

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER												
Product Name	Easy Travel - Family													
What am I covered for:	<ol style="list-style-type: none"> 1. Medical Treatment - Coverage for Inpatient & Outpatient treatment including transportation to the medical facility 2. Dental Treatment - Medical Expenses for pain relieving dental treatment received by the Insured Person 3. Medical Evacuation: Expenses incurred in transportation from a Hospital to the nearest advanced medical facility, if medically necessary 4. Repatriation of mortal remains - Payment for transporting mortal remains back home. 5. Balance Period of Policy + 30 days - Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period 6. Total Loss of Checked-in Baggage - Payment for purchasing new items if Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier 7. Delay of Checked in baggage - Payment for purchasing essential personal items of medication, clothing etc incase checked-in baggage's delivery is delayed by a Carrier 8. Loss of Passport - Reimbursement of expenses for obtaining duplicate or fresh passport 9. Financial Emergency Cash - Lumpsum amount as stated in schedule of benefits incase travel funds are lost due to the theft, pilferage, robbery or dacoity. 10. Personal Liability - Payment towards third party death, bodily injury or property damage. 11. Personal Accident - Lumpsum amount in the event of death or Permanent Total disablement due to an accident 12. Personal Accident (Common Carrier) - Lumpsum amount in the event of Accident in a Carrier 13. Hijack Daily Allowance - Daily fixed amount payable if the aircraft is hijacked for a period of more than 12 hours <p>Note: These benefits are effective only if mentioned in the Schedule of Benefits.</p>	<p>Section 1 1)</p> <p>Section 1 2)</p> <p>Section 1 3)</p> <p>Section 1 4)</p> <p>Section 1 5)</p> <p>Section 2</p> <p>Section 3</p> <p>Section 4</p> <p>Section 5</p> <p>Section 6</p> <p>Section 7 a)</p> <p>Section 7 b)</p> <p>Section 11</p>												
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>Self inflicted injury, suicide or attempted suicide, psychiatric or mental disorders, HIV/AIDS, Sexually transmitted diseases, insured persons participation or involvement in naval, military or airforce operations, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, committing or attempting to commit any breach of law with criminal intent, , abuse of intoxicants or hallucinogens including intoxicating drugs & alcohol, War or any act of war, invasion, act of foreign enemy, war like operations, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, riot, chemical, radioactive or nuclear contamination, Pregnancy childbirth & it's complications, treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover, non allopathic treatment.</p>	Section: General Exclusions												
Waiting Period/ Deductible	<table border="1"> <thead> <tr> <th>Cover</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>Medical Expenses</td> <td>\$100</td> </tr> <tr> <td>Dental</td> <td>\$100</td> </tr> <tr> <td>Delay of Checked Baggage</td> <td>12 hrs.</td> </tr> <tr> <td>Loss of Passport</td> <td>\$30</td> </tr> <tr> <td>Hijack Daily Allowance</td> <td>12 hrs.</td> </tr> </tbody> </table>	Cover	Deductible	Medical Expenses	\$100	Dental	\$100	Delay of Checked Baggage	12 hrs.	Loss of Passport	\$30	Hijack Daily Allowance	12 hrs.	Section Benefits
Cover	Deductible													
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Delay of Checked Baggage	12 hrs.													
Loss of Passport	\$30													
Hijack Daily Allowance	12 hrs.													
Payout basis	<ol style="list-style-type: none"> 1. Cashless Settlements & Reimbursement for Inpatient Treatment abroad 2. Reimbursement for outpatient medical expenses and travel emergencies 	Section Benefits												
Cost Sharing	Not Applicable													
Renewal Conditions	The Single Trip Insurance is non-renewable.	General Conditions o)												
Renewal Benefits	Not Applicable													

Cancellation	This policy would be terminated on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice with refund of premium on pro-rata basis.		General Conditions m)
How to Claim	<p>When Outside India</p> <p>From USA: 18333792437 (Toll Free 24 x 7) From Canada: 01180033441111 (Toll Free 24 x 7) From Greece: 80016122039923 (Toll Free 24 x 7) From Australia: 001180033441111 (Toll Free 24 x 7) From Japan, Hong Kong, Singapore and Thailand: 00180033441111 (Toll Free 24 x 7) From Rest of the world: Toll Free: 0080033441111 and +912267347845 (with call Back Facility)</p>	<p>When in India</p> <p>Toll Free: 1800 209 4440; Landline: +91 22 6734 7846 (Monday to Friday 9 am to 6 pm)</p>	Claim Related Information
	<p>In the case of an emergency or the need for medical treatment, please ensure that you or your family member contact Europ Assistance to access providers in the CMN/First Health network in the United States or Canada.” World Wide Fax No: +91 2267347888 E-mail: apollomunich@europ-assistance.in Address: Claims Department, Apollo Munich Health Insurance Company Limited, C/O Europ Assistance India Pvt. Ltd., C-301, Business Square, Andheri Kurla Road, Chakala, Andheri (East) Mumbai-400093, India</p>		

We would be happy to assist you. For any help contact us at: E-mail: customerservice@apollomunichinsurance.com Toll Free : 1800 102 0333

Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

BENEFITS

We will provide the Benefits as detailed below and shown in the Schedule to be operative for an event or occurrence described in such Benefits that occurs during the Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that Section during the Policy Period.

Section. 1 Medical Treatment, Assistance & Evacuation

If any Insured Person suffers an Illness or Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay:

1) Medical Treatment

Medical Expenses for the following only:

- Out patient treatment.
- In patient treatment in a Hospital at either the place where the Insured Person is situated or the nearest Hospital.
- Medical aids that are necessary as part of the medical treatment for broken limbs or injuries (such as plaster casts and bandages) and walking aids prescribed in writing by a Doctor.
- Radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a Doctor.
- Diagnostic procedures (including X-Ray) prescribed in writing by a Doctor.
- Transportation by recognised emergency services for immediate medical attention at the nearest Hospital or to the nearest available Doctor.
- Transfer to a special clinic provided that the transfer is medically necessary and prescribed by a Doctor.

2) Dental Treatment

Medical Expenses for pain relieving dental treatment received by the Insured Person:

- At the nearest dental facility because of an Accident or
- Following sudden acute pain to one or more of the Insured Person's natural teeth but only if received under anaesthesia and subject to the Dental Treatment sub limit of this Section 1 Sum Insured.

3) Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Doctor if We are satisfied this is necessary) from a Hospital to the nearest facility which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that:

- Transportation has been prescribed by a Doctor and is medically necessary, and
- Our TPA has agreed to the reimbursement of the costs of transportation in writing in advance of the transportation, and
- If transportation is required, then Our TPA will discuss with the Doctor whether to transport the Insured Person to a more suitable country for medical treatment or to India.

4) Repatriation of mortal remains

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains from the foreign country to his permanent place of residence or a cremation or burial ceremony in the foreign country.

5) Balance Period of Policy + 30 days

Medical Expenses for inpatient treatment at an Indian Hospital taken within a maximum of 30 days from the end of the Risk Period if:

- Our TPA has confirmed that continued medical treatment is required to

restore the Insured Person to his former physical condition immediately before the claim, and

- This is consequent upon the Accident or Illness that occurred during the Risk Period.

6) Hospital Daily Allowance

If We have accepted a claim under Section 1 1), then We will in addition pay the daily cash amount mentioned in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalised, provided that Our liability to make payment will only commence after the Insured Person has been Hospitalised for a continuous period of more than 48 hours.

Special Exclusions to Section 1

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- Any absence from India which is for the purpose of obtaining medical treatment.
- A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Section 1 1) for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorised by Our TPA.
- Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India. Our TPA will consult with the attending Doctor and Our medical practitioner in reaching a decision and You agree to be bound by Our TPA's decision in this regard.
- Any treatment of cancer, orthopedic, degenerative or oncology diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- Any costs in any way related to psychiatric or mental disorders.
- Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either provided that:
 - This exclusion shall not apply if the Insured Person's pregnancy had not advanced beyond the 30th week and her Age is 38 or less at the commencement of the Risk Period, in which case We will reimburse the reasonable cost of the medically necessary emergency treatment required because of acute complications during the course of her pregnancy to directly avert danger to her life or that of the unborn child.
 - We will not make any payment towards the cost of abortion, childbirth or any postnatal illness or disease or their consequences.
- Rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any congenital internal or external diseases, defects or anomalies.

Section. 2 Total Loss of Checked-in Baggage

If an Insured Person's accompanying checked-in baggage for an overseas journey is permanently lost by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will pay the amount required to purchase new items of the same kind and quality less the amount representing the condition and reasonable depreciation of the articles lost, provided that:

- Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item of baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the Sum Insured.
- The Insured Person obtains a property irregularity report from the Carrier confirming the loss.
- If We accept a claim under Section 3 and there is a subsequent claim under

this Section in respect of the same baggage, We will pay the difference between the amount due or paid under Section 3 and the amount payable in respect of the subsequent claim.

- a) Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return to India, including all halts and destinations specified therein.
- b) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Special Exclusions to Section 2

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Valuables, Money, any kinds of securities or tickets.
- b) Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.
- c) Any item within the checked-in baggage that is valued at more than US\$100 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- d) Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
- e) Any item that the Carrier's policy or rule specifies should not have been carried.

Section. 3 Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying checked-in baggage for an overseas journey is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger to that overseas destination and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

- a) The delay is 12 or more hours from the scheduled arrival time.
- b) You give Us written proof of delay from the Carrier.
- c) Our liability will be limited to the travel destinations specified in the Insured Person's travel ticket from India and return trip back to India, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Special Exclusion to Section 3

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- a) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- b) Any delay of checked-in baggage on the return to India

Section. 4 Loss of Passport

If an Insured Person loses his passport during the Risk Period, then We will reimburse the actual expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days of his return to India.

Special Exclusions to Section 4

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Loss, delay or confiscation or detention by customs, police or public authorities.
- b) The theft of a passport unless the theft is reported to the police of the foreign country within 24 hours and a written Police Report confirming the theft has been submitted to Us.
- c) Loss or theft of passport from a private vehicle or a private place unless it was kept in a locked hotel room or apartment and forcible or violent entry was used to gain access to it.

Section. 5 Financial Emergency Cash

If an Insured Person has suffered a financial emergency due to the theft, pilferage, robbery or dacoity of his Money comprising his travel funds during the Risk Period and is consequently left without any travel funds, then We will pay up to the amount stated in the Schedule to replace the travel funds lost, provided that the loss is

reported to the police of the foreign country within 24 hours of loss and a written police report confirming the loss has been submitted to Us.

Special Exclusions to Section 5

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Any claim that is reported to Us more than 2 days after the date on which the funds were stolen.
- b) Any currency fluctuation, errors, omission, exchange, loss or depreciation in value.
- c) Any claim in respect of the loss of a traveller's cheque which is not immediately reported to the local branch or agent of the issuing authority.
- d) Any loss of Money that was not in the personal custody of the Insured Person.
- e) Any loss of Money in respect of which a claim is made only after the Insured Person has already returned to India.

Section. 6 Personal Liability

- a) We will indemnify an Insured Person subject to the Limit of Indemnity specified in the Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.
- b) To the extent that We accept a claim under a) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.
- c) Coverage under a) is limited to third party civil claims which are made against an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period.

Special Conditions to Section 6

- a) The Insured Person shall:
 - i) Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
 - ii) Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
 - iii) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- b) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
- c) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.
- d) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

Special Exclusions to Section 6

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A claim by one Insured Person against another or against an Insured Person by a relation, a travelling companion or work colleague.
- b) The transmission of an illness or disease by an Insured Person.
- c) The Insured Person's professional activities or the supply of goods or services.

- d) Being a keeper or owner of animals.
- e) The ownership, possession or use of vehicles, aircraft or watercraft.
- f) The use or misuse of weapons, including firearms.
- g) Any deliberate, wilful, malicious or unlawful act or omission.
- h) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- i) Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- j) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

Section.7 Personal Accident & Common Carrier

- a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:
 - i) His death within 90 days of the Accident, then We will pay the Sum Insured to the Insured Persons' nominee.
 - ii) The permanent impairment of the Insured Person's physical capabilities within 90 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Doctor and Our medical advisor within 180 days of the Accident.

Table of Benefits	% of Sum Insured
Loss or Inability to function of :	
An Arm at the shoulder joint	70 %
An arm to a point above elbow joint	70 %
An Arm below elbow joint	60 %
A hand at the wrist	50 %
A thumb	20 %
An Index finger	10 %
Any other finger	5 %
A leg above center of the femur	70 %
A leg up to a point below the femur	70 %
A leg to a point below the knee	50 %
A leg up to the center of tibia	45 %
A foot at the ankle	45 %
A big toe	5 %
Some other toe	2 %
An Eye	50 %
Hearing in one Ear	30 %
Sense of smell	10 %
Sense of Taste	5 %
Hearing of both Ears	60 %

- b) However, if the Accident occurred while the Insured Person was travelling as a fare paying passenger in a Carrier (including boarding and alighting from that Carrier) or was struck by a Carrier, then Our payment will be by reference to the Carrier PA Sum Insured specified in the Schedule.

Special Conditions to Section 7

- a) If the Insured Person suffers a partial loss or impairment of the function of one of the aforementioned body parts or senses, We will determine the appropriate proportion of the percentage stated in the table with Our medical advisor and We will make payment accordingly.
- b) If the injury impairs more than one of the aforementioned body parts or senses, Our payment will not exceed 100% of the Sum Insured.
- c) If the effect of the injury is not mentioned in the table, then We will determine the appropriate payment to be made with Our medical advisor and We will make payment accordingly.
- d) If the injury affects any physical function that was previously impaired, We will make a deduction proportionate to the extent of this prior disablement

which We will determine with Our medical advisor and We will make payment accordingly.

- e) If the Insured Person dies as a result of the injury within 90 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- f) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident.
- g) The Sum Insured or the Carrier PA Sum Insured, as the case may be, represents Our maximum liability to make payment for any claim for death and/or permanent impairment.
- h) If any Insured Person is below Age 16, then Our maximum payment in the event of the Insured Person's death shall be the lower of the Sum Insured or the Carrier PA Sum Insured, as the case may be, or US\$2,000.

Section. 8 Trip Delay

If an Insured Person's outward journey from India directly to an international destination or his return journey from an international destination to the first Indian destination on a Carrier as a fare paying passenger is delayed beyond its scheduled departure or arrival time during the Risk Period, then We will pay:

- a) The amount mentioned in the Schedule for the first continuous and completed 12 hour period of delay and an additional amount as mentioned in the Schedule for each continuous and completed 12 hour period of delay thereafter.
- b) If an Insured Person's outward journey from India directly to an international destination is delayed beyond its scheduled departure for a continuous and completed 24 hour period, and for this reason an Insured Person cancels his journey, then We will reimburse upto the Sum Insured for those other travel and accommodation expenses that he paid and cannot recover and for which no value can be derived or he is liable to pay as long as he paid or committed to such expenses without knowledge of the likelihood of delay.

Provided that:

- i) We will not in any event make payment under both a) and b), and
- ii) For a claim under either a) or b):
 - (1) Our maximum liability shall be limited to the amount mentioned in the Schedule, and
 - (2) The Insured Person must provide Us with written confirmation from the Carrier confirming the length and exact nature of delay.
- iii) For a claim under b) We shall not reimburse any charges that could have been avoided but were incurred because of any delay in cancelling the other travel or accommodation.

Special Exclusions for Section 8

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Delay caused by strike or industrial action if already notified at the time the Insured Person booked his ticket or paid or committed to other travel and accommodation expenses.
- b) The failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
- c) Any delay arising from the order or action of any government, civil authority or official government body.

Section. 9 Trip Cancellation & Curtailment

If an Insured Person's outward journey as a fare paying passenger from India to an international destination on a Carrier is unavoidably cancelled, or is curtailed before completion after it has commenced, because of one of the reasons below, then We will reimburse up to the Trip Cancellation or Trip Curtailment Sum Insured as the case may be for those travel and accommodation expenses that he paid and cannot

recover or for which no value can be derived or he is liable to pay as long as he paid or committed to such expenses without knowledge of the likelihood of cancellation or curtailment:

- a) The death of the Insured Person or the travelling Insured Person's parent, spouse or child.
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for at least 3 days due to a sudden illness or injury.
- c) Material loss or damage to the Insured Person's property due to fire, acts of God, or third party criminal action.
- d) Government restrictions following an epidemic.

Special Exclusions to Section 9

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or any medical complications resulting within 2 months of the expected date of delivery.
- b) Negligence or fault of the travel agent.
- c) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- d) Facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation or curtailment of the trip.
- e) Suspension of services by the Carrier whether voluntarily or pursuant to any order from any authority.

Section.10 Missed Connection

If an Insured Person misses a travel connection overseas during the Risk Period because of the delayed arrival of his inward flight, which causes him to miss a connecting flight, then We will reimburse the reasonable costs actually incurred for necessary accommodation and alternative travel (must be of the same class of original ticket purchased) to reach the Insured Person's intended destination.

Special Conditions to section 10

- a) The Insured Person must do everything reasonably possible to get to the international departure point by the time specified on his ticket.
- b) Our payment will be reduced by any sum paid or payable by either the inward airline or the connecting airline for the missed travel connection.

Special Exclusions to Section 10

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A strike or industrial action of which the Insured Person should reasonably have been aware before the Risk Period.
- b) The Insured Person's failure to arrive for the Carrier's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
- c) Any occasion when the carrier has offered a reasonable alternative transport or connection or the Insured Person's ticket for the connecting flight could have been used for an alternative connection.

Section. 11 Hijack Daily Allowance

If the aircraft in which an Insured Person is travelling as a fare paying passenger to or from a foreign country during the Risk Period is Hijacked and the journey is interrupted for a continuous and completed period of more than 12 hours, then We will pay the daily allowance specified in the Schedule. General Exclusions a) and q) shall not apply to the extent of this Section only.

Special Exclusions to Section 11

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a) The first 12 hours of Hijacking.
- b) Any claim where the Insured person is considered as the principal or accessory or is in anyway involved with the Hijacking.
- c) Any claim as a consequence of change in the direction of the route of the aircraft due to traffic, weather, fuel shortage, technical snag or security reasons.

GENERAL EXCLUSIONS:

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed

forces of any country), civil war, public defence, rebellion, revolution, riot, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind.

- b) Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- c) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.
- d) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- e) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
 - i) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 - ii) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
 - iii) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.
- f) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
- g) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or illness or disease), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- h) Any non allopathic treatment.
- i) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- j) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Doctor as a direct consequence of an otherwise covered claim.
- k) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- l) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- m) Non-prescription drugs or treatments.
- n) If the Insured Person is travelling against the advice of a Doctor or is receiving or on a waiting list for specified medical treatment.
- o) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- p) Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- q) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies 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.
- r) Any non medical expenses mentioned in Annexure I

GENERAL CONDITIONS

a) Conditions Precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

b) 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 Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person.

c) Notification of Claim

- 1) If any treatment for which a claim may be made is to be taken requires Hospitalisation, then Our TPA must be informed immediately and no later than the time of the Insured Person's admission to Hospital.
- 2) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our TPA must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 3) In all other cases, We or Our TPA must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of occurrence of event..
- 4) If any time period is specifically mentioned in Sections 1-11, then this shall supersede the time periods mentioned at 1) to 3) above.

d) Supporting Documentation & Examination

- 1) The Insured Person shall provide Us with any documentation and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following in English:
 - i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
 - vii. Obs history/ Antenatal card
 - viii. Previous treatment record along with reports, if any
 - ix. Indoor case papers
 - x. Treating doctors certificate regarding the duration & etiology
 - xi. MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury
- 2) The Insured Person additionally hereby consents to:
 - i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - ii. Being examined by any medical practitioner We authorise for this purpose when and so often as We may reasonably require. We will bear the reasonable costs towards performing such medical examination (at the specified location) of the Insured Person.

e) Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made.
- 3) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices.
- 5) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care or could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us or by Our TPA or by a Doctor.
- 6)
 - i) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
 - ii) Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f) Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

g) Other Insurance

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, if the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause.

h) Subrogation

You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall

prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

i) Alterations 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 Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

j) Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- 2) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

k) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

l) Geography

This Policy applies only in the countries stated in the Schedule except for those countries where the Insured Person holds citizenship or has a permanent place of residence.

m) Termination

- 1) You may terminate this Policy at any time before the commencement of the Risk Period, by giving Us written notice and the Policy shall terminate. If no claim has been made under the Policy, We will deduct following cancellation charges and will refund the premium paid:
 - a) Rs. 250 for a Short Term Policy, or
 - b) Rs. 500 for an Annual Multi Trip policy.
- 2) We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement Your address shown in the Schedule, and We shall refund premium a rateable proportion of the premium as long as no claim has been made under the Policy.
- 3) Subject only to n) below a Short Term Policy will automatically terminate at the end of the Policy Period and shall not be renewed.
- 4) An Annual Multi Trip Policy will automatically terminate at the end of the Policy Period.

n) Extension of the Policy:

We may in Our sole and absolute discretion extend a Short Term Policy once during the Risk Period, provided that:

- 1) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- 2) We receive Your request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
- 3) The Insured Person has not made a claim before We receive Your request for extension of the Policy.
We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

o) Renewal

- a) All applications for renewal of an Annual Multi Trip Policy must be received by Us before the end of the Policy Period.
- b) We are under no obligation to give notice that any Annual Multi Trip Policy is due for renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise. We shall be entitled to call for and receive any information or documentation before agreeing to renew the Policy, and in renewing We are not bound to renew for all Insured Persons.

DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular

include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

- Def.1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def.2. **Age or Aged** means completed years as at the commencement date.
- Def.3. **Carrier** means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of goods or passengers by air, sea, road or rail for a fee.
- Def.4. **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 is approved.
- Def.5. **Child or Children** means Your children Aged between 6 months and 21 years at the commencement of the Policy Period if they are unmarried, still financially dependant on You and have not established their own independent households.
- Def.6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def.7. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured
- Def.8. **Disclosure to information norm** the Policy shall be void and all premium paid there on shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def.9. **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.
- Def.10. **Family** means legally married Spouse and/or a maximum of 4 Children as named in the Schedule.
- Def.11. **Hijacked** means the unlawful seizure or exercise of control of any Carrier by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government.
- Def.12. **Hospital** means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognised as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.
- Def.13. **Illness** means a 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:
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. it recurs or is likely to recur
- Def.14. **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, grand parent, grand parent-in-law, child, brother, sister, brother-in-law or sister-in-law, niece or nephew.

Def.15. **Insured Person** means You and the persons named in the Schedule.

Def.16. **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def.17. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Def.18. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Def.19. **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.

Def.20. **Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, travellers cheques, postal orders and current postage stamps (which are not part of a collection).

Def.21. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def.22. **OPD treatment** means one in which the Insured visits a clinic / hospital or associated facility like a 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.

Def.23. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Annexure 1 and the Schedule (as the same may be amended from time to time).

Def.24. **Policy Period** means the period between the commencement date and the expiry date specified in the Schedule.

Def.25. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Def.26. **Risk Period** means only the period between:

- i) The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and
- ii) The earlier of:
 - (a) The time when the Insured Person crosses the Indian border to return to India as a fare paying passenger on a Carrier, and
 - (b) The expiry date of the Policy Period.

Def.27. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses

Def.28. **Schedule** means the schedule attached to and forming part of this Policy, and if more than one then latest in time.

Def.29. **Spouse** means the Insured Person's legally married spouse as long as she continues to be married to him.

Def.30. **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.

Def.31. **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

and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Def.32. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def.33. **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

Def.34. **Valuables** means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.

Def.35. **We/Our/Us** means the Apollo Munich health Insurance Company Limited.

Def.36. **You/Your or Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Specific Conditions:

Family Plan (Applicable if reflected in the Schedule)

1. The minimum entry Age for You and Your Spouse shall be 18 years and the maximum entry Age shall be 70 years; and the minimum entry Age for Your Children shall be between six months and 21 years.

Senior Citizen Plan (Applicable if reflected in the Schedule)

1. The minimum entry Age for the Insured Person shall be 71 years and the maximum entry Age shall be 80 years. The maximum number of travel days that may be covered under the Policy shall be 180 days. The maximum trip duration shall not exceed 180 days in total.
2. The maximum liability for Medical Expenses under Section 1 will be limited to USD 15,000 for per Illness and USD 25,000 per Accident.

Annual Multi-trip Plan (Applicable if reflected in the Schedule)

1. The minimum entry Age for the Insured Person shall be 6 months and the maximum entry Age shall be 70 years.
2. The maximum trip duration for each and every trip is specified in the Schedule.

Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : www.apollomunichinsurance.com
- Email : customerservice@apollomunichinsurance.com
- Telephone : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at **The Grievance Cell, Apollo Munich Health Insurance Company Ltd., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Address & Contact Details of Ombudsmen Centres

Office of the Executive Council of Insurers

(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. **Tel:** 26106671/ 6889.

Email id: inscoun@ecoi.co.in **Website:** www.ecoi.co.in

If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.

<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, AHMEDABAD - 380001. Tel: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL - 462 003. Tel: 0755 - 2769201/ 9202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674 - 2596455/2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017. Tel: 0172 - 2706468/2772101 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel: 044 - 24333668/ 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002. Tel: 011 - 23234057/ 23232037 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI - 781 001. Tel: 0361 - 2132204/ 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004. Tel: 040 - 65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM - 682 015. Tel: 0484 - 2358759/ 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel: 033 - 22124339/ 22124346 Fax: 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001. Tel: 0522 - 2231331/ 2231330 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI - 400 054. Tel: 022 - 26106960/ 26106552 Fax : 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302 005. Tel: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411 030. Tel: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560 025. Tel: 080 - 26652049/ 26652048 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201 301. Tel: 0120 - 2514250/ 51/ 53 Email: bimalokpal.noida@ecoi.co.in</p>

<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800 006. Tel: 0612 - 2680952 Email id: bimalokpal.patna@ecoi.co.in</p>	
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IRDAI REGULATION NO 5: This policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

Annexure I

List of excluded expenses (non-medical) under indemnity policy are uploaded on our website.

Please login to <http://www.apollomunichinsurance.com/download-forms/List-of-Non-Medical-Expenses.pdf>

We would be happy to assist you. For any help contact us at: E-mail: customerservice@apollomunichinsurance.com Toll Free : 1800 102 0333

Dear Customer,

Welcome to Apollo Munich Health family!

Thank you for choosing us as your Travel Insurance partner, we wish you a safe and pleasant trip abroad.

In the event of any loss, accident or sickness please contact our 24-hour service centre (Europ Assistance) at the numbers mentioned on the other side of this document to register your claim and get a claim reference number. Use this number for all future communications.

Our service is equipped to provide you with the necessary guidance in the event of any emergency and it will also direct you on claims procedure.

In case of OPD treatment (where hospitalisation is not required), please pay all bills and submit them for reimbursement.

Type of Claim	Documents Required *	Procedure
Medical Assistance and Expenses* (Accident, outpatient & in-patient) Dental treatment Expenses** (Outside India)	<ul style="list-style-type: none"> Duly signed claim form Policy Copy Original bills/vouchers/reports/discharge summary/payment receipts Copy of passport/visa with entry and exit stamp Copy of the ticket and boarding pass Date of treatment along with prescriptions reflecting medicines prescribed, price and the receipt stamp of the pharmacy. 	<p>Register claim at TPA/assistance company or email at apollomunich@europ-assistance.in TPA/Assistance company would validate and authenticate the claim.</p> <p>For cashless claims settlement, TPA/Assistance company would settle bills directly with hospitals and provides remittance. For reimbursement claims settlement, TPA/Assistance company would check and reimburse the payments.</p>
Repatriation of Mortal remains:	<ul style="list-style-type: none"> Duly signed claim form Policy Copy Official death certificate and a physician's statement for cause of death. The original bills/receipts of the expenses incurred including name of airlines, burial details, expenses incurred, other incidental costs with bifurcation of expenses Copy of cancelled passport. 	<p>Fill in the claim form and submit all the documents within 15 days of return to India or expiry of Policy whichever is earlier.</p>
Total Loss of Checked-in Baggage	<ul style="list-style-type: none"> Duly signed claim form Policy Copy Original airline ticket and boarding pass Copy of passport with exit and entry stamp copies of baggage tags. Copies of correspondence with airline authorities/others about loss/ along with details of compensation received from airlines/ other authorities (if any), Property Irregularity report (clearly accepting the loss) Adequate proof of ownership of items contained within checked-in-baggage valued in excess of Indian rupee equivalent of US \$100. 	<p>Inform the airline authorities and lodge a complaint. Obtain a Property Irregularity Report (PIR) from the airline authorities clearly stating the period of delay/ loss</p> <p>Fill in the claim form and submit all the documents within 15 days of return to India or expiry of Policy whichever is earlier.</p>
Delay of Checked- in baggage	<ul style="list-style-type: none"> Duly signed claim form Policy Copy Original airline ticket and boarding pass Copy of passport with exit and entry stamp copies of baggage tags. Property Irregularity report (clearly stating the date and time of delay and delivery of baggage from the airline) Original invoice and receipts towards purchasing essential personal items. 	<p>Inform the airline authorities and lodge a complaint. Obtain a Property Irregularity Report (PIR) from the airline authorities clearly stating the period of delay/ loss/period of hijack.</p> <p>Fill in the claim form and submit all the documents within 15 days of return to India or expiry of Policy whichever is earlier.</p>
Loss of Passport	<ul style="list-style-type: none"> Duly signed claim form Policy Copy FIR/ copy of police report obtained within 24 hours of becoming aware of theft. Bills/vouchers of expenses incurred in obtaining a fresh/ duplicate passport. Copy of new passport, copy of previous passport (if available) 	<p>Lodge a complaint with the local police & contact embassy of India for getting the new passport.</p> <p>Fill in the claim form and submit all the documents within 15 days of return to India or expiry of Policy whichever is earlier.</p>

Financial Emergency Cash	<ul style="list-style-type: none"> • The duly signed claim form • Policy Copy • Written statement narrating the incident of loss i.e. type of loss, causes, circumstances and the place. • Copy of police report filed within 24 hours of the occurrence of the incident. • Passport/Visa with exit and entry stamp • Copy of air ticket and boarding pass 	<p>Notify police within 24 hours. Obtain a written report from the police. Register claim at TPA/Assistance company</p> <p>Reimbursement of claims will be done while the insured is abroad</p>
Personal Liability	<ul style="list-style-type: none"> • Duly signed claim form • Original Policy Copy • An application letter/statement detailing the incident of personal liability, circumstances, location and liability. • Copy of passport and visa with exit and entry stamp • Witness statements • Proof of judicial decision rendered by a court of law. • Copy of Police report(In case of legal case) • Apart from the above ,any other document as required by the claims department. 	<p>Please do not commit any compensation or enter into any agreement with the opposite party.</p> <p>Register your claim immediately while abroad.</p>
Personal Accident & Common Carrier	<ul style="list-style-type: none"> • Duly signed claim form. • Policy Copy • Discharge summary. • Death certificate mentioning the cause of death(in case of death) • Original treating doctor certificate describing disablement • Disability Certificate issued by Civil Surgeon or equivalent as authorised by State Government, medical reports, case histories, investigation reports, treatment papers as applicable. • Original photograph of the injured reflecting the disablement. • Leave certificate from the employer. • Copy of police report. • Copy of air ticket and boarding pass. • Copy of cancelled passport(in case of death) • Copy of all the documents proving transport of the insured in the carrier (in case of common carrier accident) 	<p>Please inform police as soon as you meet with an accident and obtain the copy of the FIR (First Information Report)</p> <p>Submit documents within 15 days of return to India or expiry of policy, whichever is earlier.</p>
Hijack Daily Allowance	<ul style="list-style-type: none"> • Duly signed claim form • Policy Copy • A police report confirming the incident. It should contain the passport number of the insured and period of hijacking. • Letter from the airline clearly stating period of hijack and media coverage details.(e.g photograph, videos, newspaper cutting etc) • Copy of passport/visa with entry and exit stamp • Copy of the air ticket and boarding pass 	<p>Obtain a letter from the airline authorities clearly stating the period of hijack.</p> <p>Fill in the claim form and submit documents within 15 days of return to India or expiry of policy, whichever is earlier.</p>
Trip Delay	<ul style="list-style-type: none"> • Duly signed claim form • Policy Copy • Proof of forfeited & non-refundable payment made prior departure. • Copy of passport/visa with entry and exit stamp (if any), copy of the ticket and boarding pass • Letter from the airline clearly stating the period of delay. • Proof of cancellation of trip (if any) 	<p>Inform the Airline authorities and lodge a complaint.</p> <p>Obtain a letter from the airline authorities clearly stating the period of delay</p> <p>Fill in the claim form and submit documents within 15 days of return to India or expiry of policy whichever is earlier.</p>

<p>Trip Cancellation / Curtailment</p>	<ul style="list-style-type: none"> • Duly signed claim form • Policy Copy • Copies of reimbursement statements issued by an airline carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance company providing reimbursement to you for the loss • Proof of death or hospitalisation of insured person or of spouse, parents & children. • Proof of material loss or damage to the property (eg police report, media coverage) • Copy of passport/visa with entry and exit stamp (if any), copy of the ticket and boarding pass. 	<p>Inform the airline authorities and lodge a complaint. Obtain letter from the airline authorities clearly stating the cancellation. Fill in the claim form and submit documents within 15 days of return to India or expiry of policy, whichever is earlier.</p>
<p>Substitute Employee</p>	<ul style="list-style-type: none"> • Signed claim form • Policy Copy • Medical Record. • Medical Certificate from the attending physician establishing illness/accident. • Original air ticket and boarding pass of the substitute employee • Copy of passport/visa with exit and entry stamp. 	<p>Fill in the claim form and submit all the documents within 15 days of return to India or expiry of Policy whichever is earlier.</p>
<p>Missed Connection</p>	<ul style="list-style-type: none"> • Duly signed claim form • Policy Copy • Confirmation from the airline, clearly mentioning the scheduled arrival time and actual arrival time with the reason of delay • Bills/receipts of reasonable additional expenses • Copy of passport/visa with entry and exit stamp (if any), copy of the ticket and boarding pass. 	<p>Inform the airline authorities and lodge a complaint. Obtain letter from the airline authorities clearly stating the period of delay Fill in the claim form and submit documents within 15 days of return to India or expiry of policy, whichever is earlier.</p>
<p>Emergency Travel & Hotel</p>	<ul style="list-style-type: none"> • Signed claim form • Policy Copy • Medical Record of the insured. • Bills/receipts towards eligible expenses of emergency traveler • Original air ticket and boarding pass of emergency traveler • Copy of passport/visa with exit and entry stamp if any, copy of the ticket and boarding pass 	<p>Fill in the claim form and submit all the documents within 15 days of return to India or expiry of Policy whichever is earlier</p>

<p>When Outside India</p> <p>From USA: 18333792437 (Toll Free 24 x 7) From Canada: 01180033441111 (Toll Free 24 x 7) From Greece: 80016122039923 (Toll Free 24 x 7) From Australia: 001180033441111 (Toll Free 24 x 7) From Japan, Hong Kong, Singapore and Thailand: 00180033441111 (Toll Free 24 x 7) From Rest of the world: Toll Free: 0080033441111 and +912267347845 (with call Back Facility)</p>	<p>When in India</p> <p>Toll Free: 1800 209 4440; Landline: +91 22 6734 7846 (Monday to Friday 9 am to 6 pm)</p>
<p>In the case of an emergency or the need for medical treatment, please ensure that you or your family member contact Europ Assistance to access providers in the CMN/First Health network in the United States or Canada. Worldwide Fax No: +91 22 67347888, E-mail: apollomunich@europ-assistance.in Address of Claims Department: Claims Department, Apollo Munich Health Insurance Co. Ltd, C/o Europ Assistance India Pvt. Ltd., C-301, Business Square, Andheri - Kurla Road, Chakala, Andheri (E), Mumbai - 400093, INDIA Note: *We may call for additional document / information as relevant. ** If any hospital does not submit a bill to you for the treatment/services rendered, please intimate our service centre before you leave the hospital.</p>	

We would be happy to assist you. For any help contact us at: Email : customerservice@apollomunichinsurance.com Toll Free : 1800 102 0333