is a benefit when the Insured Person requires emergency cash flow following incidents like theft/burglary of luggage/money or hold up. The company itself or through Claims Administrator of the Company shall co-ordinate with the Insured Person's relatives to provide emergency cash to him/ her up to the limit specified in the policy schedule. The Company's liability to arrange for cash shall not arise until the FIR registered with the local police authority is made available to the Company itself or through Claims Administrator of the company is verified and The Company itself or through claims administrator of the Company confirm that the loss was due to theft/burglary of luggage/money. Admissibility of claim under this section will be subject to following conditions:

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

1. As soon as the theft/burglary of luggage/money occurs, Insured Person should first register FIR with the local police authority
2. Insured Person may then intimate The Company itself or through Claims Administrator of the Company on Email or contact on telephone number indicated in the policy schedule.
3. The company shall verify the details of the Insured Person and ascertain the amount of cash required and admissible under this section
4. The company will arrange for cash payments to the Insured Person through a variety of sources, including but not limited to credit cards, hotels, banks, consulates and Western Union. Credit Card Transactions performed by The Company are subjected to the confirmed Credit.
5. Assistance Department organizes cash delivery after obtaining payment security from insured or his relatives.

The above is not an insurance benefit but an assistance provided by the Insurance Company/Service provider. The terms and conditions are as above.

SECTION 17 - MISSED CONNECTION

Subject to all other terms and conditions, if the air craft on which the Insured Person 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, the company will pay the sum mentioned in the schedule towards missed connection. For a Claim to be admissible under this section it is a condition precedent to liability that the claim is admissible under Section 9- Trip Delay

SECTION 18- DIFFERENCE IN AIRFARE DUE TO DELAYED OR EARLY RETURN

Subject to all other terms and conditions of the policy, if the Insured Person return back to India before or after the scheduled date of return, due to illness or accident, because of which scheduled return flight is cancelled then The company will pay for the fare difference for economy class return ticket when the Insured Person original return ticket was issued at a reduced rate and with a fixed or limited return date, and such return date cannot be met due to the Insured Person illness or accident covered under the policy.

SECTION 19- BOUNCED HOTEL

In case of the Insured Person not getting hotel services booked on confirmed basis with the suppliers, Insured Person would be reimbursed 90% of the cost of, expenses relating to transportation to the alternative hotel, cost of up gradation to a superior class of hotel if required, up to the Sum Insured stated on the policy schedule.

SECTION 20- PERSONAL ACCIDENT COVER IN INDIA

The Company will pay the Sum Assured under Personal Accident cover in India Section specified in the Schedule if the Insured Person sustains Accidental Bodily Injury during his travel intended from home to airport on the day of overseas departure from India and on day of Insured Person's arrival back to India for Insured Person travel intended from Airport to home and such Bodily Injury within 12 months of the date upon which it was sustained is the cause of the-

- i. Insured Person's death,
- ii. Permanent Total Disablement,

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

B. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. An **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Alternative treatments**- Alternative treatments are forms of treatments other than treatment of "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. **"Aircraft"** means any machine which can derive support in the atmosphere from reactions of the air, [other than reactions of the air against the earth's surface] but excluding balloons, whether fixed or free, airships, kites, gliders and flying machines.
4. **"Airline"** means a public airline that holds a proper license for the jurisdiction in which it operates and that operates scheduled flights, through Aircraft, for passengers and cargo.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

5. **Bodily Injury**” means accidental physical bodily harm [excluding illness or disease] solely and directly caused by Accident which is verified and certified by a Medical Practitioner
6. **“Cashless Facility”** Cashless Facility means a facility extended by the insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by him/her in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre authorization approved.
7. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the commencement date and expiry date of the cover, Insured Beneficiary(s) name, address, age, coverage, sums insured, Deductible, condition(s) , exclusions and or endorsement(s) as fully mentioned in the respective Certificate of Insurance.
8. **“Checked Baggage”** means the baggage offered by the Insured Person and accepted by an Airline for international transportation in the same Aircraft as boarded by the Insured Person and for which the airline has provided a baggage receipt, and the contents of the baggage checked in by the Insured Person so long as such contents do not violate any Airline policy or rule restricting the nature of items that may be carried on board its Aircraft.
9. **“Claim”** means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims resulting from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each section independently.
10. **Common Carrier-** means a person/entity/Airline, engaged in the business of transporting passengers or property from place to place, by land or water or by Air for all persons indiscriminately, through motor vehicle, seaworthy ships or Aircraft, in each case operated under a valid license/registration for the transportation of passengers for hire from India to outside India and or outside India to India and or from place to place outside India other than motor vehicles, ships or Aircrafts belonging to the military.
11. **Condition Precedent-** Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.
12. **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.
 - i) Internal Congenital Anomaly which is not visible and accessible parts of the body is called Internal Congenital Anomaly
 - ii) External Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
13. **“Cover Period”** means the period between:
 - a. The commencement date specified in the Certificate of Insurance, being the date on which the Insured Person board the mode of transportation for his overseas departure from India.
Note - In case the Policy includes “Section 20- Personal Accident Cover in India” the commencement date of the Certificate of Insurance shall be the date on which the Insured Person travels from his place of residence to the Airport, to board the mode of transportation for his overseas departure from India provided the domestic travel within India takes place within 24 hours prior to the time of the boarding of the mode of transport for his overseas departure. However, coverage under other sections (excluding Section 20- Personal Accident Cover in India) is available only after the Insured Person board the mode of transportation for his overseas departure from India.
 - b. The expiry date specified in the Certificate of Insurance being the date on which the insured disembarks from the mode of transportation by which he has returned to India,.
Note - In case the Policy includes “Section 20- Personal Accident Cover in India” the expiry date specified in the Certificate of Insurance shall be the date on which the insured has reached his place of residence in India by rail or road or air after disembarkment from the mode of transportation by which he has returned to India, provided the domestic travel has occurred within 24 hours of his/her disembarkment. However, coverage under other sections (excluding Section 20- Personal Accident Cover in India) will expire once the insured disembarks from the mode of transportation by which he has returned to India.
 - c. The expiry date shall automatically be extended up to a maximum period of 7 days or date of return to India whichever is earlier if the completion of the insured journey is delayed solely arising out of disruption of public transportation or other services upon which the Insured Person was reliant to reach India due to inclement weather and or political instability overseas.
14. **“Damages”** 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 for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law.
15. **Daily Allowance:** Means the amount and period specified in the Schedule.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

16. **Deductible**” Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash Daily Allowance policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
17. **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.
18. **Disclosure to Information Norm**- The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis- description or non-disclosure of any material fact.
19. **Disease**” means an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
20. **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.
21. **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 preexisting diseases. Coverage is not available for the period for which no premium is received.
22. **Group**
The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued by Insurance Regulatory and Development Authority of India, from time to time
23. **“Hospitalization”** Hospitalization means admission in a Hospital for a minimum period of 24 hours In Patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
24. **“Home Burglary”** Home burglary means any act of actual, forcible and violent entry and or exit from the premises of the Insured Person with intent to commit an act of crime or theft.
25. **Illness**- Illness means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment
 - a. Acute Condition -Acute medical condition is a medical condition that can be cured by treatment.
 - b. 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, checkups, and or tests - it needs ongoing or long term control or relief of symptoms - it requires rehabilitation or for you to be specially trained to cope with it - it continues indefinitely - it comes back or is likely to come back.
26. **Injury/ Bodily 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.
27. **“Insurance Company / Claims Administrator”** means the person or organization named in the Schedule.
28. **Insured** mean the Policy Holder who has taken the Group/Master Insurance Policy as Group Manager of a homogeneous group of person who assemble together for a commonality of purpose and there is a clear evident relationship between the member of group and Group Manager for services other than insurance.
29. **Insured Person or Insured Beneficiary or member of Group** means the person(s) named in the Certificate of Insurance who shall be the Beneficiaries covered as per Policy.
30. **“Insured Journey”** means a single journey to a destination outside of India, which is undertaken (departure and arrival) during the Cover Period.
31. **“Family”** means the Insured Person, his/her spouse and 2 children. In the benefit of family visit family is indicated as the Insured’s spouse and children. However dependent parents cannot be covered under this policy.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

32. **Limit of Indemnity**-Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover and subject to the limits specified.
33. **Master Policy/Group Policy** shall mean the group Policy issued to the Insured containing the terms and conditions of the insurance coverage and under which Certificates of Insurance shall be issued to the Insured Person/Insured Beneficiary. The validity of the Master Policy shall be for a period of twelve months as mentioned in the Group Policy Schedule.
34. **Master Policy Period**: means period for which the Master Policy is valid in the name of Insured.
35. **“Maternity Expense”** Maternity Expenses / treatment shall include the following Medical treatment expenses:
- a. Medical Expenses for a delivery (including complicated deliveries and caesarean sections) incurred during Hospitalization;
 - b. The lawful medical termination of pregnancy during the policy period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person;
 - c. Pre- natal and post -natal Medical Expenses for delivery or termination.
36. **“Medical Advise”** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
37. **“Medical Advisors”** mean the medical practitioners appointed by the Insurance Company / Claims Administrator.
38. **“Medical Evacuation”** means the removal of the Insured Person from abroad to a hospital within India where necessary medical care can be accorded to him, including medical care required en route.
39. **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/ Insured Beneficiary had not been Insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment. List of non-medical expenses is attached with the policy wordings (refer annexure 2). For an updated list of Day Care Procedures kindly visit our website or (refer annexure 1).
40. **Medically Necessary** - Medically necessary treatment is defined as any treatment, tests, medications, 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 Person/Insured Beneficiary;
 - 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 or by the medical community in India.
41. **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.
42. **A Physician** is a person who holds a valid registration from the medical council of any state and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. “Physician” shall not include any member of the Insured Person’s family.
Chiropractitioner stands excluded from the scope of the policy.
43. **Policy** means the proposal, the Master Policy/Group Policy [Travel Prime Holiday Insurance Policy (Group)] Schedule these Terms and Conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
44. **Policy Holder** is the Person, Organization or Entity which has taken the Group Policy on behalf of all Insured Persons/Insured Beneficiaries.
45. **Policy Period**: means period for which the Policy is issued to Policy Holder/Group Manager to cover the Insured Person/Insured Beneficiary, under separate Certificate of Insurance.
46. **Pre-existing ailment or disease**-
Means any injury, ailment, condition or related condition/symptom,
- i. For which treatment, or medication, or advise, or diagnosis, has been sought or received by Insured Person prior to the commencement of the Cover Period under Certificate of Insurance, or
 - ii. Which originated or was known to exist by the Insured Person prior to the commencement of the Cover Period under Certificate of Insurance whether or not treatment, or medication, or advice, or diagnosis was sought or received.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

47. **“Property Damage”** means actual physical damage to tangible material property belonging to a third party.
48. **Reasonable Charges**-Reasonable Charges means the charges for service or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
49. **Room Rent**- Room Rent shall mean amount charged by a hospital for occupying of a bed and associated medical expenses.
50. **Schedule** means the Travel Prime Holiday Insurance Policy (Group) Policy Schedule and any annexure to it read with respective Certificate of Insurance.
51. **Sickness”** means a condition or an ailment affecting the general soundness and health of the Insured Person’s body that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
52. **Sum Assured** means the amount stated in the Certificate of Insurance against each relevant Section, which shall be the Company’s maximum liability under the respective Certificate of Insurance read with the Group Policy.
53. **Suicide**- “means an act of self-killing. For Suicide, a person must commit it by himself, irrespective of the means employed by him in achieving his object of killing himself.
54. **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 center by a medical practitioner.
55. **“Theft”** means whoever intending to take dishonestly any moveable property out of the possession of the Insured Person without his/ her consent , moves that property in order to such taking with the intention to permanently deprive him/her of that property is said to commit theft.
56. **“Usual and Customary Level”** means medical charges that:
 - a. Do not exceed the usual levy of charges for similar treatment or allied services, in the locality where such treatment or allied services have been obtained; and
 - b. Do not include charges that would not have been made if no insurance existed.
57. **Unproven/ Experimental treatment**- Unproven/ Experimental treatment is treatment, including drug experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven
58. **Valuables”** means:
Electronic and electrical equipment including, but not limited to, photographic equipment, Audio equipment, video and/or televisual equipment, computers and/or organizers; Binoculars, spectacles, sunglasses, or the like;
watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;Gold or silver or any precious metals or articles made from any precious metals; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument.
59. **You, Your, Yourself/ Your Family**, the Insured Person/Insured Beneficiary, family members of Insured Person named in the schedule that We insure as set out in the Schedule.
60. **We, Our, Ours, the Company** means the Bajaj Allianz General Insurance Company Limited.

C. General Exclusions Applicable to All Sections

The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. The Insured Person’s participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
2. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, civil unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

3. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or Asbestos or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.
4. The Insured Person's actual or attempted engagement in any criminal or other unlawful act.
5. Any consequential losses.
6. In respect of travel by the Insured Person 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.
7. The Insured Person engaging in air travel unless he flies as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an Aircraft for the purpose of flying therein or alighting there from following a flight.

D. General Conditions Applicable To All Sections

1. **Eligible Entry Age Limit :**
1 day to Lifetime
2. **Conditions Precedent-** Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.
3. **Insured Person** - Only those persons named as the Insured Person in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured Person/member upon such Insured Person/ member giving 14 days written notice to be received by Us.
4. **Communications-** Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.
5. **Claims Procedures**
 (Applicable for Personal Accident, Medical Expenses, Medical Evacuation & Repatriation, Accidental Death & Disability (Common Carrier), Hospitalization Daily Allowance, Trip Cancellation, Trip Curtailment, Difference in Airfare due to delayed or early return, PA Cover in India)
 If you meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to our liability, you must comply with the following.

I. Hospitalization

In case of medical sickness/accident you will have to call and notify us at the 24 hours telephone number - ++91-20- 30305858. . It is important to notify us before seeking any medical consultation (unless it is an accident/emergency). In case of medical hospitalization, please notify us immediately.

1. We have our coordinating doctor on duty to speak to the Insured Person and provide medical advice. However if the Insured Person wants a medical referral of any specialist doctor/hospital, we can provide the referral.
2. It is important to notify us immediately before/after seeking any kind of medical consultation (unless it is an accident/emergency) and provide us with the treating doctor/hospital details, medical expenses incurred/paid and review appointment details because this will help us to validate your claim and provide you with a Claim Reference Number which must be mentioned in the Claim Form.
3. The Insurance medical assistance department (doctor) will discuss your medical condition with the treating doctor and if it is confirmed that the admission to a hospital is NOT due to any pre-existing conditions or any conditions listed in the exclusion list, then the Insurance Company shall guarantee payments to the hospital and settle the payments with the hospital.
4. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at travel@bajajallianz.co.in
5. Your prompt submission of the above documents/information (ROMIF, LMO details, Medical Reports, estimated medical expenses, Claim Form, Passport copy) will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby facilitating the claims process.

II. Outpatient Consultation

1. For outpatient consultation(s), the Insured Person will have to self-pay and file the claim upon return to India. However, if the amount is above USD 500 and the Insured Person is facing difficulty in making payments due to shortage of cash on hand then

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

- we can arrange to make payments on behalf of the patient, provided the medical condition is confirmed to be non-pre-existing.
2. If any hospital does not submit a bill to you for the treatment /service rendered, please inform us before you leave the hospital. If the hospital insists that they will claim directly from the Insurance Company, please inform them that BAJAJ ALLIANZ shall not entertain any such requests from the hospital. Only claims whereby the Insured Person filed directly with all relevant documents on return to India will be considered.
 3. You or someone claiming on your behalf must promptly and in any event within 30 days of discharge from a Hospital give us the documentation (written details of the quantum of any claim along with all original supporting documentation as per the claims documents list specified below.
 4. In the event of the death of the Insured Person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (in case its conducted) within 30 days.
 5. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the Insured Person in writing, however we will retain the Xerox copies of the claim documents.
 6. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted along with the letter confirming the status of the claim & settlement details if any.
 7. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at travel@bajajallianz.co.in

III. Claims Procedures (applicable for other sections –Loss of Checked Baggage, Loss of Passport, Personal Liability, Hijack Cover, Trip Delay, Golfer's Hole-in-one, Delay of Checked Baggage, Home Burglary Insurance, Emergency Cash Benefit, Missed Connection and Bounced Hotel)

- a. You or someone claiming on your behalf must promptly and in any event within 30 days from date of loss, give us documentation (written details of the quantum of any claim along with all supporting documentation as per the claims documents list specified below.
- b. Your prompt submission of the required documents/information will enable the claim processing unit for assessment the claim
- c. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at travel@bajajallianz.co.in.

6. Policy Excess

For medical sickness/accident there is a policy excess of USD 100 (deductible) which the Insured Person will have to self-pay and this amount cannot be claimed. Policy excess for rest of the benefits will be applicable as per policy schedule and will be applicable for each and every claim.

This implies for any claim the policy excess to be borne by the Insured Person. This applies for all benefits with policy excess stated in policy schedule.

7. Notifications of Claims-

Condition Precedent shall mean a policy term or condition upon which the Insurers Liability under the policy is conditional upon:

1. In respect of any claim under section 1,2 and 3 , the Insured Person or if deceased, his legal heirs or other legal representative, shall notify the Insurance Company/ Claims Administrator within 14 days from the date of loss and provide him with the name of the Physician, the name and telephone numbers of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, and any other documentation or information that might be required or requested by the Insurance Company/ Claims Administrator of the Company.
2. For all other Claims, the Insured Person shall notify the Insurance Company / Claims administrator of the company, immediately within 7 days from the date of loss, obtain mandatory claim documentation forms for completing the same on and return submit to the Insurance Company / Claims Administrator of the company, along with supporting invoices and any other documentation or information that might be required or requested by Insurance Company/ Claims Administrator of the Company.
3. Under any unavoidable circumstances if delay in communication to register claim or documentation submission may be condoned after valid reason received from Insured Person.
4. The Insured Person shall not admit any liability or make any offer or promise of payment without the prior written consent of the Company.
5. Time for filing claim form and evidence

Completed claim forms/ Documents and written evidence/ proof of loss, must be submitted to the Company or Claims Administrator of the Company furnished to us within thirty (30) days from after the date of such loss. Insured Person You or some else claiming on your behalf of Insured Person shall obtain and furnish to the Company or Claims Administrator of the Company Us with all original bills, receipts, and any other documentation upon which a claim is based at your cost of Claimant and shall also give to the Company Us in a timely fashion such additional documentation, information and assistance as the Company or Claims Administrator of the Company we may require for examining scrutinizing in dealing with the claim. In absence of the requisite documents and in the absence of

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

revert from claimant Insured Person within 60 days from date of intimation / loss, the Company we would assume that Insured Person / claimant is not interested in pursuing the claim and accordingly the Company we would be constrained to repudiate the aforesaid claim.

Benefit	Documents	Procedure
Personal Accident	<ul style="list-style-type: none"> Copy of FIR (filed with the local police authorities) 	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	
	<ul style="list-style-type: none"> Release of Medical Information Form (ROMIF) (to be filled and signed by Insured Person) to obtain the medical records from facility 	
	<ul style="list-style-type: none"> Medical records/Consultation Papers/Investigation Reports in case any hospitalization 	
	<ul style="list-style-type: none"> Death certificate/Post Mortem report in case its conducted (In case of Death) 	
	<ul style="list-style-type: none"> Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims) 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Medical Expenses	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	<p>"Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p> <p>Please collect all bills/Receipts and Invoices for all payments done by you.</p> <p>Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule."</p>
	<ul style="list-style-type: none"> Attending Physician Statement (to be filled and signed by overseas treating doctor) 	
	<ul style="list-style-type: none"> Release of Medical Information Form (ROMIF) (to be filled and signed by Insured Person) to obtain the medical records from facility 	
	<ul style="list-style-type: none"> Medical records/Consultation Papers/Investigation Reports 	
	<ul style="list-style-type: none"> Invoices / Bills towards medical expenses. 	
	<ul style="list-style-type: none"> Original Paid receipts (hardcopy) in case of reimbursement claim. 	
	<ul style="list-style-type: none"> NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. 	
	<ul style="list-style-type: none"> DD/Cheque of deductible amount as per policy schedule in favor of "Bajaj Allianz General Insurance Company Ltd" (in case of complete cashless subject to confirmation of admissibility from "Us".) In case inability to provide deductible amount from Insured Person same can be deducted from your cashless bill. 	
Medical Evacuation	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	<p>"Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p> <p>Please collect all bills/Receipts and Invoices for all payments done by you.</p> <p>Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule."</p>
	<ul style="list-style-type: none"> Attending Physician Statement (to be filled and signed by overseas treating doctor) 	
	<ul style="list-style-type: none"> Release of Medical Information Form (ROMIF) (to be filled and signed by Insured Person) to obtain the medical records from facility 	
	<ul style="list-style-type: none"> Medical records/Consultation Papers/Investigation Reports 	
	<ul style="list-style-type: none"> Invoices / Bills towards medical expenses. 	
	<ul style="list-style-type: none"> Original Paid receipts (hardcopy) in case of reimbursement claim. 	
	<ul style="list-style-type: none"> NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details (for reimbursement claim). 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. 	
	<ul style="list-style-type: none"> DD/Cheque of deductible amount as per policy schedule in favor of "Bajaj Allianz General Insurance Company Ltd" (in case of complete cashless subject to confirmation of admissibility from "Us".) In case inability to provide deductible amount from Insured Person same can be deducted from your cashless bill. 	

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

Repatriation	<ul style="list-style-type: none"> Claim Form (to be filled and signed by nominee) 	<p>“Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you. Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule.”</p>
	<ul style="list-style-type: none"> Invoices / Bills towards medical expenses. 	
	<ul style="list-style-type: none"> Original Paid receipts (hardcopy) in case of reimbursement claim 	
	<ul style="list-style-type: none"> Death certificate/Post Mortem report/ Certificate of emblem in case its conducted 	
	<ul style="list-style-type: none"> NEFT Form and Cancelled cheque stating nominee’s Indian Bank account details (for reimbursement claim.) 	
	<ul style="list-style-type: none"> Cancelled passport and Visa copy 	
Dental Treatment	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	<p>“Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you. Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule “</p>
	<ul style="list-style-type: none"> Attending Physician Statement (to be filled and signed by overseas treating doctor) 	
	<ul style="list-style-type: none"> Medical records/Consultation Papers/Investigation Reports 	
	<ul style="list-style-type: none"> Invoices / Bills towards medical expenses. 	
	<ul style="list-style-type: none"> Original Paid receipts (hardcopy) in case of reimbursement claim 	
	<ul style="list-style-type: none"> NEFT Form and Cancelled cheque stating Insured Person’s / Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Loss Of Checked in Baggage	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
	<ul style="list-style-type: none"> PIR report (Property Irregularity Report) (to be obtained from the airline authorities) 	
	<ul style="list-style-type: none"> Letter from the Airlines accepting the liability for loss 	
	<ul style="list-style-type: none"> Proof of compensation received form Insured Person 	
	<ul style="list-style-type: none"> Proof of items valued more than INR 6000 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person’s / Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Delay of Checked in Baggage	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
	<ul style="list-style-type: none"> Copies of Boarding Pass/Ticket/Baggage Tags. 	
	<ul style="list-style-type: none"> Copies of correspondence with the Airline authorities/others certifying the delay & actual date and time of delivery of baggage. 	
	<ul style="list-style-type: none"> PIR report (Property Irregularity Report) (to be obtained from the airline authorities). 	
	<ul style="list-style-type: none"> Ticket Itinerary 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India. 	
Loss Of Passport	<ul style="list-style-type: none"> Duly Signed Claim Form stating exact circumstances of loss. 	<p>“Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents. Please collect all bills/Receipts and Invoices for all payments done by you Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule “</p>
	<ul style="list-style-type: none"> Copy of FIR (first information report)/Police Report. 	
	<ul style="list-style-type: none"> Receipts related to expenses incurred to obtain a new passport 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person’s / Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> New passport copy or certificate of travel issued. 	
Personal Liability	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	<p>Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.</p>
	<ul style="list-style-type: none"> Detailed self-explanatory note stating scenario arises in to third party loss 	
	<ul style="list-style-type: none"> Court order or any judicial order received against the compensation. 	
	<ul style="list-style-type: none"> Invoices / Bills supporting the claim amount 	
	<ul style="list-style-type: none"> Original Paid receipts if paid (hardcopy) in case of reimbursement claim 	
	<ul style="list-style-type: none"> NEFT Form and Cancelled cheque stating Insured Person’s / Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

Accidental	<ul style="list-style-type: none"> Copy of FIR (filed with the local police authorities) 	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	
	<ul style="list-style-type: none"> Release of Medical Information Form (ROMIF) (to be filled and signed by Insured Person) to obtain the medical records from facility 	
	<ul style="list-style-type: none"> Medical records/Consultation Papers/Investigation Reports in case any hospitalization 	
	<ul style="list-style-type: none"> Death certificate/Post Mortem report in case its conducted (In case of Death) 	
	<ul style="list-style-type: none"> Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims) 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Hijack	Claim Form (to be filled and signed by Insured Person)	"Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents."
	NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details.	
	Passport and Visa copy exit Stamp from India	
Trip Delay	Claim Form (to be filled and signed by Insured Person)	"Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents."
	<ul style="list-style-type: none"> Letter from the Insured Person stating reason and duration of delay. 	
	<ul style="list-style-type: none"> Ticket Itinerary 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details 	
Hospitalization Daily Allowance.	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	NA
	This benefit shall be extended if the claim under medical expense section 2 is admissible and hospitalization is for completed 24 hours.	
Golfer's Hole-in-one	Claim Form (to be filled and signed by Insured Person)	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
	NEFT Form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details.	
	Certificate from Golfer Association stating game points	
	Passport and Visa copy exit Stamp from India	
Trip Cancellation	<ul style="list-style-type: none"> Claim Form (to be filled and signed by Insured Person) 	Please contact us on our toll free numbers, or email us at travel@bajajallianz.co.in to obtain a Claim procedure and related documents.
	<ul style="list-style-type: none"> Hospitalization discharge summary/consultation papers of Insured Person if applicable. 	
	<ul style="list-style-type: none"> All bills and payment receipts towards transportation and lodging (incurred overseas) if applicable. 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details. 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
	<ul style="list-style-type: none"> Invoices / Bills supporting the claim amount 	
	<ul style="list-style-type: none"> Certificates from overseas billers regarding cancellation charges if applicable. 	
	Death certificate in case of death	
	Letter from the Insured Person stating reason for cancellation.	

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

Trip Curtailment	Claim Form (to be filled and signed by Insured Person)	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.
	Hospitalization discharge summary/consultation papers of Insured Person if applicable.	
	All bills and payment receipts towards transportation and lodging (incurred overseas) if applicable.	
	NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details.	
	Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.	
	All bills and payment receipts towards transportation and lodging in overseas.	
	Certificate from overseas biller regarding cancellation charges	
	Death certificate in case of death	
Home Burglary Insurance	Claim Form (to be filled and signed by Insured Person)	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.
	<ul style="list-style-type: none"> Covering Letter detailing full statement of the facts of the incidence of theft. Copy of FIR (filed with the local police authorities) 	
	<ul style="list-style-type: none"> Details of local investigation and survey of loss in case carried out by Insured Person. Details of any insurance covering same loss 	
	<ul style="list-style-type: none"> NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details 	
	<ul style="list-style-type: none"> Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Emergency Cash Benefit	Claim Form (to be filled and signed by Insured Person)	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.
	<ul style="list-style-type: none"> Covering Letter detailing full statement of the facts of the incident and overseas bank details. Copy of FIR (filed with the local police authorities) Details of local contact / relative in India who would arrange for the amount Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Missed Connection	Claim Form (to be filled and signed by Insured Person)	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.
	<ul style="list-style-type: none"> Letter from the Insured Person stating reason and duration of delay. Ticket Itinerary NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	
Difference in airfare due to delayed or early return	Claim Form (to be filled and signed by Insured Person)	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.
	Hospitalization discharge summary/consultation papers of Insured Person if applicable.	
	All bills and payment receipts towards transportation.	
	NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details.	
	Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.	
	Both ticket itineraries (Old and new)	
	Medical document and discharge summary stating hospitalization details and need for pre or postponement of Trip.	
	Death certificate in case of death	
	Claim Form (to be filled and signed by Insured Person)	
Bounced Hotel	<ul style="list-style-type: none"> Proof against hotel booking Details letter from Hotel mentioning reason for non-accommodation and compensation received if any Bills/invoices and receipt raised against the accommodation or transportation NEFT form and Cancelled cheque stating Insured Person's / Claimant Indian Bank account details Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India 	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

Personal Accident Cover in India	Copy of FIR (filed with the local police authorities)	Please contact us on our toll free numbers, or email us at travel@bajazallianz.co.in to obtain a Claim procedure and related documents.
	• Claim Form (to be filled and signed by Insured Person)	
	• Medical records/Consultation Papers/Investigation Reports in case any hospitalization	
	• Death certificate/Post Mortem report in case its conducted (In case of Death)	
	• Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims)	
	• NEFT form and Cancelled cheque stating Insured Person's (nominee in case of death claim) Claimant Indian Bank account details	
	• Passport and Visa copy	

8. Paying a Claim-

1. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
2. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
3. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the Insured Person. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer. 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.
4. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document.
5. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Person in writing within 30 days of the receipt of documents. The Insured Person may take recourse to the Grievance Redressal procedure stated under condition no 26.

9. Basis of Claims Payment-

1. Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.
2. Cashless will paid to overseas facility in their respective currency of the country.
3. For the purpose of reimbursement claim payments all currencies shall be converted in to USD (as policy Sum Insured are in USD) and later to INR (as reimbursement payment will be in INR only)

10. Fraud-

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

11. Other Insurance -

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of your claim in terms of any of your policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
2. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
3. Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

12. Cancellation-

1. This Policy may be cancelled by the Insured Person after the expiry of 15 days from the effective date, in writing to the Company as long as the Insurer Person is able to establish to the Company's satisfaction that the Insured Journey has not commenced, and this Policy shall stand cancelled if the Insured Journey has not commenced within 14 days of the commencement date shown on the Schedule.
2. Cancellation charge shall not be applicable for Travel Prime Holiday Insurance Policy (Group).

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

3. In case of any early return of the Insured Person under Travel Prime Holiday Insurance Policy (Group) prior to expiry of the policy period the company will refund premium on pro-rata basis (Per day basis) subject to no claim under the policy.
4. Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured Person

13. Endorsements-

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

14. Automatic Extension of Cover Period

Automatic extension of the Cover period will be granted up to a period of 7 days, from the Cover Period expiry date, if the extension is necessary, due to delay by the Airlines, which is beyond the control of the Insured Person, and no alternative air transportation is made available to the Insured due to Inclement weather, political instability and terrorism. Claims arising under Section 2 Medical Expenses & Medical Evacuation and Section 3 Repatriation will be excluded from the scope of this clause.

15. Notifications & Declarations-

Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be sent to the address specified in the Schedule.

16. Governing Law-

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

17. 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 Person shall be a condition precedent to the Company's liability under this Policy.

18. 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 term of this Policy or waive any of its provisions.

19. Reasonable Care-

The Insured Person 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).

20. Revision/ Modification of the policy-

There is a possibility of revision/ modification of terms, conditions, cover ages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured Persons at least 3 months prior to the date of such revision/modification comes into the effect.

21. Withdrawal of Policy-

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured Persons. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, You can choose, among Our available similar and closely similar Travel insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI. Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for any extension and accordingly upon Your seeking extension of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You.

22. Transfer of Interest-

This Policy of Insurance is a Contract between the Company and the Insured Person. The Insured Person 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,

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

the legal heirs of Insured Person may represent him in respect of claim under the Policy.

23. Penal Interest Clause-

1. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
2. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, we 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.
3. If we, for any reasons decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated in the Policy.

24. Assessments of Claim & Payment-

- i. No sum payable under this policy shall carry interest.
- ii. The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured Person has provided it and/or the Insurance Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.
- iii. The obligation of the Company to make payments to the Insured Person in respect of Claims made after the Insured Person return to India shall be to make payment in Indian Rupees only.
- iv. Specifically in respect of a Claim under Sections 1 and/or 2 and/ or 3-
 - a. The Company's liability to make payment is in respect of those charges approved by the Insurance Company / Claims Administrator prior to being incurred.
 - b. If requested by the Insurance Company / Claims Administrator, the Insured Person shall (at his own expense) furnish all certificates, information, proofs or other evidence in support of the Claim, present himself for medical examination by a Medical Advisor as considered necessary by the Insurance Company / Claims Administrator, and the Group Policy agrees that the Insurance Company / Claims Administrator may approach anyone who may have treated the Group Policy for information and/or documentation in respect of the Claim.
 - c. In the event of the Insured Person's death, the Company shall have the right to carry out a post mortem at its own expense.
 - d. Where the Insured Person is incapacitated or otherwise unable to give a valid release for the Claim; the Company may make arrangements to pay the Claim to the Insured Person's legal guardian or legal representative. Any payment made by the Company thereby in good faith shall operate as a complete and effective discharge of the Company's liability in respect of the Claim.
 - e. The Company shall not pay Medical Expenses except at the Usual and Customary Level.
 - f. Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.

25. Arbitration –

1. 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 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 Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
2. 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.
3. 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.
4. 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.

26. Claim Assistance- In event of a claim during the Insured Person's overseas trip, the Insured Person shall contact on our toll free numbers or email ids available on Travel Kit or Policy Schedule. We provide assistance through our In house Team or may seek assistance from overseas assistance partners.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

27. Grievance Redressal Procedure-

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your Certificate of Insurance.

The Certificate of Insurance and terms and conditions to Certificate of Insurance and the Policy set out the terms of your contract with us. Please read your Certificate of Insurance and Policy carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your Certificate of Insurance number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the Certificate of Insurance. The address and telephone number will be available in the Certificate of Insurance. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd

GE Plaza, Airport Road

Yerawada, Pune 411006

E-mail: customercare@bajajallianz.co.in

Call :

1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users – mobile /landline) or

020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: seniorcitizen@bajajallianz.co.in

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh & Chattisgarh

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondichery Town and Karaikal (which are part of Pondichery)
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondichery
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondichery.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Mahara- jgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhan- agar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharan- pur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note:

Address and contact number of Governing Body of Insurance Council
Secretary General - Governing Body of Insurance Council
JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 4000+ Network hospitals PAN India.
Please visit our website for list of network hospitals and network Diagnostic Centres, Website: www.bajajallianz.com or get in touch with 24*7 helpline
number: 1800-103-2529 (toll free) / 020-30305858

Annexure I

List of Day Care Procedures:

1. Suturing - CLW - under LA or GA	66. Incision and excision of tissue in the perianal region
2. Surgical debridement of wound	67. Surgical treatment of anal fistula
3. Therapeutic Ascitic Tapping	68. Surgical treatment of hemorrhoids
4. Therapeutic Pleural Tapping	69. Sphincterotomy/Fissurectomy
5. Therapeutic Joint Aspiration	70. Laparoscopic appendicectomy

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

6. Aspiration of an internal abscess under ultrasound guidance	71. Laparoscopic cholecystectomy
7. Aspiration of hematoma	72. TURP (Resection prostate)
8. Incision and Drainage	73. Varicose vein stripping or ligation
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus	74. Excision of dupuytren's contracture
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.	75. Carpal tunnel decompression
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/- lung/-Muscle biopsy/-Nerve biopsy/Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy	76. Excision of granuloma
12. Endoscopic ligation/banding	77. Arthroscopic therapy
13. Sclerotherapy	78. Surgery for ligament tear
14. Dilatation of digestive tract strictures	79. Surgery for meniscus tear
15. Endoscopic ultrasonography and biopsy	80. Surgery for hemoarthrosis/pyoarthrosis
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease	81. Removal of fracture pins/nails
17. Endoscopic placement/removal of stents	82. Removal of metal wire
18. Endoscopic Gastrostomy	83. Incision of bone, septic and aseptic
19. Replacement of Gastrostomy tube	84. Closed reduction on fracture, luxation or epiphyseolysis with oset synthesis
20. Endoscopic polypectomy	85. Suture and other operations on tendons and tendon sheath
21. Endoscopic decompression of colon	86. Reduction of dislocation under GA
22. Therapeutic ERCP	87. Cataract surgery
23. Brochosopic treatment of bleeding lesion	88. Excision of lachrymal cyst
24. Brochosopic treatment of fistula /stenting	89. Excision of pterigium
25. Bronchoalveolar lavage & biopsy	90. Glaucoma Surgery
26. Tonsillectomy without Adenoidectomy	91. Surgery for retinal detachment
27. Tonsillectomy with Adenoidectomy	92. Chalazion removal (Eye)
28. Excision and destruction of lingual tonsil	93. Incision of lachrymal glands
29. Foreign body removal from nose	94. Incision of diseased eye lids
30. Myringotomy	95. Excision of eye lid granuloma
31. Myringotomy with Grommet insertion	96. Operation on canthus & epicanthus
32. Myringoplasty /Tympanoplasty	97. Corrective surgery for entropion&ectropion
33. Antral wash under LA	98. Corrective surgery for blepharoptosis
34. Quinsy drainage	99. Foreign body removal from conjunctiva
35. Direct Laryngoscopy with or w/o biopsy	100. Foreign body removal from cornea
36. Reduction of nasal fracture	101. Incision of cornea
37. Mastoidectomy	102. Foreign body removal from lens of the eye
38. Removal of tympanic drain	103. Foreign body removal from posterior chamber of eye
39. Reconstruction of middle ear	104. Foreign body removal from orbit and eye ball
40. Incision of mastoid process & middle ear	105. Excision of breast lump /Fibro adenoma
41. Excision of nose granuloma	106. Operations on the nipple
42. Blood transfusion for recipient	107. Incision/Drainage of breast abscess
43. Therapeutic Phlebotomy	108. Incision of pilonidal sinus
44. Haemodialysis/Peritoneal Dialysis	109. Local excision of diseased tissue of skin and subcutaneous tissue
45. Chemotherapy	110. Simple restoration of surface continuity of the skin and subcutaneous tissue
46. Radiotherapy	111. Free skin transportation, donor site
47. Coronary Angioplasty (PTCA)	112. Free skin transportation recipient site

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

48. Pericardiocentesis	113. Revision of skin plasty
49. Insertion of filter in inferior vena cava	114. Destruction of the diseases tissue of the skin and subcutaneous tissue
50. Insertion of gel foam in artery or vein	115. Incision, excision, destruction of the diseased tissue of the tongue
51. Carotid angioplasty	116. Glossectomy
52. Renal angioplasty	117. Reconstruction of the tongue
53. Tumor embolisation	118. Incision and lancing of the salivary gland and a salivary duct
54. TIPS procedure for portal hypertension	119. Resection of a salivary duct
55. Endoscopic Drainage of Pseudopancreatic cyst	120. Reconstruction of a salivary gland and a salivary duct
56. Lithotripsy	121. External incision and drainage in the region of the mouth, jaw and face
57. PCNS (Percutaneous nephrostomy)	122. Incision of hard and soft palate
58. PCNL (percutaneous nephrolithotomy)	123. Excision and destruction of the diseased hard and soft palate
59. Suprapubiccytostomy	124. Incision, excision and destruction in the mouth
60. Tran urethral resection of bladder tumor	125. Surgery to the floor of mouth
61. Hydrocele surgery	126. Palatoplasty
62. Epididymectomy	127. Transoral incision and drainage of pharyngeal abscess
63. Orchidectomy	128. Dilatation and curettage
64. Herniorrhaphy	129. Myomectomies
65. Hernioplasty	130. Simple Oophorectomies

Note:

- (i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

Annexure II

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	REMARKS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Payable for varicose vein surgery if varicose vein surgery is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by us then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Payable (Dental Services for immediate relief of dental pain are covered up to the amount specified in the schedule)
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Payable after waiting period
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges , not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately
79	SURGICAL DRILL	Payable under OT Charges , not separately
80	EYE KIT	Payable under OT Charges ,not separately
81	EYE DRAPE	Payable under OT Charges ,not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions.	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables can not be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	M IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry /Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

137	PULSEOXYMER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S P O 2 P R O B E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Payable for surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECC ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable

TRAVEL PRIME HOLIDAY INSURANCE POLICY (GROUP)

	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Payable in case of PIVD
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable for case like CABG etc.