

## GROUP TRAVEL INSURANCE POLICY

### POLICY WORDINGS

This is **Your** Group travel insurance **Policy** which has been issued by **Us** relying on the Information disclosed by **You** in **Your** Proposal for this **Policy** or its preceding **Policy**/Policies of which this is a Renewal. It contains details of what is covered, what is not covered, the conditions and the basis on which all claims will be settled. The proposal, **Policy Schedule**, **Policy** document and endorsements are part of the **Policy**. **Your Policy** is evidence of the contract of insurance.

#### 1. GENERAL DEFINITIONS

In the document, following words are assigned specific meaning. Wherever the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute. Where **We** explain what a word means that word will appear highlighted in bold print and have the same meaning wherever it is used in the **Policy**.

	Term	Definition
1.	<b>Accident or Accidental</b>	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2.	<b>Acquired Immune Deficiency Syndrome</b>	means the meanings assigned to it by the World Health Organization and shall include HIV (Human Immune-deficiency Virus), Encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).
3.	<b>Terrorism / Act of Terrorism</b>	means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
4.	<b>Act of God</b>	means Lightning, Storm, Tempest, Typhoon, Hurricane, Flood and Inundation, Earthquake, Tsunami, Subsidence, Landslide and Rockslide, Avalanche and other natural events that cause damage and can't be prevented.
5.	<b>Adventure Sports</b>	means those sports / activities which involves speed, height, a high level of physical exertion and high degree of inherent danger. These sports are either played for recreational / leisure purpose or as part of intercollegiate activity(ies). Such sports are racing on wheels or horseback, <b>power</b> boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering,

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		winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, motor rallying, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
6.	<b>Age or Aged</b>	means completed <b>Age</b> in years as at the Commencement Date.
7.	<b>Ambulance</b>	means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from <b>Hospital</b> in emergencies.
8.	<b>Any one Illness</b>	means continuous <b>Period</b> of <b>Illness</b> and includes relapse within 45 days from the date of last consultation with the <b>Hospital/Nursing Home</b> where treatment was taken.
9.	<b>Annual Multi Trip</b>	means multiple trips to the destination(s) during the <b>Policy Period</b> subject to the per <b>Trip</b> duration as opted and specified in the <b>Policy Schedule / Certificate of Insurance</b> .
10.	<b>Article</b>	means a particular item or object in a pair / set. E.g. a pair of earrings.
11.	<b>Assistance Company</b>	means any organization or institution appointed by <b>Us</b> for providing services to <b>You</b> for an insured event.
12.	<b>Bank Rate</b>	means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
13.	<b>Cashless Facility</b>	means a facility extended by the <b>Insurer</b> to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the <b>Policy</b> terms and conditions, are directly made to the network provider by the <b>Insurer</b> to the extent pre-authorization is approved.
14.	<b>Certificate of Insurance</b>	means the certificate issued to the <b>Insured Person</b> confirming the <b>Policy</b> details & coverages opted under the <b>Policy</b> . The <b>Certificate of Insurance</b> forms part of the <b>policy</b> .
15.	<b>Checked-in Baggage</b>	means baggage handed over by the <b>Insured Person</b> and accepted by a <b>Common Carrier</b> for transportation in the same carrier in which the <b>Insured Person</b> is or would be travelling and for which the <b>Common Carrier</b> has issued a baggage receipt to the <b>Insured Person</b> .
16.	<b>Common Carrier</b>	means any civilian land or water conveyance or Aircraft of Scheduled Airline, operated under a valid license issued by the appropriate authority for the transportation of passengers for hire under a valid ticket.

17.	<b>Complaint or Grievance</b>	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a <b>Complainant</b> with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
18.	<b>Complainant</b>	means a <b>Policyholder</b> or prospect or any beneficiary of an insurance <b>Policy</b> who has filed a <b>Complaint or Grievance</b> against an <b>Insurer</b> or a distribution channel.
19.	<b>Condition precedent</b>	means a <b>Policy</b> term or condition upon which the insurer's liability under the <b>Policy</b> is conditional upon.
20.	<b>Congenital Anomaly</b>	means a condition which is present since birth, and which is abnormal with reference to form, structure or position. <b>a. Internal Congenital Anomaly</b> - congenital anomaly which is not in the visible and accessible parts of the body. <b>b. External Congenital Anomaly</b> - congenital anomaly which is in the visible and accessible parts of the body.
21.	<b>Deductible</b>	means a cost sharing requirement under a health insurance <b>Policy</b> that provides that the <b>Insurer</b> 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 <b>Hospital</b> cash policies which will apply before any benefits are payable by the Insurer. A <b>Deductible</b> does not reduce the sum insured.
22.	<b>Dependents</b>	means the persons named in the <b>Policy Schedule/Certificate of Insurance</b> who are <b>Your</b> : i. <u>Spouse</u> – The Primary Insured's legally married spouse as long as he/she continues to be married to the <b>Primary Insured</b> . ii. <u>Children</u> – The <b>Primary Insured's</b> children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households. iii. <u>Parents</u> – The <b>Primary Insured's</b> natural parents or parents that have legally adopted him/her. iv. <u>Parents in Law</u> – The <b>Primary Insured's</b> Parents in Law.
23.	<b>Dental Treatment</b>	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

24.	<b>Disclosure to information norm</b>	means the <b>Policy</b> shall be void and all premiums paid thereon shall be forfeited to the Company in the <b>Event</b> of misrepresentation, mis-description or non-disclosure of any material fact.
25.	<b>Diagnosis</b>	means conclusion drawn by a registered <b>Medical Practitioner</b> , supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
26.	<b>Domestic Travel</b>	means <b>Trip</b> involving <b>Insured Person(s)</b> travelling only within geographical boundaries of India.
27.	<b>Emergency</b>	means severe <b>Illness</b> or <b>Injury</b> which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a <b>Medical Practitioner</b> to prevent death or serious long-term impairment of the <b>Insured Person's</b> health.
28.	<b>Event</b>	means any official sporting occasion, music concert, exhibition, educational / cultural tour, cinema, theatre, theme park or military display, or a visit to any other tourist attraction, where admission is only by way of tickets purchased before the inception of the trip.
29.	<b>Family</b>	means Primary Insured's legally married Spouse / Children / Parents / Parents in law, as named in the <b>Policy Schedule/ Certificate of Insurance</b> .
30.	<b>Family Floater</b>	means a <b>Policy</b> described as such in the <b>Policy Schedule</b> where <b>You</b> and <b>Your Dependents</b> named in the <b>Policy Schedule/Certificate of Insurance</b> are covered under this <b>Policy</b> as at the Commencement Date. The Sum Insured for a <b>Family Floater</b> is the amount shown in the <b>Policy Schedule/ Certificate of Insurance</b> which represents <b>Our</b> maximum liability for any and all claims made by <b>You</b> and/or all of <b>Your Dependents</b> during the <b>Policy Period</b> .
31.	<b>Felonious Assault</b>	means any wilful or unlawful use of force upon the <b>Insured Person</b> that is a felony or misdemeanour in the jurisdiction in which it occurs, and which results in bodily harm to the <b>Insured Person</b> .
32.	<b>Grace Period</b>	means the specified <b>Period</b> of time immediately following the premium due date during which a payment can be made to renew or continue a <b>Policy</b> in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the <b>Period</b> for which no premium is received. Such facility is applicable in Single <b>Trip</b> Policies with <b>Trip</b> duration of 365 days & <b>Annual Multi Trip</b> policies only.

33.	<b>Hijacked</b>	means the unlawful seizure or wrongful exercise of control, by force or violence or threat of force with wrongful intent, of <b>Common Carrier</b> in which <b>You</b> are traveling as a passenger.
34.	<b>Home</b>	means <b>Your</b> private residence in India as shown in the <b>Policy Schedule / Certificate of Insurance</b> which is used or occupied solely for domestic purposes by <b>You</b> and/or <b>Your Family</b> and/or <b>Your Domestic Staff</b> whether owned by <b>You</b> or <b>Your Family</b> or otherwise.
35.	<b>Hospital</b>	<p><b><u>In case of Overseas Travel –</u></b>  <b>Hospital</b> means an institution established for the treatment of patients which is under constant medical management, has adequate diagnostic and therapeutic facilities, keeps constant medical records, is recognised as a <b>Hospital</b> in the country in which it is situated, and which is appropriately licensed, wherever required to be so, to operate as a <b>Hospital</b> in that country.</p> <p><b><u>In case of Domestic Travel –</u></b>  <b>Hospital</b> means any institution established for In-Patient Care and Day Care Treatment of <b>Illness</b> and/or injuries and which has been registered as a <b>Hospital</b> with the local authorities under Clinical Establishment (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act Or complies with all minimum criteria as under:</p> <ol style="list-style-type: none"> <li>i. has qualified nursing staff under its employment round the clock;</li> <li>ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 <b>inpatient</b> beds in all other places;</li> <li>iii. has qualified <b>Medical Practitioner</b> (s) in charge round the clock;</li> <li>iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;</li> <li>v. maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel.</li> </ol>
36.	<b>Hospitalisation</b>	means admission in a <b>Hospital</b> for a minimum <b>Period</b> of 24 consecutive “In-patient Care” hours except for specified procedures / treatments, where such admission could be for a <b>Period</b> of less than 24 consecutive hours.

37.	<b>Illness</b>	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <p>a) <b>Acute Condition</b> is a disease, <b>Illness</b> or <b>Injury</b> 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/<b>Illness/Injury</b> which leads to full recovery.</p> <p>b) <b>Chronic Condition</b> is defined as a disease, <b>Illness</b>, or <b>Injury</b> that has one or more of the following characteristics: -</p> <ul style="list-style-type: none"> <li>i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;</li> <li>ii. it needs ongoing or long-term control or relief of symptoms;</li> <li>iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;</li> <li>iv. it continues indefinitely;</li> <li>v. it recurs or is likely to recur.</li> </ul>
38.	<b>Immediate Family Member</b>	means legally married Spouse / Children / Parents, Brother, Sister, Grandparents, Grandchildren, Parents-in-law.
39.	<b>Injury</b>	means <b>Accidental</b> physical bodily harm excluding <b>Illness</b> or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a <b>Medical Practitioner</b> .
40.	<b>Inpatient</b>	means treatment for which the <b>Insured Person</b> has to stay in a <b>Hospital</b> for more than 24 hours for a covered event.
41.	<b>Insured Person</b>	means the person(s) named in the <b>Policy Schedule / Certificate of Insurance</b> .
42.	<b>Intensive Care Unit (ICU)</b>	means an identified section, ward or wing of a <b>Hospital</b> which is under the constant supervision of a dedicated <b>Medical Practitioner (s)</b> , 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.
43.	<b>IRDAI</b>	means Insurance Regulatory and Development Authority of India.
44.	<b>Locking Period</b>	means the time <b>Period</b> (number of days) commencing from the date of locking of the <b>Fare</b> as specified in the <b>Policy Schedule/Certificate of Insurance</b> .
45.	<b>Material Fact</b>	means a fact deemed so important that it would change the decision made by an <b>Insurer</b> if it were kept hidden.

46.	<b>Maternity Expenses</b>	<p>Maternity expenses mean;</p> <ul style="list-style-type: none"> <li>a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during <b>Hospitalisation</b>);</li> <li>b) expenses towards lawful medical termination of pregnancy during the <b>Policy</b> Period.</li> </ul>
47.	<b>Major Travel Event</b>	<ul style="list-style-type: none"> <li>i. <b>Act of God</b></li> <li>ii. Severe weather condition;</li> <li>iii. Epidemic or pandemic as declared by the World Health Organisation or respective country / State Government;</li> <li>iv. Area has been quarantined due to a major outbreak of Infectious disease;</li> <li>v. <b>Major industrial Accident*</b>;</li> <li>vi. Civil Unrest, Riot or Commotion resulting in cancellation of scheduled <b>Common Carrier</b> services or relevant government warning against non-essential travel;</li> <li>vii. Strike resulting in cancellation of scheduled <b>Common Carrier</b> services;</li> <li>viii. Any event leading to airspace or multiple airport closures;</li> <li>ix. Mechanical breakdown of Common Carrier;</li> </ul> <p>* <b>Major Industrial Accident</b> means an unexpected, usually sudden occurrence including, in particular, a major emission, fire or explosion, resulting from abnormal developments in the course of an industrial activity, leading to a serious danger to the public or the environment, whether immediate or delayed, inside or outside the installation and involving one or more hazardous substances.</p>
48.	<b>Medical Advice</b>	<p>means any consultation or advice from a <b>Medical Practitioner</b> including the issuance of any prescription or follow-up prescription.</p>
49.	<b>Medical Expenses</b>	<p>means those expenses that an <b>Insured Person</b> has necessarily and actually incurred for medical treatment on account of <b>Illness</b> or <b>Accident</b> on the advice of a <b>Medical Practitioner</b>, as long as these are no more than would have been payable if the <b>Insured Person</b> had not been insured and no more than other <b>hospitals</b> or doctors in the same locality would have charged for the same medical treatment.</p>

50.	<b>Medical Practitioner</b>	<p><u><b>In case of Overseas travel –</b></u>  <b>Medical Practitioner</b> means a person who is qualified to practice medicine within its jurisdiction and has a valid license issued by the appropriate competent authority of that country where <b>Insured Person</b> is availing treatment outside India. The term <b>Medical Practitioner</b> includes a physician, specialist and surgeon, provided that, this person is not a member of the <b>Insured Person's</b> family.</p> <p><u><b>In case of Domestic Travel –</b></u>  <b>Medical Practitioner</b> means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for <b>Homeopathy</b> set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. <b>Medical Practitioner</b> should not be the <b>Insured Person</b> or his/her <b>immediate Family member</b> or anyone who is living in the same household as the <b>Insured Person</b>.</p>
51.	<b>Medically necessary Treatment</b>	<p>means any treatment, tests, medication, or stay in <b>Hospital</b> or part of a stay in <b>Hospital</b> which –</p> <ol style="list-style-type: none"> <li>i. is required for the medical management of the <b>Illness</b> or <b>Injury</b> suffered by the insured;</li> <li>ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;</li> <li>iii. must have been prescribed by a <b>Medical Practitioner</b>;</li> <li>iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.</li> </ol>
52.	<b>Mobility Aid</b>	<p>means any adaptive equipment or device designed to assist walking or otherwise improve the mobility of people with mobility impairments like crutches, wheelchairs, walking frames and wheel trolleys.</p>
53.	<b>Network Provider</b>	<p><u><b>In case of Overseas Travel –</b></u>  Network Provider means <b>Hospital</b> enlisted by the <b>Assistance Company</b> to provide medical services to an Insured by a Cashless Facility.</p> <p><u><b>In case of Domestic Travel –</b></u>  Network Provider means the <b>Hospital</b> enlisted by an Insurer, TPA or jointly by an <b>Insurer</b> and TPA to provide medical services to an insured by a cashless facility.</p>
54.	<b>Non-Network Provider</b>	<p>means any <b>hospital</b>, day care centre or other provider that is not part of the network.</p>

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55.	<b>Non-Allopathic Treatment</b>	means forms of treatments other than “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.
56.	<b>Nominee/Assignee</b>	means the person named in the <b>Policy Schedule /Certificate of Insurance</b> who is nominated to receive the benefits under the <b>Policy</b> in accordance with the terms and conditions of the <b>Policy</b> , if <b>You</b> are deceased. In case the nominee is minor on the date when payment becomes due under the <b>Policy</b> , payment shall be made to the appointee named in the <b>Policy Schedule /Certificate of Insurance</b> .
57.	<b>Notification of Claim</b>	<p><b><u>In case of Overseas Travel</u></b> – Notification of Claim means the process of intimating a claim to the <b>Insurer</b> or <b>Assistance Company</b> through any of the recognised modes of communication.</p> <p><b><u>In case of Domestic Travel</u></b> – Notification of Claim means the process of intimating a claim to the <b>Insurer</b> or TPA or <b>Assistance Company</b> through any of the recognised modes of communication.</p>
58.	<b>OPD Treatment</b>	means the one in which the Insured visits a clinic / <b>Hospital</b> or associated facility like a consultation room for <b>Diagnosis</b> and treatment based on the advice of a <b>Medical Practitioner</b> . The Insured is not admitted as a day care or in-patient.
59.	<b>Overseas Travel</b>	means <b>Trip</b> involving <b>Insured Person(s)</b> travelling outside geographical boundaries of India.
60.	<b>Permanent Total Disability</b>	means <b>You</b> are unable to engage in each and every occupation or employment <b>You</b> own for compensation or profit for which <b>You</b> are reasonably qualified by education, training or experience for the rest of <b>Your</b> life. If at the time of the loss <b>You</b> are unemployed, totally disabled shall mean inability to perform all of the usual and customary duties and activities of a person of like <b>Age</b> and sex.
61.	<b>Personal Effects/ Belongings</b>	means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and <b>Valuables</b> .
62.	<b>Physiotherapy</b>	means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or Massage administered by a <b>Medical Practitioner</b> for treatment of <b>Injury</b> .
63.	<b>Policy</b>	means this <b>Policy</b> document read together with the attached <b>Policy Schedule/Certificate of Insurance</b> , <b>Your</b> Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
64.	<b>Policyholder</b>	means the person or entity named in the <b>Policy Schedule</b> as the Policyholder.

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65.	<b>Policy Period</b>	means the <b>Period</b> commencing from <b>Policy</b> start date and time as specified in the <b>Policy Schedule/Certificate of Insurance</b> and terminating at midnight on the <b>Policy</b> end date as specified in the <b>Policy Schedule / Certificate of Insurance</b> .
66.	<b>Policy Schedule</b>	means schedule attached to and forming part of this <b>Policy</b> mentioning the details of the <b>Insured Persons</b> , the Sum Insured, the <b>Policy Period</b> and the limits and conditions, to which the benefits under the <b>Policy</b> are subject to, including any annexures and/or endorsements.
67.	<b>Pre-existing condition</b>	means any condition, ailment, injury or disease - <ul style="list-style-type: none"> <li>a) 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</li> <li>b) 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 the insurer or its reinstatement.</li> </ul>
68.	<b>Primary Insured</b>	means the person who has been first enrolled by group <b>Policy</b> holder as a member under this <b>Policy</b> and who in turn has included his/her <b>Family</b> members.
69.	<b>Proposal Form</b>	means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the <b>Insurer</b> in respect of a risk, in order to enable the <b>Insurer</b> to take informed decision in the context of underwriting the risk, and in the <b>Event</b> of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
70.	<b>Prosthetic devices</b>	means the mobility aid equipment's which are external devices designed to perform or replace all or part of the function of a permanently inoperative or malfunction body part.
71.	<b>Public Transport</b>	means travel systems available for use by the general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Examples of public transport include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway/underground etc.) and taxis. Transport between cities will additionally include airlines.
72.	<b>Reasonable and Customary charges</b>	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 <b>Illness/Injury</b> involved.

73.	<b>Relative</b>	Means Husband, wife, grandparent, grandchildren, parent, parent-in-law, brothers, sisters, sons, daughters.
74.	<b>Renewal</b>	means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace <b>Period</b> for treating the renewal continuous for the purpose of all waiting periods.
75.	<b>Room Rent</b>	means the amount charged by a <b>Hospital</b> towards Room and Boarding expenses and shall include the associated <b>medical expenses</b> .
76.	<b>Scheduled Airline</b>	means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service <b>between</b> named cities at regular and specified times, on regular or chartered flights operated by such carrier.
77.	<b>Serious Sickness/Injury</b>	means <b>Illness</b> or <b>Injury</b> certified as <b>Emergency</b> by a <b>Medical Practitioner</b> while the <b>Policy</b> is in force.
78.	<b>Single Trip</b>	means one <b>Trip</b> to the destination(s) during the <b>Policy</b> period.
79.	<b>Sound Natural Teeth</b>	means natural teeth that either are unaltered or are fully restored to their normal function and are disease-free, have no decay and are not more susceptible to <b>Injury</b> than unaltered natural teeth.
80.	<b>Sponsor</b>	means an individual responsible for paying the <b>Tuition Fees</b> of the <b>Insured Person</b> for his/her full-time studies in an educational institution outside the geographical boundaries of India who is named in the <b>Insured Person's</b> enrolment form.
81.	<b>Sum Insured</b>	means the specified amount mentioned in the <b>Policy Schedule/Certificate of Insurance</b> which represents <b>Our</b> maximum liability for each <b>Insured Person</b> or family, in case of <b>Family Floater</b> plan for any and all benefits claimed for during the <b>Policy</b> Period.
82.	<b>Traveling Companion</b>	means person(s) who is/are booked to accompany <b>You</b> on <b>Your</b> Trip.
83.	<b>Trip</b>	means any journey undertaken within the <b>Policy Period</b> and which commences when the <b>Insured Person</b> leave <b>Home</b> for onward journey and terminates when he returns <b>Home</b> in case of return journey or reaches destination in case of a one way journey or the <b>Policy</b> Expiration date whichever is earlier.

84.	<b>Tuition Fee</b>	means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.
85.	<b>Unproven/Experimental treatment</b>	means the treatment, including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
86.	<b>Valuables</b>	means photographic, audio, video, computer and any other electronic and electrical equipment, cellular phones, data, business goods, telecommunications and electrical equipment, telescopes, lenses, binoculars, antiques, art, watches, jewellery and gems, furs and articles made of precious stones and metals.
87.	<b>War</b>	means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
88.	<b>We/Our/Us / Insurer</b>	means the Navi General Insurance Limited
89.	<b>You/Your</b>	means the <b>Policy</b> holder / Primary Insured / <b>Insured Person(s)</b> named in the <b>Policy Schedule / Certificate of Insurance</b>

## 2. COVERAGE

### 2.1. MEDICAL CARE

#### 1. MEDICAL EXPENSE REIMBURSEMENT

##### **In case of Overseas Travel**

We will reimburse the **medical expenses** incurred for **Inpatient** or/and **Outpatient treatment**, if the **Insured Person** sustains an **Injury** or **Illness** during the trip, which is not due to a **Pre-existing condition**. Treatment must be **Medically Necessary** and recommended by the **Medical Practitioner**.

**Medical Expenses** shall include: –

- a. Charges for **Hospital** Room & Boarding, Nursing, Medicines, External Medical Appliance, Blood Storage & Processing, any other medical service which is not part of the heads in this section;
- b. **Intensive Care Unit (ICU)**
- c. Surgical Treatment & Operation Theatre
- d. Anaesthetist Services
- e. Diagnostic and Pre-admission testing
- f. **Medical Practitioner's** Visit
- g. **Ambulance** Service

**Please be informed that -**

- a. This coverage is subject to the **Deductible** and up to the maximum limit stated in the **Policy Schedule/ Certificate of Insurance**. However, for “**Any One Illness**”, **Deductible** will be applied only once.

##### **In case of Domestic Travel**

We will reimburse the **medical expenses** incurred for **Inpatient hospitalization**, if the **Insured Person** sustains an **Injury** or **Illness** during the trip, which is not due to a **Pre-existing condition**. Treatment must be **Medically Necessary** and recommended by the **Medical Practitioner**.

**Medical Expenses** shall include: –

- a. Charges for **Hospital** Room & Boarding, Nursing, Medicines, External Medical Appliance, Blood Storage & Processing, any other medical service which is not part of the heads in this section;
- b. **Intensive Care Unit (ICU)**
- c. Surgical Treatment & Operation Theatre
- d. Anaesthetist Services
- e. Diagnostic and Pre-admission testing
- f. **Medical Practitioner's** Visit
- g. **Ambulance** Service

**Please be informed that:**

- a. This coverage is subject to the **Deductible** and up to the maximum limit stated in the **Policy Schedule/ Certificate of Insurance**. However, for “**Any One Illness**”, **Deductible** will be applied only once.

**2. OPD TREATMENT (For Domestic Travel Only)**

We will reimburse the **Medically Necessary medical expenses** incurred for **OPD Treatment** recommended by the **Medical Practitioner**, if the **Insured Person** sustains an **Injury** or **Illness** during the trip, which is not due to a **Pre-existing condition**.

**3. PRE-EXISTING CONDITION IN LIFE SAVING SITUATIONS**

We will reimburse the **Reasonable and Customary charges** related to **medical expenses incurred** during the trip, for the **Emergency Hospitalization**, treatment and stabilization of Life Threatening **Emergency** condition directly attributed to Pre-Existing Condition(s) provided that:

- a. The same is authorized by **Our Assistance Company**.
- b. The treatment for these **Emergency** measures would be paid till the **Insured Person** becomes Medically Stable or is relieved from acute pain. All further medical cost to improve /maintain Medically Stable state or to prevent the onset of acute pain would have to be borne by the **Insured Person**.
- c. General Exclusion related to **pre-existing condition(s)** under Section – 3.3.6 stands covered to the extent provided under this section.
- d. By opting this coverage, the following coverages, if opted by **You** will be automatically covered under this section upto the limit specified in the **Policy Schedule /Certificate of Insurance** subject to the terms and conditions of the respective covers.
  - i. Emergency Medical Evacuation
  - ii. Repatriation of Mortal Remains

**4. EMERGENCY MEDICAL EVACUATION**

We will pay the **reasonable and customary charges** for the **Medically necessary** transportation and medical treatment rendered during the evacuation, including medical services and supplies if the **Injury** or/and **illness** suffered by the **Insured Person** during the **Trip** results in **Your Emergency** Evacuation, provided that –

- a. **Your** treating **Medical Practitioner** recommends such **Emergency** medical evacuation and is **medically necessary** and
- b. **Your** Medical Condition is not due to any **Pre-existing condition**, and
- c. It warrants immediate transportation from the place where **You** are injured or sick to the nearest **Hospital** where appropriate medical treatment can be obtained; or
- d. From the local **Hospital** where initial treatment is given to the specialised **hospital**; or
- e. after being treated at a local/specialised **Hospital**, **Your** medical condition warrants transportation to the **Home** where the **Trip** commenced to obtain further medical treatment or to recover; and

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- f. All Transportation arrangements made for evacuating **You**, must be by the most direct and economical route possible, and
- g. Such evacuation is arranged and /or authorized in advance by the **Assistance Company**; and
- h. All Transportation arrangements made for evacuating **You** is agreed upon by **You** or **Your Family** member.
- i. **Transportation** refers to any land, water or air conveyance required to transport the **Insured Person**.

## 5. REPATRIATION OF MORTAL REMAINS

If the **Insured Person** dies during the **Trip** due to an **Injury** or **Illness**, then **We** will pay the **Reasonable and Customary charges** related to the transportation of the **Insured Person's** mortal remains to his place of residence or the costs of the cremation/ burial in the city where such incident has happened, provided that –

- a. Death is not due to any **Pre-existing condition**, and
- b. Repatriation of Remains is arranged and / or approved in advance by the **Assistance Company**.
- c. Expenses for Repatriation of mortal remains include (a) embalming; (b) cremation; (c) coffin; and (d) transportation.
- d. **Transportation** refers to any land, water or air conveyance required to transport the **Insured Person**.

**Please be informed that** any cost related to Religious ceremonies / rites shall not be covered under the coverage.

## 6. DENTAL EXPENSES

**We** will reimburse the **reasonable and customary charges** towards **medically necessary dental treatment** if the **Insured Person** suffers sudden acute pain to one or more Sound Natural Teeth following an **Injury** or **Illness** during the **Trip** provided that:

- a. Treating **Medical Practitioner** certifies that the condition requires immediate dental treatment.
- b. General Exclusion related to dental **Illness** under Section – 3.2) 18) stands covered to the extent provided under this section.

## 7. DAILY HOSPITAL CASH

If **We** have accepted a claim of **inpatient hospitalisation** under Section 2.1) 1) - **medical expenses** reimbursement then **We** will pay the fixed amount for each day of stay in **hospital**, during the **Policy Period** for treatment related to an **Injury** or **Illness**.

**Please be informed that:**

- a. A **Deductible** as specified in the **Policy Schedule / Certificate of Insurance** shall apply under this Benefit thus, the benefits shall become payable only after **Hospitalisation** of **Insured Person** exceeds the specified number of days.
- b. **Hospitalization** must have occurred within 10 days in case of **Accident** causing the relevant **Bodily Injury**;

- c. **Hospitalization** must be considered **medically necessary** by a Physician in his professional capacity.
- d. **Hospitalization** is not due to any **Pre-existing condition**.
- e. We will pay upto the number of days specified in the Policy Schedule/Certificate of Insurance.

#### 8. PHYSIOTHERAPY

We will reimburse the **Reasonable and customary charges** related to **medical expenses** towards the **Medically necessary** physiotherapy sessions if the same are recommended by the treating **Medical Practitioner** due to any covered **Injury** or **Illness** and not due to any **Pre-existing condition** provided that:

- a. Physiotherapy sessions should start within 1 month from the date of Incident; and
- b. Physiotherapy session(s) is given by a registered **Medical Practitioner**.

#### 9. CHILD GUARD

If the **Insured Person** is travelling with his minor child(ren) of **Age** below 18 years (maximum 2) and unfortunately, he suffers an **Injury** or **Illness** during the trip:

- a. which is not due to any Pre-existing Condition; and
- b. which requires continuous and uninterrupted **hospitalization** of at least (7) seven days; and
- c. the attending **Medical Practitioner** has advised that he cannot be repatriated back to **Home** and no adult **immediate Family member** is present at his bedside, then

We will reimburse the cost of one Round **Trip** economy class air ticket to one **immediate Family member** of **Insured Person** to escort the unattended minor child(ren) to take them back **Home**.

#### 10. COMPASSIONATE VISIT

##### I. Visit by Immediate Family Member

If the **Insured Person** while travelling alone suffers an **Injury** or **Illness** during the trip:

- a. which is not due to any Pre-existing Condition; and
- b. which requires continuous and uninterrupted **hospitalization** of at least (7) seven days, then;

We will reimburse -

- a. Cost of one Round **Trip** economy class air ticket to one **immediate Family member** of **Insured Person** who would visit **Insured Person** to be at his bedside, and
- b. Cost of accommodation during his stay with the **Insured Person** for the remainder of the **hospitalization** period.

Or



## II. Extension of Stay in Hotel

If the **Insured Person or his Travelling Companion** suffers an **Injury** or **Illness** during the trip:

- a. which is not due to any Pre-existing Condition; and
- b. which requires continuous and uninterrupted **hospitalization** of at least (7) seven days then;

We will reimburse:

- a. Cost of accommodation i.e. the extended stay in a hotel, for the days when Insured or his travelling companion is hospitalised.

**Please be informed that** this coverage is applicable once in **Policy Period**.

## 11. EMERGENCY REUNION VISIT & RESUMPTION OF TRIP

We will Reimburse the cost of one Round **Trip** economy class air ticket to the **Insured Person** to return **Home** for an **Emergency** visit during the **Policy** period:

- a. In the **Event** of death of **Insured Person's Family** member, or
- b. In case of **Hospitalisation** of the **Insured Person's Family** member for more than Seven (7) consecutive days due to **Injury** or **Illness**, or
- c. In case of any calamity or **Emergency** events like house becoming uninhabitable due to fire or **Act of God**;

**Please be informed that:**

- a. **Your** resumption of travel should take place within two (2) months from the date of **Your** visit to **Home**; and
- b. at least one month of the **Policy Period** is available, in case **You** resume back to the destination; and
- c. **Your** resumption of travel is necessary for official or academic purpose.

## 12. SUBLIMITS ON MEDICAL EXPENSES

Our maximum liability to make payment for the **medical expenses** incurred towards **inpatient** Treatment, shall be limited to the amount specified in the **Policy Schedule / Certificate of Insurance**.

Medical Expenses	Sub - Limit
Charges for <b>Hospital</b> Room & Boarding; Nursing; Medicines; External Medical Appliance; Blood Storage & processing; Any other medical services which is not part of the heads in given table	As specified in the <b>Policy Schedule / Certificate of Insurance</b>
Intensive Care Unit (ICU)	
Surgical Treatment & OT charges	
Anaesthetist Services	
Diagnostic and Pre-admission testing	
<b>Medical Practitioner's Visit</b>	
<b>Ambulance Service</b>	

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 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

### 13. PET CARE

If the **Insured Person** is travelling with his Pet and during the Trip:

- a. If the **Insured Person's** Pet suffers an **Injury** or **Illness** not related or attributed to any Pre-Existing condition, then **We** will reimburse the **medical expenses** incurred towards the **inpatient** & / or outpatient treatment of the pet, or
- b. If the **Insured Person** suffers an **Injury** or **Illness** due to which he is admitted in a **Hospital** and there is no one to take care of the pet, then **We** will reimburse the expenses incurred towards the safe and comfortable stay of pet at the pet boarding house.

**Please be informed that:**

- a. The **Insured Person's** pet has been validly transported and accommodated in accordance with the rules of the Common Carrier, hotel or other provider of accommodation;
- b. The **Insured Person's** pet is maintained by the **Insured Person** exclusively for company, protection or entertainment, and not for the purposes of commerce or research;

### 14. ADVENTURE SPORTS

If the **Insured Person** suffers an **Accidental Injury** whilst engaged in the **Adventure Sports** in a non-professional capacity and under supervision of trained professional during the trip, **We** will cover the following coverages, if opted by **You** –

- a. Section 2.1.1 - Medical Expense Reimbursement
- b. Section 2.1.2 - OPD Treatment (Domestic Travel)
- c. Section 2.1.4 - Emergency Medical Evacuation
- d. Section 2.1.5 - Repatriation of Mortal Remains
- e. Section 2.4.1 - Accidental Death and Permanent Total Disability

**Please be informed that** General exclusion as defined in Section – 3.3.2 stands covered to the extent provided under this section.

### 15. MATERNITY BENEFIT

If **You** are covered under Section 2.1) 1) - Medical Expenses Reimbursement, **We** will reimburse the **Reasonable and customary charges** related to the treatment required by the **Insured Person** during the **Trip** subject to waiting **Period** as specified in the **Policy Schedule / Certificate of Insurance** from the date of commencement of the **Policy** provided that the **medical expenses** are incurred:

- a. for Pre Natal-expenses or/and at the time of delivery or/and as postnatal expenses for 30 days;
- b. towards new born baby in connection with any treatment upto the date of discharge of the **Insured Person** from **hospital**;
- c. lawful medical termination of pregnancy and the cost of a midwife or obstetric nurse.
- d. treatment in an **Emergency** situation due to acute complications during the course of pregnancy.
- e. for the delivery of first two living children of the **Insured Person** and/or any Surgical Procedures required to be carried out on the **Insured Person** as a direct result of the pregnancy.

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402, 403 & 404, A & B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099  
Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

Please be informed that –

- a. General exclusion as defined in Section – 3.3) 1) of the **Policy** stands covered to the extent provided under this section.

#### 16. CHILDCARE BENEFIT

If **You** are covered under Section 2.1) 15) - Maternity Benefit, **We** will reimburse the **medical expenses** If the **Insured Person's** new born Child between the **Age** of 7 days to 90 days is admitted as an **inpatient** for **medically necessary treatment** for a continuous **Period** of two (2) days or more due to any **Illness** or **Injury**.

#### 17. TREATMENT FOR MENTAL AND NERVOUS DISORDERS, INCLUDING ALCOHOLISM AND DRUG DEPENDENCY

If **You** are covered under Section 2.1) 1) Medical Expenses Reimbursement, **We** will reimburse the **Medical Expenses** for the treatment of mental and nervous disorders (including alcoholism and drug dependency) provided that such treatment is not due to any **Pre-existing condition**.

Please be informed that General exclusion as defined in Section –3.3) 3) & 3.3) 4) of **Policy** stands covered to the extent provided under this section.

#### 18. CANCER SCREENING AND MAMMOGRAPHY EXAMINATIONS

If **You** are covered under Section 2.1) 1) Medical Expenses Reimbursement, **We** will reimburse the **medical expenses** for cancer screening and mammography examinations of the **Insured Person** provided that the screening or examination has been prescribed by a treating **Medical Practitioner** and is not for any **Pre-existing condition**. Any tests done as a part of preventive health check-up are not included under this coverage.

Please be informed that General exclusion as defined in Section – 3.3) 5) stands covered to the extent provided under this section.

## 2.2. TRAVEL CARE

### 1. LOSS OF PASSPORT, VISA

**We** will reimburse the actual expenses necessarily and reasonably incurred if **You** lose **Your** original passport during the **Trip** and incur expenses for obtaining a duplicate or fresh passport either overseas or within 30 days upon return to India which were in **Your** physical custody or control.

Please be informed that-

We will not make any payment if the loss of passport /visa is due to:

- i. delay or confiscation or detention by customs, police or other authorities.
- ii. theft which is not reported to the police within 24 hours of the **Insured Person** becoming aware of the theft and a written police report being obtained in that regard.
- iii. it's being left unattended or forgotten by the **Insured Person** in a public place or in a **Public Transport**.

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## 2. TRIP DELAY

If the scheduled departure of the Common Carrier on which the Insured Person had arranged to travel during the Policy Period gets delayed due to any unforeseen and unknown major travel event, then We will pay the fixed benefit amount as stated in the Policy Schedule / Certificate of Insurance.

### Please be informed that-

- a. We will not pay for any departure which is delayed as a result of the insured or any other Travelling Companion failing to check-in correctly as required by the airlines.
- b. We will not pay if the air craft is taken out of service on the instructions of the Civil Aviation Authority or similar authority.
- c. **You** may claim either **Trip** Delay or Missed Departure / Missed Connection or Flight Diversion & Cancellation, not all.

## 3. TRIP CANCELLATION

We will reimburse the non-refundable expenses related to the **Common Carrier** tickets or/and accommodation and/or Scheduled Tour Booking or/and Events paid by the **Insured Person** following necessary cancellation of the Insured Journey prior to departure due to:

- a. Serious Sickness / **Injury** or Death of **Insured Person** or his immediate **Family** member(s).
- b. Serious Sickness / **Injury** or Death of **Travelling Companion** or his/her immediate **Family** member(s).
- c. Cancellation / Delay of **Common Carrier** for more than 24 hours due to any unforeseen and unknown **major travel event**.
- d. Serious damage to the **Insured Person's** Residence in India arising from fire, burglary, riots or **Act of God**.

### Please be informed that-

- a. the booking should be cancelled by the **Insured Person** within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.
- b. We shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by **You** with high degree of probability.

## 4. TRIP CURTAILMENT & INTERRUPTION

### A. Trip Curtailment

We will reimburse the non-refundable expenses related to the **Common Carrier** tickets or/and accommodation and/or Scheduled Tour Booking or/and Events paid by the **Insured Person** if it's necessary and unavoidable for the **Insured Person** to cut short Insured **Trip** as a result of the following:

- a. Serious Sickness / **Injury** or Death of **Insured Person** or his immediate **Family** member(s).
- b. Serious Sickness / **Injury** or Death of Travelling Companion or his immediate **Family** member(s).
- c. Cancellation / Delay of **Common Carrier** for more than 24 hours due to any **major travel event**.
- d. Serious damage to the **Insured Person's** Residence in India arising from fire, burglary, riots or **Act of God**.

**Please be informed that -**

- a. The booking should be cancelled within 48 hours of the occurrence of any of the event, which would result in a claim under this cover.
- b. **We** shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by **You** with high degree of probability.

**B. Trip Interruption**

**We** will reimburse additional cost of travel and accommodation of the same standard as those on **Your** booking to enable **You** to continue **Your Trip** close to that originally booked destination if the pre-booked **Trip** has been interrupted by any **major travel event**.

**Please be informed that -**

- a. **We** shall not cover any claim that is caused by or attributable to or arising out of foreseeable reason by **You** with high degree of probability.

**5. MISSED DEPARTURE/ MISSED CONNECTION**

**We** will pay the fixed benefit amount as stated in the **Policy Schedule/ Certificate of Insurance**, if **Insured Person** misses his flight due to:

- a. **Accident** of the **Public Transport** on which the **Insured Person** is booked to travel or
- b. mechanical/electrical breakdown of the **Public Transport** or
- c. any delay in arrival of **Public Transport** as a result of **major travel event** or
- d. delayed arrival of the inward flight, resulting in failure of the **Insured Person** to board the connecting flight, anytime during the entire **Trip** starting from his departure to destination to return to **Home**.

**Please be informed that-**

- a. **You** may claim only either **Trip Delay** or **Missed Connection/ Missed Departure**, not both.
- b. Benefit shall not be applicable:
  - i. if such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay existing or being publicly announced by the date **You** purchased this insurance or at the time of booking any trip.
  - ii. if such delay is due to **Your** failure to allow sufficient time to get to the departure point.
  - iii. The **Insured Person's** failure to arrive for the Flight's departure in sufficient time to complete all departure formalities in accordance with the Carrier's published time schedule.
  - iv. Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
  - v. Any occasion when the carrier has offered an alternative transport or connection or the **Insured Person's** ticket for the connecting flight could have been used for an alternative connection.

## 6. FLIGHT DIVERSION / CANCELLATION

We will pay fixed benefit amount as stated in the **Policy Schedule/Certificate of Insurance**, if the **Insured Person** flight is diverted or cancelled as a result of **major travel event**.

Please be informed that -

- a. **You** may claim only either **Trip** Delay or Missed Connection/ Missed Departure or Flight Diversion/Cancellation, not all.
- b. Benefit shall not be applicable if such delay is foreseen by the Insured or that the Insured could have reasonably become aware of such delay in advance.
- c. Any deviation from the originally scheduled route done at the instance of the Insured for reasons whatsoever.
- d. Any occasion when the carrier has offered an alternative transport or connection or the **Insured Person's** ticket for the connecting flight could have been used for an alternative connection.

## 7. HIJACK

We will pay fixed benefit amount as stated in the **Policy Schedule/Certificate of Insurance**, if the **Common Carrier** in which **You** are traveling has been Hijacked and the journey is disrupted.

Please be informed that **We** will not cover any incident where the **Insured Person** is suspected to be either principal or an accessory in the hijacking.

## 8. BAGGAGE DELAY (COMMON CARRIER)

We will pay **You** fixed benefit amount for purchasing necessary **Personal Effects** if **Your Checked-in-Baggage** is delayed for more than number of hours as stated in the **Policy Schedule / Certificate of Insurance**, from the time **You** arrive at the intended destination as stated on **Your** ticket.

Please be informed that-

- a. The payment for this benefit will be limited to the travel destinations as specified in **Your** travel ticket (issued by Common Carrier). **You** must be a ticketed passenger on **Common Carrier** and must provide with written proof of delay from the common carrier.
- b. If upon further investigation it is later determined that **Your** baggage checked with the **Common Carrier** has been lost, any amount claimed and paid to **You** under the Baggage Delay **Policy** Section will be deducted from any payment due to **You** under the **Common Carrier** Baggage Loss Sections as applicable.
- c. In addition to the General Exclusions listed in this **Policy** this coverage shall not cover any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.

## 9. BAGGAGE LOSS (COMMON CARRIER)

We will pay **You** for the cost of replacement of the entire baggage and its contents, if the entire piece of Checked -in- Baggage, held in the care, custody and control of a **Common Carrier** is lost due to theft or misdirection by a **Common Carrier** or non- delivery at its destination while **You** are a ticketed passenger on the Common Carrier.

**Please be informed that-**

- a. Maximum amount to be reimbursed per checked in baggage is 50% of the applicable Sum Insured.
- b. Maximum value per **Article** contained in the checked in baggage is 10% of the applicable Sum Insured.
- c. **We** will not pay more than the sum insured mentioned in the schedule for all the checked-in baggage.
- d. The **Insured Person** has to obtain a property irregularity report from the Carrier confirming the loss.
- e. Our liability will be limited to the travel destinations specified in the **Insured Person's** travel ticket (issued by common carrier) from India and return to India, including all halts and via destinations specified therein.
- f. Our payment will be reduced by any sum for which the Carrier is liable to make payment.
- g. If **We** accept a claim under Section 2.2) 8) (Baggage Delay) and there is a subsequent claim under this Section in respect of the same baggage, **We** will pay the difference between the amount due or paid under Section 2.2) 8) and the amount payable in respect of the claim under this section.
- h. **We** will not make any payment for claim directly or indirectly caused by, arising from or in any way attributable to:
  - i. **Valuables**, Money, any kinds of securities or tickets.
  - ii. Any damage to the baggage or its contents including pilferage from the baggage.
  - iii. Delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
  - iv. Prohibited items as per the Carrier's **Policy**.

## 10. MISSED EVENT

We will reimburse non-refundable amount related to the **Event** tickets purchased before the inception of the **Trip** by the **Insured Person**, in case the **Insured Person** fails to reach the **Event** during the trip, due to any of the below reasons which are beyond the control of the **Insured Person**, upto the limit specified in the **Policy Schedule / Certificate of Insurance**.

- a. Serious sickness/ **Injury** or Death of **Insured Person** or his immediate **Family** member(s);
- b. The **Public Transport** or **Common Carrier** that **Insured Person** was travelling to reach the **Event** venue does not run to its timetable; or
- c. The **Public Transport** or **Common Carrier** **You** are travelling in meets with an **Accident** or breaks down and there is no alternative transportation available.

## 11. FARE LOCK

We will reimburse the difference in **Fare** amount upto the sum insured specified in the **Policy Schedule / Certificate of Insurance** towards any increase in held **Fare** of a common carrier, provided **Insured Person** has purchased the ticket within the **Lock-in Period** specified in the **Policy Schedule / Certificate of Insurance**.

**Please be informed that:**

- a. Held fare is the fare which you have locked while booking the flight for a particular journey for purchasing later within the lock-in period.

- b. Booking needs to be done from an Online Booking Channel or through an aggregator or from Airline website.
- c. The expiry of the **Lock-in Period** should be at least 72 hours before the departure date. Held fares that are not purchased before the expiration of the **Lock-in Period** will expire.
- d. The held **Fare** is only valid for the dates, routes and flights **You** have selected;
- e. Fare specifically excludes any fees, surcharges, upgrades, or additional value-added product or service charges.

**Fare** - means the price of the airline ticket for base **Fare** and airline fuel charges and doesn't include any fees, taxes or surcharges.

## 12. FARE DIP

We will reimburse the difference in **Fare** amount upto the sum insured specified in the **Policy Schedule / Certificate of Insurance** towards any decrease in held **Fare** of a **Common Carrier provided insured person has purchase the ticket** within the **lock-in Period** specified in the **Policy Schedule / Certificate of Insurance**.

**Please be informed that:**

- a. Held fare is the fare which you have locked while booking the flight for a particular journey for purchasing later but within the lock-in period.
- b. Booking needs to be done from an Online Booking Channel or through an aggregator or from an Airline website.
- c. The expiry of the **Locking Period** should be at least 72 hours before the Departure date. Held fares that are not purchased before the expiration of the **Lock-in Period** will expire.
- d. **Your booked Fare** is only valid for the dates, routes and flights **You** have selected;
- e. Fare excludes any fees, surcharges, upgrades, or additional value-added product or service charges.

**Fare** - means the price of the airline ticket for base **Fare** and airline fuel charges and doesn't include any fees, taxes or surcharges.

## 13. BOUNCED HOTEL & AIRLINE BOOKING

In the **Event** that **Insured Person** fail to board the aircraft due to overbooking of the flight or If the **Insured Person** fails to check-in on account of overbooking of hotel in which a confirmed reservation had been received, then **We** will reimburse the **Reasonable and Customary charges** towards the cost incurred for lodging in a similar Hotel or buying new airline ticket after deduction of refund or compensation provided by the hotel or airline, subject to the limit mentioned in the **Policy Schedule/Certificate of Insurance**.

**Please be informed that-**

- a. This Cover Benefit will be payable provided that:
  - i. The **Insured Person** provides **Us** with a written proof from the **Common Carrier / Hotel** authorities of the reasons for denial of boarding;



- ii. The **Insured Person** had a booked and confirmed reservation, all requisite documentation required, and was in compliance with boarding, security and other protocols of **Common Carrier** / hotel;
  - iii. The **Insured Person** posed no health, safety or security risk in boarding the Common Carrier/hotel;
  - iv. We shall not accept more than one claim under this Cover during the Coverage Period.
- b. We shall not be liable to reimburse any expenses for:
- i. Any cancellation caused directly or indirectly by government regulations or control.

## 2.3. PERSONAL CARE

### 1. BAIL BOND

We will reimburse the bail bond costs incurred by **You** during the trip, as a result of false arrest or wrongful detention by any government or statutory body or authority.

**Please be informed that -**

- a. We will not make payment for any claim in respect of any **Insured Person** directly or indirectly for, caused by, arising from or in any way attributable to:
  - i. Any bail amount where the **Insured Person** has been charged with breaking the law with any criminal intent.
  - ii. Any bail amount where the **Insured Person** has been charged with driving a vehicle over the speed limit.
  - iii. All non-bailable offences as per the local law of the country in which the incident has taken place whilst the Insured is on a **Trip** abroad.

### 2. SPONSOR PROTECTION

- A. If the **Insured Person's** Sponsor suffers an **Accident** which results in Death or Permanent Total Disability, We will reimburse the **Tuition Fee** incurred for the remaining **Period** of his education; or
- B. If the **Insured Person** is eligible to receive any scholarship for the **Tuition Fees**, then We will reimburse the difference between the amount of scholarship and the amount payable under this Section.

**Please be informed that** an **Insured Person** cannot claim under section – 2.3.2 - Sponsor Protection and section 2.3.3 - Study interruption for the same event.

### 3. STUDY INTERRUPTION

We will reimburse the **Insured Person** for the **Tuition Fees** up to the limit stated in the **Policy Schedule/ Certificate of Insurance**, that have been paid in advance to the Institution that are neither refundable nor recoverable from any other source, as a result of the occurrence of any of the following events which prevent the **Insured Person** from continuing his/her study for the remaining part of the term at the Institution:

- a. In the **Event of Hospitalization** of the **Insured Person** for more than one consecutive month from either a serious sickness / **Injury** or has received a terminal prognosis for a medical condition or

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- b. In case of a medical repatriation, or death of any **immediate Family member** or Sponsor during the **Policy** period.

**Please be informed that-**

- a. Only the figures shown on an official invoice(s) from the educational institution for payment of said **Tuition Fees** in conjunction with the refund statement, if any, shall be used for calculating any payment by Us.
- b. The benefit under this **Policy** is **however**, limited to the limits as specified in the **Policy Schedule**.
- c. No benefit shall be payable where the **Tuition Fees** is paid by any party other than the **Insured Person** or Immediate **Family** Member.
- d. An **Insured Person** cannot claim under section – 2.3) 2) - Sponsor Protection and section 2.3) 3) - Study interruption for the same event.

#### 4. PERSONAL LIABILITY

We will pay the **Insured Person** up to the limit stated in the **Policy Schedule/ Certificate of Insurance**, subject to **Deductible** if any, for the legal liability arising due to the claim made or/and associated reasonable expenses for settling and defending the claim during the **Policy Period** as a result of the following events that occur because of negligence of the **Insured Person** during **his** Trip:

- a. death or **Accidental** bodily **Injury** to a person who is not a member of **Your Family** or travelling party
- b. **Accidental** loss of or damage to property that is not owned by **You** or a member of **Your Family** or travelling party or is not in **Your** or their custody or control

**Please be informed that -**

- a. This coverage does not apply to **You** or regular residents of **Your** Residence Premises.
- b. **You** must not accept any liability without **Our** prior approval
- c. As to others, this coverage applies only if the Bodily **Injury** is caused by **Your** activities.
- d. In addition to the General Exclusions listed in this **Policy** this coverage shall not cover and **We** will not be liable under this section for any:
  - i. liability which is expected by or intended for **You**; or
  - ii. liability arising out of or in connection with trade, profession or Business engaged in by **You**.
  - iii. liability arising out of the rental or holding for rental of any part of any premises by **You**; or
  - iv. liability arising out of the rendering of or failure to render professional services; or
  - v. liability arising out of a premise, water craft or aircraft that is owned by, rented to or rented by **You**; or
  - vi. liability arising out of the transmission of a communicable Disease by **You**; or
  - vii. liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or
  - viii. liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority; or
  - ix. liability under any contract or agreement; or
  - x. Property damage to property owned by **You**; or
  - xi. Property damage to property rented to, occupied, or used by or in the care of **You**; or

- xii. Bodily **Injury** to any person eligible to receive any benefits voluntarily provided or required to be provided by **You** under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
  - xiii. Suits or legal actions arising from **Your immediate Family member** or Traveling Companion or **immediate Family member** of a Traveling Companion against **You**.
- e. In addition to the definitions listed in this **Policy** under Section 1 this coverage shall have following definitions:
- i. **Business** means trade, profession or occupation.
  - ii. **Property damage** means destruction of or loss of use of tangible property.
  - iii. **Residence Premises** means the dwelling where **You** reside.

## 5. HOME CONTENTS

We will pay **You** for the actual loss and / or damage to the contents of **Your Home** located at the address mentioned in the **Policy Schedule** during **Your Trip** by Perils listed hereunder.

- a. Fire, lightning, explosion / implosion.
- b. Flood, inundation, Storm, cyclone, Typhoo, Tempest, Hurricane, Tornado
- c. Earthquake
- d. Burglary and/or Theft

### Basis of Loss Settlement:

We will make the payment due to **You** in respect of any admissible claim in the following manner:

**a. In the Event of a Total Loss:**

We will pay **You** the Replacement cost of the item (or, if not readily available, then an item of equivalent but not better quality) less salvage value. In case damaged item is not replaced or reinstated then We will pay the amount of damage after due allowance for wear and tear and depreciation.

**b. In the Event of Partial Loss:**

If damaged item is reasonably capable of repair, reinstatement, renewal or refurbishment then **Our** payment to **You** will reflect **Your** 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** without any allowance for wear and tear and depreciation involving replacement of parts less salvage value of replaced part.

We shall not make any payment for more than 10% of the Sum Insured in respect of any one item and more than the sum insured mentioned in the **Policy Schedule** during the **Policy** period.

**Special Condition:**

**CONTRIBUTION:** If at the time of the happening of any loss or damage covered by this **Policy** there shall be existing any other insurance of any nature whatsoever covering the same property, 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.

**Exclusions:**

In addition to the General Exclusions listed in this **Policy**, **We** will not be liable under this section for:

- i. Any loss or damage involving **You** and/or **Your Family** and/or **Your** Domestic Staff and/or **Your** acquaintances directly and / or indirectly in any way, with the Burglary and/or Theft.
- ii. any loss or damage to livestock, motor vehicles, 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 or credit cards unless otherwise expressly stated in the **policy**.
- iii. the first INR 2500 of each and every claim.
- iv. Consequential loss or legal liability of any kind.
- v. any loss or damage caused by use of the key to the insured premises or any duplicate thereof belonging to the Insured, unless such key has been obtained by assault or violence or any threat thereof.
- vi. any loss or damage outside the duration of the trip.
- vii. Expenses incurred on Architects, Surveyors and Consulting Engineers Fees and debris removal.
- viii. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity.

In addition to the definitions listed in this **Policy** under Section 1 – General Definitions, this coverage shall have following definitions:

- i. **Burglary** means an act involving the unauthorised entry to or exit from **Your Home** or attempt there at by unexpected, forcible, visible and violent means, with the intent to commit an act of Theft.
- ii. **Theft means** an act of directly or indirectly and illegally permanently depriving **You** and/or **Your Family** of the possession of the Contents by any person by violent or forceful means or otherwise.
- iii. **Contents** means the following so long as they are owned by **You** and/or **Your Family** and/or **You** or **Your Family** are legally responsible for them:
  - household goods, including furniture, fixtures, fittings, **Home** appliances, interior decorations and items of like nature.
  - Personal effects including clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and **Valuables**.
- iv. **Domestic Staff** means any person employed by **You** solely to carry out domestic duties associated with **Your Home** but does not include any person employed in any capacity in connection with any Business, trade or profession.

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## 6. EMERGENCY CASH TRANSFERS AND ADVANCES

This is an assistance service. If an **Insured Person** requires **Emergency** cash following incidents of theft/burglary of luggage/money whilst on an overseas trip, the **Assistance Company** 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/ Certificate of Insurance**.

## 7. UNIVERSITY INSOLVENCY / DERECOGNITION OF UNIVERSITY OR COURSE

**We** will reimburse the actual expenses as stated in the **Policy Schedule/Certificate of Insurance**, incurred towards the tickets of **Common Carrier** or/and accommodation expenses for a maximum of 7 days to return back to India If the University in which the **Insured Person** has applied has become insolvent.

**Please be informed that:**

- a. Coverage is limited to the economy class **Fare** in common carrier.
- b. After the settlement of the claim under the **Policy**, if there is any recovery towards additional expenses from the University, the same shall be remitted to **Us** to the extent of the claim paid to the **Insured Person**.
- c. In addition to General Exclusions listed in this **Policy**, **We** shall not cover any claim arising out of the **Insured Person** failing to adhere to the rules of the University or regulation of state in connection with the admission.

## 8. LOSS OF INTERNATIONAL DRIVING LICENCE

If the **Insured Person** loses his International Driving License, during the overseas trip, **We** will reimburse the cost of obtaining a duplicate or fresh International Driving License either overseas or within 30 days upon return to India.

**Please be informed that:**

- a. In addition to the General Exclusions listed in the **Policy**, **We** will not make any payment if the loss of International driving license is –
  - i. due to delay or confiscation or detention by customs, police or other authorities.
  - ii. due to theft which is not reported to the police within 24 hours of the **Insured Person** becoming aware of the theft and a written police report being obtained in that regard
  - iii. due to its being left unattended or forgotten by the **Insured Person** in a public place or in a **Public Transport**, hotel or apartment.

## 9. LOSS OF BAGGAGE AND PERSONAL BELONGINGS

**We** will reimburse for the actual loss of baggage and personal belongings during the trip, upto the limit specified in the **Policy Schedule / Certificate of Insurance**. The baggage and its contents must be owned by and accompany the **Insured Person** during the course of the **Trip** subject to the following:

- a. The **Insured Person** has to report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard.
- b. Maximum amount to be reimbursed per baggage is 50% of the applicable Sum Insured.
- c. Maximum value per **Article** or pair of **Article** contained in the baggage is 10% of the applicable Sum Insured.
- d. **We** will not pay more than the sum insured mentioned in the schedule for all the baggage.

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In addition to the General Exclusions listed in the **Policy**, this coverage section shall not make any payment if –

- i. Loss is due to delay or confiscation or detention by customs, police or other authorities.
- ii. Loss is due to its being left unattended or forgotten by the **Insured Person** in a public place or in a **Public Transport**.
- iii. Any damage to the baggage or its contents including pilferage from the baggage or not amounting to permanent and total loss.
- iv. Loss of **Valuables**, Money, any kinds of securities such as credit cards, debit cards, checks, traveller checks or tickets, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, cameras, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, business goods or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables.
- v. Loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.
- vi. Loss or damage which is paid or refunded by the common carrier, hotel, agent or any other provider of travel and / or accommodation.

#### 10. LOSS OF IDENTITY DOCUMENTS

**We** will reimburse the actual expenses necessarily incurred if **You** lose **Your** original identity proof documents specifically Driving License; PAN Card; Passport; Aadhar Card; Voter Id or any other identity proof document acceptable in India during the **Trip** and incur expenses for obtaining a duplicate / fresh document.

**Please be informed that -**

- a. The **Insured Person** has to report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard
- b. In addition to the General Exclusions listed in the **Policy**, this coverage section shall not make any payment if the loss of document(s) is –
  - i. due to delay or confiscation or detention by customs, police or other authorities.
  - ii. due to its being left unattended or forgotten by the **Insured Person** in a public place or in a **Public Transport**.

#### 11. GADGET COVER

**We** will reimburse for the actual loss incurred due to theft of laptop / tablet / mobile phone from **Your** hand baggage upto the limit specified in the **Policy Schedule / Certificate of Insurance** subject to the following:

- a. The gadget must be owned by and accompany the **Insured Person** during the course of the **Trip** and **You** must provide **Us** with any receipts, documents or proof of purchase, that it is reasonable for **Us** to request

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- b. The **Insured Person** has to report the loss to the police within 24 hours of becoming aware of the theft and a written police report being obtained in that regard
- c. Maximum amount to be reimbursed for the Laptop / Tablet / Mobile phone shall be at the Market Value 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 Sum Insured.
- d. **We** will not pay more than loss of one similar category of gadget during the trip.
- e. Our liability will be limited to the travel destinations including all halts and via destinations during the trip.

**Please be informed that-**

In addition to the General Exclusions listed in the **Policy**, this coverage section shall not make any payment if -

- i. Loss is due to delay or confiscation or detention by customs, police or other authorities.
- ii. Loss is due to its being left unattended or forgotten by the **Insured Person** in a public place or in a **Public Transport**.
- iii. loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.
- iv. Loss or damage which is paid or refunded by the common carrier, hotel, agent or any other provider of travel and / or accommodation.
- v. Loss of software or data in the laptop/ tablet / mobile phone and any consequential loss.

## 2.4. ACCIDENT CARE

### 1. ACCIDENTAL DEATH & PERMANENT TOTAL DISABILITY (INCLUDING FELONIOUS ASSAULT)

If the **Insured Person** sustains an **Injury** due to an **Accident** or suffer from a **felonious assault** during the course of **Your** trip, which is the sole and direct cause of the loss stated in the table of loss below, within three hundred and sixty-five (365) days from the date of the **Accident**, then **We** will pay the Sum Insured for one of the benefit as stated in the table of losses below.

S. No	Table of Benefits	Percentage of the Sum Insured payable
1	<b>Accidental Death</b>	100%
2	<b>Accidental Permanent Total Disability</b>	100%
2a	actual loss by physical separation of two hands, or	
	actual loss by physical separation of two entire feet, or	
	actual loss by physical separation of one entire hand and one entire foot, or	
	actual loss by physical separation of one entire hand or one entire foot and loss of sight of one eye.	
2b	<b>Total and irrecoverable loss of -</b>	
	Sight of both eyes, or	
	Use of two hands, or	
	Use of two feet, or	

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	Use of one hand and one foot, or	
	Use of one hand or one foot and loss of sight of one eye.	
2c	Hemiplegia or Paraplegia or Quadriplegia	
	<p><u>For the purpose of Accidental Permanent Total Disability benefit -</u></p> <ul style="list-style-type: none"> <li>i. Hand means at or above wrist.</li> <li>ii. Foot means at or above ankle.</li> <li>iii. Hemiplegia means total and irrecoverable loss of use of the arm, leg, and trunk on the same side of the body.</li> <li>iv. Paraplegia means total and irrecoverable loss of use of the whole of the lower half of the body (below waist) including both the legs.</li> <li>v. Quadriplegia means total and irrecoverable loss of use of all four limbs.</li> <li>vi. Total &amp; irrecoverable loss of Use of limbs / organs- means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a <b>Period</b> of One Hundred and Eighty Days (180) days from the onset of loss of use and at the expiry of One Hundred and Eighty Days (180) days and there is no reasonable medical hope of improvement.</li> <li>vii. Physical Separation – means separation of body part from the body.</li> </ul>	

### Disappearance

- a. If **Your** body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which **You** were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that **You** have suffered death resulting from the **Accident** covered by this **Policy**.
- b. If at any time, after the payment under Disappearance Clause under this benefit, it is discovered that **You** are still alive, then all payments made under this benefit to **Your** nominee shall be reimbursed in full to Us.

### Please be informed that -

- a. Our maximum liability is restricted to 100% of the Sum Insured irrespective of impairment of one or more body parts and/or death.
- b. If any **Insured Person** is below **Age 18**, then **Our** maximum payment in the **Event** of the **Insured Person's** death shall be restricted to 10% of the Sum Insured.

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- c. Once a claim has been accepted and paid under this coverage then section 2.4 – **Accident** care shall immediately and automatically cease with immediate effect in respect of that **Insured Person**.

## 2. ACCIDENTAL DEATH & PERMANENT TOTAL DISABILITY (COMMON CARRIER)

During the trip, If an **Insured Person** suffers an **Injury** due to an **Accident** of a **Common Carrier** in which **Insured Person** is travelling and such **Injury** is the sole and direct cause of the loss stated in the table of loss below, that happens within three hundred and sixty-five (365) days from the date of the **Accident**, then **We** will pay the Sum Insured as stated in the table of losses below.

S.No	Table of Benefits	Percentage of the Sum Insured payable
1	<b>Accidental Death</b>	100%
2	<b>Accidental Permanent Total Disability</b>	100%
2a	actual loss by physical separation of two hands, or actual loss by physical separation of two entire feet, or actual loss by physical separation of one entire hand and one entire foot, or actual loss by physical separation of one entire hand or one entire foot and loss of sight of one eye.	
2b	<b>Total and irrecoverable loss of -</b> Sight of both eyes, or Use of two hands, or Use of two feet, or Use of one hand and one foot, or Use of one hand or one foot and loss of sight of one eye.	
2c	Hemiplegia or Paraplegia or Quadriplegia	
	<u>For the purpose of Accidental Permanent Total Disability benefit</u> = i. Hand means at or above wrist. ii. Foot means at or above ankle. iii. Hemiplegia means total and irrecoverable loss of use of the arm, leg, and trunk on the same side of the body. iv. Paraplegia means total and irrecoverable loss of use of the whole of the lower half of the body (below waist) including both the legs. v. Quadriplegia means total and irrecoverable loss of use of all four limbs. vi. Total & irrecoverable loss of Use of limbs / organs- means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a <b>Period</b> of One Hundred and Eighty Days (180) days from the onset of loss of use and at the expiry	

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	<p>of One Hundred and Eighty Days (180) days and there is no reasonable medical hope of improvement.</p> <p><b>vii.</b> Physical Separation – means separation of body part from the body.</p>	
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**Disappearance**

- a.** If **Your** body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which **You** were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that **You** have suffered death resulting from the **Accident** covered by this **Policy**.
- b.** If at any time, after the payment under Disappearance Clause under this benefit, it is discovered that **You** are still alive, then all payments made under this benefit to **Your** nominee shall be reimbursed in full to Us.

**Please be informed that -**

- a.** Our maximum liability is restricted to 100% of the Sum Insured irrespective of impairment of one or more body parts and/or death.
- b.** If any **Insured Person** is below **Age** 18, then **Our** maximum payment in the **Event** of the **Insured Person's** death shall be restricted to 10% of the Sum Insured.
- c.** Once a claim has been accepted and paid under this coverage then section 2.4 – **Accident** care shall immediately and automatically cease with immediate effect in respect of that **Insured Person**.

**3. ACCIDENTAL PERMANENT PARTIAL DISABILITY**

If an **Insured Person** suffers an **Injury** due to an **Accident** during the **Trip** and that **Injury** solely and directly results in the Permanent Partial Disability within three hundred and sixty-five (365) days from the date of the **Accident**, then **We** will pay the Sum Insured as stated in the below table of losses:

Description		Percentage of the Sum Insured payable as specified in the Policy Schedule
<b>1</b>	Actual loss by physical separation of one entire hand	50%
<b>2</b>	Actual loss by physical separation of one entire foot	50%
<b>3</b>	Loss of Toes – all	20%
<b>4</b>	Loss of Toes great - both phalanges	5%
<b>5</b>	Loss of Toes great - one phalanx	2%
<b>6</b>	Loss of Toes other than great - each toe	2%
<b>7</b>	Loss of Four fingers and thumb of one hand	50%
<b>8</b>	Loss of Four fingers of one hand	40%
<b>9</b>	Loss of Thumb - both phalanges	25%
<b>10</b>	Loss of Thumb - one phalanx	10%
<b>11</b>	Loss of Index finger - three phalanges	15%

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12	Loss of Index finger - two phalanges	10%
13	Loss of Index finger - one phalanx	5%
14	Loss of Middle finger or ring finger or little finger - three phalanges	10%
15	Loss of Middle finger or ring finger or little finger - two phalanges	7%
16	Loss of Middle finger or ring finger or little finger - one phalanx	3%
17	Loss of Metacarpals – each	3%
<b>Total and irrecoverable loss of -</b>		
18	Sight of one eye	50%
19	Use of a hand without physical separation	50%
20	Use of a foot without physical separation	50%
21	Speech	50%
22	Hearing - Both Ears	75%
23	Hearing - One Ear	30%
24	Sense of Taste	5%
25	Sense of smell	10%
26	Any Other permanent partial disablement	% as assessed by Independent <b>Medical Practitioner</b>

**For the purpose of this benefit,**

- i. **Hand** - means at or above wrist
- ii. **Foot** - means at or above ankle
- iii. **Toe, Finger, Thumb** - means actual complete severance from the foot or hand
- iv. **Total & irrecoverable loss of Use of limbs / organs** - means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a **Period** of One Hundred and Eighty Days (180) days from the onset of loss of use and at the expiry of One Hundred and Eighty Days (180) days there is no reasonable medical hope of improvement.
- v. **Physical Separation** – means separation of body part from the body.

**Please be informed that –**

1. When more than one form of disability results from one **Accident**, **We** will add the percentages of each disability together. However, **We** will not pay more than 100% of the Sum Insured stated in the **Policy Schedule**.
2. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot be made.

**Illustration –**

Member means one entire hand and part means fingers/thumb of that hand. So, if a claim is admitted for loss by physical separation of one entire hand then loss for fingers/thumb of that hand will not be admitted.

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Registered & Corporate Office: Navi General Insurance Limited  
 402, 403 & 404, A & B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099  
 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

3. We will pay upto 25% of sum insured for any other **Accidental** permanent partial disability, not mentioned in the above table, as per the assessment of the competent and qualified Independent **Medical Practitioner**.

#### 4. ACCIDENTAL TEMPORARY TOTAL DISABILITY

If an **Insured Person** suffers an **Accidental Injury** during the **Trip** and due to such **Injury**, **Insured Person** is not able to attend his office/work for more than 7 consecutive days and also not able to perform any duty pertaining to his employment or occupation, then **We** will pay weekly benefit as stated in the **Policy Schedule / Certificate of Insurance** provided that:

- a. The temporary total disablement is certified by a **Medical Practitioner**
- b. Such **Period** of disability commences within thirty (30) days from the date of the **Accident** causing such **Injury**.
- c. The compensation payable shall not exceed 100 weeks during the **Policy** period.
- d. This Cover Benefit shall not be paid in excess of the **Insured Person's** base income excluding overtime, bonuses, tips, commissions, or any other compensation for the **Period** specified in the **Certificate of Insurance**;
- e. If the **Insured Person** is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable;
- f. We will pay once at the end of the entire **Period** of disability.

#### 5. CHILD TUITION BENEFIT

We will pay onetime payment equal to the amount stated in the **Policy Schedule** for the said benefit to surviving dependent Child(ren), irrespective of whether the child is an **Insured Person** under this **Policy**, provided that:

- a. We have accepted a claim under Section 2.4) 1) – **Accidental** Death & Permanent Total Disability (including felonious assault) or Section 2.4) 2) – **Accidental** Death & Permanent Total Disability (Common Carrier) in respect of an **Insured Person**;
- b. The amount payable under this benefit will be in addition to the amount payable under Section 2.4) 1) – **Accidental** Death & Permanent Total Disability (including felonious assault) or Section 2.4) 2) – **Accidental** Death & Permanent Total Disability (Common Carrier).
- c. The dependent child(ren) is a full-time student in any recognized educational institute at the time of such **Accidental** Death or **Accidental** Permanent Total Disability of the **Insured Person**.

We will pay this benefit to the bank account of dependent child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of cover being applicable to more than one child, the payable amount will be divided equally between the eligible children.

## 6. MOBILITY AIDS ALLOWANCE

If **We** have accepted a disability claim under Section 2.4) 1) or 2) or 3) or 4) then **We** will reimburse the charges incurred by the **Insured Person** for procuring medically necessary prosthetic devices upto the amount stated in the **Policy** Schedule/ Certificate of Insurance to resume normal living provided that the same is recommended by the treating **Medical Practitioner**.

## 2.5. ASSISTANCE CARE

Assistance Company in concurrence with the terms and conditions defined for each and every benefit will provide the following services as described below.

### a. Medical Assistance

As soon as the **Assistance Company** is notified of a medical **Emergency** resulting from **Your Accident** or Sickness, the **Assistance Company** will contact the medical facility or location where **You** are located and confer with the **Medical Practitioner** at that location to determine the best course of action to be taken. If possible and if appropriate, **Your Family Medical Practitioner** will be contacted to help arrive at a decision as to the best course of action to be taken. The **Assistance Company** will then organize a response to the medical emergency, doing whatever is appropriate, including, recommending or securing the availability of services of a local **Medical Practitioner** and arranging **Hospital** confinement of **You** where, in its discretion, deems such confinement appropriate.

### b. Medical Evacuation

When, in the opinion of the Treating **Medical Practitioner**, it is judged medically appropriate to move **You** to another location for better treatment or return **You** to India, the **Assistance Company** will arrange the evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of **Your** condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the **Assistance Company**. All decisions as to the means of transportation and final destination will be made by the **Assistance Company**.

### c. Repatriation

The **Assistance Company** agrees to make the necessary arrangements for the return of **Your** remains to India in the **Event You** die during **Your Trip** overseas.

### d. Legal Assistance

If **You** are arrested or are in danger of being arrested as the result of any non-criminal action attributed to **You**, **Assistance Company** will, if required, provide **You** with the name of an attorney who can represent **You** in any necessary legal matters.

### e. Lost Luggage or Lost Passport

If **You**, outside India, notify the **Assistance Company** that **Your** luggage or passport has been lost, the **Assistance Company** will endeavour to assist **You** by contacting the appropriate authorities involved and providing assistance for replacement.

**f. General Assistance**

The **Assistance Company** will serve as a central point for translation and communication for **You** during emergencies. The **Assistance Company** agrees to provide **You** advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, the **Assistance Company** will provide insurance coordination, verifying coverage for **You**, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation to ease claim filing when **You** return to India.

**g. Pre-Departure Services**

Prior to **Your** departure, upon request the **Assistance Company** will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and State Department and private service warnings about travel to certain locations. The **Assistance Company** will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.) subject to receiving prior notice of this request.

**h. Emergency Travel Agency**

The **Assistance Company** agrees to provide **You** with 24-hour travel agency service for airline and hotel reservations. The **Assistance Company** will also arrange payment for **Your** airline tickets and other travel services, using **Your** credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by the **Assistance Company** for **You**.

**i. Emergency Cash Transfers and Advances**

The **Assistance Company** will arrange for cash payments to **You** through a variety of sources, including credit cards, hotels, banks, consulates and Western Union. The **Assistance Company** provides this service to supplement the facilities of **Your** credit cards. Credit card transactions performed by the **Assistance Company** are subject to confirmed credit.

**j. Disclaimer of Liability**

In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of **You** only. The **Assistance Company** assumes no responsibility for any **medical advice** or legal counsel given by the medical professional or attorney. **You** shall not have any recourse to the **Assistance Company** by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

**You** are responsible for the cost of services arranged by the **Assistance Company** on behalf of **You** or any covered travelling companion. The **Assistance Company** will access this **Policy** and/or other insurance **Policy** benefits to which **You** may be entitled, and/or **Your** credit cards or other forms of financial guarantees provided by **You**, in order to facilitate payment for such services.

### 3. GENERAL EXCLUSIONS

We will not make payment for a claim in respect of any **Insured Person** in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered elsewhere in this **policy**:

#### 3.1 STANDARD EXCLUSIONS APPLICABLE TO ALL POLICIES

##### 1. War, Disaster & Civil Hazards

- a. Any loss arising out of War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), hostilities, civil war, public defence, rebellion, revolution, riot, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. This Exclusion shall not apply in case of Hijacking of Common Carrier
- b. Ionising radiation /radioactive equipment –
  - i. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel;
  - ii. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
- c. Any act of **Terrorism** including biological, chemical and nuclear terrorism.

##### 2. Custodial Care, Educational or Rehabilitative Care

Any costs incurred in connection with rest or recuperation at a spa or health resort, sanatorium, convalescence **Home** or similar institution.

#### 3.2 EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

##### 1. Travel & Medical Advisory

Where the **Insured Person** is travelling -

- a. to any country against whom the Republic of India has imposed General or special travel restrictions, or against whom it may 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
- b. against the advice of a **Medical Practitioner**;
- c. for the purpose of obtaining treatment;
- d. for receiving specified medical treatment for which he was on a waiting list; or has received a terminal prognosis for a medical condition.

##### 2. Cosmetic and Aesthetic Surgery

- a. Any treatment undergone purely for cosmetic or psychological reasons to improve appearance, unless such treatment is **Medically necessary** as a part of reconstructive procedure related to treatment for **Injury** resulting from **Accidents** or burns and is required to restore functionality.

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Registered & Corporate Office: Navi General Insurance Limited  
402, 403 & 404, A & B Wing, 4<sup>th</sup> Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099  
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- b. Augmentation Surgery, Mesotherapy, Gynecomastia, Abdominoplasty, blepharoplasty, mammoplasty, Chemical Peel, Rhinoplasty, Otoplasty, Liposuction and Lipectomy will not be payable even in case of **Accident** or burn or cancer.

### 3. Active Service & Participation

Active service or Participation or reporting in any of the armed forces operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic or as a hired or voluntary participant of a revolutionary force or as part of a voluntary peacekeeping force.

### 4. Self-Inflicted Injury, Criminal or unlawful act

- a. Committing or attempting to commit a criminal or unlawful act that may or may not lead to cancellation or revocation of a visa previously issued.
- b. Intentional self-inflicted **Injury** or attempted suicide by any means.

### 5. Sexually Transmitted Infection/Disease, HIV or AIDS related complex

Screening, prevention and treatment related to -

- a. Genital Herpes, Chlamydia, Pubic Lice, Trichomoniasis Genital Warts, Syphilis, Gonorrhoea and other Sexually Transmitted **Illness/Disease**
- b. Human Immunodeficiency Virus (HIV) or **Acquired Immune Deficiency Syndrome (AIDS)**, including any condition that is related to HIV or AIDS

### 6. Non -Allopathic treatment

Any form of non-allopathic treatment as Complementary &/or Alternative Medicine is not covered.

### 7. Unrecognized Physician or Hospital

- a. Treatment or **medical advice** provided by a **Medical Practitioner** not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of **Homeopathy** or by relevant authorities in the area or country where the treatment is taken.
- b. Treatment or **medical advice** related to one system of medicine provided by a **Medical Practitioner** of another system of medicine.
- c. Treatment provided by anyone with the same residence as an **Insured Person** or who is a member of the **Insured Person's** immediate **Family** or relatives.
- d. Treatment provided by **Hospital** or health facility that is not recognized by the relevant authorities in India or any other country

### 8. Experimental/Investigational or Unproven Treatment

- a. Services including device, treatment, procedure or pharmacological regimens which are considered as experimental, investigational or unproven.
- b. Stem Cell Transplant: Any stem cell transplant other than for Bone Marrow Transplant

### 9. Non-Medical Expenses

Any non-Medical Expenses (list enclosed – Section 6.1).



**10. Immunization or Vaccination**

Any preventive care, vaccination including immunization and inoculation.

**11. Other Indirect Loss**

Any other loss connected to or as a consequence of the **Event You** are claiming for, unless **We** provide cover detailed in this **Policy**.

**12. Aviation**

Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft or Scheduled Airline or aerial activity of any kind other than as a fare-paying passenger in a fully licensed commercial passenger-carrying aircraft/Common Carrier.

**13. Hazardous Activities**

- a. Any pursuit or activity where it is recognized there is an increased risk of serious **Injury** or which can be reasonably expected to aggravate any existing disability or infirmity
- b. Performance of manual work for employment or any other potentially dangerous occupation;

**14. Congenital Anomalies**

External congenital anomalies or any complications or conditions arising therefrom;

**15. Pathological fracture & Osteoporosis**

Osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the **weakening** of the bone).

**16. Assistive Reproductive Treatment**

Any treatments and procedures and complications arising out of the same that aim to achieve pregnancy including artificial insemination and advanced reproductive technologies including In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Intracytoplasmic sperm injection (ICSI), Gestational Surrogacy; birth control, and its procedures.

**17. Behavioural, Neurodevelopmental and Neurodegenerative Disorders**

Treatment or Medical services for behavioural, neurodevelopmental delays and disorders such as:

- a. Disorders of adult personality including gender related problems, gender change;
- b. Disorders of speech and language including stammering, dyslexia;
- c. All Neurodegenerative disorders including Dementia, Alzheimer's disease and Parkinson's disease.

**18. Dental Treatment**

Any treatment for dental **Illness** unless opted and specified in the **Policy Schedule** or **Certificate of Insurance**.

### 3.3 EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED ON PAYMENT OF ADDITIONAL PREMIUM

#### 1. Maternity related Expenses

- a. Maternity Expenses except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated;
- b. miscarriage (except as a result of an **Accident** or **Illness**).
- c. Voluntary termination of pregnancy within 12 weeks from the date of conception.

#### 2. Adventurous Sport

Participation in adventure sport

#### 3. Mental and Psychiatric Conditions

Treatment related to symptoms, complications and consequences of **Illness** or **Injury** directly or indirectly related to-

- a. Mental **Illness**, mood disorders, psychotic and non-psychotic disorders
- b. Dissociative or stress-related disorders.

#### 4. Substance related and Addictive disorders

- a. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.
- b. Any **Accident** or **Injury** under the influence of drugs, alcohol, or other intoxicants or hallucinogens is not covered even in case a related benefit is opted in the **Policy**.

#### 5. Cancer Treatment & Screening

Expenses incurred in connection with cancer treatment, unless the medical assistance provided abroad involves unforeseen **Emergency** measures to save the **Insured Person's** life. However medical costs related to cancer screening and mammography examination, subject to the specified limits, would be covered, provided the same has been agreed for and specified in the **Policy Schedule**.

#### 6. Pre-existing conditions

Any Pre-existing medical condition/ disease / disability (declared / undeclared) or any complication arising from it. No benefits shall be paid for any Pre-existing Disease unless such Pre-existing Disease is stated in the Proposal and specifically accepted by **Us** and endorsed thereon.

#### 4. GENERAL TERMS & CONDITIONS

##### 4.1 CONDITION PRECEDENT TO THE CONTRACT

###### 1. All Travel Plans & Trips under the Product

This Product has two types of trips

- i. Single Trip
- ii. Annual Multi Trip.

Your selected option shall be specified in the **Policy Schedule / Certificate of Insurance**.

Condition		Single trip	Annual Multi Trip
1	Minimum Entry Age		
	Primary <b>Insured Person</b>	18 years to 85 Years	18 years to 85 Years
	Dependents	91 Days to 85 Years	91 Days to 85 Years
	Students	15 Years to 50 Years	15 Years to 50 Years
2	Sum Insured	Individual / <b>Family Floater</b>	Individual / <b>Family Floater</b>
3	Duration of Trip		
	Age: 91 Days to 70 Years	Upto 365 days	"per trip" option of upto 30/45/60/75/90 days.
	Age: 70 years to 85 Years	Upto 180 days	
4	Geographical Scope	1. Worldwide 2. Worldwide excluding USA & Canada 3. Republic of India	1. Worldwide 2. Worldwide excluding USA & Canada 3. Republic of India

###### Please be informed that:

Those trips which are for 365 days i.e for annual duration, taken either by a Student on student visa / Employee on a work visa to the destination outside the Republic of India, shall be given provision to visit India maximum 4 times in a year.

In such cases, **Policy** shall not be treated as terminated during such visits. However, each **Trip** should not exceed 45 days. The coverage in such cases shall cease during the time **Period** the **Insured Person** is in India.

###### 2. Condition precedent

This **Policy** requires fulfilment of the terms and conditions of this **Policy**, payment and realization of premium and disclosure of information norm at all times by **You, Insured Persons** or any one acting on **Your** behalf. This is a precondition to any liability under the **policy**.

###### 3. Disclosure to Information Norm

The **Policy** shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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#### 4. Electronic Transactions

The **Policy** holder / **Insured Person** agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions from time to time. The Policyholder hereby agrees and confirms that all transactions effected by or through facilities including the Internet, , call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the **Policy** or its terms, shall constitute legally binding and valid when done in adherence to and in compliance with **the** terms and conditions for such facilities and as may be prescribed from time to time and shall be within the terms and conditions of this contract. However, these terms and condition shall not override provisions of any law(s) or statutory regulations as amended from time to time

#### 5. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the **Policy** holder/ **Insured Person** which is in **Our** possession and not specifically informed by the **Policy** holder / **Insured Person** shall not be held to bind or prejudicially affect **Us** notwithstanding subsequent acceptance of any premium.

### 4.2 CONDITIONS APPLICABLE DURING CONTRACT

#### 1. Alterations to the Policy

The proposal form, declaration, **Policy Schedule** and **Policy** constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract **You** are requested to intimate us. Any change that **We** make will be communicated to **You** by a written endorsement signed and stamped by Us. This **Policy** cannot be changed by any one (including an insurance agent or broker) except Us.

#### 2. Cancellations & Refunds

##### a. Cancellation by You

**Insured Person** will be eligible for following refund-

##### i. Nil Refund

- a. Single trip Policy or any extension with duration less than 365 days are non-cancellable and non-refundable while effective.
- b. No refund of premium shall be eligible in case of cancellation of the **Policy** / **Certificate of Insurance** where Claim(s) has been made under the **Policy**. **We** shall have no liability to make payment of any claim which are incurred post cancellation of **policy**.

##### ii. Full Refund

If the request for **Policy** cancellation is received by **Us** before **Policy Period** Start Date or commencement of the **Trip** and if the sole reason for such cancellation is Denial of visa / non-acceptance of **Policy** for the country(ies) where the **Insured Person** was

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scheduled to visit for leisure/business/study purpose, then **We** will allow full refund of premium without any deduction. The confirmation of visa denial or non-acceptance of **Policy** issued by appropriate authorities shall be submitted to Us.

iii. In the **Event** of cancellation of **Policy / Certificate of Insurance** prior to **Policy Period** start date, for any reason other than clause (2) stated above, the company shall deduct Rs. 300/- (Rupees three hundred only) for Overseas Travel and Rs 100 /- (Rupees One Hundred only) for Domestic Travel, towards cancellation charges before refunding the premium amount.

iv. **Short Rate Refund:**

In Annual multi-trip Policy or Single Trip Policy with duration of 365 days or more, premium will be refunded on below short scale basis.

Months	1 year	2 years	3 years	4 years	5 years
1	85%	92%	95%	96%	96%
2	77%	88%	92%	94%	95%
3	69%	84%	89%	92%	93%
4	61%	80%	86%	90%	91%
5	52%	76%	84%	88%	90%
6	44%	72%	81%	85%	88%
7	36%	68%	78%	83%	87%
8	28%	63%	75%	81%	85%
9	18%	59%	73%	79%	83%
10	9%	55%	70%	77%	82%
11	3%	51%	67%	75%	80%
12	0%	47%	64%	73%	78%
13		43%	62%	71%	77%
14		39%	59%	69%	75%
15		34%	56%	67%	73%
16		30%	53%	65%	72%
17		26%	51%	63%	70%
18		22%	48%	61%	68%
19		18%	45%	59%	67%
20		14%	42%	57%	65%
21		9%	40%	54%	63%
22		5%	37%	52%	62%
23		1%	34%	50%	60%
24		0%	31%	48%	58%
25			28%	46%	57%
26			26%	44%	55%
27			23%	42%	53%
28			20%	40%	52%

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29			17%	38%	50%
30			15%	36%	49%
31			12%	34%	47%
32			9%	32%	45%
33			6%	30%	44%
34			3%	28%	42%
35			0%	26%	40%
36			0%	23%	39%
37				21%	37%
38				19%	35%
39				17%	34%
40				15%	32%
41				13%	30%
42				11%	29%
43				9%	27%
44				7%	25%
45				4%	24%
46				2%	22%
47				0%	20%
48				0%	19%
49					17%
50					15%
51					14%
52					12%
53					10%
54					9%
55					7%
56					6%
57					4%
58					2%
59					0%
60					0%

**b. Cancellation by Us**

We may cancel the **Policy Schedule / Certificate of Insurance** at any time on grounds of misrepresentation, mis-description, fraud or non-disclosure of material facts by **You** or anyone acting on **Your** behalf by giving **You** fifteen (15) days written notice delivered to or mailed to **Your** address as appears in **Our** records.

Please be informed that Cancellation of the **Policy Schedule /Certificate of Insurance** on the grounds of misrepresentation, mis-description, fraud or non-disclosure of material facts, will be from inception date or the renewal date (as the case may be) with no refund of premium.

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 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

### 3. Communication & Notices

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

- a. **You** or any **Insured Person**, then it shall be sent to **You** at **Your** last updated address as shown in **Our** records and **You** shall act for all **Insured Persons** for these purposes.
- b. To Us, it shall be delivered to **Our** address specified in the **Policy Schedule**.
- c. No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on **Our** behalf unless **We** have expressly stated to the contrary in writing.
- d. Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- e. **You** must immediately bring to **Our** notice any change in the address or contact details. If **You** fail to inform Us, **We** shall send notice to the last known address and it would be considered that the notice has been sent to **You**.
- f. **You** shall immediately notify **Us** in writing in regard to change in occupation / business at **Your** own expense and **You** will be liable to pay pro-rata additional premium for the remaining **Period** of the **Policy**, if required as per **Our** prevailing underwriting guidelines. In case of risk becoming unacceptable as per prevailing underwriting guidelines, **We** will cancel the coverage and shall return the premium on pro-rata basis for the remaining period
- g. Please include **Your Policy** number for any communication with Us.

### 4. Expiration of Policy

Policy will terminate on the Expiration Date shown in the **Policy Schedule / Certificate of Insurance** for which the premium has been paid or on return to **Home** whichever is earlier.

### 5. Geographical Scope

This **Policy** applies to events or occurrences taking place anywhere in the world including Republic of India as specified in the **Policy Schedule / Certificate of Insurance**.

### 6. Group Administrator

The Group Administrator i.e. **Policy holder** shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master **Policy** issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master **Policy**.

Group/Master **Policy** will be issued to the group administrator and all members wherever required will be provided with the **Certificate of Insurance** by Us. Wherever mutually agreed group administrator will issue the **Certificate of Insurance** to its member as per agreed terms and conditions and in the format prescribed by **Us** and shall keep the record of such issuance.

**We** reserve the right to inspect the record at any time to ensure that terms and conditions of group **Policy** and provisions of IRDAI group guidelines contained in circular ref: 015/IRDA/Life/Circular/GI

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Guidelines/2005 dated 14<sup>th</sup> July 2005 and any amendments thereto are being adhered. **We** may also require submission of certificate of compliance from **Your** Group Administrator auditors.

The Group administrator will provide all possible help to its member and facilitate any service required under the **Policy** including claims. Notwithstanding this a member of the group covered under the **Policy** shall be free to contact **Us** directly for filing the claim or any assistance required under the **Policy**.

## 7. Protection of Policy holders' Interest

This **Policy** is subject to IRDAI (Protection of **Policy** holders' Interest) Regulation, 2002 or any amendment thereof from time to time.

- a. **Policy Disputes** - Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this **Policy** shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.
- b. **Records to be maintained** - **You** or the **Insured Person**, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the **Policy** and shall allow **Us** or **Our** representative(s) to inspect such records. **You** or the **Insured Person** as the case may be, shall furnish such information as may be required by **Us** under this **Policy** at any time during the **Policy Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all claims under this **policy**.
- c. **Revision & Modification of Product** - Any revision or modification will be done with the approval of the Authority. **We** shall notify **You** about revision / modification in the product including premium. Such information shall be given to **You** at least ninety (90) days prior to the effective date of modification or revision coming into effect.

## 8. Travel Extensions (Applicable to Single Trip Policies Only)

**Insured Person** can extend the following scope of the **Policy** prior to the Policy expiry date subject to Our Underwriting Guidelines and no claim reported under the policy, provided that the additional premium for such extension is received in advance.

- a. **Duration of Travel**
  - i. Extension in duration is applicable only in Single **Trip** policies.
  - ii. If **Insured Person** is covered under the **Policy** and wish to extend the **Policy**, the maximum **Trip** duration under a single **Trip Policy** may be extended (including any extension provided) upto maximum 365 days.
  - iii. In case of an **Insured Person** being more than 70 years of age, the maximum **Trip** duration (including any extension provided) shall not exceed 180 days in total.



**b. Geographical Extension**

- i. Extension in geography is applicable in Single **Trip & Annual Multi Trip** Policies.
- ii. Geography Extensions are allowed only for Overseas Travel.

**Process for placing Extension Request –**

- i. All requests for extensions must be made at least 48 hrs before the expiry of the **Policy** period. Such request must be supported by following information / documents –
  - (a) duly completed extension form (format available on the website)
  - (b) good health declaration
- ii. In case of misrepresentation of information, then any extension of the **Policy** if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended **policy**.

**9. Withdrawal of Product**

The product will be withdrawn only after due approval from the Authority. **We** will inform the Group Organizer /Administrator in the **Event We** may decide to withdraw the product.

In such cases, where **Policy** is falling due for Renewal within 15 days from the date of withdrawal, **We** will provide the Group Organizer/Administrator onetime option to renew the existing **Policy** with **Us** or migrate to modified or new suitable health insurance **Policy** with Us. Any **Policy** falling due for Renewal after 15 days from the date of withdrawal will have to migrate to modified or new suitable health insurance **Policy** with Us. The Group Organizer/Administrator will inform individual members about such withdrawal of product by Us.

**Insured Persons** who are covered with **Us** under 365 days (1 year) for consecutively 3 years would have an option to opt for suitable health insurance **Policy** with **Us** subject to applicable migration norms in vogue.

**However**, even if the Group Organizer/Administrator does not respond to **Our** intimation in case of such withdrawal, the **Policy** will stand withdrawn on the Renewal date.

**10. Coverage in Home country**

**We** shall provide the **Reasonable and customary charges** related to the **inpatient Treatment** incurred in India if commenced within 5 days from the date of arrival to India. Treatment can be availed maximum up to 15 days from the date of **Hospitalisation** in India for the same **Illness / Injury** suffered overseas during the **Trip** subject to the following:

- a. If the claim is admitted under Section 2.1) 1) and
- b. If the treating **Medical Practitioner** recommends and **Insured Person** agrees for the continued **inpatient** treatment in India, or
- c. When **Insured Person** consulted a **Medical Practitioner** and has been advised for **inpatient Hospitalization** and **Insured Person** requests for continuing his/her treatment back in India; and

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- d. Our **Assistance Company** authorizes that the continuation of treatment in the Republic of India would be appropriate, reasonable and economical.

## 11. Automatic Extension

We will automatically extend the **Policy Period** from the expiration date of the **Policy** for:

### a. Upto 30 Days –

- i. If **Insured Person** is confined in a **Hospital** on the Expiration Date of the **Policy** and
- ii. the **inpatient** claim is admitted under Section 2.1) 1), and
- iii. treating **Medical Practitioner** recommends for the continued **inpatient** treatment as medically necessary.

### b. Upto 15 Days –

- i. If there is a delay or cancellation of the departure of the **Common Carrier** in which the **Insured Person** was booked to travel and such delay was beyond the control of the **Insured Person** and no alternative transportation was available to the **Insured Person** to return his **Home**.  
However, in case the **Insured Person** returns **Home** prior to expiry of such extension, the **Policy** shall cease to exist from such day.

## 4.3 CONDITIONS FOR RENEWAL OF CONTRACT

### 1. Continuity

Primary Insured covered with **Us** under Student Plan for consecutive 3 years would have an option to migrate to **Our** health indemnity insurance **policy(ies)**, if available, and would be offered continuity benefits subject to **Our** Underwriting Guidelines.

### 2. Renewal Terms

- a. The Single **Trip Policy** which are less than 365 days are non-renewable, once effective.
- b. The Single **Trip Policy** with **Trip** duration 365 days or more & **Annual Multi Trip Policy** may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to **Us** on or before the expiry of the **Policy**. However, **We** shall not be bound to give notice that such renewal premium is due. Also, **We** may exercise option of not renewing the **Policy** on grounds of fraud, misrepresentation, non-cooperation, moral hazard or suppression of any material fact either at the time of taking the **Policy** or any time during the currency of the **Policy**. On renewal, the **Policy** could be subject to certain changes in terms and conditions including change in premium rate.
- c. A grace **Period** of thirty (30) days from the premium due date is allowed where **You** can still pay **Your** premium and continue **Your Policy**. Coverage would not be available for the **Period** for which no premium has been received. Post thirty (30) days from premium due date, if the premium is not paid, the **Policy** will lapse i.e. be terminated.

#### 4.4 CONDITIONS WHEN A CLAIM ARISES

##### 1. Arbitration

If **We** admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless **We** have admitted **Our** liability for a claim in writing.

##### 2. Disclaimer of Claim

If Company disclaim liability to the Insured for any claim and if the insured within **twelve (12)** calendar months from the date or receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the **policy**.

##### 3. Physical Examination

Any **Medical Practitioner** authorized by **Us** shall be allowed to examine the **Insured Person** in case of any alleged sickness/ **Injury** / disability. Non-co-operation by the **Insured Person** will result into rejection of claim. **We** will bear the cost towards performing such medical examination (at the specified location) of the **Insured Person**.

##### 4. Claims Process & Management

Claim processing is through Our Assistance Company, details of the same will be available on the Policy Schedule/ Certificate of Insurance issued by Us.

All necessary claim documents must be furnished to Assistance Company within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

##### a. Claim Intimation

The **Insured Person** shall immediately contact **Us / Our Assistance Company** in case of the covered event/loss which is resulting in or likely to result in a liability under the **Policy**, in any case not later than 7 days from the time of occurrence of such event/loss.

While intimating the claim, please provide -

- i. Policy Number / Passport Number
- ii. Name of the **Insured Person** in respect of whom the claim is made.
- iii. Address where **Insured Person** whilst abroad
- iv. Details of loss or details of **Emergency** for which assistance is required
- v. In case of **Illness / Injury** –
- vi. Name and address of the attending **Medical Practitioner** and **Hospital** (if applicable),

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- vii. Date of Admission / Date and time of **Accident** and brief description of **Accident** along with place of **Accident** (for **Accident** cases)
- viii. Name & contact details of person intimating the claim
- ix. Contact no and E - Mail id of insured for future correspondence
- x. Any other information, documentation as requested by **Our Assistance Company**.

**b. Claim Procedure**

**I. Cashless Facility (Applicable for Overseas Travel Only)**

Cashless facility can be provided for following coverage under the **policy**:

**Medical Care:**

- a. **Accident** and or Sickness Medical Expense
- b. Emergency Medical Evacuation
- c. Repatriation of Mortal Remains

**II. Reimbursement Facility**

If cashless facility is not availed, **Insured Person** can submit the claim documents to **Us / Our Assistance Company** not later than thirty (30) days from the date of **Event / loss** for reimbursement which will be subject to **Policy** terms and conditions. However, In case of Permanent Total Disability, necessary document will have to be submitted to Us by Insured Person within 30 days of expiry of 180 days of continuous disability as stated in the Policy.

Insured Person can obtain a Claim Form from Our Assistance Company or download a copy from Our website - <http://www.naviinsurance.com>.

Claim for following coverages will be processed upon submission of required documents stated in Section - 4.4) 4) d).

<b><u>Medical Care</u></b>	<b><u>Travel Care</u></b>
<ul style="list-style-type: none"> <li>• OPD Expenses</li> <li>• Dental Treatment</li> <li>• Daily <b>Hospital</b> Cash</li> <li>• Physiotherapy</li> <li>• Child Guard</li> <li>• Compassionate Visit</li> <li>• Emergency Reunion and Resumption of trip</li> <li>• Pet Care</li> <li>• Maternity Benefit</li> <li>• Child Care Benefit</li> <li>• Treatment for Mental and Nervous disorders, including Alcoholism and Drug dependency</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of Passport, Visa</li> <li>• Trip Delay</li> <li>• Trip Cancellation</li> <li>• Trip Curtailment / Interruption</li> <li>• Missed Departure / Missed Connection</li> <li>• Flight Diversion / Cancellation</li> <li>• Hijack</li> <li>• Baggage Delay (Common Carrier)</li> <li>• Baggage Loss (Common Carrier)</li> <li>• Missed Event</li> <li>• Fare Lock</li> <li>• Fare Dip</li> <li>• Bounced Hotel and Airline bookings</li> </ul>

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<ul style="list-style-type: none"> <li>• Cancer Screening and Mammography examination</li> <li>• Coverage in <b>Home Country</b></li> </ul>	
<p><b><u>Non – Medical Care</u></b></p> <ul style="list-style-type: none"> <li>• Bail Bond</li> <li>• Sponsor Protection</li> <li>• Study Interruption</li> <li>• Personal Liability</li> <li>• Building and Content (First loss cover)</li> <li>• Emergency cash transfer and advances</li> <li>• University Insolvency / Derecognition of University or Course</li> <li>• Loss of International Driving Licence</li> <li>• Loss of Baggage and Personal belongings</li> <li>• Loss of identity documents</li> <li>• Gadget cover</li> </ul>	<p><b><u>Accidental Care</u></b></p> <ul style="list-style-type: none"> <li>• <b>Accidental</b> Death &amp; Permanent Total Disability (including Felonious Assault)</li> <li>• <b>Accidental</b> Death &amp; Permanent Total Disability (Common Carrier)</li> <li>• <b>Accidental</b> Permanent Partial Disability</li> <li>• <b>Accidental</b> Temporary Total Disability</li> <li>• Child Tuition Benefit</li> <li>• Mobility Aids Allowance</li> </ul>

**c. Obligations of the Insured**

- i. The Insured shall provide **Assistance Company** on demand any information that is required to determine the occurrence of the Insurable **Event** or Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the **Trip** abroad.
- ii. If requested to do so by **Assistance Company**, the Insured is obliged to undergo a medical examination by a Physician designated by **Assistance Company**.
- iii. Assistance Company is authorized by the Insured to take all measures that are suitable for loss prevention and claim minimization which includes the Insured's transportation back to the Republic of India.
- iv. The Company shall be released from any obligation to pay insurance benefit if any of the aforementioned obligations are breached by the Insured.

**d. Claim Documents**

List of necessary claim documents required for each coverage are listed below –

<b>Documents common to all Medical Care Coverages</b>	
<ul style="list-style-type: none"> <li>• Duly completed and signed claim form</li> <li>• Copy of passport, visa with entry and exit stamp, proof of travel</li> <li>• Original <b>Hospital</b> discharge summary with Operation theatre notes (if any), medical prescriptions, if applicable</li> <li>• Certificate from <b>Medical Practitioner</b> stating complete medical history</li> <li>• Copy of investigation reports</li> <li>• All original bills and invoices</li> <li>• Copy of FIR, final Police report and medicolegal document attested by respective authorities</li> <li>• Cancelled cheque for NEFT payment</li> <li>• Any other information or relevant document related to the event.</li> </ul>	
<b>Documents specific to Medical Care Coverages</b>	
Emergency Medical Evacuation	<ul style="list-style-type: none"> <li>• Medical reports and transportation details issued by the evacuation agency.</li> </ul>
Child Guard	<ul style="list-style-type: none"> <li>• <b>Age</b> confirmation of child</li> </ul>
Emergency Reunion and Resumption of Trip	<ul style="list-style-type: none"> <li>• Attested copy of Death Certificate by issuing authority</li> <li>• Cause of death issued by treating doctor</li> <li>• Relationship proof with insured</li> </ul>
Repartition of Mortal Remains:	<ul style="list-style-type: none"> <li>• Copy of the Death Certificate providing details of the Place, date time, and the circumstance and cause of death duly attested by concerned authority;</li> <li>• Copy of Post-mortem report duly attested by concerned authority.</li> </ul>
<b>Documents common to Travel Care, Non-Medical Care, Accidental care</b>	
<ul style="list-style-type: none"> <li>• Duly completed and signed claim form</li> <li>• Copy of passport, visa with entry and exit stamp, proof of travel</li> <li>• All original bills and invoices</li> <li>• Cancelled cheque for NEFT payment</li> <li>• Any other information or relevant documentation as requested by us</li> </ul>	
<b>Documents specific to Travel Care Coverages</b>	
Loss of Passport, Visa	<ul style="list-style-type: none"> <li>• Copy of FIR, final Police report attested by respective authorities</li> <li>• Copy of New Passport &amp; previous passport (if available)</li> </ul>

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Trip Delay / Trip Cancellation / Trip Curtailment and Interruption / Missed Departure / Missed Connection / Flight Diversion and cancellation:	<ul style="list-style-type: none"> <li>• Confirmation from the airlines mentioning the scheduled arrival time and the actual arrival time along with detailing the circumstance of delay</li> <li>• Proof of cancellation charges levied by the carriers</li> <li>• Medical reports and doctors if applicable</li> <li>• Termination letter from the company if applicable</li> <li>• The original tickets of the insured and the travelling if applicable</li> <li>• Police report confirming the incident/government order if applicable</li> </ul>
<b>Hijack:</b>	<ul style="list-style-type: none"> <li>• Full statement of the events in writing by proper Police Authorities</li> <li>• Copy of Police Report with details such as Passport Number of Insured, <b>Period</b> of hijack.</li> </ul>
Baggage Delay / Baggage Loss (Common carrier)	<ul style="list-style-type: none"> <li>• Property irregularity report issued by appropriate authority</li> <li>• Details of compensation received from Airlines/other authorities</li> <li>• Copies of correspondence with the Airline authorities/others certifying the delay of checked baggage</li> </ul>
<b>Missed Event:</b>	<ul style="list-style-type: none"> <li>• Copy of <b>Event</b> ticket paid in advance</li> <li>• Documentary proof of death, serious <b>Illness/Injury</b> of Self or <b>Family</b> Member</li> <li>• Proof of delay of <b>Public Transport</b> (Schedule flight) to get to Event</li> <li>• Proof of delay of Vehicle met with <b>Accident</b> or break down.</li> </ul>
<b>Fare Lock / Fare Dip:</b>	<ul style="list-style-type: none"> <li>• Copy of confirmation of booking through Online/Service Provider/Airline</li> </ul>
Bounced <b>Hotel and Airline Bookings:</b>	<ul style="list-style-type: none"> <li>• Booking confirmation from the <b>Common Carrier</b> / Hotel authorities</li> <li>• Reason for cancellation of booking</li> <li>• Original bill and Invoices for alternative accommodation / travel.</li> </ul>
<b>Documents specific to Non-Medical Care Coverages</b>	
<b>Bail Bond:</b>	<ul style="list-style-type: none"> <li>• Copy of police report and notice received from Government or Statutory body/Authority attested by respective authorities</li> <li>• Copy of Application for Bail and the evidence cost incurred towards procurement of such bail attested by respective authorities</li> </ul>

<b>Sponsor Protection</b>	<ul style="list-style-type: none"> <li>i. In relation to the Sponsor <ul style="list-style-type: none"> <li>• Copy of Death Certificate duly attested by concern authority</li> <li>• Copy of Post-mortem report duly attested by concerned authority.</li> <li>• FIR, Final Police report duly attested by concern authority.</li> <li>• Disability certificate and medical documents duly attested by concern authority.</li> </ul> </li> <li>ii. In relation to Un Paid Fees <ul style="list-style-type: none"> <li>• Demand letter from Educational Institute.</li> </ul> </li> </ul>
<b>Study Interruption</b>	<ul style="list-style-type: none"> <li>i. In relation to <b>Insured Person</b> <ul style="list-style-type: none"> <li>• Original <b>Hospital</b> discharge summary with Operation theatre notes (if any), medical prescriptions, if applicable</li> <li>• Certificate from <b>Medical Practitioner</b> stating complete medical history</li> <li>• Copy of investigation reports</li> <li>• Copy of death certificate attested by issuing authority</li> <li>• Relationship proof with insured</li> <li>• Original Invoice from Educational Institute for payment of <b>Tuition Fees</b> in conjunction with refund statement</li> </ul> </li> <li>ii. In relation to Death of Immediate <b>Family Member</b> <ul style="list-style-type: none"> <li>• Medical reports giving the detail of the <b>Accident</b> and Nature of <b>Injury</b></li> <li>• Copy of Death Certificate duly attested by concern authority</li> <li>• Copy of Post-mortem Certificate duly attested by concern authority.</li> <li>• FIR, Final Police report duly attested by concern authority.</li> </ul> </li> </ul>
<b>Personal Liability</b>	<ul style="list-style-type: none"> <li>i. Property Damage: <ul style="list-style-type: none"> <li>• Copy of FIR, Final Police report duly attested by concern authority.</li> <li>• Copy of Leal Notice, if filed.</li> <li>• Estimation of Loss</li> </ul> </li> <li>ii. Medical Damage: <ul style="list-style-type: none"> <li>• Original <b>Hospital</b> discharge summary with Operation theatre notes (if any), medical prescriptions, if applicable</li> <li>• Certificate from <b>Medical Practitioner</b> stating complete medical history</li> <li>• Copy of investigation reports</li> <li>• Prescription for medicines and investigations if applicable</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>Attested copy of FIR, Police report and medicolegal document by respective authorities wherever applicable</li> </ul>
<b>Home Contents</b>	<ul style="list-style-type: none"> <li>Copy of FIR/ Investigation Report by the Police</li> <li>Fire Brigade Report if damage is due to Fire</li> <li>Detailed inventory of Loss with amount.</li> <li>Photographs if taken</li> </ul>
<b>University Insolvency / Derecognition of University or Course</b>	<ul style="list-style-type: none"> <li>Proof of University being Insolvent</li> <li>Recovery from the University towards expenses covered under the <b>Policy</b></li> </ul>
<b>Loss of International Driving Licence</b>	<ul style="list-style-type: none"> <li>Copy of FIR, final Police report attested by respective authorities</li> <li>Copy of New International Driving Licence &amp; Old International Driving Licence (if available)</li> </ul>
<b>Loss of Baggage and Personal belongings</b>	<ul style="list-style-type: none"> <li>Copy of FIR, final Police report attested by respective authorities.</li> </ul>
<b>Loss of Identity documents</b>	<ul style="list-style-type: none"> <li>Copy of FIR, final Police report attested by respective authorities</li> <li>Copy of New Indemnity documents &amp; Old Indemnity documents (if available)</li> </ul>
<b>Gadget cover</b>	<ul style="list-style-type: none"> <li>Copy of FIR, final Police report attested by respective authorities regarding loss of gadgets along with list of lost gadgets.</li> </ul>
<b>Documents specific to Accidental Care Coverages</b>	
<b>Accidental Death &amp; Permanent Total Disability (Including felonious Assault) / Accidental Death &amp; Permanent Total Disability (Common Carrier)</b>	<ul style="list-style-type: none"> <li>Copy of the Death Certificate providing details of the Place, date time, and the circumstance and cause of death duly attested by concerned authority;</li> <li>Copy of Post-mortem report duly attested by concerned authority.</li> <li><b>Accidental Proof:</b> Copy of FIR, final Police report attested by respective authorities, Forensic Report, Valid Passenger ticket or Boarding Pass of Common Carrier.</li> <li><b>Medical Practitioner's</b> Certificate in case of <b>Injury</b> stating the reasons for the extent of <b>Injury</b> and the extent of disability (if applicable) and the details of treatment provided.</li> <li>Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board, if applicable.</li> </ul>
<b>Accidental Permanent Partial Disability /</b>	<ul style="list-style-type: none"> <li>Treating <b>Medical Practitioner</b> 's certificate describing the disablement;</li> <li>Copy of Discharge summary from the <b>Hospital</b>;</li> <li>Photograph of the <b>Insured Person</b> reflecting the disablement;</li> </ul>

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	<ul style="list-style-type: none"> <li>• Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>• Any other medical, investigation reports, <b>inpatient</b> or consultation treatment papers, as applicable;</li> </ul>
<b>Accidental Temporary Total Disability</b>	<ul style="list-style-type: none"> <li>• Treating <b>Medical Practitioner</b> 's certificate describing the disablement;</li> <li>• Copy of Discharge summary from the <b>Hospital</b>;</li> <li>• Photograph of the <b>Insured Person</b> reflecting the disablement;</li> <li>• Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>• Any other medical, investigation reports, <b>inpatient</b> or consultation treatment papers, as applicable;</li> <li>• Leave/Absence Certificate from Employer (If Employed)</li> </ul>
<b>Child Tuition Benefit:</b>	<p>i. <b>Accidental</b> Death Benefit:</p> <ul style="list-style-type: none"> <li>• Copy of the Death Certificate providing details of the Place, date time, and the circumstance and cause of death duly attested by concerned authority;</li> <li>• Copy of Post-mortem report, copy of Viscera report duly attested by concerned authority.</li> <li>• Copy of Death Summary Issued by <b>Hospital</b></li> <li>• Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;</li> <li>• Copy of Medico Legal Certificate (if conducted) duly attested by the concerned <b>Hospital</b>,</li> <li>• Copy of <b>Hospital</b> record, if applicable</li> <li>• Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate or any other proof to <b>Our</b> satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.</li> <li>• KYC documents</li> </ul> <p>ii. <b>Accidental</b> Permanent Total Disability:</p> <ul style="list-style-type: none"> <li>• Treating <b>Medical Practitioner</b> 's certificate describing the disablement;</li> <li>• Copy of Discharge summary from the <b>Hospital</b>;</li> <li>• Photograph of the <b>Insured Person</b> reflecting the disablement;</li> <li>• Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>• Any other medical, investigation reports, <b>inpatient</b> or consultation treatment papers, as applicable;</li> </ul>

<b>Mobility Allowance</b>	<b>Aid</b>	<ul style="list-style-type: none"> <li>• Treating <b>Medical Practitioner</b> 's certificate describing the disablement;</li> <li>• Copy of Discharge summary from the <b>Hospital</b>;</li> <li>• Photograph of the <b>Insured Person</b> reflecting the disablement;</li> <li>• All Original bills and Invoice of Prosthetic Devices</li> <li>• Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.</li> <li>• Any other medical, investigation reports, <b>inpatient</b> or consultation treatment papers, as applicable;</li> </ul>
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**e. Scrutiny of Claim Documents**

Assistance Company shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to **You** in case of reimbursement of claim and the Network Provider in case of cashless claim, as the case may be and subsequent reminders will follow.

During claim processing if the claims are found deficient in documents, **Assistance Company** shall intimate the same to the **Policy** holder / **Insured Person** within three (3) working days of receiving claim documents. First reminder for deficient documents will be sent within seven (7) days of first deficiency letter and Second reminder - within ten (10) days of first reminder deficiency letter. Final reminder letter will be sent within ten (10) days from second reminder.

The claim shall be rejected after fifteen (15) days of the final reminder letter if the deficient documents are not received. **We** may at **Our** sole discretion decide to deduct the amount of claim for which deficiency is intimated to the **Insured Person** and settle the claim if **We** observe that such a claim is otherwise valid under the **policy**.

**f. Settlement & Repudiation of the Claim**

We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents. However, where the circumstances of a claim warrant an investigation **We** shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document/ information.

In such cases, **Insurer** shall settle the claim within 45 days from the date of receipt of last necessary document.

'Repudiated' claims will be informed to **You** in writing with appropriate reasons of repudiation.

Reimbursement of all claims will be made in Indian Rupees on **Your** return back to the Republic of India, at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed. In the **Event** of **Policy** holder's death, **We** will make payment to the Nominee/Assignee (as named in the Schedule) whose discharge shall be treated as full and final discharge of the Company's liability under the **policy**.

**g. Payment of Interest**

All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of **Policy** holders Regulation), 2017 or any amendment thereof. In case of delay in payment of any claim that has been admitted as payable by **Us** under the **Policy** terms and condition, beyond the time **Period** as prescribed under IRDAI (Protection of **Policy** holders Regulation), 2017, **We** shall pay interest at a rate which is two percent (2%) above the bank rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by **Assistance Company** till the date of the actual payment.

**h. Contact Details of Assistance Company**

For intimation of claim, submission of claim related documents and any claim related query, **You** can contact **Assistance Company** through:

<b>Assistance Company</b>	<b>Falck India Pvt Ltd</b>
<b>Website</b>	<a href="http://www.falck.com">www.falck.com</a>
<b>Email</b>	<a href="mailto:navi.insurance@falck.com">navi.insurance@falck.com</a>
<b>Toll Free</b>	<ul style="list-style-type: none"> <li>• Domestic Travel – 18001020593</li> <li>• USA &amp; Canada - 18334689497 &amp; 18334689498</li> <li>• Excluding USA &amp; Canada (UIFN) – +800 44466600</li> <li>• Call Back Facility - +91 124 4498779</li> </ul>
<b>Fax</b>	+91 124 4006674
<b>Courier</b>	Falck India Pvt Ltd Claims Department Upper Floor, The Peach Tree, Block - C Sushant Lok –I Sector 43, Gurugram Haryana -122015

## 5. GRIEVANCE REDRESSAL PROCEDURE

At Navi General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.

- a. Call Us on Our Toll Free 1800-123-0004 (From 8 am to 8 pm) for any queries that You may have!
- b. Email Your Policy related queries to [mycare@navi.com](mailto:mycare@navi.com)
- c. For Senior Citizens, We have a special cell and Our Senior Citizen customers can email Us at [seniorcare@navi.com](mailto:seniorcare@navi.com) for priority resolution
- d. Visit Our website [www.naviinsurance.com](http://www.naviinsurance.com) to register & track Your queries
- e. Please walk in to any of Our branches or partner locations
- f. You can also dispatch Your letters to Us at:

### **NAVI General Insurance Limited**

402, 403 & 404, A & B Wing, 4th Floor, Fulcrum,  
Sahar Road, Next to Hyatt Regency,  
Andheri (East),  
Mumbai, Maharashtra – 400 099

We request you to please mention your complete details : Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

### **Escalation**

**Level 1** : While We attempt to give You best-in-class and prompt resolution for any concerns sometimes it may not be perfect. If You felt that You weren't offered a perfect resolution, please feel free to share Your feedback to Our Customer Experience team at [Manager.CustomeExperience@navi.com](mailto:Manager.CustomeExperience@navi.com)

**Level 2** : If You still are not happy about the resolution provided, then You may write to Our Head Customer Experience and Grievance Redressal Officer at [Head.CustomerExperience@navi.com](mailto:Head.CustomerExperience@navi.com) or contact GRO at 022 - 40018100.

**Level - 3**: If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If your concern remains unresolved after having followed the above escalation procedure, then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

**OMBUDSMAN AND ADDRESSES:** Refer the link - <http://ecoi.co.in/ombudsman.html>

S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<b>AHMEDABAD</b> Office of the Insurance Ombudsman. Jeevan Prakash Building, 6 <sup>th</sup> Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201 / 02/05/06 <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">Email: bimalokpal.ahmedabad@ecoi.co.in</a>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">Email: bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka
3	<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 <a href="mailto:bimalokpal.bhopal@ecoi.co.in">Email: bimalokpal.bhopal@ecoi.co.in</a>	States of Madhya Pradesh and Chattisgarh.
4	<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">Email: bimalokpal.bhubaneswar@ecoi.co.in</a>	State of Orissa
5	<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">Email: bimalokpal.chandigarh@ecoi.co.in</a>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, 	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of

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 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

	<p>Anna Salai, Teynampet, CHENNAI – 600 018.          Tel.: 044 - 24333668 / 24335284          Fax: 044 - 24333664  <a href="mailto:bimalokpal.chennai@ecoi.co.in">Email: bimalokpal.chennai@ecoi.co.in</a></p>	Union Territory of Pondicherry).
7	<p><b>DELHI</b>          Office of the Insurance Ombudsman,          2/2 A, Universal Insurance Building,          Asaf Ali Road, New Delhi – 110 002.          Tel.: 011 - 23239633 / 23237532          Fax: 011 - 23230858  <a href="mailto:bimalokpal.delhi@ecoi.co.in">Email: bimalokpal.delhi@ecoi.co.in</a></p>	State of Delhi
8	<p><b>GUWAHATI</b>          Office of the Insurance Ombudsman,          Jeevan Nivesh, 5th Floor,          Nr. Panbazar over bridge, S.S. Road,          Guwahati – 781001(ASSAM).          Tel.: 0361 - 2132204 / 2132205          Fax: 0361 - 2732937  <a href="mailto:bimalokpal.guwahati@ecoi.co.in">Email: bimalokpal.guwahati@ecoi.co.in</a></p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p><b>HYDERABAD</b>          Office of the Insurance Ombudsman,          6-2-46, 1st floor, "Moin Court",          Lane Opp. Saleem Function Palace,          A. C. Guards, Lakdi-Ka-Pool,          Hyderabad - 500 004.          Tel.: 040 - 65504123 / 23312122          Fax: 040 - 23376599  <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">Email: bimalokpal.hyderabad@ecoi.co.in</a></p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry
10	<p><b>JAIPUR</b>          Office of the Insurance Ombudsman,          Jeevan Nidhi – II Bldg., Gr. Floor,          Bhawani Singh Marg, Jaipur - 302 005.          Tel.: 0141 - 2740363  <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Email: Bimalokpal.jaipur@ecoi.co.in</a></p>	State of Rajasthan
11	<p><b>ERNAKULAM</b>          Office of the Insurance Ombudsman,          2nd Floor, Pulinat Bldg.,          Opp. Cochin Shipyard, M. G. Road,          Ernakulam - 682 015.          Tel.: 0484 - 2358759 / 2359338          Fax: 0484 - 2359336  <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">Email: bimalokpal.ernakulam@ecoi.co.in</a></p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry

<p><b>12</b></p>	<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 <a href="mailto:bimalokpal.kolkata@ecoi.co.in">Email: bimalokpal.kolkata@ecoi.co.in</a></p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands</p>
<p><b>13</b></p>	<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Naval Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 <a href="mailto:bimalokpal.lucknow@ecoi.co.in">Email: bimalokpal.lucknow@ecoi.co.in</a></p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>14</b></p>	<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 <a href="mailto:bimalokpal.mumbai@ecoi.co.in">Email: bimalokpal.mumbai@ecoi.co.in</a></p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>15</b></p>	<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 <a href="mailto:bimalokpal.noida@ecoi.co.in">Email: bimalokpal.noida@ecoi.co.in</a></p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>



<b>16</b>	<b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 <a href="mailto:bimalokpal.patna@ecoi.co.in">Email: bimalokpal.patna@ecoi.co.in</a>	States of Bihar and Jharkhand
<b>17</b>	<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 <a href="mailto:bimalokpal.pune@ecoi.co.in">Email: bimalokpal.pune@ecoi.co.in</a>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

**IRDAI Regulation No 17:** This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder’s Interests) Regulation 2017 or any amendment thereof from time to time.

## 6. ANNEXURE

### 6.1 NON-MEDICAL EXPENSES LIST

SR NO	ITEMS
<b>LIST 1 – Non Payable Items</b>	
1	BABY FOOD
2	BABY UTILITES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVENYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES

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 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: [www.naviinsurance.com](http://www.naviinsurance.com) | Email: [mycare@navi.com](mailto:mycare@navi.com)  
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34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES ( LONG / SHORT / HINGED)
46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
<b>LIST II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES</b>	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH

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3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET / WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
<b>LIST III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES</b>	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZOR CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD

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4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
<b>LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT</b>	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

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 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

## 6.2 ENDORSEMENT

Any endorsement issued with this Policy or endorsed thereon shall be expressly subject to the terms and conditions and exclusions of this Policy.

### 1. Medical Care (Sickness)

It is understood and agreed that section under “Medical Care” is limited only to sickness and not as stated under the policy.

### 2. Medical Care (Accident)

It is understood and agreed that section under “Medical Care” is limited only to accident and not as stated under the policy.