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Know Your Policy Better

Policy Terms and Conditions

Preamble

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured/Insured Persons and Care Health Insurance Ltd. (also referred as Company/ We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Add-on Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made:

In consideration of the premium paid by the Policy Holder/Insured, subject to the terms & conditions contained herein and the base Policy, the Company agrees to pay/indemnify the Insured Person(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective Benefit in Add-on Policy Period.

Please check whether the details given by Insured about the Insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the Add-on Policy schedule. If Insured find any discrepancy, please inform the Company before the Trip start date failing which the details relating to the person/s covered would be taken as correct.

For the purposes of interpretation and understanding of the Add-on Policy, the Company has defined, herein below some of the important words used in the Add- on Policy and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India (“Authority”) and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the Add- on Policy are to be construed in accordance with the applicable provisions contained in the Add- on Policy.

The terms defined below have the meanings ascribed to them wherever they appear in this Add- on Policy and, where appropriate.

1. Definitions

1.1 Accidental / Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

- 1.2 Age** means the completed age of the Insured Person as on his last birthday.
- 1.3 Multi Trip Policy** means a Policy under which there can be more than one Period of Insurance during the Policy Period, subject to the maximum trip duration (per trip) specified on the Policy Schedule/ Certificate of Insurance or as opted
- 1.4 Ambulance** means a vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- 1.5 Annexure** means the document attached and marked as Annexure to this Policy.
- 1.6 Assistance Service Provider** means the service provider specified in the Policy Schedule and/or Certificate of Insurance, appointed by the Company from time to time;
- 1.7 Business or Business purposes** means any full or part time, permanent or temporary, activity undertaken with a view to profit or gain.
- 1.8 Burglary** means an act involving the unauthorised entry to or exit from Insured’s Home or attempt thereof by unexpected, forcible, visible and violent means, with the intent to commit an act of Theft.
- 1.9 Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization is approved.
- 1.10 Certificate of Insurance** means the certificate the Company issues to an Insured Person evidencing cover under the Policy;
- 1.11 City of Residence** means and includes any city or town or village or municipal (whichever has largest area) in which the Insured Person is currently residing in India and as specified in the Insured Person’s corresponding address in the Policy Schedule/Certificate of Insurance;
- 1.12 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
- 1.13 Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
- 1.14 Contents** means the following not used for Business or Business Purposes, so long as they are owned by Insured and/or Insured’s Family are legally responsible for them:

- a. Household goods, such as furniture, fixtures, fittings, home appliances, interior decorations and items of like nature.

- b. Personal effects such as clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.

1.15 Company (also referred as Insurer/We/Us) means Care Health Insurance Limited.

1.16 Common Carrier means any road, rail or water conveyance or scheduled public aircraft, which is operating under a valid license from the relevant authority for the transportation of passengers and cargo for hire. If the Certificate of Insurance specifies that Personal Vehicles will also be covered, then for the purposes of that Insured Person only, Common Carrier will also include automobiles owned or used by the Insured Person.

1.17 Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

1.18 Congenital Anomaly refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position :

- a. Internal Congenital Anomaly –

Congenital anomaly which is not in the visible and accessible parts of the body

- b. External Congenital Anomaly –

Congenital anomaly which is in the visible and accessible parts of the body

1.19 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.

1.20 Country of Residence means the country in which the Insured Person is currently residing and as specified in the Insured Person's corresponding address as specified in the Policy Schedule or Certificate of Insurance.

1.21 Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical setup 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-

- a. has qualified nursing staff under its employment;
- b. has qualified Medical Practitioner/s in-charge;
- c. has a fully equipped operation theatre of its own, where Day Care Treatment is carried out.
- d. maintains daily records of patients and will make these accessible to the insurance Company's authorized personnel.

1.22 Day Care Treatment means medical treatment, and/ or Surgical Procedure which is:

- a. undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 consecutive hours because of technological advancement, and
- b. 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.

1.23 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 policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

1.24 Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery .

1.25 Disclosure to Information Norm: The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.26 Diagnosis means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

1.27 Domestic Staff means any person employed by Insured solely to carry out domestic duties associated with Insured's Home, but does not include any person employed in any capacity in connection with any Business, trade or profession.

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

1.29 Family means and includes the Insured Person's legal spouse, dependent children, siblings, parents and parents-in-law;

1.30 Geographical Scope means the countries or geographical boundaries in which the coverage under the Policy is valid as specified in the Policy Schedule/ Certificate of Insurance;

1.31 Hazardous Activities (or Adventure sports) means any sport or activity, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes (but not limited to) stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighting/ using skeletons, bouldering, boxing,

canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

1.32 Hijack means any act of unlawful seizure or control of a Common Carrier with a wrongful intent using force or violence or threat thereof;

1.33 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 as per laws/ regulation applicable for the country where the contingency.

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

1.35 Home means private residence as shown in the Certificate of Insurance which is used or occupied solely for domestic purposes by Insured and/or Insured's Family and/or Insured's Domestic Staff whether owned/ rented by Insured or Insured's Family.

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

1.37 Indemnity / Indemnify means compensating the Insured Person up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

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

- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
- (b) It needs ongoing or long-term control or relief of symptoms;
- (c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
- (d) It continues indefinitely;
- (e) It recurs or is likely to recur.

1.39 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.

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

1.41 Insured Event means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

1.42 Insured Person (Insured) means a self, legally married spouse, dependent children, dependent parents or any other relationship having an insurable interest and whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.

1.43 Intensive Care Unit (ICU) 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.

1.44 Kutcha Construction means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.

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

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

1.47 Medical Practitioner is a person who holds a valid registration from the Medical Council of any State and is thereby entitled to practice medicine within its jurisdiction;

and is acting within the scope and jurisdiction of license.

1.48 Medically Necessary Treatment means any treatment, tests, medication, 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 Person;
- 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.

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

1.50 Market Value means the value at which property insured could be replaced with one of the same kind, type, age and condition.

1.51 Network Provider means Hospitals or Health Care providers enlisted by an insurer or by a Assistance Service Provider and Insured together to provide services to an Insured on payment by a cashless facility.

1.52 Nominee means the person named in the Policy Schedule or as declared with the Policyholder who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Person is deceased.

1.53 Notification of Claim means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.

1.54 Non - Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

1.55 OPD Treatment is one in which the Insured Person 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.

1.56 Period of Insurance means a period within the Add-on Policy Period which commences when the Insured Person crosses the international border of the Country of Residence if the Geographical scope is out of India to leave that country on a Common Carrier or City of Residence if the Geographical Scope is restricted to India to leave that city and expires automatically on the earliest of:

- a. the Insured Person crossing the Indian international

border to return to the Country of Residence on a Common Carrier if the Geographical scope is out of India or returning to the City of Residence if the Geographical Scope is restricted to India; or

- b. the expiry of the period specified in the Policy Schedule or Certificate of Insurance from the commencement of the Period of Insurance; or
- c. the Add-on Policy Period End Date.

The Policy Schedule or Certificate of Insurance shall specify whether the Policy is a Single Trip Policy or a Multi Trip Policy;

1.57 Place of Destination means the destination place where the journey of the Insured Person, forming part of the Trip, is scheduled to be concluded through a scheduled Common Carrier

1.58 Place of Origin means the starting point/ place from where the Insured Person's Trip is scheduled to be undertaken through a Common Carrier by which he finally leaves the Country of Residence or City of Residence

1.59 Place of Residence means the dwelling place that the Insured Person is presently resident in as specified as the correspondence address of the Insured Person in the Policy Schedule or Certificate of Insurance

1.60 Policy means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and Optional Benefits which form part of the Policy and shall be read together.

1.61 Policy Schedule is a certificate attached to and forming part of this Policy.

1.62 Policyholder (also referred as Insured) means the person or the person who is the Group Administrator and named in the Policy Schedule as the Policyholder.

1.63 Add-on Policy Period means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Schedule.

1.64 Add-on Policy Period End Date means the date on which the Policy expires, as specifically appearing in the Policy Schedule.

1.65 Add-on Policy Period Start Date means the date on which the Policy commences, as specifically appearing in the Policy Schedule.

1.66 Pre-existing Disease means any condition, ailment, injury or disease

- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the Policy issued by the insurer or its reinstatement or
- ii. For which medical advice or treatment was recommended by, or received from, a physician

within 48 months prior to the effective date of the Policy issued by insurer or its reinstatement.

1.67 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, taking into account the nature of the Illness/ Injury involved.

1.68 Room Rent means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.

1.69 Subrogation (Applicable to other than Health Policies and health sections of Travel and PA policies) means 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.

1.70 Sum Insured/ Coverage Amount means the amount specified in the Policy Schedule, for which premium is paid by the Policyholder

1.71 Surgery/Surgical Procedure: means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

1.72 Theft means an act of directly or indirectly and illegally permanently depriving Insured and/or Insured's Family of the possession of the Contents by any person by violent or forceful means or otherwise.

1.73 Unproven/Experimental Treatment means a treatment including drug experimental therapy which is not based on established medical practice in any state, is treatment experimental or unproven.

2. Scope of Cover

General Conditions

1. The Add-on Policy can only be bought along with the Base Policy at the time of Policy Issuance and cannot be bought in isolation or as a separate product.
2. The Add-on Policy is subject to the terms and conditions of this Add-on and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Policy unless specifically stated under this Add-on Policy.
3. This Add-on Policy shall be available only if the same is specifically mentioned in the Policy Schedule.
4. Any claim under this Add-on Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Policy.
5. Coverage amount can be chosen from the applicable range in multiples of 5 (as per applicable currency) only.

6. Coverage under this Add-on Policy shall be on individual basis. Base Benefits can be opted in any combination.

8. If any benefit or coverage is opted in the Base Policy or its Optional Benefits/Optional Extensions, then same or similar coverage/benefit cannot be opted in Add-on Policy. For example, if 'Trip Cancellation & Interruption' is opted under this Add-on Policy then same benefit cannot be opted under Base Policy.

9. Under this Add-on Policy, the Company will provide Policy Schedule to Policyholder and access of Certificate of Insurance will be provided to each Insured Person, therefore the references to the 'Policy Schedule' shall include references to the 'Certificate of Insurance'.

2.1 BASE BENEFIT 1 - Trip Cancellation & Interruption

a) Trip Cancellation:

- i. If the Insured Person's outward journey as a fare paying passenger from the Country of Residence / City of Residence to a Place of Destination on a Common Carrier is unavoidably cancelled before the commencement of the Period of Insurance due to any event beyond the control of Insured Person, then the Company will indemnify for those travel expenses that the Insured Person paid and cannot recover and for which no value can be derived subject to deductible opted.
- ii. If a Claim is admitted under this Benefit and the Certificate of Insurance specifies that this is a Single Trip Policy, the Policy shall be immediately and automatically cancelled on the Company's admission of the Claim.
- iii. If a Claim is admitted under this Benefit and the Certificate of Insurance specifies that this is a Multi Trip Policy, no other Claim shall be admitted under the Policy in respect of that specific Period of Insurance.
- iv. Any amount refunded to the Insured Person by the Common Carrier or any other entity in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit or Insurer will be entitled to recover the same from insured(s).

b) Trip Interruption:

- i. If the Insured Person's overseas stay is unavoidably curtailed after the commencement of the Period of Insurance solely and directly due any event beyond the control of Insured Person, then the Company will indemnify for the costs of direct route economy class airfare of the Insured Person to return to the Country of Residence / City of Residence or Insured person wishes to continue journey further to any other intermediate stop provided Insured Person's proposed journey has

intermediate stop(s) subject to deductible opted .

- ii. Any amount refunded to the Insured Person by the Common Carrier or any other entity in relation to the cancellation shall be deducted from the amount payable to the Insured Person under this Benefit or Insurer will be entitled to recover the same from Insured(s).

c) Exclusions applicable to Trip Cancellation and Interruption

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Interruption or cancellation of the journey either wholly or in partly by the travel agent;
- (ii) Interruption or cancellation of the journey either wholly or in partly at the instance of the authority governing the Common Carrier or the government and its related entities;

d) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation (as applicable) shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

- (i) Claim Form (filled and signed by the Insured).
- (ii) Confirmation in writing of cancellation of the journey from the Common Carrier detailing the circumstances of cancellation;
- (iii) Ticket / boarding pass issued by the Common Carrier indicating the cost of ticket and receipt for the refund (if any) of the fare of the Common Carrier towards the cancelled portion of the journey indicating cancellation charges retained by the Common Carrier.
- (iv) Boarding pass in original for return journey from the place of cancellation to the Country of Residence / City of Residence which indicates the cost of the tickets together with the receipts for the refunds obtained towards the unfulfilled portion of the journey.
- (v) A declaration from the Insured Person furnishing the circumstances that compelled him / her to cancel the journey;
- (vi) Medical evidence as may be required in case of the cancellation of the journey arising out of personal contingencies of the Insured Person or his / her Immediate Family Member;
- (vii) Receipt for the refund of the fare of the Common Carrier towards the cancelled portion of the journey indicating the cancellation charges retained;

- (viii) Any other document as required by the Company to assess the Claim.

2.2 Base Benefit 2: Refund of Visa Fee

- a) The Company will indemnify the amount as specified in the Certificate of Insurance if the Insured's Visa got rejected for no fault or negligence of the Insured Person provided that:

- (i) Insured must have submitted all the valid documents in order as directed by the Embassy or its representative of the respective Country for which the Visa is being applied and has filled the visa application form as per expectation and requirement of the visa officer.
- (ii) Visa application should be filled with the respective Embassy well in advance and as per prescribed processing time, if any.

b) Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

- (i) Claim Form (filled and signed by the Insured).
- (ii) Written copy of rejection reason from the embassy.
- (iii) Passport copy of the Insured.
- (iv) Copy of confirmed ticket (if required)
- (v) Any other document as required by the Company to assess the Claim.

2.3 Base Benefit 3: Loss of checked-in Baggage

- a) The Company will pay the Insured a fixed amount as specified in Certificate of Insurance if the Checked-In Baggage lost whilst in custody of the Common Carrier during the period of journey provided that:

- (i) Coverage under this Benefit shall commence only after the Checked-in Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Benefit shall terminate automatically after 24 hours of the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Period of Insurance;
- (ii) If more than one (1) piece of Checked-In Baggage has been checked-in under the same ticket of the Insured Person, the Company shall pay the amount in proportion to the pieces of Checked-In Baggage that are lost; (e.g. the benefit amount opted is ₹ 3000 and 3 pieces of baggage are checked-in out of which one bag is lost, then the

Company's liability is restricted to 1/3 of ₹ 3000 i.e. ₹ 1000).

- (iii) If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person (either complete baggage or partial), the Insured Person shall refund the amount paid by the Company under this Benefit in full irrespective of whether delivery of the baggage is taken by the Insured or its representative.

b) Exclusions applicable to loss of Checked-in Baggage:

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Benefit unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- (i) Any partial loss or damage of any items contained in the Checked-In Baggage;
- (ii) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities;
- (iii) Any loss due to damage to the Checked-In Baggage;
- (iv) Lost Valuables as part of Checked-in Baggage
- (v) Any loss of Checked-In Baggage booked in advance or shipped separately.

For this Benefit, Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery and gems, furs and articles made of precious stones and metals.

c) Documents to be submitted for any Claim under this Benefit :

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

- (i) Claim Form (filled and signed by the Insured).
- (ii) Property irregularity report issued by the appropriate authority;
- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage.
- (iv) Any other document as required by the Company

to assess the Claim.

2.4 Base Benefit 4: Multi trip options

The Company shall provide an option to opt duration for the Multi Trip Policy along with per trip maximum duration and the same have been specified in Policy schedule / Certificate of Insurance.

Each trip made during the Period of Insurance will be treated as a separate insurance, subject to the Policy terms, conditions and exclusions. The Company will cover trips booked during Period of Insurance provided that no one trip exceeds the maximum number of days as specified and shown in the Policy schedule.

In case trip exceeds maximum number of days, then the Insured shall be entitled to all benefits except those benefits that are related to medical expenses and the benefits for which any claim has been made with the Company earlier under the same Policy.

2.5 Base Benefit 5: Burglary (Home Contents only)

- a) The Company will indemnify for the loss and damage caused by Burglary and/ or attempted Burglary to the Contents of Home up to the Coverage Amount during the Period of Insurance, subject to deductible opted, as specified in Policy Schedule/Certificate of Insurance.

Notes –

- (i) This coverage will start once the Insured has boarded the Common Carrier and will stop once he/she has de-boarded at Country of Residence (for International Travel) / City of Residence (for Domestic Travel)
- (ii) Insured's Home must be Unoccupied during the trip.
- (iii) The Company will not make any payment for more than 20% of the coverage amount under this Benefit with respect to any one item.

b) Exclusions applicable to Burglary (Home Contents):

- (i) If Insured and/or Insured's Family and/or Insured's employed Staff are directly and / or indirectly in any way involved in or concerned with the actual or attempted Burglary.
- (ii) In respect of any Kutcha Construction.
- (iii) For any loss or damage or incidental loss/damage to livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, jewellery, valuables, ATM, credit cards or any similar item.

(iv) Under and for any interest in the asset/item Insured, which has been acquired by the Insured subsequent to the Add-on Policy Start date as detailed in Certificate of Insurance.

(v) If the loss or damage occurs at Insured's home other than address of home mentioned in Certificate of Insurance or Insured's home is unlocked or Insured's home is located in remote place.

(vi) Immovable items part of Building structure

(vii) If the loss or damage occurs at Insured's home where the safety measures are inadequate

(viii) If the loss or damage occurs at Insured's home in case of natural event or catastrophe

(ix) If the loss or damage occurs while Insured's Home remains unoccupied by Insured and/ or Insured's Family for more than ninety (90) consecutive days.

c) **Basis of Loss Settlement**

In the event of a total loss of an item:

The Company will indemnify Insured the depreciated value of the item up to the amount as stated in the Policy Schedule/ Certificate of Insurance. However, the Company may instead (alone or with other Insurers), in the Company sole and absolute discretion, reinstate, replace or repair the property or premises lost or any part thereof, but only to the extent and in the manner that circumstances permit.

In the case of damage to an item:

(i) If it is reasonably capable of repair, reinstatement, renewal or refurbishment then the Company's payment will reflect Insured's reasonable costs of restoring by such means the damaged item to its condition immediately prior to the event that gave rise to the claim under this Policy.

(ii) If the cost of replacement, repair, reinstatement, renewal or refurbishment of any item is equal to or exceeds the value of the lost or damaged item immediately before the occurrence of the damage, then the Company will indemnify Insured the depreciated value of the item up to the amount as stated in the Policy Schedule/ Certificate of Insurance.

(iii) The Company will only pay in India and in Indian Rupees subject to Insured having established to the Company reasonable satisfaction that the replacement, reinstatement, repair, renewal or refurbishment has been effected by Insured.

(iv) The Company shall not make any payment for the cost of any enhancements, alterations, additions

and/or improvements.

(v) If Insured have any other insurance(s) that would cover a claim or would cover that claim through authorized entities, then the Company's liability to Insured shall be limited to ratable proportion of the claim.

d) **Notification of Claims**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

a) Claim Form (filled and signed by the Insured).

b) Purchase Invoice detailing the date of purchase, value on the date of purchase etc. for the lost or damaged item.

c) Provide the Company with all relevant information, documentation and details of items lost, damaged or destroyed along with their values, and also any other assistance that the Company may reasonably require to enable the Company or its representatives or independent surveyors to investigate any claim and/or to establish to the Company reasonable satisfaction that a loss of the amount stated has occurred under this Add-on Policy.

d) Preserve any damaged item so that it may, at the Company discretion, be inspected and examined by independent surveyors or the Company representatives.

e) Immediately lodge a written complaint with the police listing out the items with values that were lost, damaged or destroyed and that Insured intend to claim for and forward a copy of that written complaint, the First Information Report and/or Final Report to the Company.

f) Take all practicable steps to apprehend the guilty persons and to recover any item lost.

g) Protect the remaining items from further damage.

h) Details of damaged or stolen item such as quantity, age, description, actual cash value and amount of loss claimed for in respect of each item, along with all documentation required to support and substantiate claim.

i) Any other document as required by the Company to assess the Claim.

2.6 **Home To Home Cover**

a) Coverage for the Insured Person is extended before /beyond the Period of Insurance for In-Patient medical cover and/or its Optional Extension: Pre-Existing

Disease Cover In Life Threatening Medical Condition /Out-Patient Cover and/or its Optional Extension: Pre-Existing Disease Cover In Life Threatening Medical Condition / Personal Accident cover up to the Coverage Amount of the respective Benefits for the following:

- i. Starting of the Journey from Home (or any intermediate place) at the Country of Residence to the port of transfer for duration of 6 hours before the Actual departure time of the Common Carrier; and
- ii. Return journey from the port of transfer to Home (or any intermediate place) after de-boarding the Common Carrier at the Country of Residence for duration of 6 hours after the Actual arrival time of the Insured Person.

Provided that:

- (i) The Company/Assistant Service Provider should be immediately notified if the Insured Person suffers an illness or injury and which occurs within the duration specified in this Benefit.

b) Exclusions applicable to this Benefit

- (i) Pregnancy and resulting childbirth, miscarriage or disease of the female organs of reproduction.
- (ii) Any type of Dental/Ophthal Treatment/Expenses.
- (iii) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered
- (iv) Rehabilitation and / or physiotherapy expenses or the cost of prostheses / prosthetics (artificial limbs) or any services provided by chiropractitioner.
- (v) Treatment or surgery or any medical procedure (whether invasive or non-invasive) using a robotic surgical system.

c) Documents to be submitted for any Claim under this Benefit:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately in the event of Claim under this Benefit:

- (i) Claim Form (filled and signed by the Insured)
- (ii) Release of Medical Information Form (filled and signed by the Insured)
- (iii) Original pathological and diagnostic reports, discharge summary, indoor case papers (if any) and prescriptions issued by the treating Medical

Practitioner or Network Provider

- (iv) Passport and Visa copy with Entry Stamp of Country of Visit and exit Stamp from India.
- (v) Original bills and receipts for
 - Charges paid towards Hospital accommodation, nursing facilities, and other medical services rendered
 - Fees paid to the Medical Practitioner and for special nursing charges
 - Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.
 - Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Network Provider duly supported by the prescriptions of the Medical Practitioner attending to the Insured Person
 - Any other document as required by the Company to assess the Claim.

3. General Exclusions

This Add-on Policy shall follow exclusions as mentioned in the Base Policy.

4. Claims Procedure and Management

Claim Procedure and Management under this Add-on Policy shall be same as the Base Policy.

Note: It is a condition precedent to the Company's liability that the information and documentation (as applicable) shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under the Add-on Policy.

5. General Terms & Conditions

5.1 Disclosure to information Norm

Conditions under this section are same as Base Policy.

5.2 Observance of Terms and Conditions

Conditions under this section are same as Base Policy.

5.3 Material Change

Conditions under this section are same as Base Policy.

5.4 Records to be maintained

Conditions under this section are same as Base Policy.

5.5 No constructive Notice

Conditions under this section are same as Base Policy.

5.6 Complete Discharge

Conditions under this section are same as Base Policy.

5.7 Policy Disputes

Conditions under this section are same as Base Policy.

5.8 Cancellation / Termination

At the request of the Policyholder, the Certificate of Insurance will be cancelled any time prior to the Period of Insurance End Date specified in the Certificate of Insurance subject to the following conditions:

- (a) Full refund shall be made if the request for cancellation is received by the Company not later than 7 days from the Period of Insurance Start Date and before commencement of the first Period of Insurance if the sole reason for such cancellation is denial of visa for the countries where the Insured Person was scheduled to visit. The visa denial or cancellation letter issued by appropriate authorities shall be submitted to the Company along with the request for cancellation.
- (b) Cancellation of Certificate of Insurance, issued for a Single Trip, at a date earlier than the Period of Insurance End Date specified in Certificate of Insurance can be done only if the Insured Person returns to the Country of Residence / City of Residence before the Period of Insurance End Date. Refund of premium shall only be applicable if the difference between the arrival date to the Country of Residence and the Certificate of Insurance End Date is at least 1 day. Premium refunded in case of cancellation will be as per table below.

Risk Period utilized	Premium retained
Above 50% of Add-on Policy Period	100% of Premium
Above 40% to 50% of Add-on Policy Period	80% of Premium
Above 30% to 40% of Add-on Policy Period	75% of Premium
Above 20% to 30% of Add-on Policy Period	60% of Premium
Policy inception to 20% of Add-on Policy Period	50% of Premium

- (c) Cancellation of Certificate of Insurance, issued for a Multi Trip, at a date earlier than the Period of Insurance End Date will be effected by the Company and the Company shall retain premium on short period scales as specified hereunder:

Period from Add-on Policy Period Start Date	Total Number of Trip days utilized	Premium Retained
Up to 1 month	Less than or equal to 7 days	25% annual rate
	Greater than 7 days & upto 21 days	50% annual rate
	Greater than 21 days	75% annual rate

From 2nd month Up to 3 months	Less than or upto 21 days	50% annual rate
	Greater than 21 days and upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
From 4th month Up to 6 months	Less than or upto 35 days	75% annual rate
	Greater than 35 days	Full annual rate
Exceeding 6 months	Any Trip duration	Full annual rate

- (d) No refund of premium shall be eligible in case of cancellation of this Certificate of Insurance where a Claim has been incurred/ registered. The Company shall have no liability to make payment of any claims which are incurred post cancellation of the Certificate of Insurance

5.9 Limitation of liability

Conditions under this section are same as Base Policy.

5.10 Communication

Conditions under this section are same as Base Policy.

5.11 Alterations in the Add-on Policy

Conditions under this section are same as Base Policy.

5.12 Electronic Transactions

Conditions under this section are same as Base Policy.

5.13 Extension of the Add-on Policy Period

- (a) Extension of the Add-on Period for a Single Trip Policy

On the Policyholder's written request, the Company may at its sole discretion after the underwriter's review extend the Add-on Policy Period provided that the total Policy Period shall not exceed the maximum trip duration (as opted by the Policyholder) specified in Certificate of Insurance. If any Claim has been made under the Policy in respect of the original Add-on Policy Period:

- I. The Insured shall be entitled to all benefits payable on fixed basis for which any claim has not been made with the Company earlier under the same Policy. For other benefits where the payment is on indemnity basis, balance coverage amount shall be available during the extended Period of Insurance.

- (b) Extension of the Geographical Scope of the Policy

- (i) On the Policyholder's written request, the Company may at its sole discretion after the underwriter's review extend Geographical Scope of the Policy specified in the Certificate of Insurance provided that the additional premium

specified by the Company is received in advance of commencement of coverage and provided that the Insured Person has not already entered any part of the proposed extended Geographical Scope of the Policy or made any Claim under the Policy.

- (c) All requests for extensions must be made at least 1 day before the expiry of the original Add-on Policy Period and accompanied by all the following information and documents:
 - (i) Duly completed application for extension;
 - (ii) Details of complete particulars of all Claims;
 - (iii) A good health declaration.
- (d) However, if the request to extend the Policy is received within 3 days of the Add-on Policy Period End Date then coverage shall be reinstated, at Company's sole discretion subject to underwriting, with effect from Add-on Policy Period End Date on the date of receipt of premium by the Company. In such case the Company shall not be liable for any Claim arising during the Add-on Policy Period End Date and date of receipt of premium.
- (e) This product may be withdrawn by the Company after due approval from the IRDAI. In case this product is withdrawn by the Company, this Policy can be extended under the then prevailing product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of extension of this Policy.
- (f) The Policy shall not be renewable upon expiry of the Add-on Policy Period.

5.14 Grievances

Grievance redressal procedure is same as mentioned in Base Policy.



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IRDAI Registration Number - 148

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Care Health-
Customer App



WhatsApp
8860402452

Self Help Portal:

www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:

www.careinsurance.com/contact-us.html