



# TRAVEL COMPANION

## Travel Insurance Kit

BAJAJ | Allianz 

UIN- IRDA/NL-HLT/BAGI/P-T/V.I/462/13-14

Dear Customer,

At the outset, please accept our sincere thanks for entrusting your faith in us. It has been our constant endeavor to bring the best products and services in the industry, to our valued customer. We hope that under Bajaj Allianz care and protection you will continue to have a happy experience.

Travel Insurance Kit has been developed to make you aware of the terms and conditions of the policy, as well as claim handling process. This will facilitate faster claims settlement and help avoid inconvenience. We hope you will take some time out of your busy schedule and go through this Guide.

Should you need any clarification, please do not hesitate to get in touch with us at our nearest office.

As a privileged buyer of our Overseas Travel Insurance policy, we will provide you with the following services:

- 24 hours Call Centre service
- Cashless hospitalization for all eligible ailments/ conditions
- Claim processing and settlement
- As soon as you receive this kit, please check for the following:
- Your policy Schedule
- Your policy terms and conditions guide.
- Claims procedure guide
- List of toll free numbers and e mail addresses for any assistance

Please read this booklet and familiarize with the proper procedures to be followed during any planned or emergency hospitalizations.

Please also read the policy document in detail to understand your coverage and exclusions to avoid inconvenience at a later stage.

For any doubts or clarifications, please call the call centre +91 20 3030 58 58 or send mail to [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

Always carry your policy copy with you, as it may be required during any emergency.

**IMPORTANT**

Please make sure you read and fully understand this Document before you travel from the Republic of India. Please also read carefully the full details of the procedure for obtaining assistance and claims. Failure to follow the instruction given could result in rejection of the claim

This policy clause is applicable for the different Travel Plans listed. The sections covered under the respective plans are given in the table below.

<b>Plan opted</b>	<b>Sections Applicable</b>
Travel Care	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-V.
Travel Secure & Travel Value	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section-J, Section-V.
Travel Family (Family Floater)	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F,
Travel Age	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-J, Section-V.
Corporate Lite & Corporate Plus	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section-I.
Student Companion -Standard /Silver / Gold	Section-A, Section-B, Section-C, Section-F, Section-S, Section-T, Section-U,
Travel Asia Flair /Supreme	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G
Travel Elite Silver / Gold / Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section –N, Section-V
Travel Age Elite Silver/Gold/Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section –N, Section-V
Corporate Elite Lite / Plus	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section –N,

	Section-V
Travel Asia Elite Flair /Supreme	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section M, Section-V
Travel Elite Family (Family Floater)	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section -N, Section-V
Student Elite Standard/Silver/Gold	Section-A, Section-B, Section-C, Section-F, Section M, Section -P Section-S, Section-T, Section-U,
Travel Insure Silver / Gold	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section -N, Section-V
Travel Insure Super Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section -N, Section -O, Section -P, Section Q, Section R, Section-V
Travel Age Insure Silver / Gold / Super Platinum	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section -N, Section-V
Corporate Insure Lite / Plus	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section -N, Section-V
Travel Asia Insure Flair / Supreme	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section M, Section-V
Travel Insure Family(Family Floater)	Section-A, Section-B, Section-C, Section-D, Section-E, Section-F, Section-G, Section-H, Section- I, Section-J, Section-K, Section-L, Section-M, Section -N, Section-V
Student Insure Standard/Silver/Gold	Section-A, Section-B, Section-C, Section-F, Section M, Section -P Section-S, Section-T, Section-U,
Travel Super Age Elite	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I, Section J, Section K, Section L, Section M, Section N, Section V
Travel Corporate Age Lite / Travel Corporate Age Elite	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I
Travel Times Elite	Section A, Section B, Section C, Section D, Section E, Section F, Section G, Section H, Section I, Section J, Section K, Section L, Section M, Section N, Section V

Whereas the Insured has made to Bajaj Allianz General Insurance Company Ltd (hereinafter called the "Company"), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured in excess of the amount of the Deductible and subject always to the Sum Assured against such loss as is herein provided.

## **A OPERATIVE PARTS**

### **1. Section A: Personal Accident**

The Company will pay the **Section A Sum Assured** specified in the Schedule if the Insured sustains Accidental Bodily Injury during the course of The Insured Journey and such Bodily Injury is within 12 months of the date upon which it was sustained the sole and direct cause of the

1.1.1 Insured's death,

1.1.2 Permanent Total Disablement,

1.1.3 Total and irrecoverable loss of both eyes or two limbs or of one eye and one limb.

1.2 Provided always that the policy will not pay under more than one of the foregoing sub clauses in respect of the same accident and in excess of the amount stated in the schedule.

1.3 The company will be liable to pay 50% of the Sum assured stated in the schedule in respect of the death of the insured person if the insured person's age is under 18 years; to be calculated at the time of effecting this insurance.

## **2 Section B: Medical Expenses & Medical Evacuation & Repatriation**

- 2.1 The Company will indemnify the Insured up to the Section B Sum Assured specified in the Schedule in respect of:
- 2.1.1 The Medical and related expenses incurred by the Insured for medical treatment outside India. The expenses covered would include physician services, hospital and medical services and local emergency medical transportation. Dental Services for immediate relief of dental pain are covered upto the amount specified in the schedule. However dental care rendered necessary as a result of a covered accident shall be subject to the limit of cover as stated in the policy.
  - 2.1.2 **Medical Evacuation to a hospital** in the Republic Of India required as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. The Medical Evacuation will have to be pre-approved by the Insurance Company / Claims Administrator of the Insurance Company.
  - 2.1.3 The Cost of repatriating the Insured's remains to India, or up to an equivalent amount for the burial or cremation of the Insured in the country where the death occurred in the event of the Insured's death outside of India as a result of Accidental Bodily Injury and/or Sickness and/or Disease occurring or having first manifested itself during an Insured Journey. These expenses should be pre-approved by the Insurance Company / Claims Administrator prior to the remains being prepared for transportation to the Republic of India or for local burial or cremation.
  - 2.1.4 In case of Medical Evacuation to hospital in India as per 2.1.2 above and if approved by the Insurance Company / Claims Administrator, and subject to the Section B Sum Assured remaining (if any), the Company will also indemnify the Insured in respect of the Medical Expenses incurred by him within India to continue medical treatment commenced by the Insured outside of India, as a result of the Insured first having sustained Accidental Bodily Injury and/or Sickness and/or Disease during the course of the Insured Journey. The Company's liability to make payment hereunder shall be limited to a period of 90 days from and including the date upon which the aforesaid Accidental Bodily Injury and/or Sickness and/or Disease occurred or first manifested itself, and to Medical Expenses at the Usual and Customary Level.
  - 2.1.5 The deductible applicable as per the schedule of the policy would be applicable in respect of each and every claim made under the policy and the company's liability in all claims put together under Section B would be restricted to the Section B Sum Assured as per the schedule of the policy during the policy period.

### **Exclusions applicable to Sections A & B**

- 2.2 The Company shall be under no liability to make payment in respect of any routine physical or other examination where there is no objective indication of impairment of normal health, and for medical treatment obtained within the Republic of India save as provided for under Section B 2.1.4
- 2.3 The Company shall be under no liability to make payment of any Medical Expenses incurred beyond the expiry of the Policy Period, save as provided for under Section B 2.1.4.
- 2.4 The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
- 2.4.1 Where the insured is:
    - 2.4.1.1 Travelling against the advice of a Physician; or
    - 2.4.1.2 Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured in his proposal; or
    - 2.4.1.3 Travelling for the purpose of obtaining treatment; or

- 2.4.1.4 In receipt of a terminal prognosis for a medical condition.
- 2.4.2 Suicide, attempted suicide or wilfully self-inflicted injury or illness, mental disorder, anxiety/stress / depression/nervousness having no underlying physical illness as a cause; venereal disease, alcoholism, drunkenness or the abuse of drugs.
- 2.4.3 Any injury, illness, death, loss, expenses or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or any mutant derivative or variation thereof however caused.
- 2.4.4 The participation of the Insured unless under supervision of a trained professional in winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), professional sports or any other hazardous or potentially dangerous sport.
- 2.4.5 The participation of the Insured in riding or driving in races or rallies.
- 2.4.6 Losses arising from Accidents as a driver on motorised vehicles unless at the time of the Accident the insured is in possession of a current full international driving licence and while riding a two wheeler is wearing a safety crash helmet.
- 2.4.7 Losses arising directly or indirectly from manual work or hazardous occupation, self-exposure to needless peril (except in an attempt to save human life), or if engaging in any criminal or illegal act.
- 2.4.8 Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing.
- 2.4.9 Experimental, unproven or non-standard treatment.
- 2.4.10 Treatment by any other system other than modern medicine (also known as Allopathy).
- 2.4.11 The cost of spectacles, contact lenses, and hearing aids, crutches, and all other external appliances and/or devices whether for diagnosis or treatment.
- 2.4.12 Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician.
- 2.4.13 In case of Plan Travel Brilliant Minds (Students) claims under this section arising out of sickness/illness is specifically excluded.

### 3 **Section C: Loss of Checked Baggage**

The Company will pay the Insured up to the **Section C Sum Assured** specified in the Schedule in respect of the complete and permanent loss or destruction of the Insured's Checked Baggage, save that the Company may, in its sole and absolute discretion, opt to reinstate or replace the Checked Baggage as an alternative to making payment to the Insured hereunder.

#### **Specific Conditions**

It is a condition precedent to the Company's Liability hereunder that upon discovering the loss of Checked Baggage the Insured shall obtain a relevant property irregularity report from the Airline and submit the same to the Insurance Company / Claims Administrator in the event of a Claim.

- 3.1 The Company's liability to make payment shall not arise until liability is admitted by the Airline.

- 3.2 The company's liability will be restricted to maximum of 50 % of the Sum assured (as per the schedule of the policy) per piece of baggage and 100 % of the sum insured for all pieces of checked in baggage put together. Any Claim for any item lost in respect of which the claim exceeds Rs 6000/- or other currency equivalent must be supported by documentation evidencing the insured's ownership of the same, such documentation to be submitted to the Insurance Company/ Claims Administrator in the event of a claim. In the absence of this, the maximum liability shall be restricted to 50% of the cost of this item, subject to maximum Rs 6000/-.
- 3.3 In case of the same baggage being covered under any other insurance the policy will contribute its rateable proportion.
- 3.4 The Company's payment to the Insured will be reduced by:
- 3.4.1 any payment made under Section D below, and
- 3.4.2 any sum for which the Airline is liable to make payment.

**Exclusions applicable to Section C**

- 3.5 The self-carried baggage is specifically excluded from the policy coverage.
- 3.6 Partial destruction of baggage or missing of contents from the baggage is not covered under the policy.
- 3.7 The Company shall be under no liability to make payment hereunder in respect of any Claim for valuables.

**4 Section D: Delay of Checked Baggage**

The Company will pay the Insured up to the **Section D Sum Assured** specified in the Schedule in respect of the Insured's emergency purchase of toiletries, medication and clothing to replace those contained in Checked Baggage, the arrival of which is delayed by more than 12 hours beyond the time of the Insured's arrival at the intended destination outside of India.

**Exclusions Applicable to Section D**

- 4.1 Delay of baggage when the intended destination is in India

**Specific Condition**

4.2 It is a condition precedent to the Company's Liability hereunder that upon discovering the delay in arrival of the Checked Baggage the Insured shall obtain written non-delivery confirmation from the Airline along with the period of delay, which must be submitted to the Insurance Company / Claims Administrator in the event of a Claim.

4.3 In case of more than one claim during the insured journey the Company's liability in all claim put together will be restricted to the Section D Sum Insured. The time deductible of 12 hrs will apply separately for every claim.

**5 Section E: Loss of Passport**

In the event of the Insured's loss of his passport, the Company will pay the Insured the **Section E Sum Assured** (less the deductible) specified in the Schedule towards expenses necessarily incurred by the Insured in obtaining a duplicate or fresh passport.

**Exclusions Applicable to Section E**

The Company shall be under no liability to make payment for:

Loss or damage to the Insured's passport as a result of the confiscation or detention by customs, police or any other authority.

- 5.1 Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.
- 5.2 Loss caused by the Insured's failure to take reasonable steps to guard against the loss of the passport.

## 6 **Section F: Personal Liability**

The Company will indemnify the Insured up to the **Section F Sum Assured** (less the deductible) specified in the Schedule against any legal liability incurred by the Insured in his private capacity to pay Damages for third party civil Claims arising out of Accidental Bodily Injury or Accidental Property Damage occurring during an Insured Journey.

### **Specific Conditions**

- 6.1 No Deductible shall be applicable in respect of the legal liability incurred by the Insured in his private capacity to pay Damages for third party Accidental Bodily Injury.
- 6.2 The Company's liability to indemnify the Insured under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by the Company. In the event that legal action is taken against the Insured within India, it is a condition precedent to the Company's liability hereunder that the Insured shall:
  - 6.2.1 give immediate written notice to the Company to the address specified in the Schedule, and
  - 6.2.2 not incur any defence costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Company, which shall be entitled (but in no case obligated) at any time to take over and conduct in the name of the Insured the defence and/or settlement of any action or claim and shall be entitled at all times to receive the Insured's cooperation and assistance and to appoint lawyers on the Insured's behalf. Any and all costs and expenses incurred by the Company or the lawyers appointed by the Company shall be a first charge on the Sum Assured hereunder.
- 6.3 The Company shall not settle any claim without the express consent of the Insured, but if the Insured refuses an available settlement recommended by the Company then the Company's liability shall thereafter be restricted to the amount by which the claim could have been settled.

### **Exclusions Applicable to Section F**

The Company shall not be under any liability to make payment for Claims arising out of:

- 6.4 the Insured's liability to any employee (whether under a contract of or for services);
- 6.5 Bodily Injury to and/or Property Damage to property belonging to the Insured's Family, any co-worker of the Insured, and any travelling companion of the Insured;
- 6.6 any liability for Bodily Injury and/or Property Damage arising directly or indirectly from or due to:
  - 6.6.1 livestock belonging to the Insured or in the Insured's care, custody or control;
  - 6.6.2 any wilful, malicious, criminal or unlawful act, error, or omission;
  - 6.6.3 the pursuit of any trade, business of profession, employment or occupation;
  - 6.6.4 the ownership, possession or use of vehicles, aircraft, or watercraft;
  - 6.6.5 parachuting, hand-gliding, hot air ballooning or the use of firearms or any other dangerous or hazardous activity;
  - 6.6.6 the use or misuse of any alcohol, hallucinogenic substance, drugs (except those used as medically prescribed), or drug addiction;
  - 6.6.7 the supply of goods or services;
  - 6.6.8 any form of ownership or occupation of land or buildings (other than occupation only of any temporary residence).
  - 6.6.9 Any professional liability arising out of the insured's profession/activities.

## **7. Section G - Hijack cover**

For each 24 hour period the insured is detained by hijackers following hi-jacking of any aircraft in which the insured is traveling, the Company will pay the sum specified in the schedule subject to the maximum limit specified in the schedule. All other policy terms and conditions shall remain unaltered.

## **8. Section H - Trip Delay**

Subject to all other terms and conditions, if the air craft on which the insured is booked to travel from India is delayed beyond 12 hours than the original scheduled departure time, the Company will pay the sum mentioned in the schedule for every 12 hours delay in excess of 12 hours, subject to the maximum amount mentioned in the schedule.

However, the Company will not pay,

1. for any departure which is delayed as a result of the insured or any other person who have arranged to travel with failing to check-in correctly as required by the airlines
2. for any delayed departure caused by strike or industrial action known to exist or was anticipated at the time the trip was booked
3. if the air craft is taken out of service on the instructions of the Civil Aviation Authority or similar authority

## **9. Section I – Hospitalisation Daily Allowance**

Subject to all other terms and conditions, it is hereby agreed that following hospitalisation of the insured named in the Schedule of the policy due to an accident or illness covered under the policy, a daily allowance as specified in the schedule shall be paid by the Company under this policy. For this purpose a day will be reckoned as continuous 24 hours. All other terms and conditions shall remain unaltered.

## **10. Section J– Golfer’s Hole-in-one**

Subject to all other terms and conditions, it is hereby agreed that the insurer shall reimburse expenses incurred in celebration of achieving a hole-in-one by the insured during the trip, anywhere in the world excluding India, in a United States Golfers’ Association (USGA) recognized golf course, subject to maximum the limit shown in the Schedule against this cover. All other terms and conditions shall remain unaltered.

## **11. Section K – Trip Cancellation**

Subject to all other terms and conditions, the Company will indemnify the insured subject to limits shown in the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source, following the necessary and unavoidable cancellation of the trip prior to its commencement because of:

1. insured’s death, serious injury or sudden sickness requiring minimum three day hospitalisation
2. death of insured’s spouse or parent or child
3. serious injury or sudden sickness requiring minimum three days hospitalisation of insured’s wife or child who were booked to travel with the Insured and who is also insured with Bajaj Allianz General Insurance Company Limited.
4. Compulsory quarantine or prevention of travel by Government

## **12. Section L – Trip Curtailment**

Subject to all other terms and conditions, the Company will indemnify the insured subject to limits shown in the schedule, for loss of personal accommodation or travel charges paid or contracted to be paid by the insured, which are not recoverable from any other source, following the necessary and unavoidable curtailment (the cutting short by early return to India) of the trip because of:

1. death, serious injury or sudden sickness of your spouse or child residing with you in India and who is not travelling with you on the insured journey
2. the hijack of an aircraft in which you are travelling as a fare-paying passenger



### **13. Section M – Accidental Death & Disability (Common Carrier)**

The policy will pay the sum insured specified in the schedule in addition to the sum insured specified under the personal accident section if the insured sustains Accidental Bodily Injury during the course of the insured journey while travelling in a common carrier such as rail, bus, tram or aircraft and such bodily injury is within 12 months of the date upon which it was sustained the sole and direct cause of the Insured's death or Loss of Two Eyes and/or loss of Two Limbs or Loss of one limb and one Eye.

### **14. Section N – Home Burglary Insurance**

The policy will indemnify the insured for claims made in respect of loss of or damage to contents of the insured's home in India (located at the address mentioned in the policy schedule) caused by actual or attempted Burglary and/or Robbery during the policy period. The cover incepts from the date of departure of the insured from the country and ends on the expiry date or date of return to the country whichever is earlier. The company's liability will be limited to the sum insured specified in the schedule. The cover excludes loss or damage to jewellery and valuables.

### **15. Section O - Missed Connection**

Subject to all other terms and conditions, if the air craft on which the insured is booked to travel from India is delayed beyond 12 hours than the original scheduled arrival time at the destination of the connecting flight resulting in the insured missing the connecting flight, the company will pay the sum mentioned in the schedule towards missed connection. For a Claim to be admissible under this section it is a condition precedent to liability that the claim is admissible under Section H: Trip Delay

### **16. Section P - Bail Bond Insurance**

Subject to all other terms and conditions if the insured is arrested for any inadvertent law breaking during his/her travel overseas the company would pay the amount as mentioned in the schedule towards the bail amount for release.

However, the Company will not pay,

1. for any bail amount where the insured has been charged for breaking the law with Criminal Intent
2. for any bail amount where the insured has been charged for over speeding in a vehicle.

### **17. Section Q- Adventure Sports Insurance**

Subject to all other terms and conditions if the insured incurs any medical expenses due to injuries as a result of the insured's participation in any adventure sports the Company will pay the amount incurred towards such medical expenses subject to the maximum mentioned in the schedule.

### **18. Section R - Laptop Insurance**

Subject to all other terms and conditions if the insured incurs a loss due to damage to or theft of his/her Lap Top During the journey abroad and within the policy period the Company will indemnify the insured the loss subject to the sum mentioned in the schedule

However, the Company will not pay,

1. for any electrical or mechanical breakdown of the lap top
2. for any loss of soft wares or data in the lap top and any consequential loss
3. for any loss as a result of any action taken by customs department.

Claim Settlement: The claim shall be settled at Market Value of the Laptop before the loss, which will be arrived at by depreciating the value by 25% per annum. However the maximum liability would be restricted to the SI.

### **19. Section S - TUITION FEE**

### **Coverage**

In the event of the insured unable to continue the school semester due to any of the following reasons arising during the policy period, the Company shall reimburse the tuition fee paid in advance for the current semester, subject to maximum the limit shown in the schedule:

1. Serious medical condition of the insured requiring hospitalisation covered under the policy
2. Death or serious injury requiring hospitalisation of either of the parents of the insured

This coverage is also subject to the exclusions of Personal Accident and Medical Expenses sections of the policy.

### **Documents required for admission of a claim**

- Duly filled in claim form
- Copy of the receipt of payment of advance tuition fee
- Letter informing the school regarding the inability of the student to continue the semester duly acknowledged by the school

## **20. Section T - ACCIDENT TO SPONSOR**

### **Coverage**

In the event of the sponsor named in the schedule meets with an accident during the policy period, which results in his death or permanent total disability during the policy period, the Company shall reimburse the remaining school fee subject to maximum the limit shown in the schedule.

This coverage is also subject to the exclusions under the Personal Accident section of the policy.

## **21. Section U – FAMILY VISIT**

### **Coverage**

In the event of the insured is hospitalized as a result of an accidental injury or sickness covered under the policy and the attending physician in writing advises the necessary attendance of a Family Member of the Insured, the Company will reimburse the actual cost of economy class transportation by the most direct route via a common carrier subject to maximum the sum insured. For this purpose, family member shall mean spouse, parent, sibling and in laws of the insured.

*Following is not an insurance benefit but an assistance provided by the Insurance Company/Service Provider. The terms and conditions are as below:*

## **22. Section V– Emergency Cash Advance**

In case of this section being available under the Travel Plan selected by the insured and shown in the schedule of the policy issued to him/her:

This is an assistance service when the insured person requires emergency cash following incidents like theft/burglary of luggage/money or hold up. The Assistance Department shall co-ordinate with the insured person's relatives in India to provide emergency cash assistance to the insured person as per his requirement, upto the limit specified in the policy schedule.

- As soon as the need arises insured person calls up Assistance Department on the telephone number indicated in the policy schedule.
- Assistance Department shall verify the details of the insured and ascertain the amount of cash required, local contact in India who can provide payment security including delivery charges through credit card or close relatives
- Assistance Department organizes cash delivery after obtaining payment security from insured or his relatives.

## **B DEFINITIONS**

23. The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Alternative treatments- Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. Any One Illness: Any one illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing home where treatment may have been taken
4. "Airline" means a public airline that holds a proper license for the jurisdiction in which it operates and that operates scheduled flights for passengers and cargo.
5. Bodily 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
6. "Cashless Facility" Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre authorization approved.
7. "Checked Baggage" means the baggage offered by the Insured and accepted by an Airline for international transportation in the same aircraft as the Insured and for which the airline has provided a baggage receipt, and the contents of the baggage checked in by the Insured so long as such contents do not violate any Airline policy or rule restricting the nature of items that may be carried on board its aircraft.
8. "Claim" means a Claim under an operative part of this Policy in respect of an insured event that has taken place or is likely to take place. All Claims resulting from one and the same event or circumstance shall jointly constitute one Claim under this Policy and as having been made at the time when the first Claim was made in writing and the Deductible shall be applicable to each section independently.
9. Common Carrier- Common Carrier means a person engaged in the business of collecting, storing, forwarding, or distributing goods, to be carried by goods carriage under a goods receipt or transporting for hire of goods from place to place by motorized transport, by road, water, air, for all persons indiscriminatingly in each case operated under a valid license issued by a concerned Government Authority, for transportation of passengers for hire.
10. Condition Precedent- Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
11. Congenital Anomaly- Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position .
  - a. - Internal Congenital Anomaly which is not visible and accessible parts of the body is called Internal Congenital Anomaly
  - b. External Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.
12. "Contribution" Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.
13. Co-Payment- A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
14. "Damages" means monetary sums payable pursuant to judgements or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian Law.
15. Day care centre- A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -u p within a hospital and which has been registered with the local authorities, wherever applicable, and is under the

supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge 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.

16. Day Care Treatment- Day care treatment refers to medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.  
A detailed list of procedures considered under Day Care is attached with the policy wordings (refer annexure 1). For an updated list of Day Care Procedures kindly visit our website
17. Daily Allowance: Means the amount and period specified in the Schedule.
18. Deductible" Deductible is 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 Daily Allowance policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
19. Dental Treatment- Dental Treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns extractions and surgery excluding any form of cosmetic surgery / implants.
20. Disclosure to Information Norm- The policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis- description or non disclosure of any material fact.
21. Disease" means an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
22. Emergency Care- Emergency care means management for a severe 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.
23. "Hospitalization" Hospitalization means admission in a Hospital for a minimum period of 24 hours In Patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
24. "Home Burglary " Home burglary means any act of actual, forcible and violent entry and or exit from the premises of the Insured with intent to commit an act of crime or theft.
25. Illness- Illness means 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 medical condition is a medical condition that can be cured by treatment.
  - b. Chronic Condition - A chronic condition is defined as a disease, illness or injury that has one or more of the following characteristics: it needs ongoing or long term monitoring through consultations, examinations, check ups , and or tests - it needs ongoing or long term control or relief of symptoms - it requires rehabilitation or for you to be specially trained to cope with it - it continues indefinitely - it comes back or is likely to come back.
26. Injury/ Bodily Injury- 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.
27. "Inpatient Care" Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
28. "Insurance Company / Claims Administrator" means the person or organization named in the Schedule.
29. "Insured" means the person named in the Schedule.

30. "Insured Journey" means a single journey during the Policy Period to a destination outside of India, which is undertaken (departure and arrival) during the Policy Period.
31. Intensive Care Unit- 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.
32. "Family" means the Insured, insured's spouse and 2 children. In the benefit of family visit family is indicated as the Insured's spouse and children.
33. Limit of Indemnity-Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover and subject to the limits specified.
34. Hospital- A 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:
  - a. has qualified nursing staff under its employment round the clock;
  - b. 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;
  - c. has qualified medical practitioner(s) in charge round the clock;
  - d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
35. "Loss of Eye" means the total and irrecoverable loss of sight from either or both eyes.
36. "Loss of Limb" means the loss of one or both hands or one or both feet by permanent physical severance at or above the wrist or ankle, and includes the total and permanent loss of use of either or both hands or either or both feet.
37. "Maternity Expense" Maternity Expenses / treatment shall include the following Medical treatment expenses: (i) Medical Expenses for a delivery ( including complicated deliveries and caesarean sections) incurred during Hospitalization; (ii) The lawful medical termination of pregnancy during the policy period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person; (iii) Pre- natal and post -natal Medical Expenses for delivery or termination.
38. "Medical Advise" Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
39. "Medical Advisors" mean the medical practitioners appointed by the Insurance Company / Claims Administrator.
40. "Medical Evacuation" means the removal of the Insured from abroad to a hospital within India where necessary medical care can be accorded to him, including medical care required en route.
41. 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 had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
42. Medically Necessary - Medically necessary treatment is defined as any treatment, tests, medications, or stay in hospital or part of a stay in hospital which-
  - a. is required for the medical management of the illness or injury suffered by the insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a medical practitioner,
  - d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

43. Notification of Claim- Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
44. "OPD Treatment" OPD treatment is 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.
45. A Physician is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. "Physician" shall not include any member of the Insured's family. Chiropractitioner stands excluded from the scope of the policy.
46. Policy" means the proposal, the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
47. "Policy Period" means the period between:
  - a. The commencement date specified in the Schedule, being the date upon which the Insured first boards the mode of transportation by which it is intended that he shall finally leave India for the Insured Journey or the actual date upon which the Insured boards as aforesaid so long as that is within 14 days of the commencement date as specified in the Schedule, and
  - b. The expiry date specified in the Schedule (provided that this Policy shall automatically be extended for a period of 7 days if the completion of the Insured Journey is delayed solely because of a failure of public transportation or other services upon which the Insured was reliant) .
48. Pre existing ailment or disease- Any condition, ailment or injury or related conditions for which you had signs or symptoms, and /or were diagnosed, and / or received medical advice/ treatment within 48 months prior to the first policy issued by the insurer
49. "Property Damage" means actual physical damage to tangible material property belonging to a third party.
50. Reasonable Charges-Reasonable Charges means the charges for service 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 illness/ injury involved.
51. Room Rent- Room Rent shall mean amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.
52. "Schedule" means the schedule, and any annexure to it, attached to and forming part of this Policy.
53. Sickness" means a condition or an ailment affecting the general soundness and health of the Insured's body that first manifests itself during the Policy Period and for which immediate treatment by a Physician is necessary.
54. Subrogation- Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
55. Suicide- "Sui" means "self" and "cide" means "killing", thus implying an act of self-killing. In short, a person committing suicide must commit it by himself, irrespective of the means employed by him in achieving his object of killing himself.
56. "Sum Assured" means the amount stated in the Schedule against each relevant Section, which shall be the Company's maximum liability under this Policy (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.
57. Surgery- 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
58. "Theft" means whoever intending to take dishonestly any moveable property out of the possession of the Insured without Insured's consent , moves that property in order to such taking with the intention to permanently deprive the Insured of that property is said to commit theft.
59. Valuables" means:

- a. Electronic and electrical equipment including, but not limited to, photographic equipment, Audio equipment, video and/or televisual equipment, computers and/or organizers;
  - b. Binoculars, spectacles, sunglasses, or the like;
  - c. watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
  - d. Gold or silver or any precious metals or articles made from any precious metals; deeds, ATM Cards, credit cards, charge cards, bonds, bills of exchange, bank treasury or promissory notes, cheques, money, securities or any other negotiable instrument.
60. Unproven/ Experimental treatment- Unproven/ Experimental treatment is treatment, including drug experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven
61. You, Your, Yourself/ Your Family named in the schedule means the person or persons that We insure as set out in the Schedule.
62. We, Our, Ours means the Bajaj Allianz General Insurance Company Limited.
63. "Usual and Customary Level" means medical charges that:
- a. Do not exceed the usual levy of charges for similar treatment or allied services, in the locality where such treatment or allied services have been obtained; and
  - b. Do not include charges that would not have been made if no insurance existed.

63. Permanent Total Disablement:

Means Loss of the physical ability through an accidental injury resulting in to the following:

- a. loss of the sight of both eyes
- b. physical separation of or the loss of ability to use both hands or both feet
- c. physical separation of or the loss of ability to use one hand and one foot
- d. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

Such Disability shall be calculated on basis of Disability Certificate from Civil Surgeon of Government Hospital stating the continuous and permanent disability with disability percentage.

64. "Pre Natal" Prenatal period (also known as antenatal care) refers to the regular medical and nursing care recommended for women during pregnancy

65. "Post Natal" Post natal period is the period beginning immediately after the birth of a child and extending for about six weeks

### **C General Exclusions Applicable to All Sections**

The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- a. The Insured's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
- b. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, civil unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
- c. The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from:

- d. Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
- e. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or
- f. Asbestosis or any related Sickness or Disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or products thereof.
- g. The Insured's actual or attempted engagement in any criminal or other unlawful act.
- h. Any consequential losses.
- i. In respect of travel by the Insured to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.
- j. The insured engaging in air travel unless he flies as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

#### **D GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS**

- 1. Conditions Precedent-** Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.
- 2. Insured-** Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.
- 3. Communications-** Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.
- 4. Claims Procedures**  
(Applicable for Personal Accident, Medical Expenses, Medical Evacuation & Repatriation, Accidental Death & Disability (Common Carrier), Hospitalization Daily Allowance, Trip Cancellation, Trip Curtailment, Difference in Airfare due to delayed or early return, PA Cover in India  
If you meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to our liability, you must comply with the following.

##### Hospitalization

In case of medical sickness/accident you will have to call and notify us at the 24 hours telephone number - ++91-20- 30305858. . It is important to notify us before seeking any medical consultation (unless it is an accident/emergency). In case of medical hospitalization, please notify us immediately.

- a. We have our coordinating doctor on duty to speak to the Insured and provide medical advice. However if the Insured wants a medical referral of any specialist doctor/hospital, we can provide the referral.
- b. It is important to notify us immediately before/after seeking any kind of medical consultation (unless it is an accident/emergency) and provide us with the treating doctor/hospital details, medical expenses incurred/paid and review appointment details because this will help us to validate your claim and provide you with a Claim Reference Number which must be mentioned in the Claim Form.
- c. The Insurance medical assistance department (doctor) will discuss your medical condition with the treating doctor and if it is confirmed that the admission to a



hospital is NOT due to any pre-existing conditions or any conditions listed in the exclusion list, then the Insurance Company shall guarantee payments to the hospital and settle the payments with the hospital.

- d. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)
- e. Your prompt submission of the above documents/information (ROMIF, LMO details, Medical Reports, estimated medical expenses, Claim Form, Passport copy) will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby facilitating the claims process.

#### **Outpatient Consultation**

- a. For outpatient consultation(s), the Insured will have to self-pay and file the claim upon return to India. However, if the amount is above USD 500 and the insured is facing difficulty in making payments due to shortage of cash on hand then we can arrange to make payments on behalf of the patient, provided the medical condition is confirmed to be non-pre-existing.
- b. If any hospital does not submit a bill to you for the treatment /service rendered, please inform us before you leave the hospital. If the hospital insists that they will claim directly from the Insurance Company, please inform them that BAJAJ ALLIANZ shall not entertain any such requests from the hospital. Only claims whereby the Insured filed directly with all relevant documents on return to India will be considered.
- c. You or someone claiming on your behalf must promptly and in any event within 30 days of discharge from a Hospital give us the documentation (written details of the quantum of any claim along with all original supporting documentation as per the claims documents list specified below.
- d. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (in case its conducted) within 30 days.
- e. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Xerox copies of the claim documents.
- f. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted along with the letter confirming the status of the claim & settlement details if any.
- g. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

#### **Claims Procedures (applicable for other sections – Non Medical coverages)**

- a. You or someone claiming on your behalf must promptly and in any event within 30 days from date of loss give us documentation (written details of the quantum of any claim along with all supporting documentation as per the claims documents list specified below.
- b. Your prompt submission of the required documents/information will enable the claim processing unit for assessment the claim
- c. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

#### **B. Policy Excess**

For medical sickness/accident there is a policy excess of USD 100 (deductible) which the Insured will have to self-pay and this amount cannot be claimed. This implies for any claim the first USD100.00 are to be borne by the insured. This applies for both outpatient and inpatient treatment.

## **5. Notifications of Claims-**

Condition Precedent shall mean a policy term or condition upon which the Insurers Liability under the policy is conditional upon:

- a.** In respect of any claim under section 1,2 and 3 , the insured or if deceased, his legal heirs or other legal representative, shall notify the Insurance Company/ Claims Administrator within 14 days from the date of loss and provide him with the name of the Physician, the name and telephone numbers of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, and any other documentation or information that might be required or requested by the Insurance Company/ Claims Administrator of the Company.
- b.** For all other Claims, the Insured shall notify the Insurance Company / Claims administrator of the company, immediately within 7 days from the date of loss, obtain mandatory claim documentation forms for completing the same on and return submit to the Insurance Company / Claims Administrator of the company, along with supporting invoices and any other documentation or information that might be required or requested by Insurance Company/ Claims Administrator of the Company.
- c.** The Insured shall not admit any liability or make any offer or promise of payment without the prior written consent of the Company.
- d.** Time for filing claim form and evidence

Completed claim forms/ Documents and written evidence/ proof of loss, must be submitted to the Company or Claims Administrator of the Company furnished to us within thirty (30) days from after the date of such loss. Insured You or some else claiming on your behalf of Insured shall obtain and furnish to the Company or Claims Administrator of the Company Us with all original bills, receipts, and any other documentation upon which a claim is based at your cost of Claimant and shall also give to the Company Us in a timely fashion such additional documentation, information and assistance as the Company or Claims Administrator of the Company we may require for examining scrutinizing in dealing with the claim. In absence of the requisite documents and in the absence of revert from claimant insured within 60 days from date of intimation / loss, the Company we would assume that insured/ claimant is not interested in pursuing the claim and accordingly the Company we would be constrained to repudiate the aforesaid claim.

## **6. Paying a Claim-**

- a.** You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- b.** We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- c.** On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- d.** If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under condition no 26.

## **7. Basis of Claims Payment-**

- a)** Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.
- b)** Cashless will paid in respective currency.
- c)** For all claim payments all currencies shall be converted in to USD and later to INR.

**8. Fraud-**

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

**9. Other Insurance/ Contribution-**

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of your claim in terms of any of your policies.

- a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
- b. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
- c. Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

**10. Cancellation-**

- a. This Policy may be cancelled by the Insured after the expiry of 15 days from the effective date, in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced, and this Policy shall stand cancelled if the Insured Journey has not commenced within 14 days of the commencement date shown on the Schedule.
- b. Upon cancellation, the Company shall be entitled to deduct cancellation charges according to its Cancellation Scale subject to retaining a minimum of Rs.250/- .Cancellation charge shall not be applicable for Travel Prime Holiday Plan.
- c. In case of any early return of the insured person under Travel Prime Policy prior to expiry of the policy period the company will refund premium at the following rates subject to no claims being incurred on the policy.

Period on Risk	Rate of Premium Retained by the Company
Above 50% of policy period	100%
Above 40% to 50% of policy period	80%
Above 30% to 40% of policy period	75%
Above 20% to 30 % of policy period	60%
Policy Inception 20% of policy period	50%

- d. In case of any early return of the insured person under Travel Prime Holiday Plan prior to expiry of the policy period the company will refund premium on pro-rata basis (Per day basis) subject to no claim under the policy.
- e. Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured Person

**11. Endorsements-**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed 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.

**12. Notifications & Declarations-**

Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be sent to the address specified in the Schedule.

**13. Governing Law-**

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with the laws of India. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation. The terms of this policy shall not be waived or changed except by endorsement issued by the Company.

**14. Contribution-**

- a. Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.
- b. If, at the time of the happening of any loss or damage covered by this Policy, there existing any other insurance of any nature whatsoever covering the loss or damage as covered under this Policy, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.
- c. However, this condition will not be applicable to the following sections of this policy: (a) Section A: Personal Accident, (b): Section G: Hijack Cover, (c): Section I: Hospitalization Daily Allowance; (e): Section M: Accidental Death and Disability (common carrier)

**15. Due Observance-**

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured shall be a condition precedent to the Company's liability under this Policy.

**16. 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. No agent shall or has the authority to change in any respect whatsoever any term of this Policy or waive any of its provisions.

**17. Reasonable Care-**

The Insured shall take all reasonable and proper steps to safeguard and protect himself and his possessions against any fact, matter, circumstance or cause that might result in a Claim under this Policy, and shall not do or cause to be done anything that might enhance the likelihood of a Claim under this Policy (except in an attempt to save human life).

**18. Revision/ Modification of the policy-**

There is a possibility of revision/ modification of terms, conditions, cover ages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

**19. Withdrawal of Policy-**

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, You can choose, among Our available similar and closely similar Travel insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA. Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for any extension and accordingly upon Your seeking extension of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You.

**20. Transfer of Interest-**

This Policy of Insurance is a Contract between the Company and the Insured Person. The Insured Person) shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorised officer of the Company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of claim under the Policy.

## **21. Penal Interest Clause-**

- a.** You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- b.** On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- c.** If we, for any reasons decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated under condition no. 25.

## **22. Assessments of Claim & Payment-**

- a.** No sum payable under this policy shall carry interest.
- b.** The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured has provided it and/or the Insurance Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.
- c.** The obligation of the Company to make payments to the Insured in respect of Claims made after the Insured's return to India shall be to make payment in Indian Rupees only.
- d.** Specifically in respect of a Claim under Sections 1 and/or 2 and/ or 3-
  - a.** The Company's liability to make payment is in respect of those charges approved by the Insurance Company / Claims Administrator prior to being incurred.
  - b.** If requested by the Insurance Company / Claims Administrator, the Insured shall (at his own expense) furnish all certificates, information, proofs or other evidence in support of the Claim, present himself for medical examination by a Medical Advisor as considered necessary by the Insurance Company / Claims Administrator, and the Insured agrees that the Insurance Company / Claims Administrator may approach anyone who may have treated the Insured for information and/or documentation in respect of the Claim.
  - c.** In the event of the Insured's death, the Company shall have the right to carry out a post mortem at its own expense.
  - d.** Where the Insured is incapacitated or otherwise unable to give a valid release for the Claim; the Company may make arrangements to pay the Claim to the Insured's legal guardian or legal representative. Any payment made by the Company thereby in good faith shall operate as a complete and effective discharge of the Company's liability in respect of the Claim.
  - e.** The Company shall not pay Medical Expenses except at the Usual and Customary Level.
  - f.** Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.

## **23. Arbitration –**

- a.** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two

arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

- b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- d. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

**24. Claim Assistance-** In event of a claim during the insured's overseas trip, the insured shall contact on our toll free numbers or email ids available on Travel Kit or Policy Schedule. We provide assistance through our In house Team or may seek assistance from overseas assistance partners.

**25. Subrogation-**

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

**26. Grievance Redressal Procedure-**

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule. The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

**RESOLVING ISSUES**

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz, if you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

**First Step**

Initially, we suggest you contact the Branch Manager / Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy.

**Second Step**

Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Customer Care Cell  
Bajaj Allianz General Insurance Co. Ltd  
GE Plaza, Airport Road, Yerawada, Pune 411 006

E-mail: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

OMBUDSMAN OFFICES

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction	CV of the Ombudsman
AHMEDABAD	Shri P. Ramamoorthy	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	CV of Shri P. Ramamoorthy
BHOPAL		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh	
BHUBANESHWAR	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman,	Orissa	CV of Shri B. P. Parija

		62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in		
CHANDIGARH	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana , Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh	CV of Shri Manik Sonawane
CHENNAI		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664  Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	
NEW DELHI	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan	CV of Shri Surendra Pal Singh
GUWAHATI	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	CV of Shri D. C. Choudhury
HYDERABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	



KOCHI	Shri R. Jyothindranathan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry	CV of Shri R. Jyothindranathan
KOLKATA	Ms. Manika Datta	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072.  Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	CV of Ms. Manika Datta
LUCKNOW	Shri G. B. Pande	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal	CV of Shri G. B. Pande
MUMBAI		Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa	

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Shri M.V.V. Chalam, Secretary General  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santacruz(W),  
MUMBAI – 400 021  
Tel:022-26106245  
Fax : 022-26106949  
Email- inscoun@gmail.com  
Web: www.gbic.co.in

The Secretary  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santacruz (W),  
MUMBAI – 400 021.  
Tel : 022-26106980  
Fax : 022-26106949

## Claims Procedure for All Claims

A. Notification to BAJAJ ALLIANZ Medical Assistance

1. In case of medical sickness/accident you will have to call and notify us at the 24 hours telephone number - ++91-20- 30305858. . It is important to notify us before seeking any medical consultation (unless it is an accident/emergency). In case of medical hospitalization, please notify us immediately.

We have our coordinating doctor on duty to speak to the Insured and provide medical advise. However if the Insured wants a medical referral of any specialist doctor/hospital, we can provide the referral

2. It is important to notify us immediately before/after seeking any kind of medical consultation (unless it is an accident/emergency) and provide us with the treating doctor/hospital details, medical expenses incurred/paid and review appointment details because this will help us to validate your claim and provide you with a Claim Reference Number which must be mentioned in the Claim Form.

#### B. Policy Excess

3. For medical sickness/accident there is a policy excess of USD 100 (deductible) which the Insured will have to self-pay and this amount cannot be claimed. This implies for any claim the first USD100.00 are to be borne by the insured. This applies for both outpatient and inpatient treatment.

#### C. Outpatient Consultation

4. For outpatient consultation(s), the Insured will have to self-pay and file the claim upon return to India. However, if the amount is above USD 500 and the insured is facing difficulty in making payments due to shortage of cash on hand then we can arrange to make payments on behalf of the patient, provided the medical condition is confirmed to be non-pre-existing.

5. The important documents required to file a claim is as follows:

Claim Form (To be signed by the Treating Doctor and Insured) and with the Claims Reference Number.

Doctor's medical report.

Original admission/discharge card

Original bills, receipts and prescriptions.

Original X-ray, pathological and investigative reports.

Copy of passport, visa with entry and exit stamp.

6. If any hospital does not submit a bill to you for the treatment /service rendered, please inform us before you leave the hospital. If the hospital insists that they will claim directly from the Insurance Company, please inform them that BAJAJ ALLIANZ shall not entertain any such requests from the hospital. Only claims whereby the Insured filed directly with all relevant documents on return to India will be considered.

7. Send all documents to the address of Notification of Claims, as mentioned in the policy schedule.

#### D. Hospitalization

8. If the Insured is admitted to a hospital- after OPD consultation or otherwise please notify us immediately.

9. The Insurance medical assistance department (doctor) will discuss your medical condition with the treating doctor and if it is confirmed that the admission to a hospital is NOT due to any pre-existing conditions or any conditions listed in the exclusion list, then the Insurance

Company shall guarantee payments to the hospital and settle the payments with the hospital.

10. In order to expedite processing of the claim you must send the following documents immediately by fax to +91-20-30512207 or scan and email to us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

- + Completed Claim Form signed by the Treating Doctor and Insured.
- + Name, address and contact details of the Local/ Family Medical Doctor in India.
- + Signed copy of the RELEASE OF MEDICAL INFORMATION FORM (ROMIF) to authorize your Treating Doctor and Local Medical Doctor in India to release your medical information to the Insurance Medical assistance Department.
- + Treating Doctor's medical report
- + Estimated medical expenses.
- + Date of Travel from India
- + Details of domestic health Insurance policy, if any (Policy No, name and address of insurance company)
- + Copy of passport with exit stamp from India and entry into overseas country.

11. Your prompt submission of the above documents/information (ROMIF, LMO details, Medical Reports, estimated medical expenses, Claim Form, Passport copy) will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby facilitating the claims process.

For any further clarifications please do not hesitate to contact us at Telephone +91-20-30305858, fax +91-20-30512207 or email to us at [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

Claim documents for various section of the policy:

Benefit	Documents	Procedure
Personal Accident	<ul style="list-style-type: none"> <li>• Copy of FIR (filed with the local police authorities)</li> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility</li> <li>• Medical records/Consultation Papers/Investigation Reports in case any hospitalization</li> <li>• Death certificate/Post Mortem report in case its conducted (In case of Death)</li> <li>• Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims)</li> <li>• NEFT form and Cancelled cheque stating insured's (nominee in case of death claim) Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	<p>Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</p>
Medical Expenses	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Attending Physician Statement (to be filled and signed by overseas treating doctor)</li> <li>• Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility</li> <li>• Medical records/Consultation Papers/Investigation Reports</li> <li>• Invoices / Bills towards medical expenses.</li> <li>• Original Paid receipts (hardcopy) in case of reimbursement claim.</li> <li>• NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details (for reimbursement claim).</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.                             <ul style="list-style-type: none"> <li>• DD/Cheque of deductible amount as per policy schedule in favour of Bajaj Allianz General Insurance Company Ltd (in case of complete cashless subject to confirmation of admissibility from "Us".)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Please collect all bills/Receipts and Invoices for all payments done by you.</li> <li>• Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule.</li> </ul>
Medical Evacuation	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Attending Physician Statement (to be filled and signed by overseas treating doctor)</li> <li>• Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility</li> <li>• Medical records/Consultation Papers/Investigation Reports</li> <li>• Invoices / Bills towards medical expenses.</li> <li>• Original Paid receipts (hardcopy) in case of reimbursement claim.</li> <li>• NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details (for reimbursement claim).</li> <li>• Passport and Visa copy with Entry Stamp</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Please collect all bills/Receipts and Invoices for all payments done by you.</li> <li>• Submit all documents including original</li> </ul>

	<p>Overseas and exit Stamp from India.</p> <ul style="list-style-type: none"> <li>• DD/Cheque of deductible amount as per policy schedule in favour of Bajaj Allianz General Insurance Company Ltd (in case of complete cashless subject to confirmation of admissibility from "Us".)</li> </ul>	<p>bill, invoices and receipts to the address mentioned on the policy schedule.</p>
Repatriation	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by assignee)</li> <li>• Invoices / Bills towards medical expenses.</li> <li>• Original Paid receipts (hardcopy) in case of reimbursement claim</li> <li>• Death certificate/Post Mortem report/ Certificate of emblem in case its conducted</li> <li>• NEFT Form and Cancelled cheque stating assignee's Indian Bank account details (for reimbursement claim.)</li> <li>• Cancelled passport and Visa copy</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Please collect all bills/Receipts and Invoices for all payments done by you.</li> <li>• Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule</li> </ul>
Dental Treatment	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Attending Physician Statement (to be filled and signed by overseas treating doctor)</li> <li>• Medical records/Consultation Papers/Investigation Reports</li> <li>• Invoices / Bills towards medical expenses.</li> <li>• Original Paid receipts (hardcopy) in case of reimbursement claim</li> <li>• NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Please collect all bills/Receipts and Invoices for all payments done by you.</li> <li>• Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule</li> </ul>
Loss Of Checked in Baggage	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• PIR report (Property Irregularity Report) (to be obtained from the airline authorities)</li> <li>• Letter from the airlines accepting the liability for loss</li> <li>• Proof of compensation received form airlines</li> <li>• Proof of items valued more than INR 6000</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Intimate the Airline</li> </ul>

	<p>details</p> <ul style="list-style-type: none"> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	<p>about your loss and lodge complaint.</p>
<p>Delay of Checked in Baggage</p>	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured) Copies of Boarding Pass/Ticket/Baggage Tags.</li> <li>• Copies of correspondence with the Airline authorities/others certifying the delay &amp; actual date and time of delivery of baggage.</li> <li>• PIR report (Property Irregularity Report) (to be obtained from the airline authorities).</li> <li>• Ticket Itinerary</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Intimate the Airline about your loss and lodge complaint.</li> </ul>
<p>Loss Of Passport</p>	<ul style="list-style-type: none"> <li>• Duly Signed Claim Form stating exact circumstances of loss.</li> <li>• Copy of FIR (first information report)/Police Report.</li> <li>• Receipts related to expenses incurred to obtain a new passport</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• New passport copy or certificate of travel issued.</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Please collect all bills/Receipts and Invoices for all payments done by you.</li> <li>• Submit all documents including original bill, invoices and receipts to the address mentioned on the policy schedule</li> </ul>
<p>Personal Liability</p>	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Detailed self explanatory note stating scenario arises in to third party loss</li> <li>• Court order or any judicial order received against the compensation.</li> <li>• Invoices / Bills supporting the claim amount</li> <li>• Original Paid receipts if paid (hardcopy) in case of reimbursement claim</li> <li>• NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	<ul style="list-style-type: none"> <li>• Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.</li> <li>• Please collect all bills/Receipts and Invoices for all payments done by you.</li> <li>• Submit all documents including original bill, invoices and receipts to the address mentioned on the policy</li> </ul>

		schedule
Accidental Death & Dismemberment (Common Carrier)	<ul style="list-style-type: none"> <li>• Copy of FIR (filed with the local police authorities)</li> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Release of Medical Information Form (ROMIF) BAJAJ and AGA (to be filled and signed by insured) to obtain the medical records from facility</li> <li>• Medical records/Consultation Papers/Investigation Reports in case any hospitalization</li> <li>• Death certificate/Post Mortem report in case its conducted (In case of Death)</li> <li>• Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims)</li> <li>• NEFT form and Cancelled cheque stating insured's (nominee in case of death claim) Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Hijack	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details.</li> <li>• Passport and Visa copy exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Trip Delay	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Letter from the airlines stating reason and duration of delay.</li> <li>• Ticket Itinerary</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Hospitalization Daily Allowance.	This benefit shall be extended if the claim under medical expense section 2 is admissible and hospitalization is for completed 24 hours.	NA
Golfer's Hole-in-one	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details.</li> <li>• Certificate from Golfer Association stating game points</li> <li>• Passport and Visa copy exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.

Trip Cancellation	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Hospitalization discharge summary/consultation papers of insured if applicable.</li> <li>• All bills and payment receipts towards transportation and lodging(incurring overseas) if applicable.</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details.</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> <li>• Invoices / Bills supporting the claim amount</li> <li>• Certificates from overseas billers regarding cancellation charges if applicable. <ul style="list-style-type: none"> <li>• Death certificate in case of death</li> <li>• Letter from the airlines stating reason for cancellation.</li> </ul> </li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Trip Curtailment	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Hospitalization discharge summary/consultation papers of insured if applicable.</li> <li>• All bills and payment receipts towards transportation and lodging(incurring overseas) if applicable.</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details.</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.</li> <li>• All bills and payment receipts towards transportation and lodging in overseas.</li> <li>• Certificate from overseas biller regarding cancellation charges</li> <li>• Death certificate in case of death</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Home Burglary Insurance	<p>Claim Form (to be filled and signed by insured)</p> <ul style="list-style-type: none"> <li>• Covering Letter detailing full statement of the facts of the incidence of theft.</li> <li>• Copy of FIR (filed with the local police authorities)</li> <li>• Details of local investigation and survey of loss in case carried out by insured.</li> <li>• Details of any insurance covering same loss</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Emergency Cash Benefit	<p>Claim Form (to be filled and signed by insured)</p> <ul style="list-style-type: none"> <li>• Covering Letter detailing full statement of the facts of the incident and overseas bank details.</li> <li>• Copy of FIR (filed with the local police authorities)</li> <li>• Details of local contact / relative in India who would arrange for the amount</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Bail Bond	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Copy of FIR (first information report)</li> <li>• Copy of the court order and proof of</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure



	<p>payment of the bail bond.</p> <ul style="list-style-type: none"> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	and related documents.
Loss of Laptop	<ul style="list-style-type: none"> <li>• Claim Form – (to be filled and signed by insured)</li> <li>• Copy of FIR (first information report) stating the circumstance of the loss.</li> <li>• Original bill of purchase for the laptop.</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Tuition Fees	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Copy of Receipt towards the advance payment of tuition fee</li> <li>• Letter regarding the inability of the student to continue semester duly acknowledged by the school</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Missed Connection	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Letter from the airlines stating reason and duration of delay.</li> <li>• Ticket Itinerary</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Difference in airfare due to delayed or early return	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Hospitalization discharge summary/consultation papers of insured if applicable.</li> <li>• All bills and payment receipts towards transportation.</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details.</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.</li> <li>• Both ticket itineraries (Old and new)</li> <li>• Medical document and discharge summary stating hospitalization details and need for pre or postponement of Trip.</li> <li>• Death certificate in case of death</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Bounced Hotel	<ul style="list-style-type: none"> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Proof against hotel booking Details</li> <li>• letter from Hotel mentioning reason for non accommodation and compensation received if any</li> <li>• Bills/invoices and receipt raised against the accommodation or transportation</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.

	<ul style="list-style-type: none"> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	
Personal Accident Cover in India	<ul style="list-style-type: none"> <li>• Copy of FIR (filed with the local police authorities)</li> <li>• Claim Form (to be filled and signed by insured)</li> <li>• Medical records/Consultation Papers/Investigation Reports in case any hospitalization</li> <li>• Death certificate/Post Mortem report in case its conducted (In case of Death)</li> <li>• Certificate from Civil surgeon certifying the extent and percentage of disability (For Disability claims)</li> <li>• NEFT form and Cancelled cheque stating insured's (nominee in case of death claim)</li> <li>• Claimant Indian Bank account details</li> <li>• Passport and Visa copy</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.
Accident to Sponsor	<ul style="list-style-type: none"> <li>• Duly Signed Claim Form detailing exact circumstances</li> <li>• Medical records /Consultation Papers/Investigation Reports of hospitalisation of sponsor</li> <li>• Letter from school authority stating about the balance tuition fee for the course</li> <li>• Death certificate of the sponsor in case deceased</li> <li>• NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details</li> <li>• Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India</li> </ul>	Please contact us on our toll free numbers, or email us at <a href="mailto:travel@bajajallianz.co.in">travel@bajajallianz.co.in</a> to obtain a Claim procedure and related documents.

Pls Note: The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorized officer of the Company.

## Country                      Toll Free number

USA (001)	18665876903
Canada (001)	18669143705
Australia (061)	0011+800 10002005
Austria (043)	00+800 10002005
Belgium (032)	00+800 10002005
Denmark (045)	00+800 10002005
Finland (358)-carrier TS	990+800 10002005
Finland (358)-carrier Elisa	999+800 10002005
France (033)	00+800 10002005
Germany (049)	00+800 10002005
Hong Kong (852)	001+800 10002005
Hungary (036)	00+800 10002005
Ireland (353)	00+800 10002005
Israel (972)	014+800 10002005
Italy (039)	00+800 10002005
Japan (081)-carrier Tele	0041-010+800 10002005
Japan (081)-carrier IDC	0061-010+800 10002005
Japan (081)-carrier KDD	001-010+800 10002005
Japan (081)-carrier NTT	0033-010+800 10002005
Malaysia (060)	00+800 10002005
Netherlands (031)	00+800 10002005
New Zealand (064)	00+800 10002005
Norway (047)	00+800 10002005
Philippines (063)	00+800 10002005
Portugal (351)	00+800 10002005
Singapore (065)	001+800 10002005
So. Korea (082)-carrier Telecom	001+800 10002005
So. Korea (082)-carrier Dacom	002+800 10002005
Spain (034)	00+800 10002005
Sweden (046)	00+800 10002005
Switzerland (041)	00+800 10002005
Thailand (066)	001+800 10002005
UK (044)	00+800 10002005

When dialing a universal toll free number the caller must first dial the appropriate country's int'l access(+) as illustrated above.

Fax : 91-20-30512207 | [travel@bajajallianz.co.in](mailto:travel@bajajallianz.co.in)

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office.

This Policy of Insurance is a Contract between the Company and the Insured Person. The Insured Person shall not transfer, assign, alienate or in any way pass the benefits and/or liabilities to any other person, Institution, Hospital, Company or Body Corporate without specific prior approval in writing by a duly authorized officer of the Company.

However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the Insured may represent him in respect of Claim under the Policy

### Contact Details

Bajaj Allianz General Insurance Company Limited,  
G.E. Plaza, Airport Road, Yerawada, Pune - 411 006.

Chargeable Number: <Prefix City Code> 3030 5858