



Group Domestic Traveller Insurance Policy

Policy wordings

I. Preamble:

WHEREAS the Insured designated in the Policy Schedule having by a proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein, has applied to Bharti AXA General Insurance Company Limited (hereinafter called “the Company”) for the insurance hereinafter set forth and paid appropriate premium for the period as specified in the Schedule.

Operative Clause:

Now this Policy witnesseth that subject to the definitions, terms, conditions and exclusions contained, endorsed or otherwise expressed herein, the Company shall compensate, indemnify, pay and/or reimburse the Insured/Insured Person or his/her nominee or legal representatives, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

II. Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

“**Accident**” means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

“**Air Travel**” means travel by an airline/aircraft for the purpose of flying therein as a Fare Paying passenger.

“**Alternative Treatments**” means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

“**Appliances**” shall mean and include electrical, mechanical and electronic appliances such as refrigerator, television, , washing machine, microwave oven, Audio and Video system, personal computer, laptops and air-conditioner contained or fixed in the Insured's home for domestic use.

“**Adventure Sports**” skydiving/parachuting, parasailing, hang gliding, paragliding, ballooning bungee jumping, scuba diving, mountaineering or rock climbing (where ropes or guides are customarily used), Speed contest or racing of any kind, caving or pot-holing, absoiling, hunting or equestrian activities, deep sea diving, skin diving or other underwater activity, polo, snow and ice sports, rafting or canoeing involving white water rapids, yachting or boating, , Base Jumping, Ski Jumping, Trekking, Adventure racing on land and water, Snorkeling, Kayaking, Surfing, any bodily contact sport or any other hazardous

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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or potentially dangerous sport

“Aggregate Limit” - Company’s maximum liability per event under the Accidental Death and Dismemberment or Permanent Total/Partial Disability benefits of this Policy in respect of all claims by or on behalf of all Insured Persons, If at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded.

“Baggage” shall mean articles and / or personal effects of the Insured (other than property of the Business) in packing or in containers suitable and standard to the mode of Travel that is accompanied by the Insured or whilst such Baggage is lodged either in a locked private room of a hotel or guest house or any other accommodation occupied by the Insured during the Insured's stay at that location or in a public locker facility availed by the Insured during the course of or at any intermediate stage of the Travel.

“Injury” means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

“Burglary” means an act involving the unauthorized or forcible entry to or exit from the Insured's home in India or any attempt threat, with intent to commit crime.

“Cashless facility” means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

“Checked-in Baggage” means baggage handed over by the Insured/Insured Person and accepted by a common carrier for transportation in the same carrier in which the Insured/Insured Person is or would be travelling and for which the common carrier has issued a baggage receipt to the Insured/Insured Person.

“Company / Insurer” means Bharti AXA General Insurance Company Limited.

“Common Carrier” - means any civilian land, rail or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

“Condition Precedent” means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

“Congenital Anomaly” means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a. “Internal Congenital Anomaly” refers to the Congenital anomaly which is not in the visible and accessible parts of the body;
- b. “External Congenital Anomaly” refers to the Congenital anomaly which is in the visible and accessible parts of the body.

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“Contents” mean and include electrical and electronic equipment, household appliances, furniture, fixture, fittings, linen, clothing, interior decorations, kitchen items, cutlery /crockery contained in the Insured's home belonging to the Insured or his/her family members permanently residing with the Insured including items for which the Insured is responsible, and used for domestic use. However, this does not include deeds, bonds, bills of exchange, promissory notes, cheques, traveller's cheques, and securities for money, documents of any kind, cash, and currency notes.

“Corporate” means any organization, firm, society or body corporate on whose name the Policy is issued.

“Deductible” means a cost sharing requirement under this policy, that provides that the insurer will not be liable for a specified rupee amount for the specified sections and number of days or number of hours for Daily Allowance in case of hospitalization section, as specified in the policy schedule and which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured and is applicable per event, upto the specified limits mentioned.

“Dependent Child” refers to a child (natural or legally adopted), below the age of 23 years, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

“Disclosure to information norm” means the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

“Disease” means an alteration in the state of the body or of some of its organs interrupting or disrupting the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

“Emergency Assistance Service Provider” means Third Party Administrator or any organization or institution appointed by the Company for providing services to the Insured/Insured Person for an insurable event.

“Emergency Care” means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

“Family” means the Insured, his/her lawful spouse and maximum of any two dependent children up to the age of 23 years.

“Felonious Assault” means an act of violence against the Insured/Insured Person or a travelling companion requiring medical treatment.

“Financial Emergency” means a situation wherein the Insured/Insured Person loses all or a substantial amount of his/her travel funds due to theft, robbery, mugging or dacoity, which has detrimental effects on his/her travel plans.

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“Foreign Enemy” means any group of individuals, entity or country, who intends to cause injury, or commissions an act dangerous to human life or property in the location where the Insured/Insured Person is travelling to, by the use of hostile force or violence.

“Hijack” means any unlawful seizure or exercise of control, by force or violence or threat of force or violence and with wrongful intent, of the common carrier in which the Insured/Insured Person is travelling.

“Hospital” means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under;

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the Insurance company’s authorized personnel.

“Hospitalisation” means admission in a Hospital for a minimum period of 24 consecutive “In-patient Care” hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

“Housebreaking” means an act involving physical break-in and unauthorized and forcible entry into Insured Person's home in India, or any threat, with intent to commit crime.

“Illness” means sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a) “Acute condition” - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b) “Chronic condition” - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
- it needs ongoing or long-term control or relief of symptoms;
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
- it continues indefinitely;

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- it recurs or is likely to recur.

“Immediate family member” shall mean any member of the Insured Person's immediate family i.e the Insured Person's spouse, child, parent or sibling.

“Inclement Weather” means any severe catastrophic weather conditions which delay the scheduled arrival or departure of a common carrier but not including normal, seasonal/climatic weather changes.

“Injury” means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

“Inpatient care” means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

“Insured” means the individual who has a permanent place of residence in India and on whose name the Policy is issued. It includes foreign travelers having traveller visa.

“Insured Person” means the person named in the Policy Schedule, who has a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

“Insurable Event” means an event, loss or damage for which the Insured/Insured Person is entitled to benefit/s under the Policy.

“Loss” means loss or damage.

“Land/Sea Arrangements” - means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered Trips on the Proposal / Enrollment and Declaration Form and arranged by a tour operator, travel agent, or other organization.

“Life threatening condition / situation” refers to a medical condition suffered by the Insured which has the following characteristics:

- i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate).
- ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas).
- iii. Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology.
- iv. Critical care being provided in critical care area such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department.

“Man days” is a 24 hours period starting from midnight for an individual whilst travelling within the

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territorial boundaries of India.

“Maternity expenses” means—

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the policy period.

“Medical Advice” means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescriptions.

“Emergency Medical expenses” means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

“Medical Practitioner” means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

“Medically Necessary Treatment” means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which,

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

“Multi trip” means two or more trips to destinations of Republic of India during the Policy period.

“Network Provider” means hospitals or health care providers enlisted by an insurer, or by a TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

“Non- Network Provider” means any hospital, day care centre or other provider that is not part of the network.

“Notification of Claim” means the process of intimating a claim to the insurer or TPA through any of the

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recognized modes of communication.

“Natural Teeth” - means natural teeth that is unaltered or is fully restored to their normal function and is Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

“OPD treatment” means is the one in which the Insured visits a clinic / hospital or associated facility like consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The insured is not admitted as a day care or in-patient. **“Period of Insurance”** in respect of Single Trip Policy means the period from the commencement of the insurance cover to the end of the insurance cover as specified in the Policy Schedule.

“Period of Insurance” in respect of the Multi Trip/ Annual policy shall mean the period from Commencement of Insurance cover to the end of the insurance cover or full utilization of the maximum number of travel days per trip as mentioned in Policy Schedule, or expiry of the Policy or cancellation of the insurance, whichever is earlier whichever is earlier.

“Physician” - means a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Medical Council of India. The term Physician would include specialist and surgeon. Family members are excluded from the Definition of Physician.

“Policy” means proposal, the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period..

“Policy Schedule” means the document giving mentioning the name of the Insured / Insured persons, Policy Period, scope of cover, limits to which benefits are subject to and other relevant terms and conditions

“Permanent Partial Disablement” means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the insured/insured person and which falls into one of the categories listed in the Table of benefits.

“Permanent Total Disablement” means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the insured from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

“Pre-existing Disability” means an existing disability and consequence of such disability existing or known to exist at the commencement of the policy period.

“Pre-existing Disease” - means any condition, ailment or injury or related condition(s) for which the Insured / Insured Person had signs or symptoms, and /or were diagnosed, and /or received medical advice/ treatment, within 48 months prior to the this policy

“Professional Sportsperson” means those sports persons who are in to full time sports and maintain

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their livelihood through earnings from their involvement in sports.

“Qualified Nurse” means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

“Reasonable and Customary Charges” means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

“Reasonable Additional Expenses” means any expenses for meals and lodging necessarily incurred by the Insured/Insured Person as a result of a trip delay but does not include meals and lodging provided by the common carrier or any other party free of charge.

“Renewal” means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose gaining credit for pre-existing diseases, time-bound exclusions and for of all waiting periods.

“Return Destination” means the place to which the Insured/Insured Person is scheduled to return from his/her trip.

“Scheduled Airline” means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft’s registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

“Schedule Railways” means any Railways operated by Indian Railways, which in accordance there with operates, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular journey operated by such carrier.

“Schedule Roadways” means a roadways carrier which is operated between named cities under a valid license issued by the appropriate Indian governmental authority for the transportation of passengers within India for a fee, and which maintains and publishes regular tariffs for regular passenger services which it operates between named cities at regular and specified times

“Semiprofessional sports person” shall mean those sports persons who participate in sports on frequent basis (at least once in a month) while being separately employed elsewhere or self-employed and whose primary source of income is not from sports.

“Strike” means stoppage of work (a) announced, organized and sanctioned by a labour union and (b) which interferes with the normal departure and arrival of a common carrier inclusive of work slowdowns, lockouts and sickouts.

“Subrogation” means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

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“Sum Insured” means the maximum amount of coverage, as specified in the Policy Schedule, that the Insured/Insured Person is entitled to in respect of each benefit and as applicable under the Policy.

“Surgery or Surgical Procedure” means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

“Terrorism/Terrorist Incident” means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

“Travel Agent” means the Travel Agent, tour operator or other entity from which the Insured purchases his/her insurance Policy or travel arrangements, and includes all officers, employees and affiliates of the Travel Agent, tour operator or other entity.

“Travelling Companion” means an individual or individuals travelling with the Insured/Insured Person, provided that, the Insured and such individual(s) are travelling to the same destination and on the same date and such individual(s) is/are also insured under this Policy. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a Travel Agent or a tour operator shall not be considered as Travelling Companion, unless the individual(s) is/are part of the family of the Insured/Insured Person.

“Territory”: This Policy applies to incidents anywhere in India while travelling.

“Trip” means a journey out of usual place of residence in India and back, the details of which are specified in the Policy Schedule.

- Includes Business and Leisure trips both unless specified otherwise
- Coverage for a Trip involving travel by <<Air/Rail/Road>> will be as specified in the policy schedule
- which commences when the passenger boards the Common Carrier, including Private Vehicle for onward journey and terminates when he disembarks on return to Your usual Town of residence or the contracted date whichever earlier
- The insured journey also includes and covers Sojourn and/or Personal Deviation.

“Unproven/ Experimental treatment” means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

“Unattended” A Vehicle, premises or personal belongings are unattended if there is no one able to observe or to prevent interference with it.

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“Valuables” mean photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, perfumes, jewellery, furs and articles made of precious stones and metals.

“War” means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

III. Scope of Cover:

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, to compensate, indemnify, pay and/or reimburse in manner provided in this policy, benefits to the insured for loss or damage described hereunder as per the coverage and up to the limit of Sum Insured specified in the Policy Schedule.

Section- I: Emergency Medical Expenses

If the Insured/Insured Person contracts any disease/illness sustains any injury due to an Accident during the Policy period requiring life-saving unforeseen emergency measures for such injury and requires treatment as an In-Patient at a Hospital, provided such injury or illness is not due to a pre-existing condition, the Company will pay or reimburse the following medical expenses incurred for Hospitalisation to the Insured/Insured Person. The treatment for these emergency measures would be paid till the Insured/Insured Person becomes medically stable, as ascertained by the Medical Practitioner of the Emergency Assistance Service Provider. All further medical costs to maintain medically stable state would have to be borne by the Insured/Insured Person;

1. In-patient treatment in a local hospital at the place where the Insured is staying at the time of the event;
2. X-ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all injury provided these pertain to the /injury due to which hospitalization was deemed necessary
3. Out-patient treatment in case of an emergency due to accidental only.
4. Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Medical Practitioner;
5. X-ray, diagnostic tests and all reasonable costs towards diagnostic methods and treatment of all injury provided these pertain to the /injury due to which hospitalization was deemed necessary;

Section II – Repatriation of Mortal Remains:

In the event of accidental death of the Insured/ Insured Person due to an accident, the Company shall pay or reimburse the costs of transporting the mortal remains of the deceased Insured/Insured Person back to his/her usual place of residence within India or the cost of local burial or cremation anywhere in INDIA where the accidental death occurred.

The deductible in respect of this benefit will be applicable for each and every claim separately and shall be of an amount as specified in the Policy Schedule.

Special Exclusions: (Applicable to Section I to II)

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

1. Any pre-existing condition and /or any complications arising from it,
2. Treatment which could be reasonably delayed until Insured/Insured Person's return to his /her place of permanent residence. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Medical Practitioner and the Company and shall be in accordance with accepted standards of medical care.
3. Charges in excess of reasonable and customary charges incurred for emergency treatment on account of an insured event.
4. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or plastic surgery in any form or manner unless medically required as part of treatment for accidents and burns).
5. Expenses incurred in connection with rest or recuperation at a spa, health resort, sanatorium, convalescence home, rehabilitation measures, private duty nursing, respite care, domiciliary care, long- term nursing care, custodial care and treatment related alcoholism and drug dependency
6. Any cost relating to the insured person's pregnancy, childbirth or the consequences of either completed.
7. Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc. However, expenses towards physiotherapy related to disease/ illness/ injury requiring outpatient/ inpatient care.
8. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
9. Any cost in any way related to psychiatric or mental disorders.
10. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Section- III: Personal Accident (Death+PTD+PPD)

The Company shall compensate the Insured/Insured Person or his/her nominee or legal representatives, as the case may be, for accidental bodily injury (whilst on a trip covered by this Policy) solely and directly caused by accidental, violent, external and visible means resulting in accidental death or Permanent Total Disablement or Permanent Partial Disablement within twelve (12) calendar months of occurrence of such injury.

In case of the unfortunate accidental death of the Insured/Insured Person, the compensation shall be paid to the nominee or legal representatives. The Sum Insured shall be the maximum liability of the Company under this benefit.

Subject to the above; the Company shall pay to the Insured/Insured Person, his/her nominee or legal representatives, as the case may be, the sum or the sums as set forth in the Table of Benefits below:

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Table of Benefits	Percentage of Sum Insured payable as compensation
1. Accident Death	100%
2. PTD – Total and irrecoverable loss of	
i) Sight of both eyes or of the actual loss by physical separation of two entire hands or two entire feet or one entire hand and one entire foot or of such loss of sight of one eye and such loss of one entire hand or one entire foot.	100%
ii) Use of two hands or of two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot.	100%
iii) Total Paralysis	100%
iv) Loss of all fingers and both thumbs OR loss of arm – at shoulder; between shoulder and elbow; at and below elbow OR loss of leg – at hip; between knee and hip; below knee	100%
For the purpose of items 2 i) and 2 ii) above, physical separation of one entire hand shall mean separation at or above wrist and/or of the foot at or above ankle respectively.	
3. Permanent total and absolute disablement disabling the Insured/Insured Person from engaging in any employment or occupation of any description whatsoever which he or she was capable of doing earlier	100%
4. PPD - Total and irrecoverable loss of various parts as given below:	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of hearing - both ears	75%
Loss of hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger - one phalanx	3%
Loss of metacarpals – first or second (additional) or third, fourth or fifth (additional)	3%
Any other permanent partial disablement	Percentage as assessed by an Independent Physician and / or doctor
<ul style="list-style-type: none"> • The disablement occurs within one year of accident • The disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since occurrence of the disablement 	

Notwithstanding anything contained in the Policy, the Company shall not be liable for compensation under more than one of the points (1) to (4) in the Table of Benefits hereinabove, in the same period of disablement of the Insured/Insured Person.

Special Exclusions:

The Company shall not be liable to make any payment under this benefit in respect of the following:

1. Any existing physical disability.
2. “Accidents due to mental disorders or disturbances of consciousness which may be due to sleep disorders, hypnosis, tolerance and / or withdrawal symptoms due to intake of psychoactive drugs, stimulants, sedatives, narcotics, hallucinogens.
3. Damage to health caused by curative measures, radiation, Infection, poisoning except where these arise from an accident.
4. Any payment under this benefit whereby the Company's liability would exceed the sum payable in the event of accidental death.
5. Any other claim after a claim for accidental death has been admitted by the Company and becomes payable.
6. Any claim which arises out of an accident connected with the operation of an aircraft (Including Cabin Crew) or which occurs during parachuting except when the Insured/Insured Person is flying as a Fare Paying passenger in a multi-engine, scheduled commercial aircraft or Air Charter company.
7. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person from;
 - a. intentional self-injury, suicide, or attempted suicide.

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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- b. whilst under the influence of intoxication, liquor or drugs.
 - c. arising or resulting from the insured/insured person committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
 - d. whilst engaging in speed contest or racing of any kind, hunting, bungee jumping, parasailing, ballooning, skydiving, paragliding, hand gliding, mountaineering or rock climbing, potholing, abseiling, deep sea diving, polo, snow and ice sports, etc. unless specifically covered and duly mentioned in the Policy Schedule.
8. Any consequential loss or damage cost or expense of whatsoever nature.
9. Accidental Death or disablement resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by childbirth, maternity or pregnancy or in consequence thereof, venereal disease or infirmity.
10. Payment of compensation in respect of accidental death, injury or disablement of the Insured/Insured Person, due to or arising out of or directly or indirectly connected with or traceable to act of terrorism or terrorist activities.
11. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Special Conditions:

- 1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage as stated in the "Table of Benefits" will be considered for payment.
- 2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but the amount payable shall not exceed 100% of the Sum Insured as specified in the Policy Schedule.
- 3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be the degree to which the normal physical or mental capabilities are impaired, solely from a medical point of view, as ascertained by a Medical Practitioner or a panel of doctor of the company or Emergency Assistance Service Provider.
- 4. In the event of permanent disablement, the Insured/Insured Person will be under obligation:
 - a. To have himself/herself examined by the Medical Practitioners appointed by the Company/Emergency Assistance Service Provider and the Company will pay the costs thereof
 - b. To authorize Medical Practitioner providing treatment or giving expert opinion and any other authority to supply the Company any information that may be required on the condition of the Insured/Insured Person.

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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5. If the above obligations are not met with due to whatsoever reason, the Company shall be relieved of its liability to compensate under this benefit.
6. The benefit applicable under this Section shall be in addition to the benefits applicable under Section V - Accidental Death and Permanent Total Disability- Common carrier.

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):

In addition to the exclusions that are applicable for the specific sections of the Policy as mentioned above in this Policy, the following exclusions apply to benefits under all Sections of the Policy.

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payment in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance.
2. Any Pre-existing Condition and / or any complication arising from it
 - a) This policy is not designed to provide an indemnity with respect to medical services, the need for which arises out of a pre-existing condition as defined below in General Exclusion 2(b) in normal course of treatment. However in any of the threatening situation this exclusion shall not be applied and also that the cover will up to the limit shown under Life threatening condition / situation as defined in this policy
 - b) Any condition, ailment or injury or related condition(s) for which insured/insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, prior to your first policy with us.
3. Treatment if that is the sole reason or one of the reasons for the Insured/Insured Person's temporary stay.
4. Any claim if the Insured/Insured Person: –
 - a. is travelling against the advice of a Medical Practitioner;
 - b. is receiving, or is on a waiting list to receive, specified medical treatment declared in the Medical Practitioner's report or certificate;
 - c. has received terminal prognosis for a medical condition;
 - d. is taking part in a naval, military or air force operation.
5. Deductibles as specified in the Policy Schedule.
6. Any claim arising out of mental disorder, anxiety, depression, venereal disease or any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and/or any mutant derivative or variations thereof howsoever caused.
7. Diseases, illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
8. Congenital external diseases, defects or anomalies.
9. Any claim resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from:

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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- a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
- b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, Adventure Sports unless declared beforehand and necessary additional premium paid.

11. No claim will be paid which arises from the insured Person engaging in Travel unless he or she travels as a passenger on a carrier properly licensed to carry passengers. For the purpose of this exclusion, Traveller means being in or on, or boarding a carrier for the purpose of travelling therein or alighting there from.

12. Any claim arising out of diseases, illnesses or accidents that the Insured/Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). However, treatment of mental and nervous disorders, including alcohol and drug dependency, will be covered subject to the limits specified in the Policy Schedule, if specifically agreed for and mentioned in the Policy Schedule. The payment for such medical expenses shall be limited to inpatient hospitalization in a Hospital/Nursing Home for a period more than 24 hours

13. Medical Expenses in respect of Experimental, investigational or unproven treatments or treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment

14. Naturopathy treatment

15. No claims will be paid for losses arising directly or indirectly from hazardous occupation, or if engaging in any criminal or illegal act.

16. Any claim arising out of any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. However, this exclusion does not apply to Section XX - Hijack Distress Allowance.

LIST OF EXCLUDED EXPENSES IN HOSPITALIZATION:

Notwithstanding anything contained in the Policy, the Company shall not be liable to pay the expenses incurred under “excluded” or “non-medical” expenses as mentioned in the table below;

SNO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy	SUGGESTIONS
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Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, “HOSTO CENTER” 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com



TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	Hair removal cream	Not Payable
2	Baby charges (unless specified/indicated)	Not Payable
3	Baby food	Not Payable
4	Baby utilities charges	Not Payable
5	Baby set	Not Payable
6	Baby bottles	Not Payable
7	Brush	Not Payable
8	Cosy towel	Not Payable
9	Hand wash	Not Payable
10	Moisuriser paste brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe cover	Not Payable
14	Beauty services	Not Payable
15	Belts/ braces	Payable in respect of surgery related to thoracic or lumbar spine
16	Buds	Not Payable
17	Barber charges	Not Payable
18	Caps	Not Payable
19	Cold pack/hot pack	Not Payable
20	Carry bags	Not Payable
21	Cradle charges	Not Payable
22	Comb	Not Payable
23	Disposables razors charges (for site preparations)	Payable
24	Eau-de-cologne / room fresheners	Not Payable
25	Eye pad	Not Payable
26	Eye shield	Not Payable
27	Email / internet charges	Not Payable
28	Food charges (other than patient's diet provided by hospital)	Not Payable
29	Foot cover	Not Payable
30	Gown	Not Payable
31	Leggings	Payable in respect of bariatric and varicose vein surgery
32	Laundry charges	Not Payable
33	Mineral water	Not Payable
34	Oil charges	Not Payable
35	Sanitary pad	Not Payable
36	Slippers	Not Payable
37	Telephone charges	Not Payable
38	Tissue paper	Not Payable
39	Tooth paste	Not Payable

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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40	Tooth brush	Not Payable
41	Guest services	Not Payable
42	Bed pan	Not Payable
43	Bed under pad charges	Not Payable
44	Camera cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe bandage	Not Payable
47	Curapore	Not Payable
48	Diaper of any type	Not Payable
49	DVD, CD charges	Not Payable (However if CD is specifically sought by Insurer/TPA/Emergency Assistance Service Provider then payable)
50	Eyelet collar	Not Payable
51	Face mask	Not Payable
52	Flexi mask	Not Payable
53	Gause soft	Not Payable
54	Gauze	Not Payable
55	Hand holder	Not Payable

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56	Hansaplast /adhesive bandages	Not Payable
57	Infant food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures is payable
59	Weight control programs/ supplies/ services	Excluded
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
60	Cost of spectacles/ contact lenses/ hearing aids etc.	Excluded
61	Dental treatment expenses that do not require hospitalization	Excluded
62	Hormone replacement therapy	Excluded
63	Home visit charges	Excluded
64	Infertility/ sub fertility/ assisted conception procedure	Excluded
65	Obesity (including morbid obesity) treatment if excluded in policy	Excluded
66	Psychiatric & psychosomatic disorders	Excluded
67	Corrective surgery for refractive error	Excluded
68	Treatment of sexually transmitted diseases	Excluded
69	Donor screening charges	Excluded
70	Admission/registration charges	Excluded
71	Hospitalization for evaluation/ diagnostic purpose	Excluded
72	Expenses for investigation/ treatment irrelevant to the disease for which admitted or diagnosed	Not Payable - Excluded
73	Any expenses when the patient is diagnosed with retro virus + or suffering from HIV/ AIDS etc is detected/ directly or indirectly	Not payable
74	Stem cell implantation/ surgery and storage	Not Payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	Ward and theatre booking charges	Payable under OT Charges, not payable separately
76	Arthroscopy & endoscopy instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	Microscope cover	Payable under OT Charges, Not payable as separate head
78	Surgical blades, harmonic scalpel, shaver	Payable under OT Charges, Not payable as separate head
79	Surgical drill	Payable under OT Charges, Not payable as separate head
80	Eye kit	Payable under OT Charges, Not payable as separate head
81	Eye drape	Payable under OT Charges, Not payable as separate head
82	X-ray film	Payable under Radiology Charges, Not payable as separate head

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UIN: BHATGDP18009V011718

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83	Sputum cup	Payable under Investigation Charges, Not payable as separate head
84	Boyles apparatus charges	Payable under OT Charges, Not payable as separate head
85	Blood grouping and cross matching of donors samples	Payable under Cost of Blood Charges, Not payable as separate head
86	Antiseptic or disinfectant lotions	Payable under Dressing Charges, Not payable as separate head
87	Band aids, bandages, sterile injections, needles, syringes	Payable under Dressing Charges, Not payable as separate head
88	Cotton	Payable under Dressing Charges, Not payable as separate head
89	Cotton bandage	Payable under Dressing Charges, Not payable as separate head
90	Micropore/ surgical tape	Payable under Dressing Charges, Not payable as separate head
91	Blade	Not Payable
92	Apron	Payable under OT/ ICU Charges, Not payable as separate head
93	Torniquet	Not Payable
94	Orthobundle, gynaec bundle	Payable under Dressing Charges, Not payable as separate head
95	Urine container	Not Payable
ELEMENTS OF ROOM CHARGE		
96	Luxury tax	Actual tax levied by government is payable Part of room charge for sub limits
97	HVAC	Payable under Room Charges, Not payable as separate head
98	Housekeeping charges	Payable under Room Charges, Not payable as separate head
99	Service charges where nursing charge also charged	Payable under Room Charges, Not payable as separate head
100	Television & air conditioner charges	Payable under Room Charges, Not payable as separate head
101	Surcharges	Payable under Room Charges, Not payable as separate head
102	Attendant charges	Payable under Room Charges, Not payable as separate head
103	IM IV injection charges	Payable under Nursing Charges, Not payable as separate head
104	Clean sheet	Payable under Laundry/Housekeeping Charges, Not payable as separate head
105	Extra diet of patient(other than that which forms part of bed charge)	Payable

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106	Blanket/warmer blanket	Payable under Room Charges, Not payable as separate head
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	Admission kit	Not Payable
108	Birth certificate	Not Payable
109	Blood reservation charges and ante natal booking charges	Not Payable
110	Certificate charges	Not Payable
111	Courier charges	Not Payable
112	Convenience charges	Not Payable
113	Diabetic chart charges	Not Payable
114	Documentation charges / administrative expenses	Not Payable
115	Discharge procedure charges	Not Payable
116	Daily chart charges	Not Payable
117	Entrance pass / visitors pass charges	Not Payable
118	Expenses related to prescription on discharge	To be claimed by patient under Post Hosp where admissible
119	File opening charges	Not Payable
120	Incidental expenses / misc. Charges (not explained)	Not Payable
121	Medical certificate	Not Payable
122	Maintenance charges	Not Payable
123	Medical records	Not Payable
124	Preparation charges	Not Payable
125	Photocopies charges	Not Payable
126	Patient identification band / name tag	Not Payable
127	Washing charges	Not Payable
128	Medicine box	Not Payable
129	Mortuary charges	Payable upto 24 hrs, shifting charges not payable
130	Medico legal case charges (MLC charges)	Not Payable
EXTERNAL DURABLE DEVICES		
131	Walking aids charges	Not Payable
132	BIPAP machine	Not Payable
133	Commode	Not Payable
134	CPAP / CAPD equipments	Device not payable
135	Infusion pump – cost	Device not payable
136	Oxygen cylinder (for usage outside the hospital)	Not Payable
137	Pulseoxymeter charges	Device not payable
138	Spacer	Not Payable
139	Spirometre	Device not payable
140	Sp O2 probe	Not Payable
141	Nebulizer kit	Not Payable
142	Steam inhaler	Not Payable

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UIN: BHATGDP18009V011718

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143	Armsling	Not Payable
144	Thermometer	Not Payable (paid by patient)
145	Cervical collar	Not Payable
146	Splint	Not Payable
147	Diabetic foot wear	Not Payable
148	Knee braces (long/ short/ hinged)	Not Payable
149	Knee immobilizer/shoulder immobilizer	Not Payable
150	Lumbosacral belt	Payable in respect of surgery related to lumbar spine
151	Nimbus bed or water or air bed charges	Payable in respect of patients requiring more than 3 days in ICU and patients with paraplegia / quadriplegia for any reason and subject to limit of approximately USD 5/ day
152	Ambulance collar	Not Payable
153	Ambulance equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal binder	Payable in respect of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	Betadine\ hydrogen peroxide\ spirit\disinfectants etc	Payable if prescribed by Medical Practitioner
157	Private nurses charges- special nursing charges	Not Payable
158	Nutrition planning charges - dietician charges diet charges	Payable
159	Sugar free tablets	Payable
160	Creams, Powders, Lotions (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable if prescribed by Medical Practitioner
161	Digestion gels	Payable if prescribed by Medical Practitioner
162	ECG electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	Gloves	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV kit	Payable - payable Pre operative screening
165	Listerine/ antiseptic mouthwash	Payable if prescribed by Medical Practitioner
166	Lozenges	Payable if prescribed by Medical Practitioner
167	Mouth paint	Payable if prescribed by Medical Practitioner
168	Nebulisation kit	Payable
169	Novarapid	Payable if prescribed by Medical Practitioner
170	Volini gel/ analgesic gel	Payable if prescribed by Medical Practitioner
171	Zytee gel	Payable if prescribed by Medical Practitioner

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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172	Vaccination charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Payable under Hospital's internal Charges, Not payable as separate head
174	Alcohol swabs	Payable under Hospital's internal Charges, Not payable as separate head
175	Scrub solution/sterillium	Payable under Hospital's internal Charges, Not payable as separate head
OTHERS		
176	Vaccine charges for baby	Not Payable
177	Aesthetic treatment / surgery	Not Payable
178	TPA charges	Not Payable
179	Visco belt charges	Not Payable
180	Any kit with no details mentioned [delivery kit, orthokit, recovery kit, etc]	Not Payable
181	Examination gloves	Not Payable
182	Kidney tray	Not Payable
183	Mask	Not Payable
184	Ounce glass	Not Payable
185	Outstation consultant's/ surgeon's fees	Not payable, except for telemedicine consultations where covered by policy
186	Oxygen mask	Not Payable
187	Paper gloves	Not Payable
188	Pelvic traction belt	Payable in respect of PIVD
189	Referral doctor's fees	Not Payable
190	Accu check (glucometry / strips)	Device not payable
191	Pan can	Not Payable
192	Sofnet	Not Payable
193	Trolley cover	Not Payable
194	Urometer, urine jug	Not Payable
195	Ambulance	Payable
196	Tegaderm / vasofix safety	Payable subject to limit of 3 in 48 hrs and then 1 in 24 hrs
197	Urine bag	Payable subject to limit of 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Payable in respect of CABG

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. Policies covering single trips can be issued upto single trip not exceeding 365 days.
2. Of the covers indicated in this policy wording coverage available to the insured will be indicated in the Certificate of Insurance along with Sum Insured and Deductibles
3. Policies covering annual multi trips can be issued for annual period of one year covering multiple single trips within the annual period of insurance with each and every single trip not exceeding a specified number of days as mentioned in the Policy Schedule.
4. The Policy start date shall be on or before the trip start date.
5. Extension of the Period of Insurance of the Policy during the duration of the trip can be done only at the sole discretion of the Company depending upon the risk factors.
6. If the Insured/Insured Person does not declare the full current facts or declare wrong facts while requesting for extension of the Policy, any extension of such a Policy if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy.
7. Termination of the Policy at a date earlier than the end date can be done only if the Insured/ Insured Person returns back to his/her usual place of residence in India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to his/her usual place of residence in India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance. No refunds will be given on policies with claims.
8. The premium payable for the extension of the Policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
9. Policy is applicable for one-way travel also, with a condition for maximum duration of coverage limited to specified number of days as mentioned in the Policy Schedule.

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Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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10. The Insured/ Insured Person shall provide the Company with the details of the trip and other information as may be required by the Company from time to time.
11. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
12. Claim Procedure – The procedure to be followed by the Insured/ Insured person in case of any event that may give rise to a claim under this Policy, the claim documentation required to be submitted by the Insured/ Insured Person at the time lodging claims as well as the claim settlement process are enumerated in the enclosed Claim Procedure attached to this Policy. Any failure on the part of the Insured/ Insured Person in complying with the procedure or submission of required documents in support of his/her claim may prejudice the claim of the Insured/ Insured Person.
13. Obligations of the Insured/ Insured Person:
 - a) Insured/ Insured Person shall provide to the Company or the Emergency Assistance Service Provider appointed by the Company, on demand any information that is required to determine the occurrence of the insurable event or the Company's liability to pay the benefits.
 - b) If requested to do so by the Company or the Emergency Assistance Service Provider appointed by the Company, the Insured/ Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by the Emergency Assistance Service Provider. For the purpose of settlement of claims only. The cost towards the medical examination shall be borne by the Company.
 - c) The Company or the Emergency Assistance Service Provider appointed by the Company is authorized to take all measures which includes the Insured/ Insured Person's transportation back to his/her usual place of residence in India. The transportation of the Insured/ Insured person back to his/her usual place of residence in India shall be done only on agreement and confirmation from the attending medical practitioner that the Insured/ Insured Person is capable of being transported to his/her usual place of residence in India with consent from Insured/Insured Persons.
 - d) The Company shall be released from any obligation to pay benefits under this Policy, if any, of the aforementioned obligations are breached by the Insured/ Insured Person.
14. Transfer and Set-off of Claims:
 - a) If the Insured/ Insured Person have any outstanding claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.
 - b) In so far as an Insured/ Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable.
 - c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured/ Insured Person.

Transfer and Set-off of Claims shall not be applicable to any of the medical sections under Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains, Personal Accident, Accidental Death and Permanent Total Disablement – Common carrier, Accidental Dental Treatment, Daily Allowance in case of hospitalization
15. The premium charged shall be based on the number of man days insured in each category at the commencement of the Policy Period, as declared by the Insured Person. Depending on the actual number of man days covered in the Policy Period in each category as at the last day of such Policy

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com



period, if the premium calculated on the actual number of man days shall differ from the premium charged at the commencement of the Policy, then such difference shall be paid to the Company or refunded by the Company as the case may be

17. All Claims will be settled in India and in Indian Rupees only.

18. Multiple Claims: In the event a claim is payable in multiple sections under this policy the Company's liability will be restricted to the highest amount payable per section. This will not apply to the following sections: Accidental Death; Permanent Total Disability (PTD); Permanent Partial Disablement (PPD)

19. In case a covered insured event, as described in the Benefit Section, occurs before date of purchase of this policy or advance warning is issued by the relevant authorities of the likelihood of such an event happening before date of purchase of this policy the Company shall not be liable to pay a claim.

GENERAL TERMS AND CONDITIONS (APPLICABLE TO ALL SECTIONS OF THIS POLICY)

1. Duty of Disclosure or Disclosure to information norm:

The Policy shall be void and all premium paid hereon shall be forfeited and no benefit shall be payable in the event of misrepresentation, mis-description or non-disclosure of any material fact in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Insured Person:

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added as an Insured Person during the Policy Period after his application has been accepted by the Company, additional premium to be paid and the Company has issued an endorsement confirming the addition of such person as an Insured Person

4. Alterations and Endorsements to the Policy:

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except the Company, and any change made by the Company will be evidenced by a written endorsement signed and stamped by the Company.

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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The following endorsement requests can be accepted by the Company:

Sno	Scenarios	Before Policy Start Date	After Policy Start Date
1	Name Change	Allowed	Allowed
2	Address Change	Allowed	Allowed
3	DOB Change	Allowed	Allowed
4	Change of Email	Allowed	Allowed
5	Change of Contact number	Allowed	Allowed
6	Change of Risk Start and/or End Date	Allowed	Not Allowed
7	Trip Extension	Not Allowed	Allowed
8	Change of Nominee	Allowed	Allowed
9	Change of Passport Details	Allowed	Not Allowed
10	Policy Cancellation	Allowed, only if request is received before 24 hours	Not Allowed
11	Plan Change	Allowed	Not Allowed
12	Geography Change	Allowed	Not Allowed

5. Loadings and / or exclusion

On change of your Occupation and / or risk profile, the coverage may cease, unless specifically agreed by the Company. However in such case, the Company may charge an additional loading or apply exclusion or both depending upon the risk profile.

The final decision regarding the same shall be at the Company's sole discretion. The Company will inform Insured Person/Policy Holder about the applicable risk loading through a counter offer letter. You need to revert to the Company with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, Insured Person/ Policy Holder neither accept the counter offer nor revert to the Company within 15 days, the Company shall cancel the Insured Person's/ Policy Holder's application and refund the premium paid within next 7 days.

6. Material change

The Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk such as the trip duration, country and location of travel, correction in age, nature of job and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safety and containing the circumstances that may give rise to the claim, and the Company may adjust the scope of cover and / or premium if necessary, accordingly. The liability of Insurance Company shall continue only if there is a written acceptance on the part of the Insurance Company through endorsement.

7. Fraudulent Claims

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy all benefits and premium paid under this Policy shall be forfeited

The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under Condition No 1 of this Policy

8. No constructive Notice

Any knowledge or information of any circumstance or condition in connection with the Insured/Insured Person in possession of any official of the Company shall not be notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

9. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person or his/her nominee or legal representative, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. In the cases of delay in the payment, the Company shall be liable to pay interest in line with the Protection of Policyholders' Interests) Regulations, 2017. The said act is available for reference in the website of the Insurance Development Regulatory Authority of India(IRDAI).

10. Electronic Transaction

The Insured /Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholder's interests. All conditions of section 41 prescribed for the proposal form, all necessary disclosures on terms, conditions and major exclusions shall be made known to the Insured/Insured Person; Any voice transaction shall be duly recorded, with the consent of the Insured/Insured Person and the recordings shall be maintained by or on behalf of the Company and shall be made available to the Insured/Insured Person for subsequent validation/confirmation of the Insured/Insured Person, if so required.

11. Duties of the Insured/ Insured Person on occurrence of loss

On the occurrence of any loss, within the scope of this Policy the Insured/ Insured Person shall:

- a. Forthwith inform the Company and file/submit a Claim Form in accordance with 'Claim

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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Procedure'

- b. Allow the Medical Practitioner or the Surveyor or any agent of the Company to inspect the lost/damaged properties premises/goods as well as examine the Insured/ Insured Person.
- c. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties.
- d. Not to abandon the insured property/items in the premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

If the Insured/Insured Person does not comply with this provision of this Clause, all benefits under this Policy shall be forfeited, at the option of the Company.

12. Right to inspect

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

13. Position after a claim

The Insured/ Insured Person shall not be entitled to abandon any insured property whether the Company has taken possession of the same or not. As from the day of receipt of the claim amount by the Insured/ Insured Person, the Sum Insured for the remainder of the period of insurance shall stand reduced by the amount of the compensation.

In case of claims under Home Fire Insurance (Contents) and Home Burglary Insurance (Contents) Sections, the Sum Insured can be reinstated by payment of pro-rata premium for the unexpired period from the date of such loss to the expiry of period of insurance for the amount of such loss.

14. Condition of Average (applicable to Sections Home Fire Insurance (Contents) and Home Burglary Insurance Content)

If the property hereby insured shall at the time of loss or at the commencement of any destruction of or damage to the property by any other peril hereby insured against be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, of the Policy shall be separately subject to this condition

15. Indemnity

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Sum Insured thereon.

If in any case the Company shall be unable to reinstate or repair the insured property/item, because of any law or other regulations in force affecting insured property or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite under this Policy. However, this condition shall not be applicable to Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier Sections

16. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured /Insured Person's rights or recovery thereof against any person or Organisation, and the Insured/Insured Person shall execute and deliver instruments and papers necessary to secure such rights. The Insured/Insured Person and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured /Insured Person's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable to any health sections i.e., Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains Personal Accident, Accidental Death and Permanent Total Disablement – Common Carrier -, Accidental Dental Treatment & Daily Allowance in case of hospitalization

17. Contribution

If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured /Insured Person or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. However, this condition shall not be applicable to any health sections i.e., Emergency Medical Expenses, Emergency Medical Evacuation, Repatriation of Mortal Remains Personal Accident, Accidental Death and Permanent Total Disablement -, Accidental Dental Treatment & Daily Allowance in case of hospitalization

18. Forfeiture of claims

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

19. Termination / Cancellation

The company shall exercise its right to cancel the Policy only in case of mis-representation, non-disclosure of material facts, in which case policy shall be void and all premium paid thereon shall be forfeited to the Company as per the disclosure to information norm. In case of Annual Policies, the Company may at any time, cancel this Policy, by giving 30 days notice in writing by Registered Post Acknowledgment Due to the Insured/ Insured Person at his last known address.

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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The Company shall exercise its right to cancel the policy on grounds of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy. In such cases, Insurer shall be liable to repay premium as specified in the below mentioned table subject to no claims

The Insured/Insured Person may also give 30 days notice in writing, to the Company, for the cancellation of this Policy, in which case, the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/ Insured Person.

Policy Period	Rate Of Premium to be retained
Up to 15% of Policy Period	25% of premium paid
Up to 25% of Policy Period	50% of premium paid
Upto 50% of Policy Period	75% of premium paid
Exceeding 50% of Policy Period	100% of premium paid

In case of Single Trip policies, termination of the Policy at a date earlier than the end date can be done only if the Insured / Insured Person returns back to his/her usual place of residence in India earlier than the end date of the Period of Insurance of the Policy. Refund of premium for the days between the return date to his/her usual place of residence in India and the end date of the Period of Insurance as mentioned in the Policy Schedule will only be given if the same are a minimum of 10 days. Premium refunded will be equal to the amount of premium to be paid for the original Policy duration minus the premium to be paid by taking the return date as the new end date of Period of Insurance, provided that, no refund of premium shall be made if any claim has been made under this Policy by or on behalf of the Insured/Insured Person.

20. Cause of Action

No claim shall be payable under this Policy where the cause of action arises outside the territorial limits of India, unless otherwise specifically provided in the Policy Schedule.

21. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the Company to be subject to Indian law and in Indian Court.

22. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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

It is clearly agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

23. Renewability

The Company under no obligation shall give notice for renewal of the Annual Multi-trip policies and accept renewal premium in all cases except in case of fraud, misrepresentation or non-cooperation of the Insured/ Insured Person in implementing the terms and conditions of this Policy or if the renewal of Policy poses a moral hazard. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured / Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

Renewal premium are subject to change with prior approval of IRDAI.

The Company may vary the renewal premium and/or benefits payable subject to approval from IRDAI and inform the same to the Insured at least 3 months prior to the date of revision and/ or modification.

In the likelihood of this policy being withdrawn in future, the Company will inform the same to the Insured at least 3 months prior to expiry of the policy.

Insured will have the option to migrate to other plan under similar travel insurance policy at the time of renewal, provided the policy has been maintained without a break. The Sum Insured can be enhanced up to the next available sum insured slab at the time of renewal, subject to no claim in the previous policy and Good Health Declaration.

24. Extension

The Company may in its sole and absolute discretion extend the Policy once during the Risk Period, provided that:

- 1) We receive the request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
- 2) We have received a good health and no claim declaration during the Risk Period.
- 3) The insured persons has not made a claim just before we receive the request for extension of the policy

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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The Company is under no obligation to extend the Policy or to extend the Policy on the same terms and conditions whether as to premium or otherwise.

25. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to -

- a) In case of the Insured/Insured Person, at the address specified in the Policy Schedule.
- b) In case of the Company, to the Policy issuing office of the Company.

26. Customer Service

If at any time the Insured/Insured Person requires any clarification or assistance, the Insured/ Insured Person may contact either the Emergency Assistance Service Provider or the Policy issuing office of the Company at its address during normal office hours.

GRIEVANCES REDRESSAL PROCEDURE:

The Company is committed to extend the best possible services to its customers. However, If Policyholder/Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:

- Website: www.bharti-axagi.co.in
- Email: customer.service@bharti-axa.com
- Phone: 18001032292

•Courier: Any of the Company's Branch office or corporate office

Policyholder/Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

Escalation Level 1

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to: Bharti AXA General Insurance, Spectrum Towers, 3rd floor, Malad Link Road, Malad (west), Mumbai- 400064
Call: 022-48815939

Email: NGRO@bharti-axa.com

3rd floor, Spectrum Tower, Rajan Pada
Mindspace, Malad (W), Mumbai - 400 064

Escalation Level 2

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at:

Email : CGRO@bharti-axa.com

Escalation Level 3

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, "HOSTO CENTER" 1st Floor No.43, Millers Road. Vasanth Nagar
Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axagi.co.in; IRDA Reg. No:
139, Email: customer.service@bharti-axa.com



methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders’ interests) Regulations, 2017 from any of our offices.

Grievance of Senior Citizens:

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen’s channel of the Company for faster attention or speedy disposal of grievance, if any.

- Website: www.bharti-axa.co.in
- Email: customer.service@bharti-axa.com
- Phone: 18001032292
- Courier: Any of the Company’s Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company’s branches with the details of the grievance during working hours from Monday to Friday.

(Grievance Redressal for Senior Citizens will not be applicable in case of general insurance products)

Grievance Redressal Cell of the Consumer Affairs Department of IRDAI

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI.

- Website: igms.irda.gov.in
- Email: complaints@irda.gov.in
- Toll Free Number 155255 (or) 1800 4254 732

In case the Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, Or, If Insured/Insured Person is not satisfied with the Company’s redressal of the grievance through one of the above methods, they may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below.

List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri P. Ramamoorthy (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <u>AHMEDABAD-380 014.</u> Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

Bharti AXA General Insurance Company Limited, “HOSTO CENTER” 1st Floor No.43, Millers Road. Vasanth Nagar Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Wesbite: www.bharti-axa.co.in; IRDA Reg. No: 139, Email: customer.service@bharti-axa.com

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BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL(M.P.)-462 023.</u> Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh (Ombudsman)	Delhi & Rajasthan

Group Domestic Traveller Insurance Policy

UIN: BHATGDP18009V011718

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Bangalore -560052 Ph: 1800-103- 2292, CIN: U66030KA2007PLC043362; Website: www.bharti-axa.co.in; IRDA Reg. No:
139, Email: customer.service@bharti-axa.com



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

Group Domestic Traveller Insurance Policy

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LUCKNOW	Shri G. B. Pande (Ombudsman), Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u>	Maharashtra , Goa

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	Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com	
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Claims Procedure

- 1 In respect of claims payable under this policy, the Company may settle claims either in the form of cashless treatment or by reimbursement of the claim amount to the Insured, at its sole discretion. Cashless treatment facility cannot be demanded by the Insured as a matter of right. The cashless facility will be provided only in respect of network providers.
- 2 In the event of an accident or sudden illness which is likely to give rise to a claim under this Policy, the Insured Person or his/her representative shall immediately contact the Emergency Assistance Service Provider giving details of the Policy issued to Insured Person/ Policy Holder. The details of phone numbers and Help Line are given in the Schedule attached to this Policy.
- 3 The first call will have to be made by the Insured Person or his/her representative giving his/ her contact number and subsequent calls will be made by the Service Provider at the contact number given by the Insured Person.
- 4 The Insured Person or his representative shall provide to the Emergency Assistance Service Provider maximum information about the illness, accident or occurrence as is available, as well as other information such as the Policy number etc. Emergency Assistance Service Provider shall assist the Insured Person in getting admitted in to a hospital / getting treatment from a Medical Practitioner as an outpatient.
- 5 Where it is not possible to make an emergency call before consulting a Medical Practitioner or going into hospital, the Insured Person shall contact the Emergency Assistance Service Provider as soon as possible. In either case, when being admitted as a patient, the Insured Person shall inform the Medical Practitioner or personnel at the hospital, the details of his/her policy coverage and shall state the details of the Emergency Assistance Service Provider and request them to contact them.
- 6 All necessary claimed documents should be furnished to the Company/ Emergency Assistance Service Provider by the policy holder/insured to make a claim. However, claims filed even beyond such period should be considered if there are valid reasons of any delay..
- 7 If proper intimation is given, the Emergency Assistance Service Provider shall give a benefit guarantee (cash less in-patient hospitalisation as well as outpatient treatment) to the hospital / other providers for the costs of hospitalization, transportation by emergency services, emergency evacuation, transportation home, repatriation or transportation of mortal remains and burial listed under Scope of Coverage under the Policy. These costs will be settled directly by the Emergency Assistance Service Provider on behalf of and for the account of the Company. The Insured

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Person shall release Medical Practitioners/hospital contacted by Emergency Assistance Service Provider from their duty not to disclose information about his/her case.

- 8 In such cases, the Insured Person before his discharge from the Hospital, shall fill up and sign the claim form and hand over the same to the Hospital authorities to be handed over to Emergency

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Assistance Service Provider. Please send the duly signed claim form along with all the documents to designated TPA within 14 days of the occurrence of the Incident. However, claims filed even beyond such period should be considered if there are valid reasons of any delay.

- 9 Where no information is given to Emergency Assistance Service Provider and the payment for hospital treatment / outpatient treatment has been made by the Insured Person, the reasons therefore shall have to be given by the Insured / Insured Person along with the claim form giving details of treatment and bills for expenditure to the Company OR Emergency Assistance Service Provider. After examining the facts and establishing the liability, in consultation and with the approval of the Company Emergency Assistance Service Provider will reimburse to the Insured Person the costs incurred within the Scope of Coverage of the Policy on behalf of and for the account of the Company.
- 10 With respect to Emergency evacuation or repatriation, the following services shall be arranged by the Company through the Emergency Assistance Service Provider:

In the event of death of the Insured/Insured Person due to an insured event in terms of this policy, arrangements for bringing transporting the mortal remains of the deceased back to his/her usual place of residence in India or reimbursement of cost of local burial or cremation in any part of India where the death occurred. An official death certificate and a physician's statement giving the cause of death needs to be submitted.
- 11 Quick turnaround time shall be ensured in case the Emergency Assistance Service Provider arranges the emergency evacuation. The Company shall review and monitor the promptness and quality of the service, turnaround time and accessibility provided by the Emergency Assistance Service Provider in the interest of the policyholder and shall take due course of action based on the results of the review.
- 12 Claims, if any, for Total Loss of Checked Baggage, Personal Accident and Loss of Passport will be settled in Indian Rupees in consultation and with approval of the Company. In such cases, the claim form with details is to be submitted to the Company OR Emergency Assistance Service Provider.
- 13 The Company shall only be liable to indemnify if, besides proof of insurance cover, the documentary proofs required as per the claims procedure stated in the Policy, is also submitted.
- 14 The total loss of checked baggage caused by a carrier (airlines) must be reported to the Carriers (airlines) and a Property Irregularity Report (P.I.R) shall be obtained from them. Original report together with the ticket(s), baggage tag(s) and the claim form are to be submitted in support of a claim by the Insured Person to the Company OR Emergency Assistance Service Provider.
- 15 A loss of passport must be reported to the police authorities within 24 hours of discovery of such loss and an official report obtained from the Police authorities. The original official report of the Police authorities should also be submitted along with the claim form to the Company OR Emergency Assistance Service Provider

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16 Failure to comply with the claims procedure stated above in respect of Total Loss of Checked Baggage and Loss of Passport, may prejudice the claim of the Insured Person.

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redefining /

- 17 Claims for reimbursement shall be submitted to the Company OR Emergency Assistance Service Provider within one month after completion of the treatment or transportation home. In the event of accidental death, the same shall be submitted within one month after transportation of mortal remains/burial.
- 18 The Insured and the Insured Person shall provide Emergency Assistance Service Provider / the Company on demand with any information that is required to determine the occurrence of the insured event or the scope of the Company's liability. In particular, at the request of Emergency Assistance Service Provider / the Company proof shall be furnished of the actual commencement of the trip.
- 19 If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person and/or the Insured shall authorise Emergency Assistance Service Provider / the Company to obtain all the information considered necessary from third parties (Medical Practitioners, dentists, alternative practitioners, medical institutions of any kind, insurance carriers, health or pension offices) and release these parties from their obligation not to disclose information.
- 20 If requested to do so by Emergency Assistance Service Provider / the Company, the Insured Person is obliged to undergo a medical examination by a Medical Practitioner designated by Emergency Assistance Service Provider / the Company for the purpose of settlement of claims only. The costs towards any such medical examination shall be borne by the Company.
- 21 In case of any claim under Personal Liability, Legal Expenses or Bail Bond proof of judicial decision rendered by a Court of Law may be required.
- 22 In case of any accident giving rise to a claim under the Personal Accident section of the Policy, the Insured/ Insured Person, his/her nominee or legal representatives, as the case may be, shall provide complete information and details about the Insured Person in the claim form along with the following documents to the Company or Emergency Assistance Service Provider. Such a claim will be settled only in Indian rupees.
- 23 Upon receipt of all required documents, the offer of settlement will be made within 30 days. Settlement (payment) of claim will be made within 7 days of receipt of acceptance in response to offer of settlement, failing which penal interest (in compliance with applicable regulations) at a rate 2% higher than bank rate prevailing as on the date of beginning of financial year in which the claim is reviewed.

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List of documents required for Claims processing:

- i) In case of a disability claim
 - (1) Certificate from the Hospital and attending Medical Practitioner
 - (2) Discharge summary from the hospital explaining the disability
 - (3) Police report on the accident if any
 - (4) Hospital bills
- ii) In case of a death claim
 - (1) Police report on the accident, if any
 - (2) Death Certificate
 - (3) Post Mortem report (if conducted)
- iii) Emergency Medical Emergency
 - (1) Claim form duly signed along with attending Medical Practitioner statement
 - (2) Discharge summary
 - (3) Hospital final bill
 - (4) Attending Surgeon's/ Medical Practitioner's Prescription advising hospitalization
 - (5) Surgery/consultation bills and receipts
 - (6) Operation theatre
 - (7) Medicines bill with prescriptions of Medical Practitioners
 - (8) Others if any

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