

Policy Document

1. Terms & Conditions

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) the information You provided to Us (including by way of the Proposal or Information Summary Sheet) on Your and the Insured Person's behalf. Please inform Us immediately of any change in the address, occupation, state of health, or of any other changes affecting You and/or the Insured Person.

2. Benefits

The Policy covers reasonable expenses incurred outside India towards Emergency Medical Expenses as described in 2.1 below and Emergency Medical Evacuation as described in 2.2 below during the Policy Period and subject always to the Sum Insured, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Schedule:

2.1 Emergency Medical Expenses

2.1.1 We will cover Medical Expenses for Treatment of unforeseen Emergency measures that require Hospitalization or Day **Care Procedure** of the Insured Person outside India.

2.1.2 Subject to the conditions in 2.1.1 above, the following Medical Expenses would be covered including:

- a) Hospital accommodation
- b) Doctors' fees
- c) Nursing care, drugs and surgical dressings
- d) Pathology, X-rays and Diagnostic Tests
- e) Surgical Operations and medical Treatment
- f) Theatre charges and intensive care
- g) Prosthetic implants

2.1.3 We shall not be liable under this Policy for any claim in connection with or in respect of the following:

- a) Medical Expenses and cost of Medical Evacuation in excess of Reasonable and Customary charges incurred on account of an insurable event as determined by Us or Our Service Provider.

- b) Any costs incurred in connection with medical Treatment, unless the medical Treatment provided abroad involves unforeseen Emergency measures.

2.2. **Emergency Medical Evacuation**

In case of medical Emergency We will cover reasonable cost of transportation of the Insured Person (and an attending Doctor if this is necessary) to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical Treatment if such medical Treatment cannot be provided at a Hospital or any other place where the Insured Person is situated at the time of the Emergency, provided that Evacuation has been prescribed by a Doctor and is medically necessary.

3. **Exclusions**

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

a. **Maximum Travel Days**

The cover under this Policy shall not be available after the first 180 **cumulative** days of travel outside India, during the Policy Period.

b. **Pre-Existing Conditions**

Benefits as stated in clause 2 above will not be available for any Emergency condition directly arising from or attributable to the Pre-existing Conditions until 48 months of continuous coverage have elapsed since the inception of the first Policy with Us.

c. **Specific Waiting Periods**

For all Insured Persons who are above 50 years of Age as on the date of commencement of the first Policy Period, the Benefits as stated in clause 2 above will not be available for any Emergency directly arising out of or attributable to the conditions below listed for a period of 24 months since the inception of the first Policy with Us and will be available in the third Policy Period as long as the Insured Person has been insured continuously under the Policy without any break:

- i. Stones in the urinary system (eg kidney/bladder)
- ii. Stones in biliary system (eg gall stones)
- iii. Cataract
- iv. BPH - Benign prostatic hypertrophy
- v. Menorrhagia, Fibromyoma, Uterine prolapse including any condition requiring Hysterectomy.
- vi. Piles (Haemorrhoids)
- vii. Hernia (Inguinal/umbilical and gastric)

- viii. Degenerative disorders of knee/hip
- ix. Chronic renal failure or end stage renal failure
- x. Retinopathy
- xi. **Diabetic Nephropathy, Diabetic Neuropathy, Diabetic keto acidosis, Diabetic Coma, Diabetic Gangrene, Diabetic Ulcer, Diabetic Kimmelstiel – Wilson Syndrome, Diabetic Amyotrophy, Diabetic Atrhropathy.**

d. Permanent Exclusions

We will not be liable under any circumstances, for any claim in connection with or with regard to any of the following permanent exclusions:-

i. Addictive conditions and disorders

Treatment related to Rehabilitation from addictive conditions and disorders, or from any kind of substance abuse or misuse including but not limited to alcohol abuse.

ii. Artificial life maintenance

Artificial life maintenance, including life support machine use, where We believe such treatment will not result in recovery or restoration of the previous state of health

iii. Conflict and disaster

- a) Treatment for any Illness or injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), if one or more of the following conditions apply:
 - 1. Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place
 - 2. Insured Person was an active participant in the above mentioned acts or events of a similar nature.
 - 3. Insured Person displayed a blatant disregard for personal safety
- b) Treatment and/ or Emergency Medical Evacuation to the Insured Person located in areas which represent conditions to make impossible, reasonably impracticable or unsafe, including but not limited to issues of geographical remoteness, war risks or political unrest, for Us and/or Our Service Provider to provide any service, however Insured Person shall be entitled to apply for reimbursement in terms of Clause 4 K (b & c)

iv. Congenital Anomaly

Treatment for any Congenital Anomaly.

v. Outpatient Dental/oral treatment

Any outpatient dental or orosurgical treatment except orosurgical procedures necessary to restore sound natural teeth displaced out as a result of an Accident.

vi. Drugs and dressings for Out-patient or take-home use

Any drugs or surgical dressings that are provided or prescribed in the case of Out-patient treatment, or for an Insured Person to take home on leaving Hospital.

vii. Dangerous Sports and Occupation

Any Emergency or Accident arising on account of the Insured Person's participation or involvement in any hazardous and/or dangerous and/or adventurous activities/avocation, including but not limited to racing, driving, aviation, scuba diving, motorcycling, parachuting, hang-gliding, winter sports, rock or mountain climbing.

viii. Eyesight

Treatment to correct eyesight, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

ix. Experimental treatment

Treatment, including medication, which in Our opinion is experimental or has not generally been proved to be effective.

x. HIV and AIDS

Any treatment for, or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

xi. Hereditary conditions

Treatment of abnormalities, deformities, illnesses present only because they have been passed down through the generations of the family.

xii. Items of personal convenience, including but not limited to:

1. Telephone, television, diet charges (unless included in room rent), personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services;
2. Private nursing/attendant's charges;
3. Non-prescribed drugs and medical supplies;
4. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose;
5. Any charges incurred to procure any treatment/illness related documents pertaining to any period of hospitalization/illness;
6. External and or durable medical/non medical equipment of any kind used for diagnosis and or treatment including Continuous Positive Airway Pressure, Continuous Ambulatory Peritoneal Dialysis, Infusion pump etc;
7. Ambulatory devices i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/ thermometer and similar items and also any medical equipment which is subsequently used at home;
8. Nurses hired in addition to the Hospital's own staff.

xiii. Non-allopathic treatment

Any other streams of medicine apart from allopathy. We will not pay for other streams of treatment including ayurvedic, homeopathic or unani medicine.

xiv. Neurological and Psychiatric Conditions

Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour, Parkinsons or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition")

xv. Out-patient Treatment

Out-patient treatment, including but not limited to, consultation and diagnosis, except when:

- a. It is undertaken in a Hospital, and
- b. It is related to medical Treatment for an Emergency as specified under section 2.1.1 above.

xvi. Pregnancy or childbirth

1. Treatment related in any way to pregnancy or childbirth and any consequences thereof;
2. Any medical check-ups during pregnancy.

xvii. Self-inflicted injuries

Treatment for, or arising from, an injury that is intentionally self-inflicted , including attempted suicide.

xviii. Sexually transmitted diseases

Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

xix. Sleep disorders

Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

xx. Treatment Abroad Under Specified Conditions

Any Treatment received abroad when:

1. One of the reasons for traveling abroad is to receive such medical Treatment;
2. Such Treatment can be reasonably and medically delayed, until the Insured's return to India, as determined jointly by the treating Doctor and Our Service Provider. In case of disagreement, the decision of Our Service Provider shall prevail;
3. Travel is undertaken ignoring medical advice against the travel;
4. Travelling after having been diagnosed with a terminal illness;
5. Travelling abroad whilst undergoing or awaiting Hospital investigation or Treatment.

xxi. Unrecognized physician or facility:

1. Treatment provided by a Doctor who is not recognized by the relevant authorities in the country where the Treatment is taken;
2. Treatment provided by anyone with the same residence as Insured Person or who is a member of the Insured Person's immediate family.

xxii. Any Emergency during air travel, except while the Insured Person is travelling in a recognized commercial airline as-a fare paying passenger on regular routes and on a scheduled timetable.

xxiii. Any Emergency as a result of a tropical disease, if the insured fails to take recommended inoculations or has not taken recommended medication.

xxiv. Unlawful Activity

Any Emergency as a result of Insured Person committing or attempting to commit a breach of law with criminal intent.

4. Standard Terms and Conditions

a. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard against any accident or Illnesses that may give rise to any claim under this Policy.

b. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability to make payment under this Policy .

c. Subrogation

The Insured Person shall do and concur in doing and permit to be done all such acts and things as may be necessary or required by Us, before or after indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We are or would become entitled or subrogated. Neither You nor any Insured Person shall do any acts or things that prejudice these subrogation rights in any manner. Any recovery made by Us pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and the costs and expenses incurred by Us in effecting the recovery, whereafter We shall pay the balance amount to You.

d. Contribution

If the Insured Person is covered by any other policy which covers any claim in whole or in part made under this Policy (or would cover any claim made under this Policy, if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim.

e. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for the Insured Person. And all sums paid under this Policy shall be repaid to Us by the Insured Person who shall be liable for such repayment.

f. Cancellation/ Termination

1. **Cancellation/Termination:** The Insured Person may terminate this Policy by giving 7 days' prior written notice to Us. We shall cancel the Policy and refund the premium for the period as mentioned herein below, provided that no claim has been occurred under the Policy by or on behalf of any Insured Person::

Length of time Policy in force	Refund of premium
up to 45 days	70%
up to 90 days	50%
up to 120 days	20%
up to 140 days	10%
Exceeding 140 days	0%

2. **Automatic Cancellation:**

The Policy shall automatically terminate in the case of death of the Insured Person.

3. **Cancellation by Us:**

Without prejudice to the above, We may terminate this Policy by sending 30 days prior written notice to Your address shown in the Schedule without refund of premium if in Our opinion:

- i. You or Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or
- ii. Continuance of the Policy poses a moral hazard.

g. Territorial Jurisdiction

All benefits are available outside India only and all reimbursement claims shall be payable in India in Indian rupees only based on the foreign exchange conversion rates prevalent at the close of business hour on the day of receipt of the claim by Us from the Insured Person and We shall not be liable for any loss suffered by the Insured Person due to fluctuation/ change in foreign exchange conversion rates.

h. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

i. Renewal of Policy

The renewal premium is payable on the due date in the amount shown in the Schedule or at such altered rate as may be reviewed and notified by Us **with the approval of Authority**. We are under no obligation to notify You of the renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the renewal premium for payment to Us.

If the Policy is not renewed within the Grace Period then We may agree to issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

j. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to

- i. The Insured Person at the address specified in the Schedule or at the changed address of which We must receive written notice
- ii. Us at the following address.

Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon Ras Vilas,
District Centre, Saket,
New Delhi-110 017, India.

In addition, we may send information through electronic and telecommunications means with respect to the Policy from time to time.

k. Claims Procedure

a) Cashless Hospitalization facility for Network Hospitals:

The health card We provide will enable the Insured Person to access Treatment at any Network Hospital only on a cashless basis by the production of the card to the Hospital prior to admission, subject to the following:

- I. In the event of an Emergency, the Insured Person or Hospital should call Our Service Provider on +45 70 23 24 03 requesting for a pre-authorization for the treatment within 48 hours of admission in the Hospital.
- II. After verification of eligibility as per the Policy, our Service Provider will evaluate the request and call for more information, if required.
- III. After evaluation of all information, our Service Provider will communicate **the** decision directly to the Hospital. This could either be an approval or a denial.
- IV. If the pre-authorization request is approved, our Service Provider will directly settle the claim with the Hospital.
- V. Cashless facility will not be available if You take Treatment in an Out Of Network Hospital

b) Out Of Network Hospitals & All Other Claims for Reimbursement:

- i. If the pre-authorization request is denied or if the Treatment is undertaken at an Out Of Network Hospitals, the Insured Person shall make the payment to the Hospital. The Insured Person may then file a claim with Us for consideration of reimbursement of the Medical Expenses. The reimbursement claims for consideration should be sent to the following address within 30 days of completion of Treatment :

Claims Department

Max Bupa Health Insurance Company Limited

D-1, 2nd Floor,

Salcon Ras Vilas,

District Centre, Saket,

New Delhi-110 017, India

- ii. The Insured Person shall deliver to Us the documents listed below, at his own expense, within 30 days of the Insured Person's discharge from Hospital:
 - i. Duly filled claim form(s).
 - ii. Original bills, receipts and discharge certificate/card from the Hospital/ Doctor.
 - iii. Original bills from chemists supported by proper prescription.
 - iv. Original Investigation test reports and payment receipts.

- v. Doctor's referral letter advising hospitalization in non-accident cases.
- vi. Details of any other insurance policy that may respond to the claim.
- vii. **Copy of the valid passport**

c) Claims for Emergency Medical Evacuation

Upon receipt of the request from the Insured Person for Emergency Medical Evacuation under clause 2.2 above, Service Provider will evaluate the necessity for evacuation. In case the request is approved, Service Provider will recommend the nearest Hospital for Treatment and pre-authorize type of travel that can be covered in the circumstances. In the event, Service Provider has pre-authorized Emergency Medical Evacuation through air ambulance, the Service Provider will arrange the same except when there are logistical constraints or the medical condition of the Insured prevents Emergency Medical Evacuation. If the condition of the Insured Person permits travel by commercial airline, Service Provider will arrange tickets according to the recommendations of the Doctor. In event of Service Provider is unable to pre-authorize Emergency Medical Evacuation or the Insured Person has not approached Service Provider for pre-authorization, We will consider reimbursement of evacuation costs, if there is sufficient evidence to justify the need for evacuation to the nearest Hospital where Treatment was available. The reimbursement claims for consideration should be sent to the following address within **30** days of Emergency Medical Evacuation:

Claims Department

Max Bupa Health Insurance Company Limited

D-1, 2nd Floor,

Salcon Ras Vilas,

District Centre, Saket,

New Delhi-110 017, India

d) In all cases:

- I. We reserve the right to call for:
 - i. Any other documentation or information **pertaining to the claim** that We believe may be required; and
 - ii. A medical examination by Our doctor as often as We believe this to be necessary. **Cost of such examination will be borne by Us.**
- II. In the event of the Insured Person's death, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to require an autopsy.

- III. It is hereby agreed and understood that in providing pre-authorisation or accepting a claim for reimbursement under this Policy or making payment under this Policy, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment sought or provided.
- IV. It is hereby agreed and understood that We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the Medical Evacuation services provided by the Service Provider. In no event shall We shall be liable for any claim in relation to or in respect of the Service Provider, including without limitation the failure of performance, error, omission, interruption, defect or delay in operation, tortious behavior or negligence on the part of the Service Provider.

I. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

m. Nominee

You can at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

n. Obligations in case of a minor

In case the Insured Person is a minor, You shall be liable for compliance of all obligations under the Policy.

o. Customer Service and Grievances Redressal:

- i. In case of any query or complaint/grievance, Insured Person may approach Our office at the following address:

Customer Services Department
Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon Ras Vilas,
District Centre, Saket,
New Delhi-110 017, India
Contact No: 1800-3010-3333
Email ID: customercare@maxbupa.com

- ii. In case Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, Insured Person may contact the following official for resolution:

Head – Customer Services
Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon Ras Vilas,
District Centre, Saket,
New Delhi-110 017, India
Contact No: 1800-3010-3333
Email ID: customercare@maxbupa.com

- iii. In case Insured Person are not satisfied with Our decision/resolution, Insured Person may approach the Insurance Ombudsman at the addresses given in the attached Annexure I.
- iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.
- v. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
 1. only if the grievance has been rejected by the Grievance Redressal Machinery of the insurer;
 2. within a period of one year from the date of rejection by the insurer;
 3. if it is not simultaneously under any litigation.

5. Interpretations & Definitions

In this Policy the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

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

Def. 2. **Age** means last birthday at the previous or coincident Policy anniversary.

Def. 3. **Congenital Anomaly** means either:

- i) an external congenital anomaly refers to a condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position, OR
- ii) a condition (s) which is present since birth, but is internal and not visible.

Def. 4. **Day Care Procedure** means Treatment which for medical reasons requires Insured Person to stay in a Hospital for less than 24 hrs.

Def. 5. **Diagnostic Tests** means Investigations, such as X-Ray or blood tests, to find the cause of Insured Person's symptoms and medical condition.

Def. 6. **Doctor** means a general practitioner, surgeon, anesthetist or physician who:

- i) holds a degree of a recognised institute and
- ii) is registered by Medical Council or equivalent body of the country where the treatment has taken place, and
- iii) is legally qualified to practice medicine or surgery in the jurisdiction where he practices.

Def. 7. **Emergency** means severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Doctor to prevent death or serious long term impairment of the Insured Person's health.

Def. 8. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing conditions. Coverage is not available for the period for which no premium is received.

Def. 9. **Hospital** means an institution (including nursing homes) established outside India for indoor medical care and treatment of sickness and injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a Doctor. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, old age home.

Def. 10. **Hospitalisation** or **Hospitalised** means the admission as an in-patient into a Hospital for necessary medical Treatment for a continuous minimum period of 24 hours as a consequence of Emergency occurring during the Policy Period.

Def. 11. **Information Summary Sheet** means the information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.

Def. 12. **Illness** means sickness (which is a condition or an ailment that impacts on the general soundness and health of the body of the Insured Person) or a disease (which is an affliction of

the Insured Person's bodily organs that has a distinct and recognised pattern of symptoms) or a pathological condition which results in detriment to normal physiological function and which shows itself during the Policy Period and necessitates Emergency medical Treatment. Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.

- Def. 13. **Insured Person** means the person named as insured in the Schedule.
- Def. 14. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Doctor (s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 15. **Medical Expenses** means expenses necessarily and actually incurred for medical Treatment on the advice of a Doctor due to Emergency, by an Insured Person, during the Policy Period, which are Reasonable and Customary.
- Def. 16. **Medical Evacuation** means the transportation, in the event of an Emergency, of the Insured Person to the nearest Hospital, if and only if, the Treatment required is not available locally.
- Def. 17. **Medically Stable** condition means reaching a point in medical treatment where any injuries and/or conditions/diseases have been brought under control or when a condition becomes resistant to deterioration.
- Def. 18. **Network** means Hospitals that are a part of the Service Provider network.
- Def. 19. **Out-Of-Network** means Hospitals that are not a part of the Network.
- Def. 20. **Policy** means these terms and conditions, any annexure thereto and the Schedule (as amended from time to time), Your statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).
- Def. 21. **Policy Period** means the period between date of commencement and the expiry date specified in the Schedule.
- Def. 22. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to first Policy issued by Us.

- Def. 23. **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.
- Def. 24. **Rehabilitation:** Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
- Def. 25. **Reasonable and Customary** charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services among comparable providers, taking into account the nature of the illness / injury involved..
- Def. 26. **Schedule** means the schedule issued by Us, and, if more than one, then the latest in time.
- Def. 27. **Service Provider** means Bupa Denmark Services A/S, who has been sourced to case manage and settle claims for Emergency medical Treatment and Emergency Medical Evacuation under this Policy.
- Def. 28. **Sum Insured** means the sum shown in the Schedule which represents Our maximum total and cumulative liability for any and all claims under the Policy during the Policy Period.
- Def. 29. **Surgical Operation** 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 by a Doctor.
- Def. 30. **Treatment** means a Surgical Operation or medical Treatment (including Diagnostic Tests) that are needed to treat an Emergency till such time the Insured Person reaches a Medically Stable condition.
- Def. 31. **We/Our/Us** means Max Bupa Health Insurance Company Limited
- Def. 32. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

Annexure I

List of Insurance Ombudsmen

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

		<p>Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in</p>	
CHANDIGARH	Shri K.M.Chadha	<p>Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in</p>	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri V. Ramasaamy	<p>Shri V. Ramasaamy, Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in</p>	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI		<p>Insurance Ombudsman,</p>	Delhi & Rajasthan

		<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23239633 Fax : 011-23230858 Email jobdelraj@rediffmail.com</p>	
GUWAHATI	Shri Sarat Chandra Sarma	<p>Shri Sarat Chandra Sarma, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri K. Chandrahas	<p>Shri K Chandrahas Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel : 040-65504123 Fax: 040-23376599</p>	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry

		Email insombudhyd@gmail.com	
ERNAKULAM	Shri James Muricken	<p>Shri James J. Muricken, Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com</p>	<p>Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry</p>
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LUCKNOW	Shri M.S.Pratap	<p>Shri M.S. Pratap, Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331 Fax : 0522-2231310</p>	<p>Uttar Pradesh and Uttaranchal</p>

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MUMBAI	Shri S. Viswanathan	Shri S Viswanathan Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa