

POLICY WORDING – GROUP EASY TRAVEL SENIOR

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the **Sum Insured** subject to the terms and conditions of this Policy, Your payment of premium and realization thereof by us, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

Section 1 BENEFITS

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

1. Medical Treatment, Assistance & Evacuation

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

1.1 Medical Treatment

Medical Expenses for the following only:

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

1.2 Dental Treatment

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

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

1.3 Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Doctor if We are satisfied this is necessary) from a Hospital to the nearest facility which is prepared to admit the Insured Person

and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that:

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

1.4 Repatriation of mortal remains

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

1.5 Balance Period of Policy + 30 days

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

- a) Our TPA has confirmed that continued medical treatment is required to restore the Insured Person to his/her former physical condition immediately before the claim, and
- b) This is consequent upon the Accident or Illness that occurred during the Risk Period.

1.6 Hospital Daily Allowance

If We have accepted a claim under Benefit 1.1, then We will in addition pay the daily cash amount mentioned in the Schedule for each continuous and completed period of 24 hours that the Insured Person is Hospitalized, provided that Our liability to make payment will only commence after the Insured Person has been Hospitalized for a continuous period of more than 48 hours.

Special Exclusions to Benefit 1

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

- a) Any absence from India which is for the purpose of obtaining medical treatment.
- b) A Pre-existing Condition. However, this exclusion shall not apply to the cover provided under Benefit 1.1 for life saving unforeseen emergency measures or measures solely directed at relieving acute pain, subject to the same being authorized by Our TPA.

- c) Any medical treatment which was not medically necessary or could reasonably have been delayed until the Insured Person's return to India. Our TPA will consult with the attending Doctor and Our medical practitioners in reaching a decision, and You agree to be bound by Our TPA's decision in this regard.
- d) Any treatment of cancer, orthopedic, degenerative or oncology diseases, unless immediate medical treatment was required in order to maintain life or relieve acute pain or distress.
- e) Any treatment relating to the removal of physical flaws or anomalies or any form of cosmetic treatment or surgery.
- f) Any costs for periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- g) rehabilitation or physiotherapy or the costs of artificial limbs or any other external appliance and/or device used for diagnosis or treatment; any external congenital diseases, defects or anomalies.

Section 2 GENERAL EXCLUSIONS:

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

- a) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind.
- b) Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, aviation, diving or scuba diving, motorcycling, parachuting, hang-gliding, rock or mountain climbing.
- c) Any Insured Person committing or attempting to commit a criminal or unlawful act, or intentional self injury or attempted suicide while sane or insane.
- d) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- e) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
 - i) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 - ii) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
 - iii) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.

- f) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
- g) Any non-allopathic treatment.
- h) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- i) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Doctor as a direct consequence of an otherwise covered claim.
- j) Treatment rendered by a Doctor which is outside his discipline or the discipline for which he is licensed; referral-fee or out-station consultations; treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- k) The costs of any procedure or treatment by any person or institution that We have said in writing is not to be used. This exclusion is not applicable for life saving emergency situations and in such cases claims will be settled on reimbursement basis only.
- l) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- m) Non-prescription drugs or treatments.
- n) If the Insured Person is travelling against the advice of a Doctor, is receiving or on a waiting list for specified medical treatment.
- o) Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- p) Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any 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.
- q) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.

Section 3 GENERAL CONDITIONS



a) Conditions to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule/Certificate of Insurance and the correct disclosures in a complete manner in the proposal form) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the Policy will remain the same for the Policy Period as mentioned in the Policy Schedule/Certificate of Insurance.

b) Insured Person

Only those persons named as Insured Persons in the Schedule/Certificate of Insurance shall be covered under this Policy. Any person may be accepted as an Insured Person during the Policy Period only after his application has been accepted by Us, additional premium has been paid and We have issued a Certificate of Insurance to such person. Insured cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person.

c) Notification of Claim

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

Benefit	Notification of Claim
Financial Emergency Cash	Claims to be reported within 2 days after the date on which the funds were stolen
Personal Liability	Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.

*For regulatory reference: - The following section would be given if optional benefits are opted.

d) Supporting Documentation & Examination

- 1) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information. We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of Our request or the Insured Person’s discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. The Company may accept claims where documents have been provided after a delayed interval only in

special circumstances and for the reasons beyond the control of the Insured Person. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- iii) All reports and records, including but not limited to all medical reports, case histories/indoor case papers, investigation reports, treatment papers, discharge summaries.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).
- vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii) Relevant investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses or detection will be required where non-disclosure is suspected
- viii) Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident
- ix) Copy of settlement letter from other insurance company or TPA
- x) Stickers and invoice of implants used during surgery
- xi) Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident
- xii) Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- xiii) Legal heir certificate (not required if valid nomination exists)

e) **Claims Payment**

- 1) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made.
- 3) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule/Certificate of Insurance).
- 4) All payments under this Policy will be in Indian Rupees and We will convert the cost incurred into Indian Rupees by reference to the official exchange rate published or specified by the Reserve Bank of India as at the relevant

invoice date, unless the Insured Person can establish to Our satisfaction that he purchased the necessary currency at a less advantageous rate in order to pay the invoices.

- 5) We shall reject or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation) 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation) 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- 6) Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f) Non Disclosure or Misrepresentation

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date at our sole discretion, or the Policy may be modified by Us, with Your consent, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- the claim under such Policy if any, shall be rejected/repudiated forthwith and all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

g) Dishonest or Fraudulent Claims

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date at our sole discretion, or the Policy may be modified by Us, with Your consent, upon 30 day notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- The claim under such Policy if any, shall be rejected/repudiated forthwith and all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

h) Other Insurance

If at the time when any claim is made under this Policy, Insured Person has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her



policies. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Also where the Insured Person has two or more policies from one or more Insurers, then the Insured Person shall have the right to claim from other policy/ policies for the amounts which is disallowed under earlier chosen policy/ policies even if sum insured is not exhausted. The insurer so chosen by the Insured Person shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause shall only apply to indemnity sections of the Policy.

i) Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

j) Notices

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

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule/Endorsement/Certificate of Insurance.
- 2) Us, it shall be delivered to Our address specified in the Schedule/Certificate of Insurance.
- 3) No insurance agents, brokers or other person/entity unless authorized by Us is authorized to receive any notice on Our behalf.

k) Dispute Resolution Clause

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

l) Geography

Geography would be Worldwide [W], Worldwide excluding US & Canada [X] and Asiapacific excluding Japan [A]. However, the Policy applies only in the countries stated in the Schedule except for those countries where the Insured Person holds citizenship or has a permanent place of residence.

m) Termination

- 1) You may terminate this Policy at any time by giving Us/Administrator a written notice. The cancellation shall be from the date of receipt of such notice. Premium shall be refunded as per the table below for the master policy issued IF AND ONLY IF no claim has been made under the Policy.

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%

exceeding 6 months	Nil
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- 2) Each certificate issued under the master Policy can be cancelled any time before the commencement date of the Risk Period, by giving us a written notice and the Policy shall terminate. If no claim has been made under the Policy, we will deduct Rs.250 as cancellation charges and refund the premium paid.
- 3) We shall terminate this Policy for the reasons as specified under aforesaid section 3 f) (Non Disclosure or Misrepresentation) & section 3 g) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule/endorsement/Certificate of Insurance and the premium will be forfeited.

n) **Extension of the Certificate of Insurance:**

All Certificate of Insurance shall automatically extend for 7 days (without any additional premium and irrespective of claims status) after the expiry date of the Policy Period if the Insured Person's return to India has been delayed solely due to the delay of the Carrier on which the Insured Person is scheduled to travel for reasons beyond the control of the Insured Person.

Further in addition to the above, We may in Our sole and absolute discretion extend the Certificate of Insurance once during the Risk Period, provided that:

- a) We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Risk Period.
- b) We receive Your request for extension of the Certificate of Insurance and the applicable premium before the expiry date of the Policy Period.
- c) The Insured Person has not made a claim before We receive Your request for extension of the Policy.

Except as provided for hereunder, We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

Section 4 OTHER IMPORTANT TERMS YOU SHOULD KNOW

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

Def.1 Accident or Accidental means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def.2 Administrator means any entity/person(s) engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to Us.

Def.3 Age or Aged means completed years as at the commencement Date.

Def.4 Accumulation Limit means the amount stated in the Schedule/Certificate of Insurance which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same accident, event or occurrence or series of related accidents, events or occurrences, and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.

Def.5 Carrier means a civilian or commercial land, air or water conveyance operating under a valid licence for the transportation of goods or passengers by air, sea, road or rail for a fee.

Def.6 Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def.7 Commencement Date means the commencement date of the Policy as specified in the Schedule/Certificate of Insurance.

Def.8 Certificate of Insurance means the certificate We issue to an Insured Person. The Certificate of Insurance can only be issued prior to the commencement of the Risk Period.

Def.9 Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position

- (a) Internal Congenital Anomaly - 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.10 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.11 Dependent means the persons named in the Certificate of Insurance who are the Insured Person's:

- a. Spouse – The Insured Person's legally married spouse as long as she continues to be married to him.
- b. Parents – Your natural parents or parents that have legally adopted You
- c. Parents in law – Your parents in law as long as your spouse continues to be married to You

All dependent parents/parents in law must be financially dependent on You.

Def.12 Disclosure to information norms means that 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.

Def.13 Doctor means a medical professional and practitioner who is duly qualified and appropriately licensed to act as a doctor in the country in which treatment is provided.

Def.14 Emergency Care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def.15 Hijacked or Hijacking means the unlawful seizure or exercise of control of any aircraft by force or violence or threat of force or violence or an act, including but not limited to the use of force or violence or the threat thereof, committed for any reason (including political, religious or ideological) by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government.

Def.16 Hospitalisation or Hospitalized 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.17 Hospital means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognized as a hospital in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a hospital in that country.

Def. 17. Indian 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

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

Def. 18. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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

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

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

Def.19 Injury means accidentally 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.20 Immediate Family Member means the Insured Person's legal spouse, parent and parent-in-law.

Def.21 Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def.22 Insured Person You and the Persons named in the Schedule/Certificate of Insurance.

Def.23 Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Def.24 Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def.25 Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

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

Def.26 Money means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, travellers cheques, postal orders and current postage stamps (which are not part of a collection).

Def.27 Notification of a Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Def.28 OPD Treatment/Outpatient 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.29 Policy means Your statements in the proposal form (which are the basis of this Policy), Certificate of Insurance, this policy wording (including endorsements, if any) and the Policy Schedule

Def.30 Policy Period means the period between the commencement date and the expiry date specified in the Schedule/Certificate of Insurance.

Def.31 Pre-existing Condition means any condition, ailment or injury or related conditions(s) for which there were signs or symptoms, and/or were diagnosed, and/or for which medical advice/treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

Def.32 Reasonable & Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Def.33 Risk Period means only the period between:

1. The time when the Insured Person crosses the Indian border to leave India as a fare paying passenger on a Carrier, and
2. The earlier of:
 - (a) The time when the Insured Person crosses the Indian border to return to India as a fare paying passenger on a Carrier, and
 - (b) The expiry date specified in the Certificate of Insurance.

Def.34 Schedule means the schedule attached to and forming part of this Policy, and if more than one then latest in time.

Def.35 Sum Insured means, in respect of each Section, the sum shown in the Schedule/Certificate of Insurance against that Section and such sum represents Our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section unless expressly stated to the contrary and subject always to the Accumulation Limit.

Def.36 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.37 Trip means a journey, within the Policy Period, out of the Republic of India and back, the details of which are specified in the Schedule/Certificate of Insurance.

Def.38 TPA means the third party administrator that We appoint from time to time as specified in the Schedule/Certificate of Insurance.

Def.39 Unproven/Experimental Treatment Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Def.40 Valuables means photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.

Def.41 We/Our/Us means the HDFC ERGO General Insurance Company Limited.

Def.42 You/Your or Policyholder means the persons named in the Schedule/Certificate of Insurance who has concluded this Policy with Us.

Section 5 Grievance Redressal Procedure

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

- i. Website: www.hdfcergo.com
- ii. Customer Service Number: 022 6234 6234 / 0120 6234 6234
- iii. Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- iv. E-mail: grievance@hdfcergo.com
- v. Fax : NA
- vi. Courier : Grievance cell of any of our Branch office

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>

Grievance may also be lodged at IRDAI Integrated Grievance Management System

-<https://igms.irda.gov.in/>.

Insurance Ombudsman-The Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

Annexure A

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase,</p>	<p>Karnataka.</p>

<p>Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>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</p>	<p>Orissa.</p>
<p>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</p>	<p>States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.</p>
<p>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</p>	<p>State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road,</p>	<p>Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahudurgarh</p>

<p>New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>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</p>	<p>State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>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</p>	<p>States of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor,</p>	<p>States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.</p>

<p>4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	
<p>LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>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.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, 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.</p>
<p>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</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah</p>	<p>Maharashtra,</p>



Office of the Insurance Ombudsman,
Jeevan Darshan Bldg., 3rd Floor,
C.T.S. No.s. 195 to 198,
N.C. Kelkar Road, Narayan Peth,
Pune – 411 030.
Tel.: 020-41312555
[Email: bimalokpal.pune@ecoi.co.in](mailto:bimalokpal.pune@ecoi.co.in)

Area of Navi Mumbai and Thane
excluding Mumbai Metropolitan Region.