A. SALIENT FEATURES OF THE POLICY

1. Cashless Claims Settlement
2. Reimbursement of claims as per policy terms and conditions
3. Claims turnaround time within 15 working days
4. Worldwide Service Provider
5. Worldwide Emergency, Medical and Travel Assistance Services
6. Flexibility of choosing a Travel Insurance Plan as per your need
7. Ease and convenience of purchase
8. Instant policy issuance

B. DEFINITIONS:

1. **Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Act of Terrorism** means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or putting the public or any section of the public in fear.
3. **Alternative Treatments** means forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.
4. **Age** means the Insured's age on his/her most recent birthday.
5. **Burglary** means theft involving entry into or exit from the Insured's premises by forcible and violent means (including any threat of violence).
6. **Cashless Facility** means a facility extended by Us to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved
7. **Common Carrier** means any civilian, land conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
8. **Checked in Baggage** means the baggage handed over by the Insured and accepted by a Common Carrier for transportation in the same carrier in which the Insured is or would be travelling and for which the Common Carrier has issued a baggage receipt.
9. **Contribution** means essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rate able proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
10. **Condition Precedent** means a policy term or condition upon which Our liability under the Policy is conditional upon.
11. **Congenital Anomaly** means condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
    a. **Internal Congenital Anomaly-** Congenital anomaly which is not in the visible and accessible parts of the body.
    b. **External Congenital Anomaly-** Congenital anomaly which is in the visible and accessible parts of the body.
12. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
13. **Disclosure of information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
14. **Dental Treatment** means treatment carried

out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.

15. **Day Care Centre** means any institution established for Day Care Treatment of Illness and/or injuries or a medical set-up within a Hospital and which has been registered with the local authorities of the respective countries , wherever applicable, and in case of India is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

a) has qualified nursing staff under its employment;

b) has qualified Medical Practitioner/s in charge;

c) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;

d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

16. **Day Care treatment** means medical treatment, and/or surgical procedure which is:
    a. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
    b. which would have otherwise required a hospitalisation of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.

17. **Eligible Family** means you and/or your spouse and/or your two dependent children

18. **Emergency** shall mean a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.

19. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

20. **Hijack** means any unlawful seizure or exercise of control, by force or violence or threat of force and with wrongful intent, of Common Carrier in which the Insured are travelling.

21. **Hospital/Nursing Home** means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities in the respective countries and in case of India it means any institution registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    a. has qualified nursing staff under its employment round the clock;
    b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
    c. has qualified medical practitioner(s) in charge round the clock;
    d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

22. **Hospitalisation or Hospitalized** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

23. **Hospital Miscellaneous Expenses** means the costs of prescribed drugs and medicines, therapeutic services and supplies incurred in respect of the Insured when he/she is Hospitalized.

24. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

25. **Illness** means a sickness or a disease or pathological condition leading to impairment of normal physiological function which manifests itself during the Period of Insurance and requires medical treatment.

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

    b) **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics:

        i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests

        ii. it needs ongoing or long-term control or relief of symptoms

        iii. it requires the Insured's rehabilitation or for the Insured to be specially trained to cope with it

        iv. it continues indefinitely

        v. it comes back or is likely to come back

26. **Insured** means the person(s) named as insured in the Schedule who are covered under this Policy.

27. **Inclement Weather** means any severe, catastrophic weather conditions which delay the scheduled arrival or departure of a Common Carrier. This does not include normal, seasonal climatic/ weather changes

28. **Intensive Care Unit** (ICU) means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

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

30. **Major illness** means any of the following mentioned diseases– Cancer, Kidney failure, Liver Failure, Multiple Sclerosis, Multiple Organ Transplant, Coronary Artery Bypass Surgery, Aorta Graft Surgery, Stroke, Heart Attack and Coma.

31. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

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

33. **Medical Practitioner** 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 Homeopathy 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 the scope and jurisdiction of his/her licence. The registered practitioner should not be the Insured or his/her close family members.

    Note: In case the Medical practitioner is practicing outside India, he/ she should be a

licensed medical practitioner acting within scope of his license and who holds a degree of a recognized institution and is registered by the authorized Medical Council of the respective country.

34. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
    a. is required for the medical management of the illness or injury suffered by the Insured;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    c. must have been prescribed by a Medical Practitioner,
    d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

35. **Notification of Claim** means the process of notifying a claim to Us or TPA by specifying the timelines as well as the address/ telephone number to which it should be notified.

36. **OPD treatment** means one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

37. **Proposal** means the application (Proposal) form for insurance cover submitted to Us online along with all information which has enabled Us in considering whether and on what terms to offer this insurance.

38. **Policy** means the complete documents consisting of the Online Proposal, Policy wording, Schedule and Endorsements and attachments if any**.**

39. **Period of Insurance** means the period between: (a) the time when the Insured crosses the Indian border to leave India as a fare paying passenger on a Common Carrier; and (b) the earlier of: (i) the time when the Insured crosses the Indian border to return to India as a fare paying passenger on a Common Carrier; and (ii) the expiry of the Policy Period.

40. **Policy Period** means the period specified in the Schedule.

41. **Property Damage** means actual physical damage to tangible material property belonging to a third party.

42. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which the Insured had signs or symptoms, and/ or were diagnosed and/ or received medical advice/ treatment, within 48 months prior to the first policy issued by Us.

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

44. **Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

45. **Service Provider/Third party administrator (TPA)** means persons, organization named in the Schedule who have been appointed by Us to provide administrative services on Our Behalf and at Our direction to the Insured in accordance with the terms of this Policy.

46. **Schedule** means that the schedule attached to and forming part of the Policy which specifies details of the Insureds, the Sum Insured and the limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time and if more than one, then the latest in time.

47. **Sum Insured** means the amount stated in the Schedule against each relevant Section, which shall be Our maximum, total and cumulative liability for any and all claim made under such Section during the Policy Period

in respect of all Insureds.

The Sum Insured is available on Individual basis only

48. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

49. **Subrogation** means Our right to assume the rights of the Insured to recover expenses paid out under the Policy that may be recovered from another source.

50. **Strike** means a stoppage of work
    a. announced, organized and sanctioned by a labor union or any other stoppage or work recognized as a strike or equivalent under applicable law in the place of stoppage of work; and
    b. which interferes with the normal departure and arrival of a Common Carrier. The term "Strike" includes work slowdowns, lockouts and sickouts.

51. **Travelling Companion** means an individual or individuals travelling with the Insured during the Period of Insurance, provided that, the Insured and such individual(s) are travelling to the same destination on the same dates and provided that such individual(s) is/ are also insured under this Policy. For the purpose of this definition, any individual(s) forming part of a group travelling on a tour arranged by a travel agent or a tour leader is not considered as Travelling Companion, unless the individual(s) is part of the Insured's immediate family or colleague or friends.

52. **Trip** means and includes all journeys outside India during the Period of Insurance which are within the Territory.

53. **Territory** means the territory specified in the Schedule.

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

55. **Valuables** means photographic, audio, video, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewellery, furs and articles made of precious stones and metals.

56. **We, Our or Us** means Generali Central Insurance Company Limited.

57. **You or Your** means the policyholder named in the Schedule who has concluded the Policy with Us.

C. POLICY BENEFITS:

Insurance Plans: This Policy provides You options of 6 (six) plans namely Pearl, Topaz, Ruby, Emerald, Sapphire, Diamond with and without deductible options in Medical care benefit. The Schedule will specify the Plan which is in force for each of the Insured.

Benefits:

The Benefits available under this Policy are described below. Benefits will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the applicable Sum Insured and subject always to any sub-limits specified in respect of that Benefit and any limits applicable under the Plan in force for the Insured as specified in the Schedule.

Our total liability under this Policy for payment of any and all Claims in the aggregate arising under any Section of the Policy during the Policy Period shall not exceed the Sum Insured for that Section.

Our liability to pay each and every claim under any Benefit will be in excess of any Deductible applicable to that Benefit (if any) as specified in the Schedule.

SECTION A: MEDICAL CARE

1. **Medical Expenses:** We will indemnify the Medical Expenses incurred on the Insured

during the Period of Insurance for Medically Necessary Treatment following an Injury sustained or Illness suffered by the Insured during the Period of Insurance subject to the deductible mentioned on the schedule up to the Sum insured specified under Medical Care Section provided that:

a) The Medical Expenses incurred are Reasonable and Customary Charges;

b) The Medical Expenses are incurred for the Insured's Hospitalization for Medically Necessary Treatment or during the Insured's transportation to Hospital for Medically Necessary Treatment;

c) We will cover Medical Expenses incurred on the Insured including on Hospitalization, Day Care Treatment, OPD Treatment, ICU Charges, Surgical Procedures, Anesthetist Charges and diagnostic tests.

d) We shall not be liable to pay any amount in excess of US$500 unless Our Service Provider has provided written authorization on the Insured's admission to Hospital in case of cashless authorization.

e) If the Insured is between Age 56 years to Age 70 years during the Period of Insurance, then Our liability to indemnify Medical Expenses under this Benefit will be further subject to the following:

(i) Expenses for Hospital Room Rent and Hospital Miscellaneous Expenses shall not be reimbursed in excess of US$1,750 per day and shall not be reimbursed for a period exceeding 30 days during the Period of Insurance;

(ii) Expenses for Intensive Care Unit shall not be reimbursed in excess of US$2,500 per day and shall not be reimbursed for a period exceeding 7 days during the Period of Insurance;

(iii) Expenses for any Surgery/Surgical Procedure shall not be reimbursed in excess of US$12,500;

(iv) Expenses for any anesthetist's services during any Surgery/Surgical Procedure shall not be reimbursed in excess of 25% of the total expenses incurred for that Surgery/Surgical Procedure;

(v) Expenses for any Medical Practitioner's consultation shall not be reimbursed in excess of US$75 per visit and for more than 10 such visits;

(vi) Expenses for any diagnostic tests and pre-admission tests shall not be reimbursed in excess of US$1,000;

(vii) Expenses for any ambulance services (including medical services and medical supplies that are required to be rendered to the Insured during the transportation) shall not be reimbursed in excess of US$500.

2. Emergency Medical Evacuation: We will indemnify the Reasonable and Customary Charges incurred up to the limit of Medical Care Section specified in the Schedule for the Insured's evacuation in an Emergency during the Period of Insurance provided that:

a) The Medical Practitioner treating the Insured certifies in writing that the Insured is required to be transported to a different location for: (i) Medically Necessary Treatment which is not available at the location from where the Insured is being evacuated; or (ii) further medical treatment in India.

b) We will be liable to indemnify only those Reasonable and Customary Charges incurred on transportation of the Insured and medical services and medical supplies that are required to be rendered to the Insured during the transportation.

c) Our Service Provider authorizes in writing in advance and arranges the conveyance for transporting the Insured.

3. Repatriation Of Remains: We will indemnify the Reasonable and Customary Charges incurred up to the limit of US$ 10,000 within the Sum Insured specified under Medical

Care Section for repatriating the mortal remains of the Insured to India during the Period of Insurance or for the Insured's burial in the place of death following the Insured's death due to an Injury or Illness suffered during the Period of Insurance provided that Our Service Provider authorizes the repatriation/burial in writing in advance and arranges the conveyance for repatriation (if applicable).

4. **Continuation of Medical Treatment in India**: If We have accepted a claim under Section A.2. and the Insured has been evacuated to India in an Emergency for further medical treatment, then We will also indemnify the Reasonable and Customary Charges incurred as Medical Expenses on the continuation of the Insured's Medically Necessary Treatment in India provided that We shall not be liable to indemnify any Medical Expenses incurred after the completion of 90 days from the Accident or the first diagnosis of the Illness in respect of which the Insured is receiving Medically Necessary Treatment. This cover is applicable subject to balance sum insured being available under Medical care section A (1) .The sub limits specified in Section A 1 (e) would be applied for the medical treatment in India. In case of "Continuation of Medical Treatment In India , the rate of exchange as published by the Reserve Bank of India (RBI) as on the date of Hospitalisation in India , shall be used for conversion of foreign currency amounts into Indian rupees for payment of any claim under this Benefit

5. **Daily Hospital Allowances**: We will pay the daily allowance specified in the Schedule within the Sum Insured specified under Medical Care Section if the Insured is Hospitalized during the Period of Insurance for Medically Necessary Treatment of any Injury or Illness suffered by the Insured during the Period of Insurance, subject to the deductible mentioned on the schedule wherever applicable provided that:

   a) We shall not be liable to make any payment under this Benefit unless the Insured has been Hospitalized for at least 2 consecutive days and We shall in any event not be liable to pay the daily benefit allowance in respect of the first day of Hospitalization;

   b) We shall not accept more than one claim under this Benefit in respect of the Insured during the Period of Insurance;

6. **Emergency Sickness Dental Relief:** We will indemnify the Reasonable and Customary Charges incurred on the Insured's Dental Treatment during the Period of Insurance subject to the deductible mentioned on the schedule wherever applicable, within the Sum Insured specified under Medical Care Section provided that We will only indemnify the following:

   a) Costs incurred on Dental Treatment which is required to be taken in an Emergency for relief following a dental Illness occurring during the Period of Insurance and up to the limit specified in the Schedule.

   b) Costs incurred on Dental Treatment that is required by the Insured for the Insured's sound natural teeth following an Accident during the Period of Insurance.

   This Benefit shall be available if the Ruby I/II, Emerald I/II, Sapphire I/II or Diamond I/II Plans are in force for the Insured.

Exclusions applicable to Section A

In addition to General Exclusions, We shall not be liable to make any payment under this Section directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

a. Any routine physical or other examination where there is no objective indication of impairment of normal health.

b. Any medical treatment obtained within India, unless covered under Section A.4.

c. Any Pre-Existing Disease.

d. Medical treatment where such medical treatment is the sole reason or one of the reasons for temporary stay abroad.

e. Any elective, cosmetic or plastic surgery, except as a result of an Injury during the Period of Insurance.

f. Dental Treatment, unless covered under Section A.6 The diagnosis and treatment of, deviated nasal septum including sub-mucus resection/or other surgical correction thereof.

g. Any expenses which are not exclusively medical in nature as specified in Annexure A to the Policy.

h. Any costs incurred on spectacles, contact lenses, hearing aids and purchase of BiPAP machine.

i. Rehabilitation and physiotherapy or the costs of external prosthesis/ device.

j. Any Internal Congenital Anomaly known to the insured at the time of taking the policy.

k. Any expenses relating to pregnancy resulting to childbirth, miscarriage, abortion, or complication arising out of any of the foregoing or expenses related to treatment of infertility or birth control measures.

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

m. Immunizations and treatment towards obesity and any External Congenital Anomaly.

n. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments under Alternative Treatments other than allopathy/western medicines.

SECTION B: TRAVEL INCONVENIENCE

1. Hijack Benefit: We will pay the daily benefit amount subject to the deductible specified in the Schedule if the Common Carrier in which the Insured is travelling during the Period of Insurance is hijacked for a period of more than 12 consecutive hours and the hijack directly results in the Insured's journey being delayed for more than 24 consecutive hours provided that:

a) We shall not be liable to make any payment under this Benefit in respect of more than 7 days;

b) We shall be liable to make payment of the daily benefit amount only in respect of those days during which the hijack of the Common Carrier continues.

This Benefit shall be available if the Topaz I/II, Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured

Exclusions Applicable to B.1:

We shall not be liable to make any payment under this Section B.1. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

a) Any incident where the Insured is suspected to be either the principal or an accessory in the hijacking.

b) Any claim as a consequence of a change in the regular routes of travel/journey of the Common Carrier due to traffic, weather, fuel shortage, technical security reasons.

2. Trip Delay: We will indemnify the expenses incurred by the Insured subject to the amount and deductible (wherever applicable), specified in the Schedule if the Insured's journey during the Period of Insurance is delayed for more than 12 consecutive hours for one of the following reasons:

a) The Common Carrier in which the Insured is scheduled to travel is delayed due to inclement weather;

b) The Common Carrier in which the Insured is scheduled to travel is delayed due to strike or other action by employees of the Common Carrier;

c) The Common Carrier in which the Insured is scheduled to travel is

delayed due to equipment failure on the part of that Common Carrier;

d) The Insured loses his/her passport during the Period of Insurance provided that We have accepted a claim under Section B.5.

This Benefit shall be available if the Topaz I/II, Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

Exclusion Applicable to B.2:

In addition to General Exclusions, We shall not be liable to make any payment under this Section B.2. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any delay which was made public or known to the Insured prior to the commencement of the Period of Insurance or for any departure which is delayed as a result of the Insured or any other person who has arranged to travel with failing to check in correctly as required by the Common Carrier.

3. Trip Cancellation: We will indemnify the non-refundable expenses incurred by the Insured subject to the amount and deductible (wherever applicable), specified in the Schedule on travel tickets, hotel bookings and scheduled tour bookings if the Insured's journey from India prior to commencement of the Period of Insurance is cancelled due to any of the following reasons provided that all such bookings are cancelled by the Insured within 48 hours of the occurrence of the event giving rise to the claim under this Benefit:

a) Death or diagnosis of Major Illness of the Insured or the Insured's spouse, child, parent, brother, sister, grand-parent, grand-children or parent-in-law.

b) The Common Carrier on which the Insured is scheduled to travel is delayed for at least 24 consecutive hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of the Common Carrier.

c) Serious damage to the Insured's residence in India arising from fire, flood, earthquakes and riots.

d) The Insured's involuntary termination of employment or layoff after continuous employment with the same employer for 1 year or more, provided that the Insured is not a temporary employee, independent contractor, or a self-employed person.

This Benefit shall be available if the Topaz I/II, Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

Exclusions Applicable to B.3

In addition to General Exclusions, We shall not be liable to make any payment under this Section B.3. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any failure to follow the directions, advice or guidance of a Medical Practitioner.

4. Trip Curtailment: We will indemnify the non-refundable expenses incurred by the Insured subject to the amount and deductible (wherever applicable), specified in the Schedule on travel tickets, hotel bookings and scheduled tour bookings if the Insured's journey during the Period of Insurance is curtailed due to any of the following reasons provided that all such bookings are cancelled by the Insured within 48 hours of the occurrence of the event giving rise to the claim under this Benefit:

a) Death or diagnosis of Major Illness of the Insured or the Insured's spouse, child, parent, brother, sister, grand-parent, grand-children or parent-in-law.

b) The Common Carrier outside India on which the Insured is scheduled to travel is delayed for at least 24 consecutive hours due to strike, industrial action,

riot, civil commotion, severe weather condition, natural disaster, hijack or mechanical breakdown of the Common Carrier.

c) Serious damage to the Insured's residence in India arising from fire, flood, earthquakes and riots.

d) The Insured's involuntary termination of employment or layoff after continuous employment with the same employer for 1 year or more, provided that the Insured is not a temporary employee, independent contractor, or a self-employed person.

This Benefit shall be available if the Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

Exclusions Applicable to B.4:

In addition to General Exclusions, We shall not be liable to make any payment under this Section B.4. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any failure to follow the directions, advice or guidance of a Medical Practitioner.

5. Missed Connection: We will pay the amount subject to the deductible (wherever applicable) as specified in the Schedule if the Common Carrier on which the Insured travelling or scheduled to travel from India prior to commencement of the Period of Insurance is delayed or cancelled due to Inclement Weather for a period exceeding 12 consecutive hours which results in the Insured missing the connecting Common Carrier on which the Insured is scheduled to travel during the Period of Insurance, provided that the Common Carrier certifies the period of the delay and the reason for the delay in writing.

This Benefit shall be available if the Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

Exclusion Applicable to B.5:

In addition to General Exclusions, We shall not be liable to make any payment under this Section B.5. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any delay which was made public or known to the Insured prior to the commencement of the Period of Insurance or for any departure which is delayed as a result of the Insured or any other person who has arranged to travel with failing to check in correctly as required by the Common Carrier.

6. Loss of Passport: We will indemnify the reasonable expenses necessarily incurred by the Insured in obtaining a duplicate/temporary passport overseas if the Insured loses his/her passport during the Period of Insurance subject to the deductible specified in the Schedule.

Exclusions Applicable to B.6:

In addition to General Exclusions, We shall not be liable to make any payment under this Section B.6. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

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

b) Loss which is not reported to the appropriate police authority within 24 hours of the discovery of the loss, and in respect of which an official report has not been obtained.

c) Loss caused by the Insured's failure to take reasonable steps to guard against the loss of the passport.

SECTION C: PERSONAL CARE

1. Baggage Loss (checked in baggage): If the Insured's Checked-in Baggage is completely and permanently lost or destroyed during the Period of Insurance, then We will (at Our option) either indemnify the Insured for the cost of replacement of the entire Checked-in Baggage and its contents or replace/reinstate

the Checked-in Baggage subject to the deductible specified in the schedule provided that:

a) The Common Carrier certifies in writing that the Insured's Checked-in Baggage has been completely and permanently lost or destroyed;

b) A copy of the Property Irregularity Report (or its equivalent) is provided to Us;

c) If more than one piece of the Insured's Checked-in Baggage is completely and permanently lost/destroyed, the maximum amount payable by Us for each piece of lost/destroyed Checked-in Baggage shall not exceed 50% of the amount specified in the Schedule;

d) Our maximum liability in respect of any single article lost/destroyed in the Insured Check-in Baggage shall be limited to 10% of the amount stated in the Schedule

This Benefit shall be available if the Topaz I/II, Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured

Exclusions Applicable to C.1:

We shall not be liable to make any payment under this Section C.1. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

a) Loss pertaining to Valuables and money, all kinds of securities and tickets/passes.

b) Loss of any part of any item contained within the Checked-in Baggage.

c) Loss of the Insured's baggage sent in advance or souvenirs and articles mailed or shipped separately.

2. Baggage Delay (checked in baggage): If the Insured's Checked-in Baggage is delayed or mis-directed during the Period of Insurance for a period of more than 12 consecutive hours from the arrival of the Common Carrier on which the Checked-in Baggage was entrusted, We will indemnify the Insured for the expenses incurred on the emergency purchase of necessary toiletries, medication and clothing to replace those contained in the delayed/mis-directed Checked-in Baggage subject to the deductible specified in the schedule, provided that:

a) Our liability under this Benefit shall be limited to expenses incurred due to delayed/mis-directed Checked-in Baggage on travel to any of the destinations specified in the Insured's main travel ticket from India or the Insured's return trip back to India, including all halts and via-destinations;

b) If We receive claims under Section C.1. and Section C.2. in respect of the same Checked-in Baggage, We shall be liable to pay the higher of the claims in respect of the same items(s) of Checked–in Baggage.

This Benefit shall be available if the Topaz I/II, Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured

3. Compassionate Visit: If the Insured is Hospitalised during the Period of Insurance solely and directly due to an Injury or Illness suffered during the Period of Insurance, We will indemnify the actual cost of an economy travel by the most direct route on a Common Carrier for one Immediate Family Member to travel from that Immediate Family Member's place of residence to the Insured's place of Hospitalisation subject to the deductible (wherever applicable) specified in the schedule provided that:

a) The Insured's Hospitalization has been advised by the Medical Practitioner attending to the Insured and We have accepted a claim under Section A.1.;

b) The Medical Practitioner treating the Insured has certified in writing that the attendance of an immediate family member is necessary;

c) Our Service Provider approves the request for the Immediate Family Member's travel in writing in advance;

d) This Benefit shall be available if the

Sapphire I/II, Diamond I/II Plans are in force for the Insured.

For the purpose of this benefit, "Immediate Family Member" means the Insured's parents, child or spouse only.

4. **Financial Emergency Assistance:** If the Insured's luggage or money is burgled/stolen during the Period of Insurance due to which the Insured requires urgent financial assistance, Our Service Provider will assist in co-ordinating with the Insured's family in India to arrange for the Insured's family to send the cash assistance to the Insured, provided that:

   Neither the Service Provider nor Us shall be bound or be deemed to be bound to give any financial assistance to the Insured and all financial assistance will be provided by the Insured's family in India.

   This Benefit shall be available if the Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

SECTION D: PERSONAL ACCIDENT

1. **Accidental Death and Permanent Total Disability**: We will pay the percentage of the Sum Insured specified in the table below if the Insured dies or suffers Permanent Total Disablement solely and directly due to an Accident which occurs during the Period of Insurance provided that the Insured's death or Permanent Total Disablement occurs within 12 months of that Accident, provided that:

   If We receive more than one claim in respect of the same Insured in respect of the same Accident, our liability would be restricted to 100% of the Sum Insured.

Table of Losses (Personal Accident)

Event	**Percentage of Sum Insured**
Accidental Death	100%
Permanent Total Disablement:	100%
Permanent Total Loss of sight of both eyes	100%
Permanent Total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot	100%
Permanent Total loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent Total loss and physical separation of or the loss of ability to use one hand and one foot	100%
Permanent Total loss of an arm at the shoulder joint	75%
Permanent Total loss of an arm above the elbow joint	70%
Permanent Total loss of a hand at the wrist	50%
Permanent Total loss of an arm beneath the elbow joint	60%
Permanent Total loss of a leg above mid-thigh	75%
Permanent Total loss of a leg up to mid thigh	60%
Permanent Total loss of a leg up to beneath the knee	50%
Permanent Total loss of a leg up to mid-calf	45%
Permanent Total loss of a foot at the ankle	40%
Permanent Loss of sight of one eye	50%
Permanent Total loss of hearing of both ears	75%

For the purpose of this benefit, "**Permanent Total Disablement"** means disablement due to which the Insured is unable to engage in each and every occupation or employment for compensation or profit for which the Insured is reasonably qualified by education, training or experience for the rest of the Insured's life. If at the time of loss the Insured is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

2. **Accidental Death (Common Carrier):** If the Insured dies solely and directly due to an Injury arising while the Insured is riding as a passenger in or on, boarding or alighting on a Common Carrier, during the Period of Insurance, then in addition to the amount payable under Benefit D.1., We will pay the amount specified in the Schedule. The Schedule will specify if this Benefit is in force for the Insured under the Policy.

3. **Accidental Death (Air Travel only):** If the Insured dies solely and directly due to an Injury arising while the Insured is riding as a passenger in or on, boarding or alighting on a Common Carrier which is a scheduled commercial airline, during the Period of Insurance, then in addition to the amount payable under Benefit D.1. and Benefit D.2., We will pay the amount specified in the Schedule. The Schedule will specify if this Benefit is in force for the Insured under the Policy.

Exclusions applicable to Section D.1, D.2 & D.3:

We shall not be liable to make any payment under this Section directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

a) Intentional self injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

b) Accident while under the influence of alcohol or drugs.

c) Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.

d) Any Accident of which a contributing cause was the Insured's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or the Insured's resistance to arrest.

e) Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.

f) Participating in motor racing or trial run as a driver, co-driver or passenger.

g) Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.

h) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority.

i) Nuclear energy, radiation.

j) Any existing disablement prior to the inception of the Policy.

k) Any expense incurred which is not exclusively medical in nature/Unproven or Experimental Treatment of any description.

l) Expenses incurred for emergency medical evacuation.

m) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and any pathological disturbances caused by the mental reaction to the same.

n) Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury.

o) Losses arising from Accidents on motorized vehicles unless at the time of the Accident the driver is duly qualified in possession of a current full international driving license and the driver is wearing a safety crash helmet in case of two wheeled motorized vehicle.

SECTION E: SPECIAL CARE

1. **Golfers Hole in One Celebration:** We shall reimburse expenses incurred by the Insured in celebration of achieving a hole-in-one by the Insured during the Period of Insurance in a United States Golfers Association (USGA) recognized golf course. This Benefit shall be available if Sapphire I/II, Diamond I/II Plans are in force for the Insured.

2. **Automatic Extension of the Policy Period:** We will automatically extend the Policy Period to up to a period of 7 days, from the expiry of the Policy Period, if the extension is necessary solely due to delay by a Common Carrier on which the Insured is scheduled to travel back to India for reasons which are beyond the Insured's control and no alternative air transportation is made available to the Insured by the Common Carrier. This Benefit shall be available if the Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

3. **Home burglary insurance:** If the Insured is the victim of a Burglary at the residence normally occupied by the Insured in India (located at the address mentioned in the Schedule) during the Period of Insurance, We shall indemnify the Insured for loss of or damage to the Insured's property, except loss or damage to jewelry and Valuables provided that a FIR is filed with the local police as soon as the Burglary is discovered and a copy of that FIR is provided to Us as a Condition Precedent to Our liability under this Section.

   This Benefit shall be available if the Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured.

   Exclusions Applicable to E.3:

   We shall not be liable to make any payment under this Section E.3. directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

   a) Loss or damage caused by the Insured and/ or the Insured's employee(s) or agents and/or the Insured's family member's direct or indirect involvement in the actual or attempted burglary.

   b) Any loss or damage to, or on account of loss livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, ATM debit card or credit cards, precious stones that are not part of jewellery or ornaments, gold bullion.

   c) Loss or damage to any property/item illegally acquired, kept, stored or which has been forfeited in any manner whatsoever.

4. **Child Return Journey:** In the event of your demise while on the covered trip due to a covered illness or accident we shall reimburse travelling expenses for returned journey of your children aged below 17 and insured under our travel policy provided they are not accompanied by any other adult family member, on their return journey, subject to maximum specified in the Policy Schedule

This Benefit shall be available if the Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured

For the purpose of this benefit, **"any other Adult family member" means Parents and Siblings**

SECTION F: LEGAL LIABILITY

1. **Personal Liability**: We will indemnify the Insured against any legal liability incurred by the Insured in the Insured's private capacity to pay damages for third party civil claims for Accidental Injury or Accidental Property Damage occurring during the Period of Insurance subject to the deductible as specified in the schedule, subject to the following terms and conditions:

   a) No Deductible shall be applicable in respect of the legal liability incurred by the Insured in the Insured's private capacity to pay damages for third party Accidental Injury.

b) Our liability to indemnify the Insured under this Section shall be to the extent finally determined by a foreign court of law or otherwise as consented to in advance by Us.

c) In the event that legal action is taken against the Insured within India, it is a condition precedent to Our liability hereunder that the Insured shall:

i) give immediate written notice to Us to the address specified in the Schedule, and

ii) not incur any defence costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without Our prior written consent. We shall be entitled (but in no case obligated) at any time to take over and conduct in the Insured's name the defence and/or settlement of any action or claim and shall be entitled at all times to receive the Insured's cooperation and assistance and to appoint lawyers on the Insured's behalf. Any and all costs and expenses incurred by Us or the lawyers appointed by Us shall be a first charge on the Sum Insured hereunder.

d) We shall not settle any claim without the Insured's express consent, but if the Insured refuses an available settlement recommended by Us then Our liability shall thereafter be restricted to the amount by which the claim could have been settled.

This Benefit shall be available if the Topaz I/II, Ruby I/II, Emerald I/II, Sapphire I/II, Diamond I/II Plans are in force for the Insured

Exclusions Applicable to Section F: We shall not be liable to make any payment under this Section in connection with or in respect of:

a) The Insured's liability to any employee (whether under a contract of or for services);

b) Liability arising out of the rental or holding for rental of any part of any premises by the Insured,

c) Liability arising out of the rendering of or failure to render professional services,

d) Liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by the Insured,

e) Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft,

f) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse,

g) 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 the Federal Food and Drug Agency or equivalent or similar organization,

h) Liability under any contract or agreement,

i) Property Damage to property owned by the Insured,

j) Property Damage to property rented to, occupied or used by or in the care of the Insured,

k) Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by the Insured under any worker's compensation law, non-occupational disability law or occupational diseases law, or any other similar law,

l) Suits or legal actions by the Insured's parents, children, spouse, brothers, sisters, uncles, aunts, grandparents or

parents-in-law, or any Travelling Companion or a Travelling Companion's parents, children, spouse, brothers, sisters, uncles, aunts, grandparents or parents-in-law.

D. GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We shall not be liable to make any payment under any Section of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the following:

1. Any Pre-Existing Disease.
2. Any claim relating to events occurring before the commencement of the Period of Insurance or after the completion of the Period of Insurance.
3. Any hospital admission or routine examination for investigative/ diagnostic purpose.
4. Non-allopathic medicine.
5. Cosmetic surgery and plastic surgery.
6. Any costs incurred on spectacles, contact lenses, hearing aids, corrective and cosmetic dental surgeries.
7. In so far as it relates to, the Insured:
   a) travelling against the advice of a Medical Practitioner;
   b) receiving, or is on a waiting list to receive, specified medical treatment declared in a Medical Practitioner's report or certificate;
   c) received terminal prognosis for a medical condition;
   d) taking part in a naval, military or air force operation;
8. Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials.
9. In respect of your travel to any country other than declared in proposal form which is in the sanctioned list of travel restrictions issued by Government of India, Coverage for travel on Ship, travel to Mansarovar, Haj.
10. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus(HIV) infection.
11. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Medical Practitioner and taken as prescribed
12. Any treatment related to alcoholism or drug dependency.
13. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
14. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft.
15. Participation in skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or diving in races or rallies using a motorized vehicle or bicycle, caving or potholing hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), any bodily contact sport , any other potentially dangerous sport participation in any professional sports.
16. Act of Terrorism by the Insured or which is abetted by the Insured in any manner.
17. Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not).

E. GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1. It is a Condition Precedent to Our liability that all Claims must be notified to Us /Our Service Provider within the timeframes and in accordance with the procedure set out in Clause V below.

2. No Benefits under the Policy will be provided after the completion of the Period of Insurance.

3. We may agree to extend the original Period of Insurance, if requested, provided that a declaration of good health is provided to Us and no claim has been made in respect of Section A.1. and We have received the premium in respect of the extension in full. For extension to the policy, request mail should be send up to 7 days prior to expiry of the earlier policy period, to GCIcare@generalicentral.com

4. The Insured shall take all reasonable precautions to prevent Injury or Illness in order to minimize claims. Failure to do so will prejudice the Insured's claim under this Policy.

5. Cancellation of the Policy:
   a) You at any time before the commencement of the proposed Trip may cancel this Policy by giving notice in writing to Us as long as You are able to establish to Our satisfaction that the proposed Period of Insurance has not commenced. In the event of such cancellation of policy, 100% of premium will be refunded to the insured, provided there are no claims incurred on the Policy under any section.
   b) In event of cancellation of the Policy after the proposed date of commencement of Trip within 7 days or the expiry date mentioned in the Policy whichever is earlier You shall be entitled to a refund of the premium subject to Our retention of minimum of Rs 150, provided that travel has not commenced. We will verify the passport and ensure that no Trip was undertaken before any refund of premium. The request for cancellation of policy within above stipulated time should be send to GCIcare@generalicentral.com

6. Cancellation/termination: Cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. We will cancel the Policy by giving 15 days notice in writing by Registered Post Acknowledgment Due post to You at Your last known address in which case We shall be liable to repay on pro-rata basis for the unexpired term from the date of the cancellation.

7. Refund of Premium on Early Return - In case of any early return of the Insured prior to expiry of the Policy Period We will refund premium at the following rates subject to no claims being incurred on the Policy.

Period of Risk	**Rate of Premium Retained by Us**
Above 50% of Period of Insurance	100% of premium
Above 40% to 50% of Period of Insurance	80% of premium
Above 30% to 40% of Period of Insurance	75% of premium
Above 20% to 30% of Period of Insurance	60% of premium
Policy inception - 20% of Period of Insurance	50% of premium

8. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy.

F. CLAIMS

Claim procedure:

1. On the occurrence or discovery of any event that may give rise to a claim under this Policy, the following procedure shall be complied with:
   a) We or Our Service Provider shall be contacted at Our/Our Service Provider's call centre details/helpline details specified in the Schedule within 48 hours and the following details must be provided :
      i. The Policy Number;

ii. Name of the Policyholder;

iii. Name and address of Insured in respect of whom the request/claim is being made;

iv. Nature of the claim and the benefit under which the claim is being made;

v. Name and address of the attending Medical Practitioner (if applicable);

vi. Hospital where treatment/surgery is proposed to be taken/being taken (if applicable).

b) If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the claim under the Policy, then We/ Our Service Provider will request additional information or documentation in respect of that request.

c) Once there is sufficient information to assess the eligibility of the claim under the Policy, We/Our Service Provider will issue the authorisation letter (if required).

d) If the Insured has been admitted into Hospital for Emergency Care, We or Our Service Provider shall be contacted with the above details at the earliest on Hospitalisation.

2. In case of Hijack Benefit claim under the Policy, the fact of the incident having occurred should be confirmed by police authorities. The police report should contain details such as the Insured's passport number, the period of hijack. In rare cases, We may consider the other supporting documents such as a report issued by the airlines, newspapers reports, TV and other media coverage with regard to the particular hijacking accident.

3. In case of Burglary loss to the Insured's home during the Period of Insurance, the loss is to be intimated to the Service Provider in India. We shall appoint an independent surveyor to assess the loss. The Insured/Insured's representatives shall provide all co-operation to the surveyor and shall assist and not hinder Us in investigating the claim and Our liability in respect of the claim.

4. If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

5. We may investigate claims at Our own discretion to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim documents. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.

Claims Settlement:

1. If the procedure stated above is complied with, the Service Provider, as the case may be, will guarantee to the Hospital Authorities the costs of hospitalisation, transportation for emergency services incurred by the Insured(s), subject to the terms and conditions of the Policy. All costs will be directly settled by the Service Provider on Our behalf and the same shall constitute due discharge of Our obligations hereunder.

2. If the Hospital does not accept the guarantee of payment/authorization letter from the Service Provider, then it is hereby agreed that We cannot be held liable for any loss arising from such circumstances. The cost will then have to be borne by the Insured and will then be reimbursed by Us, as per Policy terms and conditions upon submission of required documents specified under the Policy or requested by Us.

3. Reimbursement of all claims (except claims under Financial Emergency Assistance) will be made by the Service Provider in Indian Rupees on the Insured's return back to India, at the exchange rate specified by the Reserve Bank of India, as applicable on the

date the amount is billed. In case of "Continuation of Medical Treatment In India, the rate of exchange as published by the Reserve Bank of India (RBI) as on the date of Hospitalisation in India , shall be used for conversion of foreign currency amounts into Indian rupees for payment of any claim under this Benefit. Claims under Financial Emergency Assistance shall be settled/ arranged directly with the Insured, whilst abroad, by the Service Provider. The Insured shall immediately and in any event not later than 30 days after his return to India, notify the Service Provider and obtain a Claim Form for completion and return to the Service Provider along with supporting invoices and any other documentation or information that might be required or requested by the Service Provider.

4. We shall settle or repudiate a Claim within 15 days of the receipt of the last necessary information and documentation set out above. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from Our representatives.

5. In the cases of delay in the payment of a 'settled' claim beyond the period of 30 days of the receipt of the last documents specified in Section V, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

6. In event of the Insured's death, We or Our representatives shall have right to carry out a post mortem/autopsy, at Our expense.

7. The sum insured under Medical care section will be the total liability under the Sections A(1) to A (6) under this Policy for payment of any and all Claims in the aggregate arising under this Section of the Policy during the Policy Period and shall not exceed the Sum Insured for that Section

Claim Documentation:

1. The original ticket/boarding pass or a copy of the passport indicating the travel dates must be submitted with every claim, along with the completed claim form.

2. The original bills and vouchers must be submitted along with all claims.

3. For Medical Expenses: Please attach Medical Practitioner's Consultation notes, Original admission/discharge card, Original Bills/receipts with prescriptions and diagnostic/investigative reports, copy of passport/visa with entry and exit stamp and copy of the ticket and boarding pass.

4. Bills/vouchers/reports/discharge summary must mention the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed. The pharmacy bills must clearly show the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed. The claim form should clearly indicate the same and supporting should be provided.

5. For reimbursement of the costs towards Repatriation of the mortal remains to India or of the costs of burial abroad, an official death certificate and a Medical Practitioner's statement giving the cause of death needs to be submitted. Medical statements from relatives or spouses will not be accepted. Original bills/receipts of the expenses incurred need to be submitted also. These would be paid as per the Reasonable and Customary charges incurred for the same.

6. For reimbursement of expenses of Your Emergency Medical Evacuation, a medical statement from an attending Medical Practitioner indicating the cause of illness and the necessity of the transportation needs to be submitted. Medical statements from relatives or spouses will not be accepted. Original bills/receipts of the expenses incurred need to be submitted also. These would be paid as per the Reasonable and Customary charges incurred for the same.

7. For reimbursement of expenses of Your Loss of Checked-in Baggage, a Property

Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage will need to be submitted with the claim form. A letter from the airline need to be submitted stating the compensation received from them for the lost baggage. Proof of ownership of items contained within checked-in baggage valued in excess of the Indian Rupee equivalent of US$100 for loss/delay of checked-in baggage will need to be submitted.

8. For reimbursement of expenses of the Insured's Delay of Checked in Baggage please attach the details of items purchased during the delay period, copies of baggage tags, copies of correspondence with airline authorities certifying, along with details of compensation received from airlines/other authorities (if any), Property Irregularity Report (obtained from airline), original bills/ receipts/ invoices connected to expenses incurred/ purchases made during the delay period, copy of the passport/visa with entry & exit stamp.

9. For reimbursement of expenses of the Insured's Loss of Passport please attach a Police Report obtained within 24 hours of the Insured becoming aware of the theft needs to be submitted. Along with this, bills/receipts of expenses incurred in obtaining a new/fresh passport needs to be submitted.

10. For reimbursement of expenses of the Insured's Compassionate Visit please attach certificate from the treating Medical Practitioner attending the Insured and the need of such assistance is essential in the opinion of the attending Medical Practitioner and recommendation by him/ her accordingly. Original bills/ invoices and Copy of air tickets.

11. For reimbursement of expenses towards Personal Liability please attach the judgment of the Court along with copies of all correspondence, summons, notice of intent to take legal action and policy report (if any).

12. For reimbursement of expenses of the Insured's Personal Accident claim please attach the Police report, Post Mortem Report, Death Certificate, Medical report, Certificate issued by State Government Undertaking Hospital authority who is authorized to issue certificate for Permanent Total Disability.

13. For reimbursement of expenses towards Hijack Relief please attach the copy of passport/ visa with entry & exit stamp (if any), copy of the ticket and boarding pass, the police report with details such as the Insured's passport number and period of hijacking, newspaper report (if available).

14. For reimbursement of expenses towards Trip Cancellation or Trip Curtailment, please attach the following documents:

    a) Medical reports and Medical Practitioner's consulting notes, if Trip is cancelled or interrupted due to medical reasons.

    b) Termination letter from the company shall be submitted, if due to employment reasons.

    c) Police report confirming the incident shall be submitted, if due to other events covered under the benefit.

    d) Medical Report/Death Certificate, in case the cancellation or interruption is owing to the death or Major Illness of immediate family member or the Insured.

    e) All bills/receipts of reasonable additional expenses incurred and/or proof of cancellation charges levied by the carriers shall be submitted to Us.

15. For reimbursement of expenses towards Trip Delay, please attach the following documents: Airport/common carrier authority report confirming the incident causing Trip Delay. The report should contain the Insured's passport numbers and period. Further, all bills/ receipts of reasonable additional expenses incurred should also be attached with the claim form.

16. For reimbursement of expenses towards Missed Connection, please attach the following documents: Confirmation from the

airline clearly mentioning the scheduled arrival time and the actual arrival time, along with the reasons for delay in the flight. All the bills/receipts of reasonable additional expenses incurred should also be submitted to Us.

17. For reimbursement of expenses towards Burglary, please attach the following documents: First Information Report, Panchnama, Investigation Report by the police, estimate and final bills of repairers, legal opinion wherever required, and any other document as may be appropriately applicable for the claims preferred under this section of the Policy.

18. For reimbursement of expenses towards Golfers Hole-in-One, please attach the following documents: The claim form, a hole-in-one certificate from the golf club and receipts of expenses incurred for celebration of the hole-in-one.

19. Any other document(s) that We require from the Insured to process the claim may be asked for. If We or the Service Provider requests that bills/vouchers in a foreign language be accompanied by an appropriate translation then the same should be provided by the Insured at his/her own cost.

Obligations of the Insured:

1. The Insured shall provide the Service Provider on demand of any information that is required to determine the occurrence of the insurable event or circumstances warranting Our liability to pay the benefits under the Policy. In particular, upon request, proof shall be furnished of the actual commencement date of the Period of Insurance.

2. If requested to do so by the Service Provider, the Insured are obliged to undergo a medical examination by Medical Practitioner designated by the Service Provider.

3. The Service Provider is authorized by the Insured to take all measures that are suitable for loss prevention and claim minimization, which may include the Insured's transportation back to India on consent of insured. You/Insured further agree to provide all authorizations to the Service Provider as may be specifically required which is suitable for loss prevention and claim minimization.

4. We shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached by the Insured.

Transfer and Set off of Claims

Claims to the insurance benefits may be neither pledged nor transferred by the Insured.

G. STANDARD TERMS AND CONDITIONS:

1. **Observance of terms and conditions:**

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

2. **Due Care:**

   The Insured shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

3. **Entire Contract:**

   The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by Us, of which approval shall be evidenced by an endorsement on the Policy. The policy is based on the declaration provided online while buying the insurance cover

4. **Notices and declarations:**

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

5. **Notice of charge:**

   We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or

relating to this Policy, but the payment by Us to the Insured or the Insured's legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to Us.

6. **Subrogation:** (Applicable only to indemnity sections under the Policy)**:**

   The Insured and any claimant under this Policy, shall at Our expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Us paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by Us.

7. **Contribution in case of Multiple policies (Applicable only to indemnity sections under the policy):**

   If the Insured covered under this Policy holds two or more policies from one or more insurers to indemnify medical treatment costs, We will not apply the contribution clause, and the Insured will have the right to require a settlement of the claim in terms of any of the policies the Insured holds with any insurer.

   a) In all such cases if the Insured covered choose to claim under this Policy then We shall settle the claim without insisting on the Contribution clause as long as the claim is within the limits of and according to the terms of the Policy.

   b) If the amount claimed under this Policy exceeds the sum insured after considering the deductibles or co-payment, then the Insured shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, We will settle the claim with Contribution clause.

   c) Except in benefit policies, in cases where the Insured have policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the hospitalisation costs in accordance with the terms and conditions of this policy.

      The section is not applicable to benefits sections under this Policy which are fixed in nature and do not have any relation to the treatment costs.

8. **Fraudulent Claims:**

   If the Insured or his/her representative makes or advances any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

9. **Governing Law:**

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

10. **Redressal of Grievance:**

    In case of any grievance the insured person may contact the company through
    Website: https://generalicentralinsurance.com
    Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
    Email: GCIcare@generalicentral.com Courier: Grievance Redressal Cell, Generali Central Insurance Company Limited.
    Unit No. 301, 3rd Floor Part, Building No. 8, Mindspace IT/ITES SEZ, MIDC Industrial Area, Aravalli, Navi Mumbai, Thane District – 400 708.

    Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

    If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the

grievance officer at GCIGRO@generalicentral.com or call at: 7900197777

For updated details of grievance officer, kindly refer the link generalicentralinsurance.com/customer-service/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - https://bimabharosa.irdai.gov.in/

H. Age Eligibility

Age eligibility for Easy Travel Worldwide plan is from 6 months to 70 years

I. Extensions:

1. Travel Extensions can be granted on all Travel Plans up to age 70 years (completed age) subject to the following:
   a) All extensions are subject to standard guidelines and need to be referred
   b) No claims and Good health declaration from the insured.
   c) Request should be received up to 7 days prior to expiry of the earlier policy period.
   d) We allow a grace period of 7 days with exclusions for the break period.
   e) Maximum of 2 extensions would be allowed
   f) Maximum period for travel extensions should not exceed 180 days. Total travel period can be 360 days including extensions
2. Premium for Extensions:
   a) Extensions wherein the initial policy period and extended period do not exceed 180 days, the premium would be charged calculating the difference in premium applicable for the total period less the initial policy period.
   b) Extensions wherein the initial policy period and extended period exceed 180 days, the premium for the extended period would be charged for extended period of travel

For extension to the policy, request mail should be send up to 7 days prior to expiry of the earlier policy period, to GCIcare@generalicentral.com

J. PREMIUMS

As per Annexure

K. FAMILY DEFINITION

Eligible family means Self, Spouse and up to 2 dependent children.

The Sum Insured is available on Individual basis only.

The minimum age for covering children is 6 months.

The maximum age for covering children as dependents is 25 yrs.

Dependent Child above age of 25 years can be covered under a separate policy as Self proposers.

L. CLAIMS ASSITANCE

For claims and related queries, kindly call:

24X7 helpline number: +91 22 6734 7841
National toll-free number: 1800 209 2333 (only from MTNL/BSNL network)
Land line number for Claims: +91 22 6734 7878
Fax number: +91 22 6734 7888

Address: Europ Assistance India Pvt Ltd. 7th Floor, Star Hub, Bldg No. 2 Near ITC Maratha Hotel, Sahar Andheri East, Mumbai – 400 059 Email ID: gci@europ-assistance.in

For any Worldwide Emergency Assistance

Services, Medical Assistance Services, Travel Assistance Services and for availing Cashless Service during a travel abroad please call on the below UIFN (Universal International Free phone Number)/ ITFS (International Toll Free Service) numbers:

Country	Number to be dialed	Accessible from
Austria	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
France	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
Germany	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
UK	80055331345	Fixed Line, Mobile networks UIFN
Netherlands	80055331345	Fixed Line or Payphone
Belgium	80055331345	Fixed Line
Portugal	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
Denmark	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
Norway	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
Spain	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
Poland	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
Italy	80055331345	Fixed Line
Hungary	80055331345	Fixed Line, Mobile networks UIFN or
		Payphone
India	1800 209 2333	All phones
Worldwide	2267347841	All phones (Chargeable number with
		call back facility)

SECTION 41. OF INSURANCE ACT, 1938- PROHIBITION OF REBATES:

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

PLAN DETAILS

Easy Travel Worldwide									
Coverage		**Plans**						**Deductible applicable for Plans I (Mandatory)**	**Deductible applicable for Plans II (Mandatory)**
		Pearl I & II	**Topaz I & II**	**Ruby I & II**	**Emerald I & II**	**Sapphire I & II**	**Diamond I & II**		
Medical Care	Medical Expenses	US$ 50000, Included	US$ 100000, Included	US$ 200000, Included	US$ 300000, Included	US$ 400000, Included	US$ 500000, Included	US$ 75	Nil
	Emergency Medical Evacuation								
	Repatriation of Remains (Limited to USD 10000)								
	Continuation of Medical Treatment in India *								
	Daily Hospital Allowances	US$ 15 per day (Max 5 days)	US$ 20 per day (Max 5 days)	US$ 25 per day (Max 5 days)	US$ 25 per day (Max 5 days)	US$ 30 per day (Max 5 days)	US$ 50 per day (Max 5 days)	1 Day	
	Emergency Sickness Dental Relief	Not Applicable	Not Applicable	US$ 300	US$ 300	US$ 300	US$ 400	US$ 100	
Travel Inconvenience	Trip Delay	Not Applicable	US$ 10 per 12 hours (max. 120 hours)	US$ 20 per 12 hours (max. 120 hours)	US$ 20 per 12 hours (max. 120 hours)	US$ 20 per 12 hours (max. 120 hours)	US$ 25 per 12 hours (max. 150 hours)	12 hrs	
	Trip Cancellation	Not Applicable	US$ 250	US$ 300	US$ 400	US$ 400	US$ 500	US$ 100	
	Trip Curtailment	Not Applicable	Not Applicable	US$ 200	US$ 200	US$ 300	US$ 300	US$ 100	
	Missed Connection	Not Applicable	Not Applicable	US$ 300	US$ 400	US$ 400	US$ 500	US$ 50	
	Loss of Passport	US$ 250	US$ 250	US$ 250	US$ 300	US$ 300	US$ 300	US$ 25	

	Hijack Benefit	Not Applicable	US$ 50 per day (max for 7 days)	US$ 50 per day (max for 7 days)	US$ 100 per day (max for 7 days)	US$ 150 per day (max for 7 days)	US$ 150 per day (max for 7 days)	1 Day
Personal Care	Checked in Baggage Delay	Not Applicable	US$ 50	US$ 75	US$ 100	US$ 100	US$ 250	12 hours
	Checked in Baggage Loss***	Not Applicable	US$ 250	US$ 500	US$ 1000	US$ 1000	US$ 1250	US$ 25
	Compassionate visit	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to a max of US$ 1000	Up to a max of US$ 1000	US$ 200
	Financial Emergency Assistance (Our Service Provider will assist in co-ordinating with the Insured's family in India, and the Insured's family will send the cash to the Insured)	Not Applicable	Not Applicable	Not Applicable	US$ 500	US$ 500	US$ 500	NIL
Personal Accident	Accidental Death & Permanent Total Disablement	US$ 3000	US$ 5000	US$ 7500	US$ 10000	US$ 15000	US$ 20000	NIL
	Accidental Death – Common Carrier	Not Applicable	Not Applicable	US$ 5000	US$ 5000	US$ 5000	US$ 5000	NIL
	Accidental Death – Air Travel only	Not Applicable	Not Applicable	Not Applicable	Not Applicable	US$ 5000	US$ 5000	NIL
Legal Liability	Personal Liability	Not Applicable	US$ 100000	US$ 150000	US$ 200000	US$ 200000	US$ 200000	0.1% of SI
Special Care	Golfers Hole in One celebration	Not Applicable	Not Applicable	Not Applicable	Not Applicable	US$ 100	US$ 100	NIL

	Automatic extension for 7 days	Not Applicable	Not Applicable	Available	Available	Available	Available	NIL
	Home burglary insurance	Not Applicable	Not Applicable	INR 100000	INR 150000	INR 200000	INR 200000	NIL
	Child Return Journey	Not Applicable	Not Applicable	Not Applicable	US$ 2000	US$ 2500	US$ 3000	NIL

** This cover is applicable subject to balance sum insured being available under Medical care section A (1) subject to policy terms and conditions.*

**** Per baggage max. 50% & per item in the baggage maximum 10%*
Period of policy would be as per the "Days of Travel" opted for

All cases with any medical declaration cannot be processed online. Please get in touch with our local Branch Office.

ANNEXURE - PREMIUM TABLES IN INR & EXCLUDING Goods &Service Tax
Worldwide excluding US/ Canada

With Deductible USD 75														
Sum Insured	Age Band (Years)	Days of Travel												
		1-4	5-7	8-14	15-21	22-28	29-35	36-47	48-60	61-75	76-90	91-120	121-150	151-180
50000 (Pearl)	6 months-45	183	209	268	328	387	510	626	751	896	1,357	1,733	2,108	2,484
	46-60	260	295	378	461	543	716	877	1,052	1,253	1,905	2,431	2,957	3,483
	61-65	473	536	683	830	977	1,288	1,576	1,887	2,247	3,430	4,374	5,318	6,261
	66-70	632	715	908	1,102	1,295	1,709	2,089	2,500	2,974	4,552	5,802	7,052	8,302
100000 (Topaz)	6 months-45	361	415	542	669	796	998	1,232	1,485	1,778	2,444	3,131	3,818	4,505
	46-60	451	518	673	828	984	1,245	1,534	1,848	2,209	3,102	3,970	4,839	5,707
	61-65	704	803	1,035	1,267	1,499	1,926	2,365	2,842	3,392	4,915	6,281	7,646	9,011
	66-70	892	1,015	1,301	1,588	1,875	2,423	2,972	3,566	4,252	6,242	7,969	9,696	11,424
200000 (Ruby)	6 months-45	439	514	688	863	1,038	1,293	1,610	1,954	2,350	3,149	4,052	4,954	5,857
	46-60	538	628	837	1,045	1,254	1,578	1,960	2,375	2,854	3,905	5,018	6,131	7,245
	61-65	812	938	1,232	1,526	1,821	2,324	2,874	3,470	4,157	5,893	7,554	9,215	10,875
	66-70	1,014	1,166	1,519	1,873	2,226	2,861	3,528	4,251	5,085	7,323	9,374	11,425	13,476
300000 (Emerald)	6 months-45	513	606	823	1,040	1,256	1,559	1,949	2,372	2,860	3,779	4,872	5,965	7,059
	46-60	622	731	987	1,243	1,498	1,877	2,342	2,846	3,427	4,622	5,952	7,282	8,612
	61-65	916	1,065	1,414	1,763	2,111	2,685	3,331	4,032	4,841	6,772	8,695	10,619	12,542
	66-70	1,132	1,309	1,721	2,134	2,546	3,259	4,031	4,868	5,834	8,303	10,645	12,986	15,327
400000 (Sapphire)	6 months-45	539	641	878	1,116	1,354	1,684	2,111	2,574	3,109	4,103	5,297	6,491	7,686
	46-60	655	775	1,055	1,336	1,616	2,027	2,536	3,087	3,723	5,013	6,464	7,914	9,365
	61-65	971	1,136	1,520	1,904	2,287	2,911	3,621	4,390	5,278	7,364	9,467	11,569	13,671
	66-70	1,203	1,397	1,849	2,302	2,755	3,528	4,374	5,291	6,348	9,010	11,563	14,115	16,668
500000 (Diamond)	6 months-45	620	729	983	1,238	1,492	1,844	2,301	2,796	3,368	4,428	5,704	6,980	8,257
	46-60	744	873	1,174	1,474	1,775	2,215	2,761	3,352	4,034	5,411	6,965	8,519	10,073
	61-65	1,082	1,259	1,672	2,086	2,499	3,167	3,931	4,759	5,714	7,942	10,199	12,457	14,714
	66-70	1,328	1,536	2,023	2,510	2,997	3,825	4,734	5,719	6,856	9,696	12,434	15,172	17,909

Without Deductible

Sum Insured	Age Band (Years)	Days of Travel												
		1-4	5-7	8-14	15-21	22-28	29-35	36-47	48-60	61-75	76-90	91-120	121-150	151-180
50000 (Pearl II)	6 months-45	189	215	276	338	399	525	645	774	923	1,398	1,785	2,171	2,558
	46-60	268	304	389	474	559	737	903	1,083	1,291	1,962	2,504	3,045	3,587
	61-65	487	552	704	855	1,006	1,327	1,623	1,944	2,314	3,533	4,505	5,477	6,449
	66-70	651	736	935	1,135	1,334	1,760	2,151	2,575	3,064	4,688	5,976	7,263	8,551
100000 (Topaz II)	6 months-45	371	428	558	689	820	1,028	1,269	1,530	1,831	2,517	3,225	3,933	4,640
	46-60	465	533	693	853	1,013	1,282	1,580	1,903	2,275	3,195	4,090	4,984	5,878
	61-65	725	828	1,066	1,305	1,544	1,983	2,436	2,927	3,494	5,063	6,469	7,875	9,281
	66-70	918	1,045	1,341	1,636	1,932	2,496	3,061	3,673	4,380	6,429	8,208	9,987	11,767
200000 (Ruby II)	6 months-45	452	529	709	889	1,069	1,332	1,659	2,012	2,421	3,244	4,173	5,103	6,033
	46-60	555	647	862	1,077	1,292	1,625	2,019	2,446	2,939	4,022	5,169	6,315	7,462
	61-65	837	966	1,269	1,572	1,875	2,394	2,960	3,574	4,282	6,070	7,781	9,491	11,202
	66-70	1,045	1,201	1,565	1,929	2,293	2,946	3,634	4,378	5,238	7,542	9,655	11,768	13,880
300000 (Emerald II)	6 months-45	529	624	848	1,071	1,294	1,606	2,008	2,443	2,946	3,892	5,018	6,144	7,270
	46-60	640	753	1,017	1,280	1,543	1,933	2,412	2,931	3,530	4,761	6,131	7,501	8,871
	61-65	943	1,097	1,456	1,816	2,175	2,765	3,431	4,153	4,986	6,975	8,956	10,937	12,918
	66-70	1,166	1,348	1,773	2,198	2,622	3,357	4,152	5,014	6,009	8,552	10,964	13,375	15,787
400000 (Sapphire II)	6 months-45	555	660	905	1,150	1,394	1,734	2,174	2,651	3,202	4,226	5,456	6,686	7,916
	46-60	675	798	1,087	1,376	1,664	2,088	2,612	3,179	3,835	5,164	6,658	8,152	9,646
	61-65	1,001	1,170	1,565	1,961	2,356	2,998	3,730	4,522	5,437	7,585	9,751	11,916	14,082
	66-70	1,239	1,439	1,905	2,371	2,837	3,634	4,506	5,450	6,539	9,280	11,910	14,539	17,168
500000 (Diamond II)	6 months-45	639	751	1,013	1,275	1,537	1,899	2,370	2,880	3,469	4,561	5,875	7,190	8,504
	46-60	766	899	1,209	1,519	1,828	2,281	2,843	3,452	4,155	5,574	7,174	8,775	10,375
	61-65	1,114	1,297	1,722	2,148	2,574	3,262	4,049	4,901	5,885	8,180	10,505	12,831	15,156
	66-70	1,368	1,582	2,084	2,586	3,087	3,940	4,876	5,891	7,061	9,987	12,807	15,627	18,447

Worldwide including US/ Canada

With Deductible USD 75													
Sum Insured	**Age Band (Years)**	**Days of Travel**											
		1-4	**5-7**	**8-14**	**15-21**	**22-28**	**29-35**	**36-47**	**48-60**	**61-75**	**76-90**	**91-120**	**121-150**	**151-180**
50000 (Pearl I)	**6 months-45**	345	391	498	606	713	950	1,162	1,392	1,657	2,704	3,447	4,191	4,934
	46-60	582	659	838	1,016	1,195	1,594	1,948	2,333	2,776	4,539	5,785	7,031	8,277
	61-65	956	1,081	1,371	1,662	1,952	2,605	3,182	3,807	4,528	7,422	9,458	11,493	13,528
	66-70	1,224	1,382	1,751	2,120	2,489	3,323	4,057	4,852	5,770	9,472	12,067	14,661	17,256
100000 Topaz I)	**6 months-45**	552	631	814	998	1,181	1,518	1,866	2,243	2,678	4,037	5,159	6,281	7,403
	46-60	832	948	1,217	1,486	1,756	2,285	2,803	3,365	4,012	6,220	7,941	9,662	11,383
	61-65	1,275	1,448	1,850	2,252	2,654	3,484	4,267	5,114	6,093	9,640	12,297	14,954	17,611
	66-70	1,591	1,803	2,299	2,794	3,289	4,333	5,302	6,351	7,562	12,064	15,383	18,702	22,021
200000 (Ruby I)	**6 months-45**	645	746	981	1,217	1,453	1,854	2,294	2,771	3,321	4,866	6,238	7,609	8,981
	46-60	949	1,092	1,424	1,756	2,088	2,700	3,331	4,014	4,802	7,270	9,305	11,339	13,374
	61-65	1,428	1,633	2,111	2,589	3,067	4,006	4,927	5,924	7,074	10,991	14,046	17,101	20,156
	66-70	1,768	2,016	2,595	3,174	3,752	4,922	6,043	7,257	8,659	13,604	17,373	21,142	24,912
300000 (Emerald I)	**6 months-45**	734	855	1,137	1,419	1,701	2,160	2,682	3,247	3,900	5,618	7,213	8,808	10,404
	46-60	1,062	1,228	1,615	2,003	2,391	3,078	3,808	4,599	5,512	8,224	10,539	12,855	15,171
	61-65	1,575	1,809	2,355	2,900	3,445	4,485	5,528	6,658	7,961	12,229	15,645	19,060	22,476
	66-70	1,940	2,220	2,873	3,526	4,179	5,465	6,723	8,086	9,658	15,027	19,207	23,388	27,568
400000 (Sapphire I)	**6 months-45**	775	908	1,216	1,525	1,833	2,331	2,901	3,519	4,232	6,081	7,817	9,553	11,288
	46-60	1,12	1,31	1,73	2,16	2,593	3,34	4,14	5,012	6,015	8,937	11,466	13,996	16,525

		8	1	8	6		0	3						
	61-65	1,679	1,937	2,539	3,141	3,742	4,871	6,017	7,259	8,692	13,287	17,016	20,744	24,472
	66-70	2,069	2,378	3,097	3,815	4,534	5,928	7,308	8,803	10,528	16,303	20,857	25,411	29,965
500000 (Diamond I)	**6 months-45**	871	1,013	1,343	1,673	2,003	2,535	3,145	3,805	4,568	6,538	8,392	10,246	12,100
	46-60	1,248	1,445	1,905	2,365	2,825	3,624	4,487	5,421	6,499	9,616	12,329	15,041	17,753
	61-65	1,836	2,114	2,762	3,410	4,059	5,267	6,500	7,837	9,379	14,280	18,280	22,280	26,280
	66-70	2,251	2,583	3,357	4,131	4,905	6,396	7,879	9,486	11,340	17,498	22,379	27,261	32,143

Without Deductible														
Sum Insured	**Age Band (Years)**	**Days of Travel**												
		1-4	**5-7**	**8-14**	**15-21**	**22-28**	**29-35**	**36-47**	**48-60**	**61-75**	**76-90**	**91-120**	**121-150**	**151-180**
50000 (Pearl II)	**6 months-45**	356	403	513	624	734	979	1,197	1,434	1,707	2,785	3,551	4,316	5,082
	46-60	600	678	863	1,047	1,231	1,642	2,007	2,402	2,859	4,675	5,958	7,242	8,526
	61-65	985	1,113	1,412	1,712	2,011	2,683	3,277	3,921	4,664	7,645	9,741	11,837	13,934
	66-70	1,260	1,423	1,803	2,184	2,564	3,422	4,178	4,998	5,943	9,756	12,429	15,101	17,774
100000 (Topaz II)	**6 months-45**	569	650	838	1,027	1,216	1,564	1,922	2,311	2,759	4,158	5,313	6,469	7,625
	46-60	857	976	1,254	1,531	1,808	2,353	2,887	3,466	4,133	6,407	8,179	9,952	11,725
	61-65	1,314	1,491	1,905	2,319	2,733	3,588	4,395	5,268	6,275	9,929	12,666	15,403	18,140
	66-70	1,639	1,857	2,368	2,878	3,388	4,463	5,461	6,542	7,789	12,426	15,844	19,263	22,682
200000 (Ruby II)	**6 months-45**	664	768	1,011	1,254	1,496	1,910	2,363	2,854	3,421	5,012	6,425	7,837	9,250
	46-60	978	1,124	1,466	1,809	2,151	2,781	3,431	4,134	4,946	7,488	9,584	11,679	13,775

	61-65	1,471	1,682	2,174	2,667	3,159	4,127	5,074	6,101	7,286	11,320	14,467	17,614	20,761
	66-70	1,821	2,077	2,673	3,269	3,865	5,069	6,224	7,475	8,918	14,012	17,894	21,777	25,659
300000 (Emerald II)	**6 months-45**	756	881	1,171	1,461	1,752	2,225	2,762	3,345	4,017	5,786	7,429	9,073	10,716
	46-60	1,093	1,265	1,664	2,063	2,462	3,171	3,923	4,737	5,677	8,470	10,856	13,241	15,626
	61-65	1,622	1,863	2,425	2,987	3,549	4,620	5,694	6,857	8,200	12,596	16,114	19,632	23,150
	66-70	1,998	2,286	2,959	3,632	4,305	5,629	6,925	8,328	9,948	15,478	19,784	24,089	28,395
400000 (Sapphire II)	**6 months-45**	799	935	1,253	1,570	1,888	2,401	2,988	3,625	4,359	6,264	8,051	9,839	11,627
	46-60	1,162	1,350	1,791	2,231	2,671	3,440	4,267	5,162	6,195	9,205	11,810	14,416	17,021
	61-65	1,730	1,995	2,615	3,235	3,854	5,017	6,198	7,477	8,953	13,686	17,526	21,366	25,207
	66-70	2,131	2,449	3,189	3,930	4,670	6,106	7,528	9,067	10,844	16,792	21,483	26,174	30,864
500000 (Diamond II)	**6 months-45**	898	1,043	1,383	1,723	2,064	2,611	3,239	3,920	4,705	6,734	8,643	10,553	12,463
	46-60	1,286	1,489	1,962	2,436	2,909	3,733	4,621	5,584	6,694	9,905	12,698	15,492	18,286
	61-65	1,891	2,177	2,845	3,513	4,180	5,425	6,695	8,072	9,660	14,708	18,828	22,948	27,068
	66-70	2,318	2,660	3,457	4,254	5,052	6,588	8,115	9,770	11,680	18,022	23,051	28,079	33,108

Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID: gcicare@generalicentral.com| Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800