

TravelX

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Operating Clause

We will provide Insurance coverage to You under this **Policy** up to **Sum Insured** or Limit of Indemnity and subject to **Co-Payment**, Waiting Periods, **Deductible** and **Time Deductible** mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

The Coverage under this **Policy** is subject to statements of **Policy Holder** and/or Insured Persons in the Proposal form/enrolment form, declaration and/or medical reports, and the terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable You to identify that particular word has a specific meaning for which You need to refer B - Definitions.

A – Coverage

Section 1 – SPORTify

We will pay under below listed Covers subject to **Sum Insured**, limits/Sub limits, **Co-Payment**, Deductible and **Time Deductible** as specified on the Schedule of Coverage in the Certificate of Insurance/Policy Schedule. Subject to otherwise terms and conditions of the **Policy**.

I. Personal Accident

1. Coverage

i. Accidental Death & Disappearance

a. Accidental Death

We will pay the **Sum Insured** if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
- b. after and as a result of any **Catastrophic Event** during **Period of Insurance** or;
- c. while undertaking a **Sports Activity** mentioned on Certificate of Insurance/**Policy Schedule**

it shall be deemed, subject to all other terms and provisions of the **Policy**, that **Insured Person** shall have suffered Death due to **Accident** under the **Policy**.

ii. Permanent Disablement

We will pay the **Sum Insured**, corresponding to Disablement in accordance with the table below, if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance/**Policy Schedule**, which shall within twelve (12) months

of its occurrence be the sole and direct cause of Permanent Disablement as defined below and certified by Medical Practitioner.

S No.	Disablement	Percentage of Sum Insured payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two <i>Limbs</i>	100%
4	Permanent Total <i>Loss of Sight</i> in both eyes	100%
5	Permanent Total <i>Loss of Sight</i> of one eye and one <i>Limb</i>	100%
6	Permanent Total <i>Loss of Speech</i>	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out any of the three Activities of Daily living without full time assistance	100%
10	Permanent Total <i>Loss of Hearing</i> in both ears	75%
11	Permanent Total Loss of one <i>Limb</i>	50%
12	Permanent Total <i>Loss of Sight</i> of one eye	50%
13	Permanent Total <i>Loss of Hearing</i> in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
A	Both joints	20%
B	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
A	Three joints	5%
B	Two joints	3.50%
C	One joint	2%
19	Permanent Total Loss of use of toes:	
A	All – one foot	15%
B	Big – both joints	5%
C	Big – one joint	2%
D	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	7.50%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of 75% of Sum Insured	75%

2. General Conditions applicable to Cover I – Personal Accident

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. UIN - HDFTGBP21269V022021

1. The Coverage under this Section terminates on admissibility of Claim amount up to 100% of **Sum Insured**
2. In the event of admissible Claim for Accidental Death under any Cover, future Coverage under all other Sections of this **Policy** shall automatically terminate.
3. In the event of admissible Claim under this Coverage, any amount of Claim already paid will be deducted from the admissible Claim amount to arrive at Total **Sum Insured** payable under this Coverage.
4. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages shown in the Table of Benefits, but shall not exceed the **Sum Insured**.

3. Exclusions applicable to Cover I - Personal Accident including Optional Covers

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol (Unless prescribed by Medical Practitioner).
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Death or Disability suffered by the **Insured Person** on account of his participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. Death or Disability caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in naval, military or air force operation.
- viii. Death or Disability suffered by **Insured Person** on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract**.
- ix. Breach of Law: Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. Death or disability suffered by **Insured Person** on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. **Injury** sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. **Injury** sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

4. Optional Cover under Personal Accident

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. Temporary Total Disablement – Accident

We will pay the **Sum Insured** per week subject to maximum number of weeks as specified in the Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**, if **Insured Person** sustains **Injury** during **Period of**

Insurance, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of **Temporary Total Disablement**. The benefit is applicable up to period of disablement subject to maximum of number of weeks and **Sum Insured**.

ii. Temporary Total Disablement – Accident&Illness

We will pay the **Sum Insured** per week subject to maximum number of weeks as specified in the Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**, if **Insured Person**;

- a. sustains **Injury** or
- b. contracts **Illness**

during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of **Temporary Total Disablement**. The benefit is applicable up to period of disablement subject to maximum of number of weeks and **Sum Insured**.

Specific Exclusions applicable to Temporary Total Disablement due to Illness

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

a) Pre-existing Diseases – Code – Excl01

- i. Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- iii. If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

b) Specified Disease/Procedure waiting period- Code – Excl02

- i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- iii. If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- iv. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- v. If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

Illness

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g.Kidneystone,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy,Haemorrhoidectomy,Fistulectomy,Ear, Nose, Throat surgeries

c) 30-day waiting period – Code – Excl03

- i. Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- ii. This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

Specific Conditions applicable to Temporary Total Disablement (i) and (ii)

- 1) If **Injury** or **Illness** sustained to or suffered in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks.
- 2) In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by a Medical Practitioner commissioned by the *Company* who certifies:
 - a) the date upon which the **Insured Person** recovered; or
 - b) the date upon which the **Insured Person** recovered as far as he/she ever will

II. Loss of Fees

1. Coverage

We will indemnify the **Insured** in the manner specified in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule, on loss of **Fees or Remunerations** as applicable under a contractual agreement between parties in the event of Non-participation/unavailability of the **Insured Person** for the event covered under the **Policy**, as a direct result of **Insured Person** contracting or meeting with an;

i. Accidental Death&Disappearance

Accidental Death

Where **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of Death of **Insured Person**.

Disappearance

Where **Insured Person**'s body cannot be located within 365 Days;

- i. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
- ii. after and as a result of any **Catastrophic Event** during **Period of Insurance**
- iii. while undertaking a **Sports Activity** mentioned on Certificate of Insurance/**Policy Schedule** it shall be deemed, subject to all other terms and provisions of the **Policy**, that **Insured Person** shall have suffered Death due to **Accident** under the **Policy**.

ii. Accidental Injury

Where **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance including those arising out of aggravation of **Pre-existing Disease** which solely and directly prevents the **Insured Person** to participate in or play the covered **Sports Activity** as certified by Medical Practitioner provided always that coverage is applicable only till the time **Injury** lasts as certified by Medical Practitioner.

iii. Illness

Where **Insured Person** contracts **Illness** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance including those arising out of aggravation of **Pre-existing Disease** which solely and directly prevents the **Insured Person** to participate in or play the covered **Sports Activity** as certified by Medical Practitioner provided always that coverage is applicable only till the time **Illness** lasts as certified by Medical Practitioner.

2. Special Conditions applicable to Loss of Fees

- i. The Coverage is applicable till the time **Illness** or **Injury** lasts to the extent it continues to prevent the **Insured Person** from participation in the covered Sport Activity
- ii. In the event of a dispute arising as to when **illness** or **Injury** ended, the date shall be finally determined by a **Medical Practitioner** commissioned by the **Company** who certifies:
 - a) the date upon which the **Insured Person** recovered; or
 - b) the date upon which the **Insured Person** recovered as far as he/she ever will.

3. Exclusions applicable to Loss of Fees and Optional Covers

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance

i. Pre-existing Diseases – Code – Excl01

- a) Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- c) If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

ii. Breach of Law: Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.

iii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code – Excl12**

- iv. Any Claim related to the treatment of a pre-existing Disease (PED) for which Medical Advice or treatment was recommended by a **Medical Practitioner** before **Period of Insurance**
- v. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- vi. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- vii. Death, Disability or **Illness** suffered by the **Insured Person** on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- viii. Caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- ix. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- x. From engaging in or participation in or involvement in naval, military or air force operation.
- xi. on account of **Insured Person** not following the Rules, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down by the Adventure Tour Operator and Sport Agency or as listed under **Contract**.
- xii. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xiii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- xiv. the Sport Player's own criminal or felonious act
- xv. any claim on account not following the Rules, Code of Conduct, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down/listed under **Contract**.
- xvi. the **Insured Person** spending time in a drug rehabilitation programme or weight loss clinic and/or programme;
- xvii. On account of **Insured Person** failing to pass the necessary fitness test before the event covered under the **Policy** as per the terms of **Contract**.
- xviii. Non-appearance or unavailability of **Insured Person** arising out of any Mental **Illness** not requiring **Hospitalization**

- xix. Any Claim arising due to Non-disclosure of Pre-existing Disease or Material fact as sought to be declared on the Proposal/Enrolment form.
- xx. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance/Policy Schedule
- xxi. Loss of **Fees or Remuneration** linked with performance or Consequential loss of any kind
- xxii. Professional ban, suspension (including temporary suspension), investigations or any other enquiries on professional conduct on the **Insured Person** by any authorized Sports Authority
- xxiii. Any Claim on account of termination/breach of Contract by either parties

4. Optional Covers under Loss of Fees

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. EMI Protector

We will pay EMI due, of an active loan or Credit availed from a Financial Institution for each continuous and completed period of number of weeks of disability as mentioned in Schedule of Coverage on Policy Schedule/Certificate of Insurance, in respect of the incidence(s) or occurrence(s) for which claim is admissible under Coverage (ii) or (iii). The payment is subject to maximum of number of EMI, Period of disability and Sum Insured as mentioned in Schedule of Coverage on Policy Schedule/Certificate of Insurance.

III. Public Liability

1. Coverage

We will indemnify the **Insured Person** against legal liability including Defence Cost, to pay Damages for any third party Claims arising out of **Bodily Injury** or Property Damage caused by an **Accident** while undertaking the covered **Sports Activity** mentioned in the Schedule of Coverage on **Policy Schedule**, during the **Period of Insurance**. The Claim under the section is subject to limit of Indemnity and mentioned on the Schedule of Coverage in the **Policy Schedule**

2. Exclusions applicable to Public Liability

Unless expressly stated to the contrary, the Company is not liable for and no indemnity is available under this **Policy** for any Claim arising out of or connected to the following:

- i. Any agreed assumption of risk by the **Insured Person**, unless to the extent that liability would have attached in the absence of such agreement.
- ii. Any **Accident** arising out of the deliberate, wilful or intentional non-compliance with any statutory provision.
- iii. Any **Bodily Injury** of any person under a contract of employment or apprenticeship with the **Insured Person**, or the Insured Person's contractors or sub-contractors, if such **Injury** was contracted and/or arose out of and in the course of his/her employment.
- iv. The Insured Person's consequential losses of any kind, be they by way of loss of profit, loss of opportunity, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature and loss of goodwill.
- v. The infringement of plans, copyrights, patents, trade names, trademarks or registered designs.
- vi. Libel, slander, false arrest, wrongful eviction, wrongful detention, defamation including mental **Injury**, anguish or shock resulting therefrom.
- vii. Any Claim caused by or contributed to by;
 - a. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
 - b. the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

- viii. The ownership, possession or use by or on behalf of the **Insured Person** of any watercraft, hovercraft, or air- or spacecraft unless while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on **Policy Schedule**, during the **Period of Insurance**
- ix. Damage to property belonging to third parties that is rented, leased or hired or under hire-purchase or on loan to the **Insured Person**. An indemnity shall however be provided for Claims arising out of **Accidental** damage to premises or the contents thereof, that are temporarily occupied by the **Insured Person** for the purpose of performing Professional Sport but only to the extent the **Insured Person** is held legally liable for the same independently of any specific agreement relating to the use of the same.
- x. The deliberate, conscious or intentional disregard by the **Insured Person** of the need to take all reasonable steps to prevent **Injury** and/or Property Damage.
- xi. **Injury** and/or Property Damage occurring prior Coverage start date specified in the **Policy Schedule**/Certificate of Insurance.
- xii. Any liability under any other statute or law which attaches liability on a no fault basis.
- xiii. Pollution of any kind.
- xiv. Any Product Liability.
- xv. Any Claim made, threatened or intimated against the **Insured Person** prior to the **Period of Insurance**.
- xvi. Any Claim arising out of, or involving any fact or circumstance of which written notice has been given, or ought reasonably to have been given, under any previous **Policy** (whether insured by the Company or not); or of which the Insured first became aware prior to the **Period of Insurance** and which the Insured knew or ought reasonably to have known had the potential to give rise to a Claim.
- xvii. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage to property by or under the order of any government or public local authority.
- xviii. Claim due to any other Sport Activity not covered under the **Policy**

3. Specific definitions applicable to Public Liability

1. **Any one Accident** means maximum amount payable due to any one **Accident** as mentioned on the Certificate of Insurance/**Policy Schedule**
2. **Accidental** means a fortuitous event or circumstance which is sudden, unexpected and unintentional, and includes resultant continuous, intermittent or repeated exposure.
3. **Bodily Injury** means the death, physical bodily **Injury**, sickness or disease of a third person.
4. **Claim** means the receipt by the **Insured Person** of any written notice of demand for compensation or rectification made by or on behalf of a third party against the **Insured Person**, and/or any suit, claim, petition, writ, statement of claim, claim form, summons, application or other originating legal or arbitral process, cross-claim, counterclaim or third or similar party notice served upon the **Insured Person**.
All Claims resulting from one and the same act or a series of acts arising out of the same cause or event, or caused by continuous or repeated exposure to substantially the same harmful conditions, shall jointly constitute one Claim under this Cover and as having been made at the time when the first Claim was made in writing. The coverage for such Claims shall expire 3 years after the first Claim of such series has been notified to the Company.
5. **Defence Cost** means all costs, fees and expenses incurred with Company's prior written consent in the investigation, defence or settlement of any Claim and the Insured Person's costs of representation at any civil inquest, inquiry, or other proceedings in respect of matters which have a direct relevance to an actual or anticipated Claim against the Insured falling within the terms of this **Policy**.
6. **Damages** means monetary sums (including claimant's costs) payable pursuant to judgments or awards and/or settlements negotiated by or on behalf of the **Insured Person**, but shall not include fines, penalties, punitive damages, exemplary damages, non-pecuniary relief, taxes, or any other amount for which an **Insured Person** is not financially liable, or which is without legal recourse to the **Insured Person**, or any matter that may be or be deemed to be uninsurable under Indian law.
7. **Limit of Indemnity** means the amount stated in the Schedule, which shall be the Company's total liability under this **Policy** (inclusive of Damages and/or Defence Costs, and regardless of the number of Insureds or claimants or the total number or amount of Claims made against the Insured) for Any One Claim and in the aggregate for all Claims made against the **Insured Person** during the **Policy Period**.
8. **Property Damage** means actual physical damage to tangible material property belonging to a third person.

4. Terms and Conditions applicable to Public Liability Cover

i. Subrogation

The insured 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 for the purpose of enforcing any rights or remedies or of obtaining relief or indemnity from parties (other than those insured under this Policy) to which the Company shall be or would become entitled or subrogated upon their paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company

ii. Contribution

If at the time of any loss or damage hereby insured there be any other subsisting insurance or insurances, whether effected by the **Insured Person** or by any other person or persons covering the Third party Claim insured under the Policy, **We** shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

IV. Trip/Event Cancellation

1. Coverage

We will indemnify the **Insured Person** towards official cancellation charges incurred by **Insured Person**, on cancellation of **Pre-booked Travel** Expenses and **Pre-booked Event** expenses, upto maximum of **Sum Insured**, in the event of following events occurring during **Period of Insurance** before the **Insured Journey** starts;

- i. The Accidental Death of the **Insured Person** or Insured Person's **Immediate Family**
- ii. **Hospitalization** of the **Insured Person** due to **Life threatening Illness or Injury**.
- iii. Material loss or damage to the Insured Person's Home due to Fire, Burglary or **Catastrophic Event** 10 days prior to the commencement of an **Insured Journey** which renders Insured Person's place of residence or place of business uninhabitable
- iv. **Insured Person's** presence being required by the Police following burglary at **Insured Person's** place of residence or place of business 10 days prior to the commencement of an **Insured Journey**
- v. Government restrictions following Pandemic at Place of Origin or Destination
- vi. Government restrictions following **Catastrophic Event** at the Place of Origin or Destination

Which results in cancellation of Insured Person's **Pre-booked Travel** or **Pre-booked Event** at destination before the journey start date.

2. Specific Conditions and Exclusions applicable to Trip/Event cancellation

- a. **We** will not make payment for any claim in respect of any **Insured Person**, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance
 - i. Cancellation or postponement of Trip by the Common Carrier
 - ii. Cancellation of Event by the Event organiser or Company conducting the event
 - iii. Cancellation of Trip or Event by order of any Government (other than because Catastrophic Event)
 - iv. Cancellation of Trip or Event due to any reasons other than covered
 - v. Cancellation of Event by the Event organiser or Company conducting the event on account of bankruptcy
- b. No Claim shall be admissible under this Cover if the below information is made public which results into cancellation of **Insured Journey** before purchase of the Cover;
 - i. advance warning of Strikes or labor disputes
 - ii. change in laws, regulations or orders issued by the respective Government or the regulating authority which was publicly announced

- iii. permanent withdrawal of services of any tour operator, travel agent, airline or other service provider due to any reason whatsoever which was publicly announced

V. Sports Equipment Cover

1. Coverage

If during the **Period of Insurance, Sports Equipment** belonging to the **Insured Person**, stated in the Certificate of Insurance/**Policy Schedule** is lost due to Burglary, Theft or Hold-up, **We** will indemnify the **Insured Person** for the cost of the insured **Sport Equipment** subject to depreciation of 50% on each and every item and maximum up to **Sum Insured**.

2. Exclusions applicable to Sports Equipment Cover

1. Loss of insured Sport Equipment from safe, following use of the key or any duplicate thereof or access code to the safe belonging to the **Insured Person**, unless this has been obtained by Hold-up.
2. Loss to money, diamonds, precious or semi-precious stone, metals, bullion, furs, medals, numismatic property, rare books, curios or works of art, securities, manuscripts, deeds, bonds, bills of exchange, promissory notes, stocks or share certificates, stamps and travel tickets or traveller's cheque, business books or documents, plans, designs, blue prints, cards evidencing affiliation / membership with any third party programme or club.
3. Loss while in the custody of or being used by anyone other than the **Insured Person**.
4. Theft from any car, except car of fully enclosed saloon type having at the time all the doors, windows and other openings securely locked.
5. Loss, arising from war, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, insurrection, civil commotion, military or usurped power, seizure, capture confiscation, arrests, restraints and detainment by the order of any Government or any other authority. In any action suit or other proceedings where the Company alleges that by reason of the above provisions any loss or damage is not covered by this insurance, the burden of proving that such loss or damage is covered shall be upon the Insured.
6. Any loss arising through delay, detention or confiscation by Customs or other authorities.
7. Any loss whatsoever, resulting or arising there from or any consequential loss, and any legal liability of whatsoever nature, caused by or contributed to by or arising from ionizing radiation or contamination by radioactivity, from any source whatsoever.
8. Any loss caused by or contributed to by or arising from nuclear weapons material.
9. Loss or damage due to or contributed to by the **Insured Person** having caused or suffered anything to be done whereby the risks hereby insured against were unnecessarily increased.
10. Loss or damage to the insured property due to riot, strike and malicious act.
11. Any loss, damage, cost or expense of whatsoever nature caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.
12. Consequential loss or legal liability of any kind.
13. **Accidental** damage of any kind

14. Loss attributable to wilful or gross negligence on part of the **Insured Person** or any other person acting on behalf **Insured Person**

3. Specific Definitions applicable to Sports Equipment Cover

- a. **Burglary** means loss due to theft or destruction of Sport Equipment insured following upon actual forcible and violent entry of and/or exit from the premises.
- b. **Hold-up** means when the **Insured Person** or its personnel is/are threatened by any weapon and there exists a possibility of actual physical threat to the **Insured Person** or its personnel.

4. Specific Conditions applicable to Sports Equipment Cover

i. Single Article limit

Unless specifically and separately stated on Certificate of Insurance/Policy Schedule, the Company's liability in respect of each article/articles or pairs shall not exceed 5% of the **Sum Insured** of Insured **Sports Equipment** stated in the Certificate of Insurance/**Policy Schedule**.

ii. Articles in Pair or Sets

Where the insured **Sports Equipment** consists of articles in pair or set, the Company's liability in respect there of shall not exceed the value of any particular part or parts which may be lost or damaged without reference of any special value not more than proportionate part of Insured value of the pair or set.

iii. Average

If the value of **Sports Equipment** hereby insured shall at the time of any loss or damage be collectively of greater value than the **Sum Insured** thereon, then the **Insured Person** shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one, in the Certificate of Insurance/**Policy Schedule**, shall be separately subject to this condition.

iv. Reasonable Care

The **Insured Person** shall take all reasonable steps to safeguard the property insured against loss that may give rise to Claim under this **Policy**

v. Subrogation

The insured 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 for the purpose of enforcing any rights or remedies or of obtaining relief or indemnity from parties (other than those insured under this Policy) to which the Company shall be or would become entitled or subrogated upon their paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company

vi. Contribution

If at the time of any loss or damage happening to **Sports Equipment** hereby insured there be any other subsisting insurance or insurances, whether effected by the **Insured Person** or by any other person or persons covering the same **Sports Equipment**, **We** shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

VI. Hospital Cash

1. Coverage

Hospital Cash – Accident

We will pay **Sum Insured** for each continuous and completed period of 24 hours on Medically Necessary;

- i. **Hospitalization**
- ii. **Domiciliary Hospitalization**
- iii. **Hospitalization** for Alternative Treatments

of an **Insured Person** due to **Injury** sustained including aggravation of **Pre-existing Disease** during **Period of Insurance**, including and while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance.

The payment is subject to **Time Deductible** and per day benefit **Sum Insured** for up to maximum number of benefit days as specified on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

2. Exclusions applicable to Hospital Cash

We will not make payment for any claim in respect of, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance:

- i. **Pre-existing Diseases**
 - a. **Hospitalization** related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first **Policy** with **Us**.
 - b. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.
 - c. Coverage under the **Policy** after the expiry of 48 months for any **Pre-existing disease** is subject to the same being declared at the time of application and accepted by **Us**.
- ii. Any Claim related to the treatment of a pre-existing Disease (PED) for which Medical Advice or treatment was recommended by a **Medical Practitioner** before **Period of Insurance**
- iii. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies, unless prescribed by Medical Practitioner
- iv. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- v. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- vi. **Injury** suffered by the **Insured Person** on account of his participation as the driver, co-driver or passenger during trial runs using a motorized vehicle or bicycle
- vii. **Injury** caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- viii. **Hospitalization** due to engaging in or participation in or involvement in naval, military or air force operation.
- ix. On account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down by the Adventure Tour Operator and Sport Agency.
- x. Breach of Law: **Hospitalization** for treatment directly arising from or consequent upon any **Insured Person** committing or 'attempting to commit a breach of law with criminal intent.
- xi. Whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.

- xii. Whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- xiii. Any Claim arising due to Non-disclosure of material fact as sought to be declared on the Enrolment/Proposal form.
- xiv. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance
- xv. Circumcisions (unless necessitated by **Injury** and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations.
- xvi. Cosmetic or Plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an **Accident** or Burn(s) as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- xvii. Congenital external diseases, defects or anomalies
- xviii. Expenses incurred towards treatment in any **Hospital** or by any Medical Practitioner or any other provider specifically excluded by **Us** and disclosed in **Our** website / notified to the Policyholders/**Insured Person** are not admissible. However, in case of Life Threatening Situations following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- xix. Obesity/Weight Control: **Hospitalization** related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes
- xx. Experimental, investigational or Unproven treatments, devices and pharmacological regimens.
- xxi. Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

3. Optional Covers under Hospital Cash

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy** Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. Companion Benefit

In the event of admissible Claim under this Coverage, **We** will pay additional **Sum Insured** towards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. Hospital Cash – ICU

In the event of **Hospitalization** of **Insured Person** under Coverage, for which admission is required in an **Intensive Care Unit**, **We** will pay **Sum Insured** for each continuous and completed period of 24 hours of **Hospitalization** in **Intensive Care Unit**.

iii. Time Deductible modification option

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy** Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the **Policy**.

VII. Emergency Medical Expenses

1. Coverage

Emergency Medical Expenses - Accident

We will pay Medical Expenses listed below for an **Emergency Care** of an **Insured Person** due to an **Injury** sustained

While undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance/Policy Schedule during the **Period of Insurance**, subject to **Co-Payment, Deductible and Sub-limit** as applicable.

Medical Expenses

1. **Room Rent** and boarding in the event of **Hospitalization of Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization of Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** in India only

Room Rent & Proportionate deduction:

In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent including all **Associated Medical Expenses** incurred at the Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges. This condition is not applicable in respect of **Hospitals** where differential billing for **Associated Medical Expenses** is not followed based on **Room Rent**

2. Exclusions applicable to Medical Expenses

We will not make payment for any claim in respect of, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**:

i) Pre-existing Diseases – Code – Excl01

- a) Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- c) If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

Permanent Exclusions

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

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. UIN - HDFTGBP21269V022021

- i. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 1. Obesity related cardiomyopathy
 2. coronary heart disease
 3. severe sleep apnoea
 4. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Hazardous or Adventure Sports** Code – Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous or Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. **Breach of Law:** Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- viii. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15

- xiii. **Unproven Treatments**– 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. Code – Excl16
- xiv. **Sterility and Infertility** –Code – Excl17 -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
- xv. **Maternity**:Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any **Insured Person**'s participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting.
- xxii. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxiv. Any Convalescence, ,sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and is attached and also available at www.hdfcergo.com.
- xxviii. Treatment taken on Outpatient basis
- xxix. The provision or fitting of hearing aids, spectacles or contact lenses.
- xxx. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
- xxxiii. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

3. Optional Covers under Emergency Medical Expenses

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise all other terms and conditions of the **Policy** and this Section.

i. Emergency Medical Expenses – Global

On availing this Cover, **We** will pay Medical Expenses under this Coverage incurred all over the world where such treatment cannot be postponed until the **Insured Person** has returned to India.

ii. Co-Payment

On availing this Cover, **Co-Payment** will be applicable as mentioned in the Schedule of Coverage on the Certificate of Insurance/**Policy Schedule** on all **Hospitalization** Claims under this Coverage.

VIII. Broken Bones

1. Coverage

We will pay the **Sum Insured** corresponding to Fracture in accordance with table below, if **Insured Person** sustains **Injury** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which solely and directly results in Fracture defined below.

	Fracture	% of Sum Insured payable
1)	Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	100 75 50
2)	Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	100 50 30 20
3)	Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	50 40 30 20
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	40 30 20 12
5)	Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	30 20 16 8
6)	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures	20 10

7)	Colles type fracture to the Lower Arm:	
	a) Compound	20
	b) Other	10
8)	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20
	b) All spinous, transverse process or pedicle fractures	20
	c) All other vertebral fractures	10
9)	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16
	b) All other compound fractures	12
	c) Multiple fractures, at least one complete	8
	d) All other fractures	4

2. Exclusions applicable to Broken Bones

We will not make payment for any claim in respect of, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies unless prescribed by Medical Practitioner
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Terms and Condition laid down by the Adventure Tour Operator and Sport Agency
- ix. Breach of Law: Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or 'attempting to commit a breach of law with criminal intent.
- x. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xi. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.
- xii. Any Claim arising due to Non-disclosure of material fact as sought to be declared on the Proposal/Enrolment form.
- xiii. on account of participation by **Insured Person** in any **Sports Activity** other than those covered and mentioned on the Certificate of Insurance/**Policy**

3. General Conditions applicable to Broken Bones

The Claims under this Section are payable subject to;

- 1) Extent and nature of fracture is certified by Medical Practitioner.

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- 2) The total amount payable under this Section, in respect of more than one fracture due to the same **Injury**, will be calculated by adding the various benefits together, but shall not exceed the **Sum Insured** under this Section.

1A. Optional Covers under Section 1 – SPORTify

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for and subject to otherwise terms and conditions of the **Policy**.

i. Mobility Extension Benefit

We will pay the **Sum Insured** to the **Insured Person** towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by Medical Practitioner if during **Period of Insurance**, **Insured Person** sustains **Injury** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance, which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement**

Exclusions applicable to Mobility Extension Benefits

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract** (Wherever applicable)
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.

- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

ii. Reconstructive Surgery Benefit

We will pay **Sum Insured** on Medically Necessary **Hospitalization** of an **Insured Person** for Medically Necessary **Reconstructive Surgery** required as a direct result of **Insured Person** sustaining **Injury** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**.

Exclusions applicable to Reconstructive Surgery Benefit

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner..
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract** (Wherever applicable)
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

iii. Medical Evacuation & Repatriation Cover

a. Medical Evacuation

If **Insured Person** sustains **Injury** or contracts **Illness** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, We will indemnify the **Insured Person** for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the **Illness/Accident** to the nearest **Hospital**, that ground transportation cannot provide.

b. Repatriation of Mortal remains

If **Insured Person** sustains **Injury** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which within twelve (12) months of its occurrence be the sole and direct cause of Death of **Insured Person**, **We** will indemnify the nominee towards the cost of transportation of mortal remains of **Insured Person** from the location of Death to nearest **Hospital**, cremation/burial ground or Insured Person's residence

General Conditions applicable to Medical Evacuation and Repatriation Cover

1. The Coverage under this Section terminates on admissibility of Claim amount up to 100% of **Sum Insured**
2. In the event of admissible claim under a. Medical Evacuation and subsequent claim under b. Repatriation of Mortal remains, any amount of Claim already paid under this Cover will be deducted from the admissible Claim amount to arrive at total **Sum Insured** payable under this Cover.

Exclusions applicable to Medical Evacuation and Repatriation Cover

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract** (Wherever applicable)
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

iv. Dependent Children Education Benefit

We will pay the **Sum Insured** towards education of **Dependent Children**, if **Insured Person** sustains **Injury** during **Period of Insurance**, including while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on

the Certificate of Insurance, which within twelve (12) months of its occurrence, solely and directly results in Death or **Permanent Total Disablement of Insured Person**.

General Conditions applicable to Dependent Children Education Benefit

- 1) This Coverage is applicable only to living **Dependent Children**
- 2) The **Sum Insured** for this Cover is the total claim amount payable for all **Dependent Children** combined

Exclusions applicable to *Dependent Children Education Benefit*

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide while mentally sound or unsound.
- vii. From engaging in or participation in or involvement into naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract** (Wherever applicable)
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

v. Home Tuition Benefit

We will pay the **Sum Insured** towards Home Tuition Fees if **Insured Person** sustains **Injury** while undertaking the **Sports Activity** mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which solely and directly results in **Student Temporary Total Disablement** or Student Permanent Disablement.

Exclusions applicable to Home Tuition Benefit

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner.
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.
- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract** (Wherever applicable)
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

vi. Funeral Expenses Benefit

We will pay the **Sum Insured** towards Funeral Expenses of **Insured Person**, if **Insured Person** sustains **Injury** during **Period of Insurance** and while undertaking the **Sports Activity** covered under the **Policy**, which solely and directly results in Death within twelve (12) months of its occurrence.

Exclusions applicable to Funeral Expenses Benefit

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner..
- ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. on account of participation as the driver, co-driver or passenger during trial runs (excluding Test drives) using a motorized vehicle or bicycle
- v. caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. **Insured Person** committing or attempting to commit intentional self-**Injury** (except in an attempt to save human life) or suicide.
- vii. From engaging in or participation in or involvement in naval, military or air force operation.

- viii. on account not following the Rules or Medical Advice, applicable relevant regulations as prescribed by concerned Authority/Association e.g. World Anti-Doping Agency, Code of Conduct, Terms and Condition laid down by the Adventure Tour Operator and Adventure Sport Agency or as listed under **Player Contract** (Wherever applicable)
- ix. **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- x. on account of participation in any **Sports Activity** other than those covered under the **Policy**
- xi. whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.
- xii. whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the **Injury** occurred whilst the **Insured Person** was on leave or not in uniform.

Section 2 – Dynamic Flight Delay

1. Coverage

We will pay you **Sum Insured** if your flight is delayed beyond the **Delay Period** in the manner specified in the Schedule of Coverage on Certificate of Insurance/**Policy Schedule** or cancelled, provided that;

1. You have complied with the travel agent, tour operator and transport providers' contract terms including check-in requirements and arriving at the departure gate on time.
2. You have a valid Reservation of Your Flight till **Actual Departure Time** or Cancellation of the flight.

2. Specific Exclusions applicable to Dynamic Flight Delay

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance

1. **We** shall not pay any benefit under this Section if this Cover is purchased after any of the below information is made public which results into delay of the Your Flight:
 - i. advance warning of Strikes or labor disputes
 - ii. change in laws, regulations or orders issued by the respective Government or the regulating authority which was publicly announced
 - iii. permanent withdrawal of services of any tour operator, travel agent, airline or other service provider due to any reason whatsoever which was publicly announced
2. **We** shall not be liable for any claim arising out of war or any act of war, invasion, act of foreign enemy, hostilities (whether declared or not), (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, chemical or biological weapons.
3. Any act of Terrorism which means an act, 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 organization 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.
4. Cancellation or Delay followed by any government restrictions on the travel to destination or grounding of Aircrafts
5. Cancellation of Your Flight by You

3. Specific Definitions applicable to Dynamic Flight Delay

1. **Actual Arrival Time** means the date & time **Your Flight** arrives at its scheduled destination airport
2. **Actual Departure Time** means the date & time **Your Flight** takes off from its scheduled departure airport
3. **Your Flight** means a specified flight at a specified date and time for which **Insured Person** has a valid Reservation and which is insured under this Section.

4. **Period of Insurance** is the period shown as mentioned on the Schedule of Coverage in the Certificate of Insurance. It starts from the date and time of Your Flight and ends at the Actual Departure Time of Your Flight
5. **Scheduled arrival** time is the published scheduled time of arrival as stated in the original Reservation or revised **Arrival Time** communicated up to 6 hours prior to **Scheduled Departure time**
6. **Scheduled departure** time is the published scheduled time of departure as stated in the original Reservation or revised departure time communicated up to 6 hours prior to published departure time
7. **Sum Insured** means the benefit amount payable under this Section as defined against Delay Period and mentioned on the Certificate of Insurance/**Policy Schedule**, which represents **Our** maximum liability under this Section.
8. **Reservation** means the fact that the passenger has a confirmed ticket or boarding pass which indicates that the booking for travel on a particular flight has been accepted and registered by the Operating Airline.
9. **Operating Airline** means an airline that performs or intends to perform flights under a contract with a passenger or on behalf of another person, legal or natural, having a contract with that passenger.
10. **Delay Period** – means specified period of Delay in numbers/slabs of Minutes/hours which should elapse/pass after the Scheduled Departure Time or Scheduled **Arrival Time**, for **Insured Person** to be eligible to Claim under this Section.
11. **Delay/Delayed** means the difference between Actual and Scheduled Departure Time/Arrival time of Your Flight recorded by independent data provider of flight information as mentioned in the Schedule of Coverage on the **Policy Schedule**.

B – Definitions (Applicable to all Sections under the Policy)

Def. 1. **Activities of Daily living** means

- 1) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- 2) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- 3) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- 4) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- 5) Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- 6) Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

Def. 2. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 3. **Accidental Damage** means a fortuitous event or circumstance which is sudden, unexpected and unintentional, and includes resultant continuous, intermittent or repeated exposure.

Def. 4. Adventure Sports Activity means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 5.

Def. 6. **Age** or **Aged** means completed years as at the **Policy Commencement Date**.

- Def. 7. **Alternative treatments** means forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
- Def. 8. **Associated Medical Expenses** means Consultation fees, charges on Operation theatre, surgical appliances & nursing, and expenses on Anesthesia, blood, oxygen incurred during Hospitalization of the Insured Person
- Def. 9. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner(s)* on day care basis without in-patient services and must comply with all the following criterion:
- i. Having qualified registered AYUSH *Medical Practitioner (s)* in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 10. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner(s)* comprising of any of the following:
- a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 11. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 12. **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. 13. **Catastrophic Event** means and includes Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood, Inundation and Earthquake
- Def. 14. **Contract Owner** means the Association, Club or Franchise with whom the **Sports Player** has entered into the contract for employment or services
- Def. 15. **Commencement Date** means the **Commencement Date** of the **Policy** as specified in the **Policy Schedule**.
- Def. 16. **Condition Precedent** means a **Policy** term or condition upon which the Insurer's liability under the **Policy** is conditional upon
- Def. 17. **Co-Payment** means a cost sharing requirement under a health insurance **Policy** that provides that the **Policyholder/insured** will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the **Sum Insured**
- Def. 18. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to **Insured Person** specified in the **Policy Schedule/Certificate of Insurance**.
- Def. 19. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a) Internal **Congenital Anomaly: Congenital Anomaly** which is not in the visible and accessible parts of the body.
- b) External **Congenital Anomaly: Congenital Anomaly** which is in the visible and accessible parts of the body.
- Def. 20. **Contract** means an agreement between two or more parties which sets out the terms, conditions, Rules and Regulations for performing the Sports Activity and other services by the **Insured Person** and is the basis of Coverage under Section 1, II of this Policy.
- Def. 21. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured
- Def. 22. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:
- I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
 - II. the patient takes treatment at home on account of non-availability of room in a **Hospital**
- Def. 23. **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. 24. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 25. **Dependent Child/Children** means living dependent child or children of **Insured Person** up to age of 25 years as on date of **Injury**, including legally adopted and step- children.
- Def. 26. **Disclosure of information norm** means the **Policy** shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 27. **Fees or Remuneration** means the amount payable and insured under the Policy as applicable under the **Contract**.
- Def. 28. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- Def. 29. **Emergency Care** means management for an **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. 30. **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the **Bank/Financial Institution** and the **Insured Person** prior to the date of occurrence of the Insured Coverage. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Coverage will not be considered for the purpose of this Policy and shall be deemed as paid by the **Insured Person**
- Def. 31. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a **Policy** in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 32. **Hospital** means any institution established for In-patient Care and Day Care Treatment of Illness and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 33. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 34. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy Period** and requires medical treatment.

(a) Acute condition - Acute 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 on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs on-going 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. 35. **Immediate Family** mean an **Insured Person's** Spouse; children; children-in-law, siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward, step or adopted children; step-parents; aunts, uncles; nieces, and nephews.

Def. 36. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 37. In-patient Care means treatment for which the **Insured Person** has to stay in a **Hospital** for more than 24 hours for a covered event.

Def. 38. **Insured Journey** means **Insured Person's** trip via **Pre-booked Travel** including **Pre-booked Event**, commencing during **Period of Insurance**

Def. 39. **Insured Person** means You and the persons/organization named in the **Policy Schedule**.

Def. 40. **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. 41. **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 intensive charges.

Def. 42. **Life threatening Illness** shall mean a serious medical condition or symptom resulting from **Illness** which is not pre-existing disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

Def. 43. **Loss of Mastication** means the total and irrecoverable loss of ability to chew food.

Def. 44. **Loss of hearing** means the total and irrecoverable Loss of Hearing.

Def. 45. **Limb** means the hand above the wrist joint or foot above the ankle joint.

Def. 46. **Loss of sight** means the total and irrecoverable Loss of Sight. This is considered to have occurred if the degree of sight remaining after correction is 3 / 60 or less on the Snellen Scale.

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Def. 47. **Loss of Speech** means the total and irrecoverable Loss of Speech

Def. 48. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

Def. 49. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 50. **Medical consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the **Insured Person** and makes recommendations as to care and treatment.

Def. 51. **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 Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 52. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which

- Is required for the medical management of the **Illness** or **Injury** suffered by the **Insured Person**;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 53. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the **Insured Person**'s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this **Policy**.

Medical practitioner for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

Medical Practitioner (Definition applicable for Global Cover except in India)

Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

Def. 54. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

Def. 55. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority,

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trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;

- Def. 56. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
- Def. 57. **Non Network** means any **Hospital**, Day Care Centre or other provider that is not part of the Network
- Def. 58. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 59. **OPD Treatment**. OPD treatment means the 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. 60. **Period of Insurance** means the period between the Coverage **Commencement Date** and the Expiry Date specified in the Certificate of Insurance under the **Policy** with the Company under which **Insured Person** is covered.
- Def. 61. **Permanent Total Disablement** means that the **Insured Person** is totally disabled from undertaking all the material duties of his/her usual occupation for which the **Insured Person** is reasonably fitted by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.
- Def. 62. **Pre Existing Disease** means any condition, ailment, **Injury** or disease:
- That is/are diagnosed by a physician within 48 months prior to effective date of the **Policy** issued by the Insurer or its reinstatement or
 - For which **Medical Advice** or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of **Policy** or its reinstatement
- Def. 63. **Policy** means **Policy** Holders and Insured Persons statements in the proposal form and Enrolment form, this **Policy** wording (including endorsements and Clauses if any), **Policy Schedule** and Certificate of Insurance (as the same may be amended from time to time) to which this **Policy** is attached.
- Def. 64. **Policy Period** means the period between the **Commencement Date** and the Expiry Date specified in the **Policy Schedule**. For **Insured Person** it means **Period of Insurance** as specified in the Certificate of Insurance or Endorsement
- Def. 65. **Policy Holder** means Person who has proposed the **Policy** and in whose name the **Policy** is issued
- Def. 66. **Policy Schedule** means Schedule attached to and forming part of this **Policy** mentioning the details of the Insured Persons, the **Sum Insured**, the period and the limits to which benefits under the **Policy** are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 67. **Post Hospitalization Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:
- Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
 - The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.
- Def. 68. **Pre-booked Travel** means booking of Flight tickets including Visa from Place of Origin to Place of Destination and vice versa booked before purchasing coverage under this **Policy** and before the journey starts
- Def. 69. **Pre-booked Event** means booking of Sport Activity or any other Event booked before purchasing coverage under this **Policy** and before the journey starts
- Def. 70. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 71. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods

- Def. 72. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the **Associated Medical Expenses**
- Def. 73. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of **Illness/ Injury** involved.
- Def. 74. **Reconstructive Surgery** means surgery to restore function or normal appearance by reconstructing organs or parts prescribed as Medically Necessary by treating Medical Practitioner and does not include cosmetic or aesthetic surgery.
- Def. 75. **Sum Insured** means the sum shown in the **Policy Schedule** which represents **Our** maximum liability for each **Insured Person** for any and all benefits claimed under a Section during the **Policy Year**. In case of Section VI - **Hospital Cash**, the **Sum Insured** means the maximum number of days shown in the **Policy Schedule**.
- Def. 76. **Student Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from attending full time education at Educational Institute where **Insured Person** is enrolled as a student before the date of **Injury**
- Def. 77. **Sports Player** means a natural person who enters into legal relationship with the **Contract Owner** for his representation, primarily in the area of Sports and other related activities.
- Def. 78. **Sport Event** means the event insured under the **Policy** under Section 1, II.
- Def. 79. **Sports Equipment** means equipment belonging to **Insured Person**, solely used in connection with **Sports Activity** covered under the Section.
- Def. 80. **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. 81. **Time Deductible** means a cost sharing requirement under a health insurance **Policy** that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A **Time Deductible** does not reduce the **Sum Insured**
- Def. 82. **Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from engaging in or giving attention to the **Insured Person's** usual occupation.
- Def. 83. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.
- Def. 84. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 85. **Policyholder** means the Group Owner/Organization/association/entity/society named in the **Policy Schedule** who has concluded the terms on behalf of the Insured Persons and in whose name the **Policy** is issued.

C – Claims Procedure

On the occurrence of any event that may give rise to a Claim under this **Policy**, the Claims Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to Us through any available mode of communication as specified in the Certificate of Insurance/Policy , or Our Website ; You can register your claim through Our web portal, Mobile App /IPO, e-mail, Call to Our call center.
Claim Intimation Timelines	Immediately within 15 days of Hospitalization/Injury/loss/damage under this Policy :
Claim Documents Submission timelines	Immediately within 15 days of claim intimation.

<p>Particulars to be provided to Us for Claim notification</p>		<ol style="list-style-type: none"> 1. Certificate Number/Policy Number 2. KYC document, if claim amount is more than 1 Lakh 3. Name of the Insured Person(s) named in the Policy Schedule/Certificate of insurance availing treatment 4. Nature of Injury, Hospitalization, loss or damage 5. Name and address of the attending Medical Practitioner/Hospital 6. Date of admission & probable date of discharge
<p>Personal Accident</p>	<p>1. Accidental Death</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. Medico Legal Certificate 5. First Information Report and Final Police report, wherever is necessary 6. Death certificate 7. Post mortem/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication 8. Any other supporting documents as may be required by the Company 9. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
	<p>2. Permanent Disablement</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. Medico Legal Certificate 5. First Information Report and Final Police report 6. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 7. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; 8. Original Discharge summary from the Hospital Medical reports, case histories, investigation reports,treatmentpapers as applicable. 9. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 10. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
	<p>3. Temporary Total Disablement</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. Medico Legal Certificate 5. First Information Report and Final Police report 6. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 7. Original Discharge summary from the Hospital 8. Medical reports, case histories, investigation reports, treatment papers as applicable. 9. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. 10. Leave certificate from the employer (If Employed) 11. Fitness certificate from Medical practitioner Insured's own Indian bank cancelled cheque copy and bank details in attached format 12. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format

<p>Loss of Fees</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. Medical Practitioner's certificate on disability to appear for the Sport Event insured 5. Medico Legal Certificate 6. First Information Report and Final Police report, wherever is necessary 7. Fitness certificate, obtained before the contract 8. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 9. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amount, Principal Outstanding, etc. 10. Death certificate 11. Post Mortem Report 12. Indemnity bond 13. Original Discharge summary from the hospital 14. Any other supporting documents as may be required by the Company 15. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format
<p>Public Liability</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. FIR document mentioning the details of incidence in detail. 4. Legal notice issued to insured mentioning the amount for which the insured is legally liable. 5. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 6. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Trip/Event Cancellation</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Copy of travel itinerary 4. Verification of trip payment 5. Proof or event and travel booking document 6. Proof of cancellation of event and travel documents 7. Original airline tickets, vouchers or cruise documents 8. Copy of trip cancellation statement from airline/cruise line, hotel, itemizing non-refundable charges 9. Copy of any refund cheque or credit voucher 10. Itemized expense receipts 11. If the trip cancellation is due to insured's relative's death or any medical condition to the insured then medical documents confirming the same. 12. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Sports Equipment Cover</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Repair bill 4. F.I.R / Final Investigation report (for theft/RSMMDT Claims). 5. Statement of Witness, if any 6. Invoice of the equipment purchase 7. Letter of Indemnity. 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.

<p>Hospital cash</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit 4. First consultation letter from treating Medical Practitioner 5. Certificate from treating Medical Practitioner, specifying the duration and etiology 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor. 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Emergency Expenses Medical</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation note or Emergency Room's Medical Practitioner medical report. 4. Relevant treatment papers or Discharge Summary. 5. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 7. All relevant Original Invoices for the expenses incurred. 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Broken Bones</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Medical Practitioner's Report 4. First Information Report and Final Police report 5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 6. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 7. Original Discharge summary from the hospital 8. Medical reports, case histories, investigation reports, treatment papers as applicable. 9. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 10. Relevant treatment papers clearly mentioning the areas of fracture with their severity. 11. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Mobility Extension cover</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form. 2. Policy/Certificate Copy 3. Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle) 4. Consultation Note OR Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. 5. Copy of the passport showing the date of entry journey from India. 6. All relevant Original Invoices for the expenses incurred. 7. Letter from treating Medical Practitioner mentioning the reason for disablement and confirming the disablement. 8. Expenses incurred towards supporting equipment (wheel chair, railings, and customized motor vehicle. 9. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing 10. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.

<p>Reconstructive Surgery Cover</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation note or Emergency Room's Medical Practitioner medical report Relevant treatment papers or Discharge Summary. 4. Documents confirming date of accident and date of reconstruction surgery 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 6. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 7. All relevant Original Invoices for the expenses incurred. 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Medical Evacuation and Repatriation</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation note or Emergency Room's Medical Practitioner medical report 4. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 5. All relevant Original Invoices for the expenses incurred towards ambulance facility. 6. A covering letter from claimant mentioning the details of loss. 7. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Dependent Child Education Benefit</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 4. Relevant Treatment Papers OR Discharge Summary. . 5. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. 6. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 7. Death certificate 8. Final police investigation report 9. Post-mortem Report or Coroner's Report 10. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable. 11. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
<p>Home Tuition Benefit</p>	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Consultation Note OR Emergency Room's Medical Practitioner medical report OR 4. Relevant Treatment Papers OR Discharge Summary.



	<ol style="list-style-type: none"> 5. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. 6. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; 7. Proof of expenses made towards the expenses made towards home tuition by qualified person of dependent child. 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 9. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
Flight Delay	<ol style="list-style-type: none"> 1. Duly completed and signed claim form 2. Policy/Certificate Copy 3. Boarding Pass/Proof of travel 4. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Cashless

1. Applicable only for Emergency Medical Expenses section under SPORT *ify*

2. Conditions for obtaining **Cashless facility**:

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and Empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

3. **Particulars to be provided for pre-authorization:**

- i. Policy Number
- ii. Name of the Insured person(s) named in the Policy schedule availing treatment
- iii. Nature of Illness, loss or damage
- iv. Name and address of the attending Medical Practitioner/Hospital
- v. Date of admission & probable date of discharge
- vi. Approximate Claim Expenses
- vii. Any other relevant information as required

4. **Process for Pre Authorization**

Cashless Hospitalization within India	Cashless Hospitalization outside India
i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation	i. We shall send Release of Information form to the Insured Person for signature and consent.

<p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;</p> <p>a) Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable</p> <p>or</p> <p>b) Reject the request for pre-authorization specifying reasons for the rejection</p>	<p>ii. After receiving the signed Release Of Information form, We will retrieve hospitalization documents along with invoices</p>
	<p>iii. If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p>
	<p>iv. On receipt of the complete documents We may</p> <p>a) issue the guarantee of payment specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable</p> <p>or</p> <p>b) reject the request for pre-authorization specifying reasons for the rejection</p>

Payment of Claim

- I. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- II. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- III. Upon acceptance of an offer of settlement by the Insured person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person.
- IV. In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- V. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it 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, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- VI. In case of delay beyond stipulated 45 days, the **Company** shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- VII. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- VIII. If requested by **Us** and at **Our** cost, the Insured Person must submit to medical examination by **Our** Medical Practitioner as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of Insured Person and to investigate the circumstances pertaining to the claim.

- IX. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

Contact Us

	Within India	Outside India
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Emailtravelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co Ltd 6th Floor, Leela Business Park, AndheriKurla Road, Andheri East, Mumbai-400059, Ph-022 66383600

D – General Terms and Conditions

1. **Fraud**

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

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the **Insurer**.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;
- the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;
- any other act fitted to deceive; and
- any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of Fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the **Insurer**.

2. **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.

3. **Entire Contract**

The **Policy** constitutes the complete contract of insurance. No change or alteration in this **Policy** shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the **Policy**.

4. **Complete Discharge**

Any payment to the **Policyholder, Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

5. **Right to inspect**

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on 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 **Policy Holder/Insured Person** 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**.

6. **Condition Precedent to Admission of Liability**

The terms and conditions of the **Policy** must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the **Policy**.

7. **Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

8. **Moratorium Period**

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

9. **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. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

10. **Geography**

The **Policy** provides worldwide coverage unless specified in the Coverage otherwise

11. **Renewal**

The Company shall be under no obligation to renew the **Policy**/Coverage on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at **Renewal** based on claim experience and a fresh assessment of the risk. This **Policy** may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of **Renewal**. The Company, however, shall not be bound to give notice that the **Policy** is due for **Renewal** or to accept any **Renewal** premium. Unless renewed as herein provided, this **Policy** shall automatically terminate at the expiry of the **Policy Period/ Coverage Period**.

12. **Grace Period**

- i. A Grace Period of 30 days for Renewal of Coverage is applicable under the Policy. However, Hospitalization or diagnosis of an Illness/Surgical Procedure contracted or Injury sustained during the Grace Period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30-day Grace Period, the Coverage would be considered as fresh without any Renewal benefits

13. **Cancellation**

- i. Cancellation by Insurer

We may cancel the **Policy** or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form or non-cooperation by **Policy Holder** or **Insured Person** upon giving 7 days' notice

- ii. Cancellation by **Insured Person** – The Coverage under the Policy can be cancelled only within 24 hours of enrolment under the Policy for travel period beyond 48 hours from the date of cancellation.

14. **Endorsements**

The following endorsements are permissible during the **Coverage Period**:

Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the **Policy Holder/Insured Person** (and not the complete name change)
- ii. Rectification in gender of the **Insured Person** (if this does not impact the premium)
- iii. Rectification of date of birth of the **Insured Person** (if this does not impact the premium)
- iv. Change in the correspondence address of the **Policy Holder/Insured Person** (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

Financial Endorsements – which result in alteration in premium

- i. Cancellation of **Policy**
- ii. Any other financial endorsement

15. **Premium payment in Instalments**

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. **Grace Period** as mentioned in the table below would be given to pay the installment premium due for the **Policy**.

Options	Instalment Premium Option	Grace Period
Option 1	Half Yearly	30 days
Option 2	Quarterly	30 days
Option 3	Monthly	15 days

- i. During such **Grace Period**, coverage will not be available from the due date of installment premium till the date of receipt of premium by **Company**.
- ii. The **Insured Person** will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated **Grace Period**.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- v. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vi. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

16. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the **Insured Person** about the same 90 days prior to expiry of the policy.
- ii. **Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as **Cumulative Bonus**, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

17. **Possibility of Revision of terms of the Policy including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

18. **Settlement (Provision for Penal Interest)**

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make

a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents

- ii.
- iii. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iv. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- v. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it 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, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- vi. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- vii. Upon acceptance of an offer of settlement by the **Insured Person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- viii. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our** Medical Practitioner as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and **Hospitalization** records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- ix. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

19. Nomination:

The **Policyholder** is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the **Policyholder**. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the **Policyholder**, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the **Policyholder** whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

Contact Us

Claim Intimation:	Claim document submission at address
Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

Redressal of Grievance

- i. In case of any grievance the insured person may contact the company through:
Website: www.hdfcergo.com
Toll free: 022 6234 6234 / 0120 6234 6234
Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234
E-mail: care@hdfcergo.com

Insured person may also approach the grievance cell 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 officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link:

<https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	022 6234 6234 / 0120 6234 6234	NA	NA
Contact details for Senior Citizen	022 6234 6234 / 0120 6234 6234	NA	NA
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

- ii. If Insured person is not satisfied with the redressal of grievance through 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.
- iii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - ShriKuldip Singh Office of the Insurance Ombudsman, JeevanPrakash Building, 6th floor, TilakMarg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, JeevanSoudhaBuilding, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.	Karnataka.

Office Details	Jurisdiction of Office (Union Territory, District)
Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - ShriSudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi.

Office Details	Jurisdiction of Office (Union Territory, District)
Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340	West Bengal, Sikkim, Andaman & Nicobar Islands.

Office Details	Jurisdiction of Office (Union Territory, District)
Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - ShriMilind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - ShriVinaySah Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198,	Maharashtra, Area of Navi Mumbai and Thane

Office Details	Jurisdiction of Office Union Territory, District)
N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	excluding Mumbai Metropolitan Region.

Annexure I - List of Non-Medical Expenses

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER	59	KIDNEY TRAY

	THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY