



Prospectus

Galaxy Fly Global Travel Insurance

UIN: GHITIOP27049V012627

❖ Galaxy Fly Global Travel Insurance is a protective cover designed to cover unexpected events while travelling abroad. It provides financial support in situations such as medical emergencies, personal accident or sudden illness which can be very expensive in foreign countries. Also, the policy covers non-medical risks like Loss of baggage, Loss of Passport/International driving licence, Trip cancellation/Interruption, Personal liability etc.

❖ **Type of Cover:** Individual

❖ **Entry Age:** From Day 1 onwards

❖ **Number of Days:** up to 180 days (extension up to 180 days)

❖ **Plan Options:**

Plan 1: Worldwide Including USA and Canada

Plan 2: Worldwide Excluding USA and Canada

Plan 3: Europe

Plan 4: Asia

❖ **Sum Insured Options (in USD):**

- ❖ Plan 1: Worldwide Including USA and Canada – USD 50,000, USD 1 Lakh, USD 2.50 Lakhs, USD 5 Lakhs
- ❖ Plan 2: Worldwide Excluding USA and Canada - USD 50,000, USD 1 Lakh, USD 2.50 Lakhs, USD 5 Lakhs
- ❖ Plan 3: Europe - USD 50,000, USD 1 Lakh
- ❖ Plan 4: Asia – USD 25,000, USD 50,000, USD 1 Lakh

❖ **Pre-acceptance medical screening:** No pre-acceptance medical screening. For those who declare adverse medical history, the Company may require them to undergo pre-policy medical check-up. 100% of the cost of such medical examination is borne by the company.

❖ **Extension of Trip:**

- Extension of policy is possible on payment of additional premium and declaration of good health by you. But the maximum permissible number of extensions is two. Request for such extension(s) should be made at least 7 days before expiry of policy.
- For travel policies where an original coverage is 180 days and any extension is required beyond 180 days, for all plans the additional premium is payable at 25% of the applicable 180 days trip premium for each additional 30 days period or part thereof.



Prospectus

- ❖ **Medical Underwriting Loading:** Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
- The maximum risk loading for an individual will not exceed 500%.
 - This loading applies from the policy's commencement date, including any subsequent renewals with the company.
 - The company will notify the insured of the applicable risk loading or exclusion, or both, through a counter offer.
 - The insured must respond to the company with their consent and any additional premium (if required) within 7 days of receiving the counter offer.
 - If the insured neither accepts the counter offer nor responds within 7 days, the company will cancel the proposal and refund the premium.
 - The company will issue the policy only after receiving the insured's consent and any additional premium (if required).

❖ **Discounts**

- **Online Purchase Discount:** 5% discount for online purchase.

COVERAGES

Section 1 – Emergency Medical Expenses, Outpatient Treatment, Emergency Medical Evacuation and Transportation/Repatriation of Mortal Remains, Pre-existing Cover in Life-Threatening condition and Hospitalisation Daily Allowance

The Company will indemnify the Insured or his/her legal representative up to a maximum amount specified in the Schedule of Benefits subject to the **deductibles** specified, in the aggregate in respect of:

A. Emergency Medical Expenses

The following expenses reasonably and necessarily incurred in the Country or Countries visited and recommended by the attending physician if the Insured shall sustain Accidental Bodily Injury or suffer illness;

- i. the services of the Physician
- ii. Hospital confinement and use of operating room
- iii. Anaesthetics (including administration) X-ray examinations or treatments and laboratory tests
- iv. Ambulance service
- v. Drugs, medicines and therapeutic services and supplies

- B. Out-patient Treatment:** If the Insured Person needs Out-Patient Treatment for Emergency Care of any Illness or Injury during the Period of Insurance and then the Company will reimburse the Medical Expenses up to the amount specified against this Benefit in the Schedule of Benefits.

Prospectus

C. Emergency Medical Evacuation

The Company will reimburse the maximum benefit up to the amount mentioned in the Policy schedule towards the expenses incurred for transportation and medical treatment including medical services and medical supplies incurred in connection with the emergency medical evacuation of the Insured provided that

- the same is recommended by the attending **physician**
- in the view of the Company and/or the **Assistance Company**,
- the Insured is capable of being transported to the country of residence and arranged by the Company and/or **Assistance Company**.
- **All transportation arrangements made for evacuating the Insured person must be the most direct and economical route possible.**

If the Company and/or the **Assistance Company** advises that the continued treatment in the country of residence is appropriate, then the Company will pay the medical expenses incurred in the country of residence for the same **illness/bodily injury** contracted abroad following the transportation to the country of residence, for a maximum period of 30 days from the date of return, provided the **disease** and/or **illness** was contracted during the Insured **Trip**.

Additional costs approved in advance by the Company and/or Assistance Company of accompanying person(s), if it is medically necessary that the Insured be accompanied to the country of residence.

D. Transportation / Repatriation of Mortal Remains

Following the death of the Insured during an Insured **Trip** in terms of this **Policy**, the Company shall reimburse for the costs of transporting the remains of the deceased Insured back to the country of residence or, up to an equivalent amount, for a local burial or cremation in the country where the death occurred, subject to the maximum limit as specified in the Schedule attached. Such expenses include expenses for embalming, cremation and coffin.

Provided always that repatriation of mortal remains may only be authorized by the Company and/or the **Assistance Company**.

Note (Applicable for Section 1 A, C, D): Provided always that

- This insurance shall only apply in respect of costs and expenses incurred within 12 months of the date of the incident giving rise to a claim within the validity of the **policy** period and should be reported/filed with the Company and /or **Assistance Company** within 30 days after **occurrence**.
- In-patient hospital, clinic or nursing home expenses must be notified to and authorized by the **Company and /or Assistance Company** within 48 hours of admission.

E. Pre-existing Cover in Life-Threatening condition: Medical expenses due to Pre-existing Condition in case of Life-threatening unforeseen emergency subject to maximum amount as provided in the schedule of benefits. In such event, measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain.



Prospectus

- F. Hospitalisation Daily Allowance:** If the insured person is hospitalised as an In-patient due to illness or injury, then the company will pay lump-sum amount as against this benefit as specified in the schedule of benefits for each continuous and completed period of 24 hours of hospitalisation subject to a maximum number of days as mentioned in the schedule of benefits provided;
1. Claim is admissible under Section 1(A) and
 2. The cover is subject to an excess of the first 2 days of hospitalisation for every claim.

Section 2: Dental Treatment

The Company shall compensate the Insured for expenses incurred on acute anaesthetic treatment to a natural tooth or teeth or the services or supplies provided by a licenced dentist, Hospital or other provider that are medically and immediately necessary to treat dental problems resulting from an **Injury**, during the Insured **Trip** but not exceeding the amount for the coverage as mentioned in the schedule of benefits, subject to the **deductibles** specified in the schedule attached.

However, this definition shall not include any treatment taken for a **pre-existing condition**.

Special Exclusions applicable for the Sections 1 & 2 of the policy in addition to the “General Exclusions” of the Policy: 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 in connection with or in respect of:

1. A health condition where the person whose condition gives rise to a claim is at the time of traveling receiving or on a waiting list for treatment in a hospital or nursing home or has received a terminal prognosis.
2. Medical treatment to be obtained abroad if that is the sole reason or one of the reasons for the insured **trip**.
3. A medical condition existing prior to commencement of this insurance
4. Non-emergency services, supplies, or charges (examples are those for cosmetic surgery, physical exams, allergies, hearing aids, eyeglasses, contact lenses, palliative or cosmetic foot care, experimental treatment, or other services which are not **Medically Necessary** to provide Emergency Medical Care).
5. Treatment that in the opinion of a medical practitioner approved by the Company and / or **Assistance Company** could reasonably be delayed until return of the Insured to his/her country of residence
6. For charges in excess of reasonable and necessary charges as per the determination by the Company and / or the **Assistance Company**.



Prospectus

7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner) unless necessitated by a covered **Accident** during the Insured **Trip**.
8. Treatment received in unlicensed facilities or given by unlicensed health care providers
9. Treatment given by a **family member** whether or not a licensed provider
10. Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
11. Any costs related to mental or psychiatric disorders
12. Pregnancy, childbirth and any consequences thereof unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured's or the child's life in the event of acute complications, provided that the Insured has not completed the age of 38 years and 30th week of pregnancy is not yet completed.
13. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.
14. Any medical check-ups during pregnancy or treatment of the pregnancy.
15. Rehabilitation and / or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc.
16. Treatment provided in a government hospital or services for which no charge is made.
17. Medical expenses incurred as the result of alcohol and / or drug abuse addiction or overdose.
18. Well child care including examinations and immunizations.
19. Routine physical or other examination where there are no objective indications or impairment in normal health.
20. Medical expenses covered under any worker's compensation or similar **policy**.
21. Any expenses incurred in India unless approved by the Company and / or the **Assistance Company** in advance.
22. Dental Treatment, Dental Implants, Diagnostics, Dental Procedures or Surgery of any kind unless requiring Hospitalisation as a result of accidental Injury.
23. Expenses for venereal disease or any sexually transmitted disease except HIV/AIDS.

**Prospectus**

24. Any claim of the Insured Person arising from: a) Suicide or attempted suicide b) Willful self-inflicted illness or injury except injury in self-defence or to save life.

Note: Where the cost of medical services is more than \$100, prior approval of the Company is required.

Section 3: Personal Accident

If an Insured sustains **Accidental** bodily **injury** at any time during the period of insurance caused solely and directly by external violent and visible means and such **injury** shall within 12 months from the date of the **Accident** be the sole and direct cause (apart from **illness** or **disease** directly resulting from or medical or surgical treatment rendered necessary by such **injury**) of death or disablement the Company will pay to the Insured or his/her legal representatives the percentages of the **sum insured** which is specified in the Table of Benefits given below.

S.No	Table of Benefits		Benefits (expressed in percentage of Sum Insured)
1	Death		100
2	Loss of one hand and one foot		100
3	Loss of speech and hearing in both ears		100
4	Loss or inability to function of	a. An arm at the shoulder joint	70
		b. An arm to a point above the elbow joint	65
		c. An arm below the elbow joint	60
		d. A hand at the wrist	55
		e. A thumb	20
		f. An index finger	10
		g. Any other finger	5
		h. A leg above the center of the femur	70
		i. A leg up to a joint below the femur	65
		j. A leg to a point below the knee	50
		k. A leg up to the center of the tibia	45
		l. A foot at the ankle	40
		m. A big toe	5
		n. Any other toe	2
		o. An eye	50



Prospectus

Provided always that

The aggregate liability of the Company under this Section shall not exceed 100%. Where the named Insured Person is aged 18 years or below the maximum principal sum payable is US \$2500.

This insurance shall not apply in respect of death or disablement directly or indirectly caused by or arising out of the Insured being affected by drug abuse unless the drug is taken under the direction of a legally qualified medical practitioner provided such direction is not for the treatment of drug addiction.

Section 4: Accidental Death and Disability due to Common Carrier: (Not Applicable for Asia Plan)

The policy will pay the sum insured specified in the schedule in addition to the sum insured specified under the personal accident section if the insured sustains Accidental Bodily Injury during the course of his overseas journey while travelling in a common carrier such as rail, bus, tram or aircraft and such bodily injury is the sole and direct cause of the Insured's death or Permanent Total Disablement and which was sustained within 12 months from the date of accident.

Terms & conditions applicable to Accidental Death & Disability (Common Carrier coverage):

1. If the Accident affects any physical function, which was already impaired beforehand, a deduction will be made equal in amount for this prior disablement.
2. If the accident impairs a number of physical functions, the degree of disablement given in the Table of Benefits will be added together but not exceeding 100% of the Sum Insured. In the event of permanent disablement, the Insured Person will be under obligation:
 - a. To have himself/herself examined by doctors appointed by Service Provider or its assistance cooperation partners and the Company will pay the costs involved thereof.
 - b. To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required.

Special Exclusion applicable for Section 3 and Section 4 of the policy in addition to the “General Exclusions” of the Policy: 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 in connection with or in respect of:

1. Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
2. Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an **Accident**.
3. Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of death.
4. Any other claim after a claim for death has been admitted by the Company and becomes payable.
5. Any claim which arises out of an **Accident** connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi-engine, commercial aircraft.
6. Any claim arising out of an **Accident** related to pregnancy or childbirth, venereal **disease** or infirmity
7. Any claim for death or Disablement of the Insured Person from i. intentional self-injury, suicide or



Prospectus

attempted suicide ii. whilst under the influence of intoxicating liquor or drugs iii. self-endangerment unless in self-defence or to save life.

Section 5: Loss of Passport and/or International driving licence:

The Company will pay in the event of the Insured losing his/her original passport and / or original International driving licences (IDL) during the Insured **Trip** up to the amounts specified in the schedule of benefit, subject to the specified **deductibles**, in respect of reasonable and necessary expenses incurred in obtaining a duplicate or new passport and / or duplicate or new International Driving Licence (IDL) or valid travel documents to return to the country of residence.

Special Exclusions applicable for Section 5 of the policy in addition to the “General Exclusions” of the policy: 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:

1. Loss of the passport / driving licence due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the passport / driving licence due to theft unless it has been reported to the police authorities within 24 hours of the Insured becoming aware of the theft and a written police report being obtained in that regard.
3. Loss of the passport/ driving licence due to it being left unattended or forgotten by the Insured in a public place or public transport, hotel or apartment.
4. Loss or theft of the passport/ driving licence from a private place or from a private vehicle unless it was kept in a locked hotel room or apartment and forcible and violent entry was used to gain access to it.

Section 6: Total Loss of Checked-in Baggage:

If the Checked-in baggage, the property of the Insured (not hired or entrusted to him) or any part thereof shall be lost by an Airline/Carrier, the Company will by payment or at their option by reinstatement indemnify the Insured in respect of such loss up to the maximum amount as specified in the schedule of benefits mentioned in the policy.

Provided always that

1. The Insured shall exercise reasonable care for the safety of his property as if he was uninsured.
2. Any loss of Checked-in baggage in transit must be notified immediately to the Airline/Carrier (as appropriate) and a claim lodged with the Airline/Carrier (as applicable) and their written report must be obtained and produced in support of any claim in all such cases.
3. The liability of the Company is in excess of the liability of the Airline/Carrier subject to the excesses and limits applicable per article.
4. Maximum amount payable per Checked-in baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked in, the amount payable is 100% of the applicable Sum Insured.
5. In the event of a claim in respect of a pair or set of articles the Company shall be liable only for the value of that part of the pair or set which is lost.
6. No one article, pair or set of articles shall be deemed of greater value than USD 100, if not



Prospectus

supported by bills of purchase.

7. Cover only applies to loss, damage or destruction occurring during the Insured Trip.

In the event that the Company makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 (“Warsaw Convention”) shall become the property of the Company.

Special Exclusions applicable for Section 6 of the policy in addition to the “General Conditions” of the policy: The company shall not be liable to make any payment under this benefit in connection with or in respect of:

- a. **Any loss of the items contained within the Checked-in baggage without the Checked-in baggage itself being lost.**
- b. Any partial loss of the items contained within the Checked-in baggage.
- c. Items contained within the **Checked-in baggage**, which are valued in excess of US \$ 100 without appropriate proof.
- d. Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- e. Items other than personal effects carried by the Insured if not declared and endorsed by the insurer specifically.
- f. Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs; Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) mobile phones and deeds;
- g. Property shipped as freight or shipped prior to the Insured's **Trip** departure date;
- h. Rugs or carpets of any type;
- i. More than USD500 aggregate for all jewellery, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items without submission of original receipts.
- j. The liability of the Airline/Carrier and the **deductible** specified in the **policy**.

Section 7: Delay of Checked-in Baggage:

The Company shall compensate the Insured for the temporary delay of Checked-in baggage being transported during an Insured Trip of the policy but not exceeding the Sum Insured for the coverage as specified in the schedule of benefits mentioned in the policy.

The Company will pay for costs of necessary emergency purchases of toiletries, medication and clothing in the event of the Insured suffering temporary delay of his/her Checked-in baggage while being transported during the Trip, provided that:

- a. The delay of Checked-in baggage is more than 12 hours from the actual arrival time of the carrier at the destination and relates to delivery of baggage that has been checked in by the carrier.
- b. The Insured is a ticketed passenger on a common carrier.
- c. The Insured submits to The Company written proof of delay from the carrier.



Prospectus

- d. The Insured submits to The Company the original receipts for the necessary emergency purchases of toiletries, medication and clothing that he/she needed to buy.

Special Exclusions applicable for Section 7 of the policy in addition to the “General Conditions” of the policy: The Company shall not be liable to make any payment under this benefit in connection with or in respect of

- a) Delay arising from any delay, detention, confiscation by customs officials or other public authorities.
- b) Any Checked-in baggage delay on the inbound sector to the Country of Residence.

Section 8: Personal Liability (Not applicable for Asia Plan)

If the Insured in his/her private capacity shall become legally liable for

(a) bodily injury or illness (fatal or non-fatal) (hereinafter referred to as injury) to any person (other than a person in the Insured's service or any member of his/her family or household)

Or

(b) loss of or damage to property (not belonging to nor held in trust by or in the custody or control of the

Insured or any member of his/her family or household or servants) caused by an occurrence during the

period of insurance then in respect of such injury loss or damage The Company will indemnify the Insured or, in the event of his/her death, his/her legal representative against all sums which he/she shall

become legally liable to pay as compensation and all legal costs awarded to any claimant, maximum up to the limits specified in the schedule of benefits, subject to deductible.

For Insured in respect of all claims arising out of any one occurrence or series of occurrences consequent upon or attributable to one source or original cause, irrespective of the number of claimants inclusive

of legal costs and expenses, being a combined limit for injury and loss of or damage to property.

The Company may at any time pay to the Insured (or, in the event of his/her death, his/her legal representative) in connection with any claim or series of claims notified hereunder the limit of liability stated above (after deduction of any sum or sums already paid by The Company whether as costs and expenses or as compensation) or any lesser amount for which such claim or claims can be settled and upon such payment being made The Company shall be under no further liability in connection therewith and shall (except with respect to any subrogation action) relinquish the conduct and control of such claim or claims.

Provided always that

The Company shall have complete control over the conduct of any legal proceedings and the selection, appointment and control of any Solicitor or other legal adviser.

Special Exclusions applicable for Section 8 of the policy in addition to the “General Exclusions”



Prospectus

of the policy: The Company shall not be liable for:

1. Legal expenses incurred without their written consent.
2. Any claim which arises by virtue of an agreement but which would not have arisen in the absence of such agreement.
3. Any claim for injury, loss or damage arising directly or indirectly from
 - 3.1 the Insured's ownership or use of aircraft, mechanically propelled watercraft/vessels (other than rowing boats, punts or canoes),
 - 3.2 domestic animals or firearms other than sporting guns;
 - 3.3 the Insured's occupation (except temporarily for the purpose of the **trip**) or ownership of any land or buildings other than the occupation of any temporary residence
 - 3.4 the pursuit or exercise of any trade or profession, or from racing of any kind
 - 3.5 willful or malicious acts of the Insured
 - 3.6 This insurance does not apply to liability for which indemnity is provided under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.
4. Liability arising out of the rendering of or the failure to render professional services
5. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles and all other motorized land conveyances,
6. Liability arising out of the transmission of a communicable disease by the insured
7. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse
8. Bodily injury to any person eligible to receive any benefits voluntarily provided or required to be provided by the insured under any worker's compensation law, non-occupational disability law or occupational diseases law or similar law
9. Suits or legal actions arising from the insured's family member against the insured

Section 9: Hijack Distress Allowance

In the event that a **common carrier** in which the Insured is traveling is hijacked during the Insured **Trip** and the Insured's journey is interrupted or disrupted for more than twelve (12) hours, then the Company will pay Indian Rupee equivalent for each day of delay caused to the Insured, as per the amounts mentioned in the schedule of benefit attached to the **Policy** provided that;

The Company shall not be liable to make any payment under this Benefit during the first 12 hours of the hijacking of such Common Carrier.

Special Exclusions applicable for Section 9 of the policy in addition to the “General Exclusions”

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

1. Any incident where the Insured is suspected to be either the principal or an accessory in the hijacking.
2. Any claim as a consequence of a change in the regular routes of the carrier due to traffic, weather, fuel shortage, technical snag, or security reasons



Prospectus

Section 10 – Trip/Flight Delay

The Company shall indemnify the Insured for up to the amounts specified in the schedule of benefits, subject to the **deductibles** specified in the schedule of benefit attached to the policy, in respect of reasonable additional accommodation and traveling and any other reasonable expenses incurred as a result of the Insured's flight being delayed by more than six hours from the scheduled time until travel becomes possible, due to a **strike**, industrial action, mechanical breakdown and **inclement weather**. Incurred expenses must be accompanied by supporting receipts.

The Insured will be reimbursed for,

1. Additional transportation costs to join the **Trip** (by the least expensive class).
2. Reasonable accommodations and meals up to \$50 per day.

Provided always that

1. The delay is beyond 6 hours of scheduled departure.
2. The Insured shall submit to the Company all relevant original bills and receipts to substantiate the expenses incurred.
3. The **common carrier** must certify the delay of the regularly scheduled airline flight.
4. The indemnity provided hereunder is in excess of what is provided by the **common carrier** or any other party free of charge

Section 11 – Trip Cancellation/ Interruption

- 1) The **Company** shall indemnify the Insured or his/her legal representative up to a maximum amount mentioned in the schedule of benefit, subject to the **deductibles** specified in the Schedule attached to the Policy.

if the Insured shall sustain pecuniary loss in respect of any irrecoverable deposits and payments for unused travel and accommodation for which the Insured contracted prior to the commencement of the Insured **trip** as a result of the Insured's necessary and unavoidable inability (and not merely disinclination) to commence travel as arranged arising from:

1.1 **Accidental** Bodily Injuries or Death of:

- (i) Insured or
- (ii) A **family member** of the Insured

1.2 Compulsory quarantine, jury or other legal service, witness call or redundancy of the Insured

- 2) Within the aforementioned maximum sum the **Company** will indemnify the Insured or his/her legal personal representative for the proportionate irrecoverable value of the unused travel and accommodation costs contracted prior to the commencement of the insured **trip** if the Insured, has to curtail the **trip** and return to his/her home address in his/her normal country of residence earlier than planned due to the following occurring after the commencement of the **trip**.

2.1 **Accidental** Bodily Injuries or Death of:

- (i) Insured or
- (ii) A **family member** of the Insured

- 3) Police authorities of the Country of Residence requesting the Insured's presence at his/her home following actual burglary.
- 4) The insured being the victim of a **Criminal Assault** within 10 days prior to the departure date,



Prospectus

provided that the Insured (including any member of Insured's Family) is/are not principal or accessory in such **Criminal Assault**.

In all cases, the Insured must notify the Company / Assistance Company of the Insured's cancellation or interruption within 72 hours, unless the condition prevents it, then as soon as reasonably possible. Otherwise, the right to compensation will lapse.

Family Member for the purpose of this Section means the Insured Person, spouse, children (including legally adopted children), parents, siblings, and parents-in-law

Special Exclusions applicable for the Section 11 of the policy in addition to the “General Exclusion” of the policy

The insurance shall not apply in respect of any loss arising directly or indirectly:

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

Section 12 - Missed Connection / Departure

The Company shall indemnify the Insured for up to the amounts specified in the schedule of benefit, attached in all in respect of reasonable additional accommodation and traveling expenses incurred as a result of the Insured missing departure of the pre-booked outward journey from or pre-booked return journey to his country of residence (and/ or missing departure of any intermediate connecting service) due to an **Accident** or mechanical failure, traffic congestion due to an **Accident**, and **inclement weather** causing interruption to the mode of transport in which the Insured is traveling to the departure point of the outward or return journey or intermediate connection service.

The insured will be reimbursed for,

- 1) Additional transportation costs to join the **Trip** (by the least expensive class).
- 2) Reasonable accommodations and meals up to \$50 per day.



Prospectus

- 3) And / or the non-refundable, unused portion of the prepaid expenses as long as the expense is supported by a proof of purchase and is not reimbursable by another source.

The compensation under this cover will not exceed the **Sum Insured** for the coverage as mentioned in the Schedule hereto. The missed connection beyond 6 hours of scheduled departure shall apply for each and every claim lodged under this section.

Provided always that

1. The Insured has taken every reasonable step to complete the journey to the departure point on time.
2. The Insured shall submit to the Company all relevant original bills and receipts to substantiate the expenses incurred.

Section 13- Emergency Cash Assistance (Not Applicable for Asia Plan)

This is an assistance service provided by the Company through its **Assistance Company** when the Insured Person requires emergency cash flow due to theft or burglary of physical money during the Period of Insurance.

The **Assistance Company** shall co-ordinate with the Insured Person's relatives in India to provide emergency cash to the Insured Person or collect the amount and arrange for the transfer of money as mentioned in the schedule of benefit.

A. Specific Conditions applicable to Emergency Cash Assistance

1. The Company's liability to arrange for cash shall not arise until the FIR registered with the local police authority is made available to us and verified/confirmed that the loss was due to theft/burglary of luggage/money.
2. Administrative cost incurred if any for the transfer of funds shall be deducted from the collected amount.

B. Specific Exclusions applicable to Emergency Cash Assistance

1. A shortage or loss of funds due to currency fluctuation, errors, omissions, exchange, loss or depreciation in value.
2. Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.
3. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.
4. Any reimbursement under Emergency Cash Assistance is excluded if the claim is put up after arrival of the Insured to India.

Section 14 – Bounced Hotel/Airline Booking (Not Applicable for Asia Plan)

The Company shall reimburse the Insured Person up to the Sum Insured mentioned in the Policy Schedule in respect of the expenses incurred towards alternate travel or alternate accommodation arrangement in case the Insured Person's original hotel booking and / or original Flight ticket is bounced due to overbooking.

1. Specific Conditions applicable to Bounced Booking - Hotel & Airline

- a. To claim this benefit under non-availability of accommodation on account of overbooking by the hotels or airlines, the Insured Person should have a confirmed booking in advance and



Prospectus

should have written proof of the same.

- b. For **Hotel** overbooking,
 - i. the overbooked portion of the hotel stay must include the first night stay
 - ii. the overbooking must happen at the time of check-in
 - iii. the Company will reimburse the difference between the original booking amount and the new booking amount, less any refund/compensation given by the hotel, for the number of nights that are overbooked.
 - iv. the new booking must be for up to the number of nights overbooked in the same room class of a similar hotel. Upgrade to higher class will be considered in case similar alternate arrangement is not available.
 - v. the Company will not be liable for nights on the original booking that were not overbooked
- c. For **Airline** overbooking,
 - i. an option of a free replacement flight within 6 hours from the departure of the original overbooked flight must not be available to the Insured Person
 - ii. Insured Person must cancel the originally booked flight and purchase a new flight of the same class
 - iii. the Company will reimburse the difference between the original airfare amount and the reasonable new airfare amount, less any refund/compensation given by the airline.

2. Specific Exclusions applicable to Bounced Booking - Hotel & Airline

- a. Any air tickets / hotel bookings which are allotted to airline staff / hotel staff or under any special travel industry employee scheme
- b. Any air ticket bookings made within 7 days of scheduled flight departure
- c. Any hotel bookings made within 7 days of first hotel check-in date
- d. Any Wait-listed bookings

Section 15- Compassionate visit

When the Insured person is hospitalized on account of an illness/accident for a period exceeding 5 days and as opined and recommended by the attending Medical Practitioner requires special assistance from an immediate family member, the Company shall reimburse the cost of the economy class flight ticket

incurred by the immediate family member rendering such special assistance from and to the place of residence/origin of such person together with accommodation expenses up to the limits mentioned in the schedule of benefits. This benefit shall be payable only once during the policy period.

Terms & Conditions applicable to this benefit:

- i. The Insured shall as far as possible seek for such special assistance from any one of his/her family members, either at the place of Hospitalisation or any other nearest place.
- ii. It is a condition precedent to the Company's liability hereunder that the need for such a special assistance and consequent visit of any one of the Family or family member from a particular place is also approved by the Company and / or **Assistance Company** before any one of the Family or immediate family members undertakes the Trip.

The Company's liability under this Benefit, however, shall in respect of any one event or all events of



Prospectus

Hospitalisation during the Period of Insurance shall not in total exceed the Sum Insured as specified in the Policy Schedule.

Exclusions applicable to this benefit:

1. General exclusions applicable as specified in the policy

Section 16- Return of Minor Child (Not Applicable for Asia Plan)

The Company, in the event of death of the insured whilst in abroad or hospitalized due to an Injury and / or Illness, contracted at any place being part of the Trip covered under the policy, which in the opinion of the attending Medical Practitioner shall extend beyond a period of 5 days, shall pay the insured, subject to the limits specified in Policy Schedule, cost of economy class air ticket incurred for sending the unattended Minor Child(ren) back to the Country of Residence, Minor Child(ren) for the purpose of this benefit shall mean child/children accompanying the Insured Person, below the age of 18 years. This benefit shall be available for a maximum of two children. If the Insured does not want to exercise the above option and if an attendant is necessary to ensure the safety and welfare of Minor Child(ren) at the place of Hospitalization, the Company will pay for the cost of transportation of the attendant from his / her origin or Country of Residence and back.

The Company shall not be liable for any payment under this benefit if the Hospitalization occurs within 5 days prior to the Completion of Return Trip.

Terms & Conditions applicable to this benefit:

- i. It is a condition precedent to the Company's liability hereunder that the need for the return of Minor Child(ren) is also approved by the Company and /or **Assistance Company**.
- ii. The Company shall not be liable for any payment under this benefit if the Hospitalisation occurs within 5 days prior to the Completion of Trip.
- iii. The benefit under this section in respect of any one event or all events of Hospitalisation during the Period of Insurance shall be restricted to two Minor Child(ren) and shall be subject to the Sum Insured as specified in the Policy Schedule

Exclusions applicable to this benefit:

1. General exclusions applicable to all sections as specified in the policy.

Section 17 – Assistance Services

The Company shall provide assistance services such as Overview of the country, weather, currency exchange Rates, vaccinations etc.



IV. General Exclusions

Exclusions Applicable to all Sections Except Where Stated Otherwise

This insurance does not cover:

1. Loss directly or indirectly occasioned by happening through or in consequence where the Insured Person:
 - a. Is traveling against the advice of a Physician; or
 - b. Is receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate; or
 - c. Is traveling for the purpose of obtaining treatment; or
 - d. Has received a terminal prognosis for a medical condition.
 - e. any **Pre-Existing Condition (except to the extent covered under Section 1 (E.) Pre-existing Cover in Life-Threatening condition);** or
 - f. with the intention of receiving medical treatment or
 - g. after a terminal prognosis has been made; or
 - h. if the Insured is aware of any circumstances that could reasonably be expected to give rise to a claim
 - i. Winter Sports or the use of dry ski slopes
 - j. Manual work of any kind or hazardous occupation
 - k. Direct participation in riot or civil commotion.
 - l. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power, or confiscation or nationalization or requisition of or destruction of or damage of property by or under the order of any government or local authority or an act (whether on behalf of any organization, body or persons or group of persons) activities or directed towards the overthrow or influencing of the Government de jure or de facto or any provincial or local authority with force or by means of fear, terrorism or violence
 - m. Accidents whilst engaged in any form of racing, motor rallies and competitions, hang gliding, mountaineering (reasonably requiring the use of ropes or glides), pot holing, rafting or canoeing involving white water rapids, underwater activities requiring the use of artificial breathing apparatus, professional sport, rugby league or union, aerial activities, parascending or aviation (other than as a fare-paying passenger in a certified multi-engine aircraft flown in the course of licenced operations for the transportation of passengers).
 - n. Suicide, attempted suicide or wilfully self-inflicted **injury** or **illness**, mental disorder, anxiety, stress or depression, venereal disease, alcoholism, drunkenness or abuse of the drugs or the use of drugs (other than drugs taken in accordance with treatment prescribed or directed by a registered medical practitioner but not for the treatment of drug addiction), self-exposure to needless peril (except in an attempt to save human life), any loss arising directly or indirectly from any injury, illness, death loss, expenses, or other liability attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and / or any mutant derivative or variation thereof however caused.
 - o. Loss or destruction of or damage to any property whatsoever or any loss or expense

Prospectus

whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from nuclear fission, nuclear fusion or radioactive contamination.

- p. The Insured engaging in any criminal or illegal act.
- 2. Claims arising from pregnancy.
- 3. Claims increased by the Insured's own act or omission.
- 4. Losses arising from accidents on two-wheeled motorized vehicles unless the driver is duly qualified and is in possession of a current licence valid in the country where the vehicle is operated and the insured person is wearing a safety crash, or losses arising from accidents on two-wheeled motorized vehicles. Notwithstanding the foregoing, underwriters will not be liable for claims arising from accidents (as passenger or driver) on two-wheeled motorized vehicles of 125 cc or over.
- 5. Claims relating to any ownership (part, time-share or otherwise) of land or building
- 6. Consequential loss of any nature whether direct or indirect
- 7. Claims relating directly or indirectly as a result of bankruptcy or liquidation.
- 8. Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from
 - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission.
 - ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - iii. Pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds.
- 9. Provoked murder or assault, intentional self-injury or any attempt thereat
- 10. Pre-existing whether physical or mental defect or infirmity
- 11. Deliberate exposure to exceptional danger (except in an attempt to save human life)
- 12. The Company shall not be liable for any sums recovered by or on behalf of the Insured by reason of any reciprocal arrangements under any other Insurance Scheme.
- 13. Professional or organized sports or any other hazardous sports, rock climbing or mountaineering necessitating the use of ropes or guides, pot holing, hang gliding, bungee jumping, parachuting, any kind of race other than on foot or water and / or winter sports, racing speed, riding or driving in races or rallies, caving or potholing, hunting or equestrian, scuba diving or other underwater activity, rafting or canoeing involving white-water rapids, yachting or boating outside coastal waters or endurance tests, hazardous pursuits or occupation or air travel (other than as a passenger in a duly licenced passenger carrying aircraft). The claim is also not payable if it arises from participation in potentially dangerous sports for which the Insured Person is either untrained, or physically unfit or using improper equipment.
- 14. The Insured engaging in or taking part in armed forces/military, naval or air force service or operations and / or flying or other aerial activity except as a passenger in a fully licenced aircraft operated by licenced commercial air carrier or recognized air charter Company (the word

Prospectus

“passenger” does not include any member of the aircrew or a technician working in or upon an aircraft);

15. Congenital anomalies or any complications or conditions arising therefrom
16. **Change-of-Gender treatments:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
17. **Unproven Treatment :** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
18. **Sterility and Infertility :** Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
19. This insurance shall not cover:
Loss, damage or destruction:
 - i. Arising from confiscation or detention by customs or other official authorities;
 - ii. Which at the time of the happening of such loss, damage or destruction is insured by or would, but for the existence of this insurance, be insured under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.

V. General Conditions:**Applicable to all Sections Unless Stated Otherwise**

1. The maximum number of travel days that may be insured, under the policy, shall be 180 days. Provided that the policy may be extended only twice beyond the initial period of 180 days during the trip duration by a maximum of additional 180 days at the discretion of the Company. Extension of policy during the duration of the Trip can be done only twice at the discretion of the Company. The Insured shall submit a declaration letter clearly mentioning the claims filed during the original policy duration and also his/her health status as on the date of declaration. 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.
2. The **policy** applies to incidents outside the Republic of India unless specifically stated otherwise.
3. Policy start date should be on or before the **trip** start date. However, the **policy** will be valid only if the Insured Journey commences within 14 days of the first day of insurance as indicated in the **Policy** Schedule.
4. Written notice of **accidents**, proceedings or any other events which may give rise to a claim should be given to the **Assistance Company** immediately but in any case, not exceeding 30 days after return of the insured back to the scountry of residence. All certificates, information

Prospectus

and evidence required by the Company or the **Assistance Company** shall be furnished at the expense of the Insured or his legal representatives.

5. No refund of premium will be allowed once cover under any Section has commenced.
6. Except with the written consent of the Company, no person is entitled to admit liability on their behalf or to give any representations or other undertakings binding upon them. The Company shall be entitled to conduct all proceedings arising out of or in connection with claims in the name of the Insured and to instruct Solicitors of their own choice for this purpose.
7. In the event of death of the Insured, the Company shall have the right to have a post-mortem at their own expense.
8. No payments will be made under Section 1, 2, 3 and 4 without the appropriate Medical Certificate.
9. All claims that are payable to the Insured Person shall be paid in Indian currency only.
10. No sum payable under this policy shall carry interest.
11. The Insured shall act in a prudent manner and exercise reasonable care for the safety and supervision of his property as if uninsured.
12. In the event of a claim for Medical Expense or Personal Accident a medical adviser or advisers appointed by the Company or the Assistance Company shall be allowed to examine the Insured as often as the Company or the Assistance Company shall consider necessary.
13. The due observance and fulfilment of all the terms and conditions of this insurance by the Insured or anyone acting on his/her behalf in so far as they relate to anything to be done or complied with by the Insured or anyone acting on his/her behalf shall be a condition precedent to any liability of the Company to make any payment under this insurance.
14. The Company may at their own expense take proceedings in the name of the Insured to recover compensation from any Third Party in respect of any indemnity provided under this insurance and any amounts so recovered shall belong to the Company. The Insured shall render all such reasonable assistance to the Company or the **Assistance Company** as the Company may require.
15. This insurance shall be construed and have effect under the laws of the Republic of India

VI. Assistance in case of Emergency

It is a condition precedent to liability hereunder that in the event that an insured person suffers **illness** or **injury** or is in any event to be hospitalized, the insured person or their representative must inform **THE**

ASSISTANCE COMPANY immediately for assistance or advice. The insured person or his/her representative should furnish to the **Assistance Company** as much information concerning the **illness** or **Accident** as is available, including the name of the treating doctor, name and telephone number of the hospital, the complete overseas travel insurance **policy** number and its date of issue and any other information required by them relevant to process the claim under this **policy**.

Important Note:

Where the Insured Person is covered under any other health insurance policy in addition to this Overseas Travel Insurance Policy, any payment or settlement of a claim under this Policy for life-threatening pre-existing conditions shall not be deemed, interpreted, or construed as a waiver of the Company's rights.



Prospectus

The Company shall retain and reserve the right to repudiate or deny any claim, including claims relating to hospitalization expenses under such other health insurance policy, on grounds including but not limited to non-disclosure, misrepresentation, suppression of material facts, or the existence of any pre-existing disease, in accordance with the terms and conditions of the respective policy.

VII. Standard Terms and Conditions

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular 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 devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.
2. **Reasonable Care:** The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.
3. **Observance of terms and conditions:** The due observance and fulfilment 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, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
4. **Material change:** The Insured shall immediately notify the Company by fax and in writing of any material change in the risk and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the Insured items or trade or business practices thereby 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 and unless so adjusted, any claim arising only out of such material change shall not be paid.
5. **Records to be maintained:** The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of the period of insurance furnish such information as the Company may require.
6. **No constructive Notice:** Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.
7. **Notice of charge etc.:** The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.
8. **Special Provisions:** Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.
9. **Duties of the Insured on occurrence of loss:** It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this insurance the Insured Person or his / her representative should
 - i. notify the Assistance Company immediately and in any case within 48 hours after an actual or a potential loss begins or as soon as reasonably possible (but not later than 30 days after such loss begins)

Prospectus

- ii. take all reasonable and proper care to safeguard the covered property
- iii. notify the police or other appropriate authority in case of robbery or theft within 24 hours.

If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.

10. **Rights of the Company on happening of loss or damage:** The Company at its own expense shall have the right and opportunity to examine the Insured through the Company's appointed agents whose details will be informed to the Insured. The Company as and when reasonably required during the pendency of any claim shall have the right and opportunity to conduct Postmortem examination of the body of the Insured Person as permitted by law.

If the insured or any person on his behalf shall not comply with the requirement of the Company,

or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the **Policy** shall be forfeited.

11. **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 the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession 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 the **Policy**.

12. **Subrogation:** In the event of payment under this **Policy**, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights.

The Insured 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'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.

13. **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 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 does not apply to Personal **Accident** claims that will be paid up to the limits specified in the **policy**.

14. **Fraudulent claims:** If any claim is in any respect fraudulent, or if any false statement, or



Prospectus

declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his behalf to obtain any benefit under this **Policy**, or if a claim is made and rejected and no court action or suit is commenced within three years after such rejection or, in case of arbitration taking place as provided therein, within 3 years after the Arbitrator or Arbitrators have made their award, all benefits under this **Policy** shall be forfeited.

15. **Cancellation/Termination:** Cancellation of the policy may be done only where a journey is not undertaken and only on production of the Insured's passport as a proof that the journey has not been undertaken.
Such cancellation will be subject to deduction of cancellation charges by the Company.
16. **Renewal condition:** This insurance is non-renewable and not refundable while effective.
17. **Policy Disputes:** Any dispute concerning the interpretation of the terms, 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.
18. **Notices:** Any notice, direction or instruction given under this Policy by the policyholder/ claimant shall be in writing and delivered by hand, post or email to Galaxy Health Insurance Company Limited, Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600 035, Toll Free No.18002030007, E-Mail: support@galaxyhealth.com
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery or e-mail.

Assistance Company:

**Europ Assistance India Private Limited,
Star Hub Building, No. 2, 7th floor,
Near ITC Maratha Hotel, Sahar
Andheri (East) 400059.
Website - www.europ-assistance.in**

19. **Notification of Claim:** In the event of claim, notify the Assistance Company immediately through any of the below mentioned channels;

When dialing from USA: 18557846053 (Toll-Free)

When dialing from Rest of the World: +91 22-69635376 (Callback facility)

Email: claims-galaxy.in@redion.com

Assistance Company:

**Europ Assistance India Private Limited,
Star Hub Building, No. 2, 7th floor,
Near ITC Maratha Hotel, Sahar**



Prospectus

Andheri(East) 400059.

E-mail - www.europ-assistance.in

20. Making a Claim: If the Insured needs to make a claim he/she will need to complete a Claim Form as soon as possible after the incident has occurred. The Insured must do this within 30 days of his/her return home.

21. Claim Filing Procedures: The Insured is requested to submit the following documents in support of the respective claim. The documents mentioned here are the minimum documents necessary for claims processing. If the Company / Assistance Company need additional information the same may be called for when required.

Note

- Where the cost of medical services is more than \$100 prior approval of the Company is required.
- KYC (Identity proof with Address) of the proposer, as per AML Guidelines.

A. Cashless Facility:

- The Policyholder or Insured Person must call the Company's / Assistance Company's call center as specified in the Policy Schedule and request authorization for the proposed treatment by way of submission of a completed preauthorization form at least within 24 hours of admission to Hospital, if the Hospitalization is required.
- The Company or the Assistance Company will confirm in writing authorization or rejection of authorization to avail Cashless Facility for the Insured Person's Hospitalization.
- If the request for availing Cashless Facility is authorized by the Company or the Assistance Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility.
- Payment in respect of all deductible amounts as applicable shall be made directly by the Policyholder or Insured Person to the Network Provider.
- If the Company or the Assistance Company does not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to the Company or the Assistance Company to determine the admissibility of the Claim or
- If the treatment is not taken at a Network Provider, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which will be considered by the Company subject to the terms, conditions and exclusions under the Policy.
- It is agreed and understood that in all cases where availing of Cashless Facility has been authorized in writing by the Company or the Assistance Company, all the information and documents as specified for the Benefit shall be submitted to the Company or the Assistance Company immediately and in any event before the Insured

Prospectus

Person's discharge from Network Provider.

- Before availing the Cashless Facility, Policyholder or the Insured Person is required to check the applicable list of Network Providers for the area where he intends to avail the Cashless Facility through the Assistance Company contact number as provided in the Policy Schedule or by visiting the Assistance Company website or Company's website.

- B. Reimbursement Facility:** Reimbursement of all claims (except claims under Emergency Cash Assistance) will be made by the Assistance Company in Indian Rupees on the Insured's return to India. The Insured shall immediately and in any event not later than 30 days after his return to India, notify the Assistance Company and obtain a Claim Form for completion and return to the Assistance Company along with supporting invoices and any other documentation or information that might be required or requested by the Assistance Company.

22. Claim Documents

/ Section 1: Emergency Medical Expenses, Emergency Medical Evacuation, Transportation Repatriation of Mortal Remains, Outpatient Treatment, Pre-existing Cover in Life-Threatening condition and Hospitalisation Daily Allowance

- The claim form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately
- Hospital bills, Receipts in Original, Discharge Certificate of Hospital (original) Cash Memos from the Hospital / Chemist (s) supported by proper prescription clearly showing the diagnosis or ailment,
- Receipts and Pathological Reports, Certificate from the attending doctor that the patient is fully recovered. Treatment taken on different dates for separate ailments will be treated as separate claims.
- For Transporting the Mortal Remains to the Country of Residence or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death needs to be submitted.
- For reimbursement of extra expenses of Transportation of Insured to the Country of Residence, a medical statement from a qualified & registered Physician indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements from relations or spouses will not be accepted.
- Original bills/receipts of the expenses incurred need to be submitted also. These would be paid as per the usual and customary charges incurred for the same.

Section 2 : Dental Treatment

- The claim form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.
- Bills/ vouchers/ reports giving the details of the tooth treated and the treatment performed. Treatment taken on different dates for separate ailments will be treated as separate claims.

Prospectus

Section 3 and Section 4: Personal Accident and Accidental Death and Disability due to Common Carrier:

- Duly completed claim form
- Police Report,
- Death Certificate (if Applicable),
- Original bills/ vouchers/ reports/ discharge summary that are submitted, must mention the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment.
- Post-mortem report, if applicable, shall also be submitted.
- Valid ticket or certificate from the common carrier establishing the Insured Person's Bona fide travel in the affected common carrier at the time of Accident.

Section 5 : Loss of Passport and / or International driving licence:

- Duly completed claim form
- Police Report and statement of expenses for Emergency Passport / International driving licence along with original bills

Section 6: Total Loss of Checked-In Baggage:

- Duly completed claim form
- Property Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage will need to be submitted with the claim form along with a letter from the airline stating the compensation received from them for the lost baggage.
- Adequate proof of value of items contained within checked-in baggage valued in excess of USD 100 for loss/delay of checked-in baggage will need to be submitted.

Section 7: Delay Of Checked-In Baggage:

- Duly completed claim form
- Original bills of emergency items purchased
- Property Irregularity report or any other such report from the airline stating the date and time of arrival of delayed baggage.

Section 8: Personal Liability: Duly completed claim form, Details of Incident and proof of judicial decision rendered by a court of law.

Section 9: Hijack Distress Allowance:

- Duly completed claim form
- Proof of Travel on the Aircraft (Copy of Hijacked Flight ticket along with boarding pass)
- Newspaper cutting or any other proof of hijacking of the Aircraft

Section 10- Trip / Flight Delay:

- Duly completed claim form
- Confirmation from the airline, clearly mentioning the scheduled arrival time and the actual

Prospectus

arrival time and the reason for delay of the flight.

- All the bills / receipts of reasonable additional expenses incurred shall be submitted to the Company.

Section 11: Trip Cancellation / Interruption:

- Duly completed claim form
- Any appropriate documentation that officially explains the cause of The Insured's trip cancellation.
- Any explanation of diagnosis along with the Insured's original itemized bills, receipts, and proof of other insurance payments.
- Proof of unused tickets, copies of invoices, proof of payments, and other documents that substantiate the cost or occurrence of the trip cancellation or interruption.
- Documentation of refunds received from the travel supplier(s) and / or Common Carrier(s).
- Copy of the supplier's literature that describes penalties, e.g. A letter of the tour operator or an itemized bill from the travel agent stating the non-refundable amounts of the Trip costs.

Section 12- Missed Connection / Departure:

- Duly completed claim form
- Confirmation from the airline, clearly mentioning the reason for missed departure of the flight, including personal letter by the Insured along with the verification of the cause by the Police/Recognized Authority.
- All the bills / receipts of reasonable additional expenses incurred shall be submitted to the Company in original.

Section 13- Emergency Cash Assistance

- Duly completed claim form
- Copy of FIR/Police report obtained within 24 hours of theft.

Section 14- Bounced Hotel/Airline Booking

- Duly completed claim form
- A confirmation from the Airline and / or accommodation provider of the bounced booking having occurred solely at their instance and responsibility along with reason.
- Original and Alternate travel ticket invoice and payment receipts
- Original and Alternate accommodation booking invoice and payment receipts
- Refund invoice from airline and / or accommodation provider along with any non-refundable charges (if any)
- Any amount/coupon received in the form of compensation from the Airline and / or accommodation provider (if applicable)

Prospectus

Section 15 – Compassionate Visit

- Duly completed claim form
- A certificate from the Medical Practitioner recommending the presence in the form of special assistance to be rendered by a member of the Family or near relative during the entire period of Hospitalisation. Certificate to also specify the minimum period of Hospitalisation.
- Discharge summary of the Hospital furnishing details – date of admission, date of discharge, and the presence of the member of the Family or near relative on all days of Hospitalisation.
- Original ticket used for the travel to and fro by the member of the Family or near relative.
- And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

Section 16 – Return of Minor Child

Duly completed claim form to be supported by:

- i. A certificate from the Medical Practitioner specifying the cause and minimum period of Hospitalisation
- ii. Discharge summary of the Hospital furnishing details - date of admission, date of discharge and the confirmation by the attending Medical Practitioner of presence of the attendant member of the family or near relative on all days of Hospitalisation.
- iii. Original ticket(s) used for the travel by the Minor Child(ren) back to the Country of Residence, if the ticket(s) are bought on behalf of the Insured without any interference of the Company
- iv. Photocopy of the death certificate (wherever applicable) providing the details of the place, date and time, and the circumstances and cause of the death (photocopy of the post-mortem certificate, wherever required by the Assistance Company, for cases where postmortem is conducted), issued by the appropriate authority where the contingency has arisen.
- v. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

23. Automatic Extension: The Company shall grant automatic extension once of 7 days, from the policy period end date, if the extension is necessary and is solely due to any of the reasons mentioned below:

- a. If a Claim is admitted and the Insured Person is still hospitalized overseas after the expiry of the Period of Insurance and not fit to travel as per the treating Medical Practitioner.
- b. Death of travelling companion during the trip
- c. Travelling Companion is hospitalized as In-patient Care in Emergency Care due to illness or injury; or
- d. Any natural calamity which prevents the accessibility of the place of destination which forces the Insured to extend the trip; or
- e. Cancellation or Re-scheduling of the Common Carrier due to unexpected strike, riot or Civil commotion at the port where the Trip was extended.



Prospectus

Provided that:

- (i) Any actual/possible refundable amount pertaining to the original scheduled return ticket will be deducted from the admissible Claim amount.

A. Exclusions applicable to this Benefit

- (i) Trip is cancelled due to natural calamity not declared by the appropriate government authority
- (ii) Any extension due to Childbirth, Pregnancy or related medical complications occurring to you or your immediate family member or traveling companion.

B. Specific Claim Documents applicable to Automatic Extension

- a. Medical reports and discharge summary wherever applicable
- b. Copy of death certificate in case of death.
- c. Proof that the Immediate Family member was travelling with the Insured Person

Important Note: The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

24. Customer Service and Grievances: If at any time the Insured Person requires any clarification or assistance, the insured may contact Galaxy Health Insurance Company Limited, Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035, during business hours of normal working days

Grievance Department: In case of any grievance the insured person may contact the Company through the website: www.galaxyhealth.com Toll-free: 18002030007 Senior Citizens may call at 18002030007 E-mail: gro@galaxyhealth.com Phone No.: 044 - 4001 7238 Courier: Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

Insured Person may also approach the Grievance Officer at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the Grievance Redressal Officer (GRO) at corporate office - 044 - 4001 7238

For updated details of Grievance Officer, kindly refer the link <https://www.galaxyhealth.com/grievance-redressal> If Insured Person is not satisfied with the redressal of grievance through the above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. For the details of Insurance Ombudsman, please visit:



GALAXY HEALTH INSURANCE COMPANY LIMITED

Reg. Office: Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

T: 044 – 4001 7227 | Website: www.galaxyhealth.com | CIN: U65120TN2023PLC165765 IRDAI Reg. No.:167

Prospectus

<https://cioins.co.in/Complaint/Online>.

Grievance may also be lodged at IRDAI Integrated Grievance Management System -

<https://bimabharosa.irdai.gov.in/>.

Important Note: IRDAI or its officials are not involve in activities like selling insurance policies, announcing bonuses or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint

Prohibition of Rebates: Section 41 of Insurance Act, 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupee.

Schedule of Benefits - Limits of Coverage & Deductibles (Given in Brackets)

Plan Names	Indemnity/ Benefit	Plan 1 – Worldwide Including USA and Canada	Plan 2 - Worldwide Excluding USA and Canada	Plan - 3 EUROPE	Plan 4 - ASIA
Sum insured Options		USD 50K, USD1L, USD 2.50L, USD 5L	USD 50K, USD1L, USD 2.50L, USD 5L	USD 50K, USD 1L	USD 25K, USD 50K, USD 1L
Coverage					
Emergency Medical Expenses	Indemnity	Covered up to Sum Insured (USD 100)	Covered up to Sum Insured (USD 100)	Covered up to Sum Insured (USD 100)	Covered up to Sum Insured (USD 100)
Outpatient Treatment	Indemnity	Covered up to 1% Sum Insured (USD 100)	Covered up to 1% Sum Insured (USD 100)	Covered up to 1% Sum Insured (USD 100)	Covered up to 1% Sum Insured (USD 100)
Emergency Medical Evacuation	Indemnity	Covered up to Sum Insured (USD 100)	Covered up to Sum Insured (USD 100)	Covered up to Sum Insured (USD 100)	Covered up to Sum Insured (USD 100)
Transportation / Repatriation of mortal remains	Indemnity	Covered up to USD 15000 (USD 100)	Covered up to USD 15000 (USD 100)	Covered up to USD 10,000	Covered up to USD 10,000

GALAXY HEALTH INSURANCE COMPANY LIMITED

Reg. Office: Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

T: 044 – 4001 7227 | **Website:** www.galaxyhealth.com | **CIN:** U65120TN2023PLC165765 **IRDAI Reg. No.:** 167

Prospectus					
Pre-Existing Cover in Life Threatening Conditions	Indemnity	For SI USD 50,000 and USD 1,00,000 - Up to USD 5,000 per policy period For SI USD 2,50,000 and USD 5,00,000 - Up to USD 10,000 per policy period	For SI USD 50,000 and USD 1,00,000 - Up to USD 5,000 per policy period For SI USD 2,50,000 and USD 5,00,000 - Up to USD 10,000 per policy period	Covered up to USD 5,000 per policy period	Covered up to USD 5,000 per policy period
Hospitalisation Daily Allowance	Benefit	USD 100 per day max for 10 days; (2 days)	USD 100 per day max for 10 days; (2 days)	USD 50 per day max for 7 days; (2 days)	USD 25 per day max for 7 days; (2 days)
Dental Treatment	Indemnity	Up to USD 500 (Due to sudden acute pain) (USD 100)	Up to USD 300 (Due to sudden acute pain) (USD 100)	Up to USD 200 (Due to sudden acute pain) (USD 25)	Up to USD 100 (Due to sudden acute pain) (USD 25)
Personal Accident (Death, PTD)	Benefit	10% of SI max of 25000 USD	10% of SI max of 25000 USD	10% of SI	10% of SI
Accidental death & Disability due to Common Carrier	Benefit	Covered up to USD 5,000	Covered up to USD 5,000	Covered up to USD 2,500	Not Covered
Loss of Passport and/ or International Driving Licence	Indemnity	Up to USD 500 for Passport; Up to USD 200 for International Driving Licence (Deductible USD 25)	Up to USD 300 for Passport; Up to \$100 for International Driving Licence (Deductible USD 25);	Up to USD 250 for Passport; Up to USD 100 for International Driving Licence (Deductible USD 30);	Up to USD 250 for Passport; Up to USD 100 for International Driving Licence (Deductible USD 30);
Total Loss of Checked-in baggage	Indemnity	Covered up to USD 700	Covered up to USD 700	Covered up to USD 500	Covered up to USD 500
Delay of Checked-in Baggage	Indemnity	USD 200 (beyond 12 hrs)	USD 100 (beyond 12 hrs)	USD 50 (beyond 12 hrs)	USD 50 (beyond 12 hrs)
Personal Liability	Indemnity	Up to USD 50,000 (USD 100)	Up to USD 50,000 (USD 100)	Up to 10% of SI	Not Covered

GALAXY HEALTH INSURANCE COMPANY LIMITED

Reg. Office: Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

T: 044 – 4001 7227 | **Website:** www.galaxyhealth.com | **CIN:** U65120TN2023PLC165765 **IRDAI Reg. No.:** 167

Hijack Distress Allowance	Benefit	USD 200 (12 hrs)	USD 200 (12 hrs)	Prospectus	
				USD 100 (12 hrs)	USD 100 (12 hrs)
Trip/Flight Delay	Indemnity	USD 350 (6 hrs) (USD 25)	USD 250 (6 hrs) (USD 25)	USD 150 (6 hrs) (USD 25)	USD 150 (6 hrs) (USD 25)
Trip Cancellation / Interruption	Indemnity	USD 2,500 (USD 50)	USD 2,000 (USD 50)	USD 500 (USD 50)	USD 500 (USD 50)
Missed Connection / Departure	Indemnity	Covered up to USD 250 (6 hrs)	Covered up to USD 200 (6 hrs)	Covered up to USD 150 (6 hrs)	Covered up to USD 150 (6 hrs)
Emergency Cash Assistance	Service	Covered up to USD 2,000	Covered up to USD 2,000	Covered up to USD 1,000	Not Covered
Bounced Hotel / Airline Booking	Indemnity	Up to USD 1,000	Up to USD 1,000	Up to USD 750	Not Covered
Compassionate visit	Indemnity	Up to USD 5,000	Up to USD 3,000	Up to USD 2,500	Up to USD 2,500
Return of Minor Child	Indemnity	Up to USD 3,000	Up to USD 2,000	Up to USD 1,000	Not Covered
Assistance Service	Service	Available	Available	Available	Available