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IRDA Regn. No.123**; PAN** AABCC6633K **CIN** U66030TN2001PLC047977

Chola MS Corporate Travel Insurance

Prospectus
IRDA/NL-HLT/CHSGI/P-T/V.I/50/13-14

This policy will be issued as a group policy to the policy holder and individual certificate will be issued to the beneficiaries.

S C O P E O F C O V E R

Medical Expenses

If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas, which requires immediate medical attention, then the Insurer will indemnify the Insured Person for the amount upto the Limit of Indemnity for Medical Expenses incurred in a Hospital taken Overseas. The Insurer's liability to make payment is only in excess of the Deductible.

This cover will also include following:

1.1 Mortal Remains: If the Insured Person dies Overseas due to an Illness or Accidental Bodily Injury, then the Insurer will pay up to the Limit of Indemnity towards the cost of transporting the Insured Person's remains to India or for the costs of a burial in the Overseas country. The Limit of Indemnity under this benefit will be a sub-limit to the Limit of Indemnity under the Medical Expenses cover.

1.2 Medical Evacuation/Transportation: If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas and if the Insured Person is transportable from medical point of view,in the opinion of the Overseas Administrator repatriated to India or the country of residence, then the Insurer will indemnify the Insured Person up to the Limit of Indemnity for:

a. the transportation of the Insured Person (and one other person if medically or officially required) from that Overseas country to India or the place of residence where necessary medical attention can be provided; the coverage for treatment will be upto the Limit of Indemnity for Medical Expenses for a maximum period of 30 days from the date of return.

b. necessary medical care required en route.

1. List of Critical Illness and their definitions

1. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:
b. Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
c. Any skin cancer other than invasive malignant melanoma
d. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
e. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
f. Chronic lymphocyctic leukaemia less than RAI stage 3
g. Microcarcinoma of the bladder

2. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae.This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

h. Transient ischemic attacks (TIA)
i. Traumatic injury of the brain
j. Vascular disease affecting only the eye or optic nerve or vestibular functions.

3. First Heart Attack - of Specified Severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

k. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

l. New characteristic electrocardiogram changes
m. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

I. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
II. Other acute Coronary Syndromes
III. Any type of angina pectoris

4. Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

I. Angioplasty and/or any other intra-arterial procedures
II. Any key-hole or laser surgery.

5. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

6. Multiple Sclerosis With Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

I. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to bemultiple sclerosis;
II. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
III. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

Neurological damage due to SLE is excluded.

7. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

I. Other stem-cell transplants
II. Where only islets of langerhans are transplanted

8. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

9. Surgery to Aorta

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft

10. Primary Pulmonary Hypertension

The diagnosis by a Physician of primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment and resulting in the Insured being unable to perform his usual occupation.

11. Parkinson's Disease

The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's disease by a consultant Neurologist.

This diagnosis must be supported by all of the following conditions:

a) The disease cannot be controlled with medication;
b) Signs of progressive impairment; and
c) Inability of the insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities ofDaily Living" for a continuous period of at least 6 months

Activities of Daily Living:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
II. Dressing: the ability to put on, take-off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
IV. Mobility: the ability to move indoors from room to room on level surfaces;
V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintaina satisfactory level of personal hygiene;
VI. Feeding: the ability to feed oneself once food has been prepared and made available.

Exclusions: Drug induced or toxic causes of Parkinsonism are excluded

12. Motor Neuron Disease with Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

Exclusions

The **Insurer** shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) any treatment, arising due to a Pre-existing condition;
b) any treatment which could in the opinion of the Overseas Administrator and attending Doctor be or have been delayed until the Insured Person's return to India;
c) any Illness and the consequences of such Illnesses:
   i) existing at the commencement of the travel Overseas;
   ii) treated in the 24 months before the commencement of the travel Overseas;
   unless the medical attention is, in the opinion of Overseas Administrator, unforeseen, and is necessary to averta clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
d) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
e) Cancer treatment, unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
f) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
g) Pregnancy or check-ups during pregnancy or termination of pregnancy or childbirth and typical complaints suffered during pregnancy and their consequences (including changes in chronic conditions) unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or that of the unborn child or to relieve acute pain and suffering of either provided that the **Insured Person** is under 38 years of age and the 30th week of the pregnancy has not been completed;
h) Any internal or external Congenital conditions;
i) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured Person travels as a fare paying passenger) or parachuting;
j) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
k) rehabilitation and physiotherapy or the costs of prostheses;
l) Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1
m) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Medical Expenses

It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) If the Insured Person suffers Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim:
   i) give the Overseas Administrator notice of a claim and expeditiously give or arrange for the Overseas Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Overseas Administrator;
   ii) obtain the Overseas Administrator's pre-authorization for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other conditions applicable to either;
   iii) if Illness or Accidental Bodily Injury requires an Insured Person's immediate Hospitalisation so as to avoid a material risk to the Insured Person's life or health, and as a result the Insured Person is unable to obtain pre-authorization provided that the Overseas Administrator is given notice of the Insured Person's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the material riskto the Insured Person's life or health has passed.

b) If the requirements of a) have been satisfied in all respects, then the Overseas Administrator shall settle the amounts payable directly with the service provider for and on behalf of the Insurer. (However, in respect of out patient Medical Expenses the Overseas Administrator shall settle the amount payable directly with the service provider for and on behalf of the Insurer only if the amount payable exceeds US $ 400. Where the amount payableis less than US $ 400, the procedure in c) shall apply.)

c) If the requirements of a) (ii) and/or a) (iii) and/or b) have not been satisfied in all respects, then a claim shall be made to the Indian Administrator within 30 days of the Insured event and:
   i) shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer or the Indian Administrator:
      (1) original bills and vouchers bearing the name of the Insured Person treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
      (2) prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of thepharmacy;
      (3) additionally for a claim under Medical Evacuation, a Doctor's certificate indicating the conditionrequiring transportation and certifying the medical necessity of the transportation;
      (4) additionally for a claim under Mortal Remains, an official death certificate and a Doctor's statement giving the cause of death;
   ii) any other information or documentation that the Insurer or the Indian Administrator may reasonably require;
   iii) if accepted, shall be payable within India in Indian Rupees at the exchange rate prevailing on the date of the insured event.

d) any document mentioned in the Claim Documentation of this policy.

e) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Overseas Administrator immediately on the Insured Person becomes aware of the same.

Dental Treatment Expenses

If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas, which requires immediate medical attention, then the Insurer will indemnify the Insured Person for the amount upto the Limit of Indemnity for Dental treatment Expenses required for a natural tooth or teeth to be taken under anesthetic taken Overseas.

Terms and Conditions

1. The limits under this section are as mentioned in the Schedule of Benefits
2. The Insurer's liability to make payment is only in excess of the Deductible.
3. The maximum liability of the Insurer towards Single Tooth will be US $ 100.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) any treatment, arising due to a Pre-existing condition;

b) any treatment which could in the opinion of the Overseas Administrator and attending Doctor be or have been delayed until the Insured Person's return to India;

c) any Illness and the consequences of such Illnesses:
   i. existing at the commencement of the travel Overseas;
   ii. treated in the 24 months before the commencement of the travel Overseas;

unless the medical attention is, in the opinion of Overseas Administrator, unforeseen, and is necessary to averta clear and material danger to the Insured Person's life or to relieve acute pain and suffering;

d) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
e) Cancer treatment, unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
f) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
g) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured Person travels as a fare paying passenger) or parachuting;
h) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
i) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Dental Treatment Expenses

It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) If the Insured Person suffers Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to the Insurer's liability that the Insured Person shall immediately:
   i) give the Overseas Administrator notice of a claim and expeditiously give or arrange for the Overseas Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Overseas Administrator;
   ii) obtain the Overseas Administrator's pre-authorization for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other conditions applicable to either;
   iii) if Illness or Accidental Bodily Injury requires an Insured Person's immediate Hospitalisation so as to avoid a material risk to the Insured Person's life or health, and as a result the Insured Person is unable to obtain pre-authorization provided that the Overseas Administrator is given notice of the Insured Person's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the material risk tothe Insured Person's life or health has passed.
b) If the requirements of a) have been satisfied in all respects, then the Overseas Administrator shall settle the amounts payable directly with the service provider for and on behalf of the Insurer.
   (However, in respect of out patient Medical Expenses the Overseas Administrator shall settle the amount payable directly with the service provider for and on behalf of the Insurer only if the amount payable exceeds US $ 400. Where the amount payable is less than US $ 400, the procedure in c) shall apply.)
c) If the requirements of a) (ii) and/or a) (iii) and/or b) have not been satisfied in all respects, then a claim shall be made to the Indian Administrator within 30 days of the insured event and:
   i) shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer or the Indian Administrator:
      (1) original bills and vouchers bearing the name of the Insured Person treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
      (2) prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of thepharmacy;
      (3) the bills/vouchers must give details of the tooth treated and the treatment performed and the date of treatment;
   ii) any other information or documentation that the Insurer or the Indian Administrator may reasonably require;
   iii) if accepted, shall be payable within India in Indian Rupees at the exchange rate prevailing on the date of the insured event.
d) any document mentioned in the Claim Documentation of this policy.
e) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Overseas Administrator immediately on the Insured Person becomes aware of the same.

Total Loss of Checked-In-Baggage

If the Insured Person's checked-in accompanying baggage is permanently lost by the carrier (land, sea or air) to whom it was entrusted, then the Insurer will pay up to the Limit of Indemnity towards the Market Value of the lost items less any recovery from any carrier by the Insured Person.

Terms and conditions:

a) In the event, more than one baggage is checked-in, the maximum amount payable per baggage will be 50%

and per article contained in the bag will be 10% of the Limit of Indemnity.

b) For the following articles – jewellery, watches, articles consisting of silver, gold or platinum, furs, articles trimmed with or made mostly of fur the combined maximum amount payable will be 10% of the Limit of Indemnity.
c) In the event of loss of a pair/set, Insurer can repair or replace any part, to restore the pair or set to its value before the loss; or pay the difference between the cash value of the property before and after the loss.
d) The Insurer liability under this cover will be limited to the travel destinations specified in the main travel ticket from India and return trip back to India during trip abroad. All halts and via destinations included in this main travel ticket will also be considered for payment under this cover.
e) The liability of the Insurer to make payment shall not arise until liability is admitted by the airline.
f) The Insurer's payment to the Insured Person will be reduced by any payment made under the cover Delayof Checked Baggage
g) The Insurer's payment to the Insured Person will be reduced by any sum for which the airline is liable to make payment.
h) The Insurer's maximum liability will not exceed the Limit of Indemnity stated in the schedule.

Exclusions
The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris howsoever connected to any of the following:

a) any electronic, electrical, visual or audio visual equipment, item or aid;
b) any kind of precious metals or articles made from any precious metals, cash, currency (Indian or foreign), precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.;
c) any tickets;
d) any loss due to complete/partial damage for the Checked-in-Baggage;
e) any partial loss of the items in the Checked-in-Baggage;
f) any item in the Checked-in-Baggage, which is valued above $ 100 without appropriate proof of ownership;
g) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities;
h) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Total Loss of Checked Baggage
It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) Give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator.
b) Additionally, the Insured Person shall obtain a Property Irregularity Report from the carrier and send it to the Indian Administrator;
c) any document mentioned in the Claim Documentation of this policy.

Delay of Checked-In Baggage
If the arrival of the Insured Person's checked-in accompanying baggage for a journey Overseas is delayed by the carrier (land, sea or air) to whom it was entrusted for more than 12 hours from the scheduled arrival time, then the Insurer will pay the amount in excess of the Deductible up to the Limit of Indemnity towards the costs of the Insured Person's purchase of replacement of essential items comprising Toiletries, Medication and Clothing, but any amount paid or payable shall be set against any amount payable under Total Loss of Checked Baggage.

Terms and conditions:

a) The Insurer's Liability under this cover will be limited to the travel destinations specified in the main travel ticket from India. All halts and via destinations included in this main travel ticket will also be considered for payment under this cover.
b) The Insurer's payment to the Insured Person will be reduced by any sum for which the airline is liable to make payment.

c) The limits under this section are as mentioned in the Schedule of Benefits
d) The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) any electronic, electrical, visual or audio visual equipment, item or aid;
b) any kind of Valuables
c) any tickets;
d) any loss due to complete/partial damage for the Checked-in-Baggage
e) any partial loss of the items in the Checked-in-Baggage
f) any item in the Checked-in-Baggage, which is valued above $ 100 without appropriate proof of ownership.
g) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.
h) any delay of Checked-in-Baggage in India.
i) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Delay of Checked Baggage

It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) Give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator.
b) the Insured Person shall obtain a Property Irregularity Report from the carrier and send it to the Indian Administrator;
c) the details of the essential items purchased and send it along with all original receipts to the Indian Administrator.
d) any document mentioned in the Claim Documentation of this policy.

Loss of Passport

If the Insured Person loses his passport Overseas, the Insurer will pay the amount up to the Limit of Indemnity towards the Insured Person's reasonable expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days upon return to India.

Terms and Conditions

1. The limits under this section are as mentioned in the Schedule of Benefits
2. The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

a) any claim not reported within 24 hours of the incident giving rise to the claim;
b) any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident and a written report is obtained from the police.
c) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.
d) any loss arising from due to passport left unattended or forgotten by the Insured Person in the public place or public transport, hotel or apartment.
e) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Loss of Passport

It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) Give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator.
b) And report the loss to the local police authorities and obtain a written report from them in relation to the lossand send it to the Indian Administrator.
c) any document mentioned in the Claim Documentation of this policy.

Loss of International Driving Licence

If the Insured Person loses his International Driving Licence Overseas, Insurer will pay the amount up to the Limit of Indemnity towards the Insured Person's reasonable expenses incurred in obtaining a duplicate or fresh International Driving Licence either overseas or within 30 days upon return to India.

Terms and Conditions

1. The limits under this section are as mentioned in the Schedule of Benefits
2. The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris howsoever connected to any of the following:

a) any claim not reported within 24 hours of the incident giving rise to the claim;
b) any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident and a written report is obtained from the police.
c) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.
d) any loss arising from due to International Driving License left unattended or forgotten by the Insured Person in the public place or public transport, hotel or apartment.
e) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Loss of International Driving License

It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) Give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator.
b) And report the loss to the local police authorities and obtain a written report from them in relation to the loss and send it to the Indian Administrator.
c) any document mentioned in the Claim Documentation of this policy.

Personal Accident – Overseas

If the Insured Person suffers Accidental Bodily Injury while Overseas during Policy Period and this is the sole and direct cause of his Death or Permanent Disability within 12 months, then the Insurer will pay the Insured Person the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer's maximum liability however should not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of Indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot or hand	100%
Complete loss of hearing of both ears & complete loss of speech	100%
Loss of hearing – both ears	60%
Loss of Speech	60%
Loss of thumb – both phalanges	25%
Loss of index finger – three phalanges or two phalanges or one phalanx	10%
Loss of sight of one eye	50%
Loss of one hand	50%
Loss of one foot	50%

For any disability not listed in the table above, then the Insurer will pay a proportion of the Sum Insured according to the degree to which the Insured Person's previously existing normal functional physical capacity has been impaired, which the Insured Person agrees shall be as determined by the Insurer's medical advisors.

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Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hopeof improvement.

Terms and Conditions

1. In the event of Accidental death of a minor below 18 years of age, the maximum liability of the Insurer will be US $ 2,000
2. The limits under this section are as mentioned in the Schedule of Benefits

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris howsoever connected to any of the following:

a) any loss resulting directly or indirectly from, any internal or external Congenital conditions;
b) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured Person travels as a fare paying passenger) or parachuting;
c) Accidental Bodily Injury due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
d) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy;
e) Any loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
f) Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury
g) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Personal Accident – Overseas

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:

a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
b) Additionally, submit to examination by a medical advisor nominated by the Insurer or the Indian Administrator as often as and to the extent that either considers to be reasonably necessary.
c) any document mentioned in the Claim Documentation of this policy.

Personal Liability

The Insurer will indemnify the Insured Person up to the Limit of Indemnity, against any legal liability he incurs to a third party in his private capacity to pay damages for Accidental Bodily Injury or Accidental property damage happening Overseas.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises outof or is howsoever connected to any of the following:

a) assumed contractually unless the liability would have existed in the absence of the contract, and only to that extent;
b) between Insured Person's or the Proposer or companion or any relations traveling with the Insured Person;
c) due to the transmission of an Illness by the Insured Person;
d) as a keeper of any animal;
e) arising out of the care, custody, control or ownership of a motor vehicle, aircraft or water craft, except forthe Insured Person's hire of non-powered craft for water sport.
f) any claim or damage resulting from professional activities involving the Insured Person.
g) any willful, malicious or unlawful act.
h) any supply of goods or services on the part of the Insured Person.
i) Insanity, the use of any alcohol /drugs (except as medically prescribed) or drug addiction.
j) any ownership or occupation of land or buildings other than the occupation of any temporary residence.

k) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Personal Liability

It is a condition precedent to the Insurer's liability that the Insured Person shall:

a) Give immediate written notice to the Insurer of any claim made against the Insured Person or any circumstances that may give rise to a claim.
b) Not incur any defense costs or expenses, admit liability for or settle or attempt to settle, make anyadmission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Insurer, which shall be entitled but not obliged at any time to take over and conduct in the name of the Insured Person the defense and/or settlement of any claim and to appoint lawyers to represent the Insured Person.
c) Provide such cooperation and assistance as the Insurer may request.
d) any document mentioned in the Claim Documentation of this policy.

Financial Emergency

If the Insured Person is the victim of robbery or theft Overseas and is consequently left without funds, the Insurer will pay the amount up to the Limit of Indemnity to replace the funds lost.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises outof or is howsoever connected to any of the following:

a) any claim not reported within 24 hours of the incident giving rise to the claim;
b) any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident and a written report is obtained from the police;
c) any loss or shortage due to currency fluctuation, errors, omission, exchange loss or depreciation in value;
d) any claim in respect of loss of travelers' cheques not immediately reported to the local branch or agent ofthe issuing authority.
e) any loss of funds not kept in the personal custody of the Insured Person.
f) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Financial Emergency

a) If the Insured Person suffers an event occurs that gives rise to or may give rise to a claim, then it is a condition precedent to the Insurer's liability that the Insured Person shall immediately give the Overseas Administrator notice of a claim and expeditiously give or arrange for the Overseas Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Overseas Administrator;
b) Additionally, report the loss to the local police authorities and obtain a written report from them in relation to the loss and send it to the Overseas Administrator.
c) any document mentioned in the Claim Documentation of this policy.

Hospital Daily Cash

If the Insurer admits a claim under the cover Medical Expenses, the Insurer will pay the Sum Insured stated in the Schedule for each completed day that medical necessity requires the Insured Person to be Hospitalised Overseas, forthe period specified in the schedule for any one period of Hospitalisation and in total in any one Policy Period per Insured Person.

Terms and Conditions

1. The Insurer will pay for each continuous and completed period of 24 hours of Hospitalisation
2. The limits under this section are as mentioned in the Schedule of Benefits
3. The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris howsoever connected to any of the following:

a) Any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Hospital Daily Cash

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:

a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
b) Additionally, submit to examination by a medical advisor nominated by the Insurer or the Indian Administrator as often as and to the extent that either considers to be reasonably necessary.
c) any document mentioned in the Claim Documentation of this policy.

Hijack Relief

If the Insured Person is the victim of Hijack of air or sea Common Carrier Overseas, Insurer will pay the Sum Insured stated in the Schedule for each completed day provided Insured Person's journey is interrupted or disrupted for more than 24 hours.

Terms and Conditions

1. The Insurer will pay for each continuous and completed period of 24 hours of Hijack
2. The limits under this section are as mentioned in the Schedule of Benefits
3. The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris howsoever connected to any of the following:

a) First twenty (24) hours of the hijacking.
b) any incident where the Insured Person is suspected to be either the Principal or an accessory in the hijacking.
c) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Hijack Relief

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:

a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
b) It is required that for any claim under hijacking, the incident should be confirmed by the police. The police report to be submitted should contain details such as the passport number of the Insured Person, period of hijacking, etc., In rare cases, the Insurer may consider the other supporting documents such as a report issued by the airlines, newspaper reports, TV and other media coverage with regard to the particular Hijacking incident.
c) any document mentioned in the Claim Documentation of this policy.

Trip Cancellation

In the event of cancellation of Trip in India prior to its commencement, the Insurer will reimburse non-refundable expenses on cancellation of the Overseas Travel Tickets, Hotel booking or Scheduled Tour Booking up to the Limit of Indemnity provided the cancellation is due to any of the following:

a) Death or diagnosis of Critical Illness of the Insured Person or following immediate family members – Spouse, Children, Parents, Brother, Sister, Grandparent, Grandchildren, Parents-in-law.
b) A booked Common carrier outside India being delayed for atleast 24 hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of public common carrier
c) Serious damage to the Insured Person's Residence in India arising from fire, flood, earthquake or riots.

Terms and Conditions

a) The limits under this section are as mentioned in the Schedule of Benefits
b) The Insurer's liability to make payment is only in excess of the Deductible.
c) The booking should be cancelled by the Insured Person within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris

howsoever connected to any of the following:

a) The reason for Trip cancellation was foreseeable for the Insured Person with high degree of probability
b) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Trip Cancellation

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:

a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
b) any document mentioned in the Claim Documentation of this policy.

Trip Curtailment

In the event of curtailment of Trip overseas, the Insurer will reimburse non-refundable expenses on cutting short the Overseas Travel Tickets, Hotel booking or Scheduled Tour Booking up to the Limit of Indemnity provided the curtailment is due to any of the following:

a) Death or diagnosis of Critical Illness of the Insured Person or following immediate family members – Spouse, Children, Parents, Brother, Sister, Grandparent, Grandchildren, Parents-in-law.
b) A booked Common carrier outside India being delayed for atleast 24 hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of public common carrier
c) Serious damage to the Insured Person's Residence in India arising from fire, flood, earthquake or riots.

Terms and Conditions

a) The limits under this section are as mentioned in the Schedule of Benefits
b) The Insurer's liability to make payment is only in excess of the Deductible.
c) The booking should be cancelled by the Insured Person within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of oris howsoever connected to any of the following:

a) The reason for Trip cancellation was foreseeable for the Insured Person with high degree of probability
b) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Trip Cancellation

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:

a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
b) any document mentioned in the Claim Documentation of this policy.

Trip Delay

In the event of Trip Delay, if the Common Carrier or any other party doesn't provide necessary meals and lodgings, free of charge, the Insurer will reimburse expenses for meals and lodgings upto the amount stated in the Schedule provided Insured Person's trip is delayed for more than 12 hours due to a Covered Hazard.

Terms and Conditions

a) Covered Hazards are
   i. delay of a Common Carrier caused by any severe weather condition which delays the scheduled arrival or departure of Common Carrier
   ii. delay due to Strike or any other action by employees of Common Carrier scheduled to be used by the Insured Person for his Trip
   iii. delay caused by any sudden, unforeseen breakdown in the Common Carrier's equipment that caused the delay of the Insured Person's Trip
   iv. delay caused by Loss of Passport and the claim is admissible under the cover " Loss of Passport"
b) The Insurer will pay for each continuous and completed period of 12 hours of Trip Delay

c) The limits under this section are as mentioned in the Schedule of Benefits
d) The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions
The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:
a) first twelve (12) hours of the trip delay.
b) any delay due to Covered Hazard which was made public or known to Insured Person before the purchase of this policy
c) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Trip Delay
It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:
a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
b) any document mentioned in the Claim Documentation of this policy.

Emergency Travel Expenses – Replacement Colleague
If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas, which results in hospitalisation of the Insured Person for more than ten (10) days or Medical Evacuation/Transportation of the Insured Person, and the Insured designates a replacement colleague to continue the Insured Person mission for the business purpose, then the Insurer will reimburse the expenses incurred for a round trip economy class air ticket or first class train ticket up to the Limit of Indemnity.

Terms and Conditions
1. The Replacement Colleague must commence his journey within 30 days from the date of hospitalisation or Medical Evacuation/Transportation of the Insured Person.
2. The Replacement Colleague must have same contractual relationship with the Insured as with the Insured Person Hospitalised or Medical Evacuation/Transportation

Exclusions
The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:
a) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Emergency Travel Expenses – Replacement Colleague
It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Insured Person shall:
a) give immediate written notice to the Indian Administrator and provide the Insurer and /or the Indian Administrator with all information and documentation that they may reasonably require in relation to the validity of the claim.
b) any document mentioned in the Claim Documentation of this policy.

Accidental Inpatient Hospitalisation - Domestic
If the Insured Person suffers Accidental Bodily Injury on the way from his residence to the International Airport in India to start his Overseas journey or back to his residence from the International Airport in India on his return from Overseas journey during Policy Period which requires immediate in-patient hospitalisation, then the Insurer will indemnify the Insured Person for the amount upto the Limit of Indemnity for medical treatment expenses incurredin a Hospital taken in India.

Terms and Conditions
a) The Insured Person must be Hospitalised as an in-patient for a continuous period of not less than 24 hours into a Hospital.
b) The Insurer will also pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. The Limit of Indemnity under this benefit is upto Rs. 1,000 and will be a sub-limit to the Limit of Indemnity under the Accidental Inpatient Hospitalisation -

Domestic cover.

c) The limits under this section are as mentioned in the Schedule of Benefits
d) The Insurer's liability to make payment is only in excess of the Deductible.
e) The coverage in respect of onward journey starts from the time and date of issuance of Certificate of Insurance and continues during the ordinary course of travel for the purpose of taking the overseas flight or from 48 hoursprior to the schedule departure of the common carrier in India for the onward journey whichever is later and forthe return journey, the coverage is valid up to 48 hours after actual arrival time of the Common Carrier in India or up to the actual arrival at the residence whichever is earlier.
f) The maximum period of the cover shall be for the actual period or a period of 48 hours each for the onward/return journey and in any case not exceeding four days in all.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) any treatment, arising due to a Pre-existing condition;
b) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
c) rehabilitation and physiotherapy or the costs of prostheses;
d) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured travels as a fare paying passenger) or parachuting;
e) Accidental Bodily Injury due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
f) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy.
g) Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury
h) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Accidental Inpatient Hospitalisation - Domestic

It is a condition precedent to the Insurer's liability that the Insured Person shall immediately:

a) If the Insured Person suffers Accidental Bodily Injury which gives rise to or may give rise to a claim:
   i) give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator;
   ii) obtain the Indian Administrator's pre-authorization for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other conditions applicable to either;
   iii) if Illness or Accidental Bodily Injury requires an Insured Person's immediate Hospitalisation so as to avoid a material risk to the Insured Person's life or health, and as a result the Insured Person is unable to obtain pre-authorization provided that the Indian Administrator is given notice of the Insured Person's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the material risk to the Insured Person's life or health has passed.
b) If the requirements of a) have been satisfied in all respects, then the Indian Administrator shall settle the amounts payable directly with the service provider for and on behalf of the Insurer.
c) If the requirements of a) (ii) and/or a) (iii) and/or b) have not been satisfied in all respects, then a claim shall be made to the Indian Administrator within 30 days of the Insured event and:
   i. shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer or the Indian Administrator:
      (1) original bills and vouchers bearing the name of the Insured Person treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
      (2) prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of thepharmacy;
      (3) additionally for a claim under Medical Evacuation, a Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation;
      (4) additionally for a claim under Mortal Remains, an official death certificate and a Doctor's statement giving the cause of death;
   ii. any other information or documentation that the Insurer or the Indian Administrator may reasonably

require;

iii. if accepted, shall be payable within India in Indian Rupees

d) any document mentioned in the Claim Documentation of this policy.

e) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Indian Administrator immediately on the Insured Person becomes aware of the same.

Personal Accident – Domestic

If the Insured suffers Accidental Bodily Injury on the way from his residence to the International Airport in India to start his Overseas journey or back to his residence from the International Airport in India on his return from Overseas journey during Policy Period and this is the sole and direct cause of his Death or Permanent Disability within 3 months, then the Insurer will pay the Insured the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer's maximum liability however should not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of Indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand.	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Loss of hearing – both ears	60%
Loss of speech	60%
Loss of thumb – both phalanges	25%
Loss of index finger –three phalanges or two phalanges or one phalanx	10%
Sight of one eye	50%
One hand	50%
One foot	50%

Terms and Conditions

1. For any disability not listed in the table above, then the Insurer will pay a proportion of the Sum Insured according to the degree to which the Insured's previously existing normal functional physical capacity has been impaired, which the Insured agrees shall be as determined by the Insurer's medical advisors.
2. In the event of Accidental death of a minor below 18 years of age, the maximum liability of the Insurer will be INR 100,000.
3. The limits under this section are as mentioned in the Schedule of Benefits
4. The Insurer's liability to make payment is only in excess of the Deductible.
5. The maximum period of the cover shall be for the actual period or a period of 48 hours each for the onward/return journey and in any case not exceeding four days in all.

Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hopeof improvement.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) any loss resulting directly or indirectly from, any internal or external Congenital conditions;

b) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured travels as a fare paying passenger) or parachuting;

c) Accidental Bodily Injury due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;

d) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy.
e) Any loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
f) Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury
g) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Personal Accident - Domestic
It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

a) give immediate written notice to the Insurer and provide the Insurer with all information and documentationthat they may reasonably require in relation to the validity of the claim.
b) Additionally, submit to examination by a medical advisor nominated by the Insurer or the Indian Administrator as often as and to the extent that either considers to be reasonably necessary.
c) any document mentioned in the Claim Documentation of this policy.

G E N E R A L E X C L US I O N S (applicable to all covers under the policy)
The Insurer shall not be liable for any claim under any Cover in Section B that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) any treatment if that is the sole reason or one of the reasons for the travel Overseas;
b) any treatment which could in the opinion of the Overseas Administrator and attending Doctor be or have been delayed until the Insured Person's return to India;
c) treatment by relatives;
d) any kind of Consequential loss;
e) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority or terrorism or terrorist acts. However, for the scope of the Hijack Relief only, terrorism exclusion shall stand excluded from the General Exclusions category.
f) Any intentional, reckless or criminal act, suicide, or attempted suicide, or the use or abuse of any drugs, alcohol and the like;
g) 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 asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products;
h) Participation in 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;
i) any loss of which a contributing cause was the Insured Person's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest;
j) HIV, AIDS and all related medical conditions.
k) Any condition after the point at which it is certified by the attending Doctor to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
l) loss sustained or contracted in consequence of Insured Person being under the influence of alcohol or drugs unless administered on the advice of a physician;
any loss sustained while the Insured is participating in contests of speed using a motorized vehicle or bicycle and/or hunting and/or skiing and/or skydiving and/or gliding and/or mounteering and/or winter sports;

G E N E R A L C O N D I T I O N S (applicable to all covers under the policy)

1. The entire scope of cover applies, if the journey undertaken for business purposes only. Minimum number travel days to be purchased is 250.
2. The minimum age of the Insured Person shall be 3 months and maximum age shall be 70 years. Age shall be computed as on the Risk Start Date.
3. The maximum number of travel days that may be insured for a single trip under the policy, shall be 365 days.
4. Extension of policy during the duration of the trip can only be done more than once, shall comply as per the

underwriting guidelines of the insurer at that time, and at the sole discretion of the Insurer. The insured shall submit

a) a declaration of good health and that the Insured Person is unaware of any health condition which could result a claim during the extension period
b) that the Insured Person has not filed any claim till date of request
c) the request for extension and applicable premium received at least 5 days prior to the original expiry date ofthe Trip Certificate.

5. The premium payable for the extension of the policy during the trip duration shall be the premium payable forthe overall trip duration (including the extension) less the initial premium already paid.
6. Deductible will be charged for each separate incident reported for claims payment, even though the claim maybe registered under the same benefit more than once.
7. This policy doesn't offer cover for professional and semi-professional sportsmen
8. **Reasonable Precautions:** The Insured shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice the Insured's claim under this policy
9. **Provision of Information:** The Insured and/or Insured Person shall provide the Insurer the details of the trip and other information (as may be required by the Insured from time to time) for the persons travelling abroad prior to the commencement of journey in the prescribed format. On the acceptance of the risk, the Insurer will issue Policy Certificate.

10. **Observance of Terms & Conditions**
It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Yourdependent.

11. **Change of Address / Contact details**
It is in the Insured person's interest to intimate us if there is any change in residential address and phone numbers.

12. **Due care**

The Insured Person / persons shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences

13. **Claim Procedure**

Claims Settlement

a) If the procedure stated is compiled with, the Indian Administrator or the Overseas Administrator, as the case may be, will guarantee to the service provider the costs of hospitalisation, transportation for emergency services, and transportation home for Insured and any covered accompanying person, transportation of the mortal remains, local burial and financial emergency assistance. All costs will be directly settled by the Indian Administrator or the Overseas Administrator on the Insurer's behalf and the same shall constitute due discharge of the Insurer's obligations hereunder.
b) If the service provider does not accept the guarantee of payment from the Indian Administrator or the Overseas Administrator, the Insurer cannot be held liable for the same. The cost will then have to be borne by the insured. The Insurer or the Indian Administrator or the Overseas Administrator on submission of required documents will then reimburse these costs.
c) Reimbursement of all claims (except claims under financial Emergency Assistance) will be made by the Indian Administrator in Indian Rupees at the exchange rate specified by the reserve bank of India, as applicable on the date the amount is billed. Claims under Financial Emergency Assistance shall be settled/arranged directly to the Insured, whilst abroad, by the Overseas Administrator.

Claim Documentation

a) Duly filled Claim form with the documents as indicated.
b) The original ticket / boarding pass or a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claims form.
c) Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.
d) Bills/vouchers/reports/discharge summary must mention the name of the person treated the type ofillness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed. /the pharmacy bills must clearly show the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/vouchers/reports must give the details of the tooth treated and the treatment performed. Treatment taken on different dates for separate ailments will be treated as

separate claims. The claims form should clearly indicate the same and supporting should be provided for each one. Deductible will apply for each claim separately.

e) For reimbursement of the costs of transporting the mortal remains to the India or of the costs of burial statement form relations or spouses will not be accepted. Original bills / receipts of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.

f) For reimbursement of expenses of Medical Evacuation/Transportation on Insured to the Republic of India, a medical statement from a qualified & registered medical practitioner indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements form relations or spouses will not be accepted. Original bills/ receipt of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.

g) reports, Original admission / discharge card, Original bills / receipts / with prescriptions and diagnostic /investigative reports, Copy of passport / visa with entry & exit stamp and copy of the ticket and boarding pass.

h) Total Loss of Checked-In Baggage -Please attach the details of individual items lost, approximate cost and purchase date, Copies of baggage tags, Copies of correspondence with airline authorities / others about loss of checked baggage, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Copy of the passport / visa with entry & exit stamp, Adequate proof of ownership of items contained within checked-in-baggage valued in excess of the Indian rupee equivalent of US $ 100 for loss/delay of checked-in-baggage will need to be submitted.

i) Delay of Checked-in Baggage -Please attach the details of items purchased during the delay period, Copies of baggage tags, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Property Irregularity Report (obtained from airline), Original bills / receipts / invoices connected to expenses incurred / purchases made during the delay period, Copy of the passport / visa with entry & exit stamp.

j) Loss of Passport -Please attach Copy of new passport, Copy of previous passport (if available), Original bills /invoices of expenses incurred for obtaining anew passport, Copy of FIR / police report.

k) Loss of International Driving License -Please attach Copy of new International Driving License, Copy of previous International Driving License (if available), Original bills / invoices of expenses incurred for obtaining a new International Driving License, Copy of FIR / police report-

l) Personal Accident - Overseas: Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.

m) Personal Liability - Please attach the Judgment of the Court

n) Financial Emergency -Please attach the Police report

o) Hijack Relief -Please attach the copy of passport / visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as the passport number of the Insured & period of hijacking, newspaper report (if available)

p) Trip Cancellation or Trip Curtailment - Please attach the details of expenses incurred, Original bills of expenses incurred due to cancellation, Copies of cancellation correspondence with airline authorities, hotel, car rental and tour operator certifying the cancellation, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any), Proof of the reason for cancellation like Death certificate etc.

q) Trip Delay - Please attach the details of items purchased during the delay period, Original bills of purchases made / expenses incurred during the period of delay, Copies of correspondence with airline authorities certifying the delay, along with details of compensation received from airlines / other authorities (if any), Copy of ticket & boarding pass, Copy of the passport / visa with entry & exit stamp..

r) Emergency travel expenses - Please attach the details of expenses incurred, Original bills of expenses incurred, Copy of ticket & boarding pass (if any), Copy of the passport / visa with entry & exit stamp (if any),Letter from the Insured designating a replacement colleague to continue the Insured Person mission for the business purpose.

s) Personal Accident - Domestic: Please attach Police report, Post Mortem Report, Death certificate, Medical report in the enclosed format, Certificate from treating Doctor for Permanent Disability.

t) Any other documents that the Insurer requires from the Insured to process the claim may be asked for. If the Indian Administrator or the Overseas Administrator or the Insurer request that bills / vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured.

Obligations of the Insured

a) All Claims must be submitted to Indian Administrator or Overseas Administrator not later than one (1)

month after the return date or (Risk End date) or the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.

b) The Insured and each of them hereby agree to and authorise the disclosure to the Insurer (or any other person nominated by the Insurer, including the Overseas Administrator or the Indian Administrator) of any and all medical records and information held by any institution or person from which the Insured and/or Insured Person and each of them has obtained any medical or other treatment or services (medical or otherwise) to the extent reasonably required by the Insurer in connection with any claim made under this preserve the confidentiality of any documentation and information that comes into its possession pursuant to above, and will only use it in connection with any claim made under this Policy or the Insurer's liability for it.

c) The Insured and/or Insured Person shall provide Indian Administrator or Overseas Administrator on demand any information that is required to determine the occurrence benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.

d) If requested to do so by Indian Administrator or Overseas Administrator, the Insured is obligated to undergo a medical examination by a physician designated by the Indian Administrator or Overseas Administrator.

e) Indian Administrator or Overseas Administrator is authorised by the Insured to take all measures thatare suitable for loss prevention and claim minimization, India.

f) The Insurer shall be released from any obligations to pay the amount against any claim if any of the aforementioned obligations are breached by the Insured.

Transfer and set-off of claims

g) If the Insured Person has any outstanding claims against third parties, such claims shall be transferred in writing to the Insurer upto the amount for which the reimbursement of costs is made by the Insurer in accordance with the terms hereunder.

h) In so far as an Insured Person receives compensation for costs he/she has incurred either fromtheir parties liable for damages or as a result of other legal circumstances, the insurer shall be entitled to set off his compensation against the insurance benefits payable, if any.

i) Claims to the insurance benefits maybe neither pledged nor transferred by the insured.

14. In the event of the Insured Person's death, the Insurer or the Insurer's representative shall have the right tocarry out a post mortem/ autopsy, at the Insurer's expense.

15. Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

16. Transfer

Transferring of interest in this Policy to anyone else is not allowed

17. Renewal of Policy

a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.

b. This policy can be renewed for a period of 12 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy.

c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy

d. The company reserves its rights to vary the premium from time to time subject to approval of the Product Management Committee of the Company.

e. This product may be withdrawn from the market after approval from the Product Management Committee of the Company. We will intimate the Insured person in writing about such withdrawal atleast 30 days prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company.

18. Cancellation of cover

This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material factsor non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. On such cancellation by us, the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation, subject to proposed journey has not commenced.

The insured person may also cancel the policy at any time before the commencement of the proposed journey may cancel this Policy by giving notice in writing to the Insurer as long as the Proposer is able to establish to the Insurer's satisfaction that the proposed journey has not commenced.

Upon cancellation, and where no claim has been reported under this policy, the Insurer shall be entitled to deduct cancellation charges, subject to retaining the higher of

i. 25% of the premium or
ii. Rs.250/-

Partial refund of premium is not allowed in this policy. However, if the journey is not undertaken and sufficient proof is provided, the Insurer shall be entitled to deduct cancellation charges, subject to retaining the Rs.250/-. Insurer will verify the original passport and ensure that the journey was not under taken before any refund of premium. This cancellation would be affected only 14 days after the Risk start date as mentioned in the schedule

19. Nomination:

The Insured person is entitled to nominate the person/ persons to whom the money secured by the Policy shallbe paid in the event of his death as per the provisions of S.39 of the Insurance Act, 1938. In case the nominee isa minor, the Policyholder can appoint a person who will receive the money secured by the policy in the eventof the Policyholder's death during the minority of the nominee.

The details of nomination will be acknowledged by the Company in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

20. Notification

a. Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Schedule.
b. Any and all notices and declarations for the attention of any or all of the insured Persons shall be in writing and shall be sent to the Policyholder's address as specified in the Schedule.

21. Arbitration

1. The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.
2. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

22. Fraud

If You and or Your dependent shall:

a. Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
b. Permit another to use his ID Card or use another's ID Card
c. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be void in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

23. Subrogation

The Policyholder:

a. Shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether

before or after indemnification;

b. Shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation;

c. Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

This clause is not applicable for benefit sections of the policy.

24. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

25. Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditionsof this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

26. Misdescription

This 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 by the insured person(s).

27. Territorial Limits

The insurance cover applies to all countries stated in the Policy Certificate, (excluding India, the Insured Person's country of citizenship and countries subject to travel and other restrictions imposed by the Government of India at any time) during the Policy Period for the travel days specified in the schedule

28. Delay in intimation of claim

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which couldhave otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

29. Disclaimer

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

30. Risk Start Date: The Insurance policy (Certificate of Insurance) will commence from the departure date from India (except Trip Cancellation, Accidental In-patient Hospitalisation - Domestic and Personal Accident - Domestic); as declared on the proposal form and printed on the Certificate of Insurance provided full premium is paid, the person to be insured is eligible to be insured and the policy is in force.

31. Risk End Date The Insurance policy (Certificate of Insurance) will terminate on the date and time of actual arrival in India (except Emergency Medical Expenses - Domestic and Personal Accident -Domestic); or the last day for which premium has been paid, whichever is earlier.

32. Payment Conditions

a) The Insurer shall make payment to the Insured and/or Insured Person but if incapacitated or deceased the Insurer shall make payment to the Insured

b) The Insured and/or Insured Person hereby acknowledge and agree that the payment of any claim by or on behalf of the Insurer shall not constitute on the part of the Insurer any guarantee or assurance as to the quality or effectiveness of any medical treatment service or other service obtained by the Insured and/or Insured Person, it being agreed and recognized by the Insured and each of them that the Insurer is not in any way responsible or liable for the availability or quality of any medical treatment or service (medical or otherwise)

rendered by any institution or service provider whether pre- authorised or not.

c) Unless payment is made by the Overseas Administrator under Medical Expenses or Dental treatment expenses any payment shall be to make payment within India and in Indian Rupees.

d) **Additionally in relation to any claim under Personal Accident except Accidental Death**:
   I. the Insurer shall not be liable to make any payment until such time as any course of medical treatment prescribed by a Doctor has been implemented and demonstrated to be ineffective;
   II. if the Insured Person was suffering from any disability prior to the date of his claim, then the by the extent of that pre-existing disability as the Insured Person agrees shall be as determined by theinsurer's medical advisors

e) **Additionally in relation to Personal Liability**:
   I. the insurer's liability shall, subject always to the Limit of Indemnity, be to the extent finally court of law;
   II. any and all costs and expenses incurred by the Insurer or the lawyers it appoints in the investigation, defense or settlement of any claim will be a first charge on the Limit of Indemnity;
   III. the insurer will only settle a claim with the Insured's consent, but if the Insured refuses a settlement liability will thereafter be limited to the amount for which the claim could have been settled.

G R I E V A N C E S

Mechanism for Grievance Redressal:-

In case of any grievance the insured person may contact the company through

Website : www.cholainsurance.com
Toll free : 1800 208 9100
E-Mail : customercare@cholams.murugappa.com
Courier : Manager , Customer Care, Chola MS General Insurance Company Limited, Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai -600001

Procedure of Grievance Redressal

- Please write to customercare@cholams.murugappa.com to register your complaint.
- In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products)
- On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details.
- In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix.

Escalation Matrix

- In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer – Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number)
- In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number)
- If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices.

Office Details	**Jurisdiction of Office**
AHMEDABAD - Shri Kuldip Singh, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.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 I 26652049 Email: bimalokpal.bengaluru@ecoi.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@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.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@ecoi.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & 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@ecoi.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

GUWAHATI- Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra 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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA- Shri P.K. Rath Office of the lnsurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava 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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

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MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 I 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, ShamIi, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA- Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com; website: www.cholainsurance.com
IRDA Regn. No.123**; PAN** AABCC6633K **CIN** U66030TN2001PLC047977

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