

Chola Student Travel Protection Plan
IRDA/NL-HLT/CHSGI/P-T/V.I/285/13-14
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The **Insurer's** agreement to extend cover to the **Proposer** up to the **Limit of Indemnity** as per the terms and conditions contained in this **Policy** is based upon the **Proposer's** payment of full premium and the completed proposal, which is incorporated into the **Policy** and is the basis of it.

Section 1: Definitions

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice versa in both cases.

STANDARD DEFINITIONS

- 1) **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2) **Condition Precedent** means a policy term or condition upon which Insurer's liability under the policy is conditional upon.
- 3) **Congenital Anomaly** means a condition which is present since birth, 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
- 4) **Deductible:** A deductible means cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- 5) **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 6) **Hospital** means an institution which is properly licensed under the laws of the Overseas country in areas where licensing facilities are not available, the institution must be one recognised in the locality as a Hospital. Indian Hospital means any institution established for inpatient care and day care treatment of

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illness and/or injuries and which has been registered as a hospital with the local authorities Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- a) Has qualified nursing staff under its employment round the clock;
 - b) Has atleast 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places
 - c) Has qualified medical practitioner(s) in charge round the clock;
 - d) Has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e) Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel
- 7) **Hospitalisation** 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 24consecutive hours
- 8) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - b. **Chronic condition is defined as** a disease, illness, or injury that has one or more of the following characteristics:
 - 1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - 2. it needs ongoing or long-term control or relief of symptoms
 - 3. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it
 - 4. it continues indefinitely
 - 5. it recurs or is likely to recur
- 9) **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

B) SPECIFIC DEFINITIONS

- 10) **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period.
- 11) **Checked-In-Baggage** means the baggage, which is checked in and in the custody of Common Carrier and for which a receipt/token has been issued to the Insured by a Common Carrier.
- 12) **Common Carrier** means any mode of pubic transport whether used for hire and reward or otherwise.
- 13) **Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an **Insured** is not

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financially liable, or which is without legal recourse to the **Insured**, or any matter that may be deemed to be uninsurable under Indian Law.

- 14) **Emergency Accident Medical Expenses** means medical expenses reasonably necessary at that time to protect life or relieve pain caused by Accidental Bodily Injury and that do not exceed the usual charge for similar treatment or services in the locality where the treatment or services have been obtained for:
- a) Out-patient treatment, provided the same is critical and cannot be deferred;
 - b) In-patient treatment in a Hospital local to the temporary residence of the Insured or the nearest suitable Hospital;
 - c) Necessary medical aids prescribed by a Doctor;
 - d) Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Doctor;
 - e) Costs of transportation by a recognised emergency services for medical attention at the nearest Hospital or from the nearest available Doctor prior to Hospitalisation;
 - f) Cost of being transferred to a special clinic if this is medically necessary and prescribed by a Doctor;
 - g) Medically proven procedures
- 15) **Family** means legally married Spouse and/or Parents and/or Children of the Insured.
- 16) **Indian Administrator** means the person or organisation named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf of and at its direction
- 17) **Insured** means the person(s) named in the Schedule, their permanent place of residence is in India and they are aged up to 35 at the time of commencing travel Overseas.
- 18) **Insurer** means the Cholamandalam MS General Insurance Company Limited.
- 19) **Limit of Indemnity** means the amount stated in the Schedule against each Cover in force, which represents the maximum liability of the Insurer for any and all claims made during the Policy Period [regardless of the number of Insured's or the Insuring Parts under which a claim is advanced] OR [per Insured].
- 20) **Market Value** means the value at which the property insured can be replaced with one of same kind, type, age and condition
- 21) **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The term Medical Practitioner includes a physician and / or a surgeon. The registered practitioner should not be the insured or close family members.
- 22) **Overseas** means the Insured Person's visit to the countries named in the Policy Schedule (excluding India, the Insured Person's country of citizenship, and countries subject to travel and other restrictions imposed by the Government of India at any time) during the Policy Period for the travel days specified in the Schedule.
- 23) **Overseas Administrator** means the person or organisation named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf of and at its direction.
- 24) **Policy** means the proposal, this policy document and the **Schedule**, which means the schedule attached as the **Insurer** may amend it from time to time.
- 25) **Policy period** means the period between the Risk start date and Risk end date specified in the policy schedule including both days and according to Indian Standard Time (IST). The Scope of Cover applies upon

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crossing the international border of the Republic India, except in case of Personal Accident - Domestic, wherein it applies within the limits of Indian borders only.

- 26) **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- 27) **Residence** means the place in India where the Insured Person is living in the normal course and shall be the place, which is specified in the Policy Schedule
- 28) **Sum Insured** means the amount stated in the Schedule against each Cover, which shall be the Insurer's maximum liability for any one claim and in the aggregate for all claims [per Insured] during the Policy Period.
- 29) **Trip** means planned journey, which starts and ends in India to a destination(s) outside India as mentioned in the policy schedule during the policy period except where it is for emigration purpose
- 30) **Valuables** means gold or silver or any precious metals or articles made from any precious metals, cash, currency (Indian or foreign), watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument

Section2. SCOPE OF COVER

Cover 1 : Medical Expenses If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas, which requires immediate medical attention, then the Insurer will indemnify the Insured Person for the amount upto the Limit of Indemnity for Medical Expenses incurred in a Hospital taken Overseas. The Insurer's liability to make payment is only in excess of the Deductible. This cover will also include following:

Repatriation of Mortal Remains: If the Insured Person dies Overseas due to an Illness or Accidental Bodily Injury, then the Insurer will pay up to the Limit of Indemnity towards the cost of transporting the Insured Person's remains to India or for the costs of a burial in the Overseas country. The Limit of Indemnity under this benefit will be a sub-limit to the Limit of Indemnity under the Medical Expenses cover.

Medical Evacuation/Transportation: If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas and if the Insured Person is transportable from medical point of view, in the opinion of the Overseas Administrator repatriated to India or the country of residence, then the Insurer will indemnify the Insured Person up to the Limit of Indemnity for:

- i. the transportation of the Insured Person (and one other person if medically or officially required) from that Overseas country to India or the place of residence where necessary medical attention can be provided; the coverage for treatment will be upto the Limit of Indemnity for Medical Expenses for a maximum period of 30 days from the date of return.
- ii. necessary medical care required en route.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

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- a) any treatment if that is the sole reason or one of the reasons for the travel **Overseas**
- b) any treatment, arising due to a Pre-existing condition;
- c) any treatment which could in the opinion of the Overseas Administrator and attending Doctor be or have been delayed until the Insured Person's return to India;
- d) any Illness and the consequences of such Illnesses:
 - i) existing at the commencement of the travel Overseas;
 - ii) treated in the 48 months before the commencement of the travel Overseas; unless the medical attention is, in the opinion of Overseas Administrator, unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
- e) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
- f) Cancer treatment, unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
- g) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
- h) Pregnancy or check-ups during pregnancy or termination of pregnancy or childbirth and typical complaints suffered during pregnancy and their consequences (including changes in chronic conditions) unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or that of the unborn child or to relieve acute pain and suffering of either provided that the Insured Person is under 38 years of age and the 30th week of the pregnancy has not been completed;
- i) Any internal or external Congenital anomalies; i)
- j) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured Person travels as a fare paying passenger) or parachuting;
- k) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- l) rehabilitation and physiotherapy or the costs of prostheses;
- m) any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution
- n) any exclusion mentioned in the General Exclusions of this policy.

Cover 2 : Medical Expenses Extension:

Following benefits have been included under Medical Expenses for the "Platinum Plan" only and are not separate benefits

- 1 Treatment for mental and nervous disorders, including alcoholism and drug dependency, are covered under this policy, subject to a maximum limit of US\$ 1,000. The payment for medical expenses will be limited to inpatient **Hospitalization** of more than 24 hours provided by a **Hospital** /nursing home.
- 2 In-patient medical expenses related to pregnancy are covered to a maximum limit of US\$ 500, after a waiting period of 10 months.
- 3 Medical expenses for inter-collegiate sports injuries are covered under this policy as part of the medical cover. These expenses will be treated as any other medical expenses for an accident, and will be subject

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to the terms of conditions mentioned in the policy.

- 4 Cancer screening and mammographic examinations on recommendation from physician will be paid under this policy, subject to a maximum limit of US \$ 2,000. Health check up is not included under this benefit.
- 5 Childcare benefits – If the child is above 90 days of age, and is **Hospitalized** for more than 2 days, for any ailment, **Hospital** cash benefit of US\$ 100 will be paid, subject to a maximum of 7 days.

Procedure for making a Claim under Medical Expenses

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) If the Insured Person suffers Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim:
 - i. give the Overseas Administrator notice of a claim and expeditiously give or arrange for the Overseas Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Overseas Administrator;
 - ii. obtain the Overseas Administrator's pre-authorization for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other conditions applicable to either;
 - iii. if Illness or Accidental Bodily Injury requires an Insured Person's immediate Hospitalisation so as to avoid a material risk to the Insured Person's life or health, and as a result the Insured Person is unable to obtain pre-authorization provided that the Overseas Administrator is given notice of the Insured Person's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the material risk to the Insured Person's life or health has passed.
- b) If the requirements of a) have been satisfied in all respects, then the Overseas Administrator shall settle the amounts payable directly with the service provider for and on behalf of the Insurer. (the However, in respect of out patient Medical Expenses the Overseas Administrator shall settle the amount payable directly with the service provider for and on behalf of the Insurer only if the amount payable exceeds US \$ 400. Where the amount payable is less than US \$ 400, the procedure in c) shall apply.)
- c) If the requirements of a) (ii) and/or a) (iii) and/or b) have not been satisfied in all respects, then a claim shall be made to the Indian Administrator within 30 days of the Insured event and:
 - i) shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer or the Indian Administrator:
 - (1) original bills and vouchers bearing the name of the Insured Person treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
 - (2) prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
 - (3) additionally for a claim under Medical Evacuation, a Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation;

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- (4) additionally for a claim under Mortal Remains, an official death certificate and a Doctor's statement giving the cause of death;
- ii) any other information or documentation that the Insurer or the Indian Administrator may reasonably require;
- iii) if accepted, shall be payable within India in Indian Rupees at the exchange rate prevailing on the date of the insured event.
- d) any document mentioned in the Claim Documentation of this policy.
- e) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Overseas Administrator immediately on the Insured Person becomes aware of the same

Cover3: Dental Treatment Expenses

If the Insured Person is first diagnosed with an Illness or suffers Accidental Bodily Injury while Overseas, which requires immediate medical attention, then the Insurer will indemnify the Insured Person for the amount upto the Limit of Indemnity for Dental treatment Expenses required for a natural tooth or teeth to be removed under anesthetic while Overseas.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any treatment if that is the sole reason or one of the reasons for the travel Overseas
- b) any treatment, arising due to a Pre-existing condition;
- c) any treatment which could in the opinion of the Overseas Administrator and attending Doctor be or have been delayed until the Insured Person's return to India;
- d) any Illness and the consequences of such Illnesses:
 - i. existing at the commencement of the travel Overseas;
 - ii. treated in the 24 months before the commencement of the travel Overseas; unless the medical attention is, in the opinion of Overseas Administrator, unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
- e) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
- f) Cancer treatment, unless the medical attention is unforeseen, and is necessary to avert a clear and material danger to the Insured Person's life or to relieve acute pain and suffering;
- g) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
- h) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured Person travels as a fare paying passenger) or parachuting;
- i) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- j) any exclusion mentioned in the General Exclusions of this policy

Procedure for making a Claim under Dental Treatment Expenses

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

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- a) If the Insured Person suffers Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to the Insurer's liability that the Insured Person shall immediately:
- give the Overseas Administrator notice of a claim and expeditiously give or arrange for the Overseas Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Overseas Administrator;
 - obtain the Overseas Administrator's pre-authorization for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other conditions applicable to either;
 - if Illness or Accidental Bodily Injury requires an Insured Person's immediate Hospitalisation so as to avoid a material risk to the Insured Person's life or health, and as a result the Insured Person is unable to obtain pre-authorization provided that the Overseas Administrator is given notice of the Insured Person's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the material risk to the Insured Person's life or health has passed
- b) If the requirements of a) have been satisfied in all respects, then the Overseas Administrator shall settle the amounts payable directly with the service provider for and on behalf of the Insurer. (However, in respect of out patient Medical Expenses the Overseas Administrator shall settle the amount payable directly with the service provider for and on behalf of the Insurer only if the amount payable exceeds US \$ 400. Where the amount payable is less than US \$ 400, the procedure in c) shall apply.)
- c) If the requirements of a) (ii) and/or a) (iii) and/or b) have not been satisfied in all respects, then a claim shall be made to the Indian Administrator within 30 days of the insured event and:
- shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer or the Indian Administrator:
 - (1) original bills and vouchers bearing the name of the Insured Person treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
 - (2) prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
 - (3) the bills/vouchers must give details of the tooth treated and the treatment performed and the date of treatment;
 - any other information or documentation that the Insurer or the Indian Administrator may reasonably require;
 - if accepted, shall be payable within India in Indian Rupees at the exchange rate prevailing on the date of the insured event
- d) any document mentioned in the Claim Documentation of this policy.
- e) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Overseas Administrator immediately on the Insured Person becomes aware of the same.

Cover 4: Total Loss of Checked-In-Baggage

If the Insured Person's checked-in accompanying baggage is permanently lost by the carrier (land, sea or air) to whom it was entrusted, then the Insurer will pay up to the Limit of Indemnity towards the Market Value of the lost items less any recovery from any carrier by the Insured Person.

Terms and conditions:

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- a. In the event, more than one baggage is checked-in, the maximum amount payable per baggage will be 50% and per article contained in the bag will be 10% of the Limit of Indemnity.
- b. For the following articles – jewellery, watches, articles consisting of silver, gold or platinum, furs, articles trimmed with or made mostly of fur the combined maximum amount payable will be 10% of the Limit of Indemnity.
- c. In the event of loss of a pair/set, Insurer can repair or replace any part, to restore the pair or set to its value before the loss; or pay the difference between the cash value of the property before and after the loss.
- d. The limits under this section are as mentioned in the Schedule of Benefits
- e. The Insurer liability under this cover will be limited to the travel destinations specified in the main travel ticket from India and return trip back to India during trip abroad. All halts and via destinations included in this main travel ticket will also be considered for payment under this cover.
- f. The liability of the Insurer to make payment shall not arise until liability is admitted by the airline.
- g. The Insurer's payment to the Insured Person will be reduced by any payment made under the cover Delay of Checked Baggage
- h. The Insurer's payment to the Insured Person will be reduced by any sum for which the airline is liable to make payment.
- i. The Insurer's maximum liability will not exceed the Limit of Indemnity stated in the schedule.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any electronic, electrical, visual or audio visual equipment, item or aid;
- b) any kind of precious metals or articles made from any precious metals, cash, currency (Indian or foreign), precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument;
- c) any tickets;
- d) any loss due to complete/partial damage for the Checked-in-Baggage;
- e) any partial loss of the items in the Checked-in-Baggage;
- f) any item in the Checked-in-Baggage, which is valued above \$ 100 without appropriate proof of ownership;
- g) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities;
- h) any exclusion mentioned in the General Exclusions of this policy

Procedure for making a Claim under Total Loss of Checked Baggage

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) Give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator.
- b) Additionally, the Insured Person shall obtain a Property Irregularity Report from the carrier and send it to the Indian Administrator;
- c) any document mentioned in the Claim Documentation of this policy

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Cover 5: Loss of Passport

If the Insured Person loses his passport Overseas, the Insurer will pay the amount up to the Limit of Indemnity towards the Insured Person's reasonable expenses incurred in obtaining a duplicate or fresh passport either overseas or within 30 days upon return to India.

Terms and Conditions

1. The limits under this section are as mentioned in the Schedule
2. The Insurer's liability to make payment is only in excess of the Deductible.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any claim not reported within 24 hours of the incident giving rise to the claim;
- b) any loss not reported to the police having jurisdiction at the place of loss within 24 hours of the incident and a written report is obtained from the police.
- c) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities.
- d) any loss arising from due to passport left unattended or forgotten by the Insured Person in the public place or public transport, hotel or apartment.
- e) any exclusion mentioned in the General Exclusions of this policy.

Procedure for making a Claim under Loss of Passport

It is a condition precedent to the Insurer's liability that the Proposer and/ or the Insured shall immediately:

- a) Give the Indian Administrator notice of a claim and expeditiously give or arrange for the Indian Administrator to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer or the Indian Administrator.
- b) And report the loss to the local police authorities and obtain a written report from them in relation to the loss and send it to the Indian Administrator.
- c) any document mentioned in the Claim Documentation of this policy

Cover 6: Personal Liability

The Insurer will indemnify the Insured Person up to the Limit of Indemnity, against any legal liability he incurs to a third party in his private capacity to pay damages for Accidental Bodily Injury or Accidental property damage happening Overseas.

Exclusions

The **Insurer** shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) assumed contractually unless the liability would have existed in the absence of the contract, and only to that extent;

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- b) between Insured's or the Proposer or companion or any relations traveling with the Insured;
- c) due to the transmission of an Illness by the Insured;
- d) as a keeper of any animal;
- e) arising out of the care, custody, control or ownership of a motor vehicle, aircraft or water craft, except for the Insured's hire of non-powered craft for water sport.
- f) any claim or damage resulting from professional activities involving the Insured.
- g) any willful, malicious or unlawful act.
- h) any supply of goods or services on the part of the Insured.
- i) Insanity, the use of any alcohol /drugs (except as medically prescribed) or drug addiction.
- j) any ownership or occupation of land or buildings other than the occupation of any temporary residence.
- k) any exclusion mentioned in the **General Exclusions** of this policy.

Procedure for making a Claim under Personal Liability

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall:

- a) Give immediate written notice to the Insurer of any claim made against the Insured Person or any circumstances that may give rise to a claim.
- b) Not incur any defense costs or expenses, admit liability for or settle or attempt to settle, make any admission or offer any payment or otherwise assume any contractual obligation with respect to any claim or claimant without the prior written consent of the Insurer, which shall be entitled but not obliged at any time to take over and conduct in the name of the Insured Person the defense and/or settlement of any claim and to appoint lawyers to represent the Insured Person.
- c) Provide such cooperation and assistance as the Insurer may request.
- d) any document mentioned in the Claim Documentation of this policy.

Cover 7: Personal Accident – Overseas

If the Insured Person suffers Accidental Bodily Injury while Overseas during Policy Period and this is the sole and direct cause of his Death or Permanent Disability within 12 months, then the Insurer will pay the Insured Person the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer's maximum liability however should not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of Indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand.	100%

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



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Complete loss of hearing of both ears & complete loss of Speech	100%
Loss of hearing – both ears	60%
Loss of speech	60%
Loss of thumb – both phalanges	25%
Loss of index finger –three phalanges or two phalanges or one phalanx	10%
Sight of one eye	50%
One hand	50%
One foot	50%

For any disability not listed in the table above, then the Insurer will pay a proportion of the Sum Insured according to the degree to which the Insured Person's previously existing normal functional physical capacity has been impaired, which the Insured Person agrees shall be as determined by the Insurer's medical advisors.

Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hope of improvement.

Terms and Conditions

1. The limits under this section are as mentioned in the Schedule of Benefits

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any loss resulting directly or indirectly from, any internal or external Congenital conditions;
- b) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured travels as a fare paying passenger) or parachuting;
- c) Accidental Bodily Injury due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- d) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy;
- e) Any loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- f) 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**
- g) any exclusion mentioned in the **General Exclusions** of this policy.

Procedure for making a Claim under Personal Accident – Overseas

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It is a condition precedent to the **Insurer's** liability that upon the happening of an event that gives rise to or may give rise to a claim, the **Proposer** and/or the **Insured** shall:

- a) give immediate written notice to the **Indian Administrator** and provide the **Insurer** and /or the **Indian Administrator** with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) Additionally, submit to examination by a medical advisor nominated by the **Insurer** or the **Indian Administrator** as often as and to the extent that either considers to be reasonably necessary.
- c) any document mentioned in the Claim Documentation of this policy.

Cover 8 Personal Accident – Domestic

If the Insured suffers Accidental Bodily Injury on the way from his residence to the International Airport in India to start his Overseas journey or back to his residence from the International Airport in India on his return from Overseas journey during Policy Period and this is the sole and direct cause of his Death or Permanent Disability within 3 months, then the Insurer will pay the Insured the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer's maximum liability however should not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of Indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand.	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Loss of hearing – both ears	60%
Loss of speech	60%
Loss of thumb – both phalanges	25%
Loss of index finger –three phalanges or two phalanges or one phalanx	10%
Sight of one eye	50%
One hand	50%
One foot	50%

Terms and Conditions

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1. For any disability not listed in the table above, then the Insurer will pay a proportion of the Sum Insured according to the degree to which the Insured's previously existing normal functional physical capacity has been impaired, which the Insured agrees shall be as determined by the Insurer's medical advisors.

2. In the event of Accidental death of a minor below 18 years of age, the maximum liability of the Insurer will be INR 100,000.

3. The limits under this section are as mentioned in the Schedule of Benefits

4. The maximum period of the cover shall be for the actual period or a period of 48 hours each for the onward/return journey and in any case not exceeding four days in all.

Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hope of improvement.

Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any loss resulting directly or indirectly from, any internal or external Congenital anomalies;
- b) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight on which the Insured travels as a fare paying passenger) or parachuting;
- c) Accidental Bodily Injury due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- d) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy.
- e) Any loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- f) 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
- g) Any exclusion mentioned in the General Exclusions of this policy

Procedure for making a Claim under Personal Accident – Domestic

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/ or the Insured shall:

- a) give immediate written notice to the Insurer and provide the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim.
- b) Additionally, submit to examination by a medical advisor nominated by the Insurer or the Indian Administrator as often as and to the extent that either considers to be reasonably necessary.
- c) Any document mentioned in the Claim Documentation of this policy

Cover 9: Study Interruption

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The **Insurer** shall pay the **Insured**, compensation in the event of Study Interruption upto the amount stated in the **Policy Schedule** to the Policy, subject to the terms and conditions and the exclusions below.

Terms & Conditions

The Study interruption has to arise on the following grounds:

- a. In the event of **Hospitalisation** of the **Insured** of more than one consecutive month from either a covered Injury or sickness or in the case of terminal sickness or in the case of a medical repatriation, or
- b. in case of death of any one immediate **Family** member or the sponsor during the entire policy period, which leads the **Insured** to discontinue his / her studies for the remaining part of the current school semester for which Tuition has been paid, the **Insurer** shall reimburse the **Insured**, the Tuition fees which has already been advanced to the educational institution less possible/actual refunds, up to the amount stated in the **Policy Schedule**.

In the event of a claim, the **Insured** shall make a request to the institution, in writing, seeking a written response from the institute towards any amount due to the **Insured** by way of refunds, both of which shall require being provided to the **Insurer**. Only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any reimbursement paid by the **Insurer**. It cannot exceed the maximum amount stated in the **Policy Schedule**.

Simultaneous claims under 'study interruption' and 'sponsor protection' is not permitted.

Exclusions

The **Insurer** shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any treatment if that is the sole reason or one of the reasons for the travel **Overseas**;
- b) any routine physical check up and / or any related thereto;
- c) any treatment which could in the opinion of the **Overseas Administrator** and attending **Doctor** be or have been delayed until the **Insured's** return to India;
- d) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
- e) Pregnancy or check-ups during pregnancy or termination of pregnancy or childbirth and typical complaints suffered during pregnancy and their consequences (including changes in chronic conditions).
- f) Any internal or external Congenital conditions
- g) **Accidental Bodily Injury** due to the operation of any aircraft (other than a scheduled flight on which the **Insured** travels as a fare paying passenger) or parachuting.
- h) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- i) any exclusion mentioned in the **General Exclusions** of this policy.

Procedure for making a Claim under Study Interruption

It is a condition precedent to the **Insurer's** liability that the **Proposer** and/or the **Insured** shall immediately:

- a) Give the **Indian Administrator** or **Overseas Administrator** notice of a claim and expeditiously give or arrange for the **Indian Administrator** or **Overseas Administrator** to be provided with any and all

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- information and documentation in respect of the claim and/or the **Insurer's** liability for it that may be requested by the **Insurer** or the **Indian Administrator** or **Overseas Administrator**.
- b) any document mentioned in the Claim Documentation of this policy.

Cover 10. Sponsor Protection

The **Insurer** shall pay towards Sponsor Protection upto the amount as specified in the **Policy Schedule**, as per the terms and conditions and the exclusions below.

Terms & Conditions

- a) In the event of injury to the **Insured's** Sponsor as stated in the Enrolment Form resulting in Death in any form, the **Insurer** shall reimburse the **Insured** the Tuition Fee incurred for the remaining period of this education up to the maximum limit stated in the **Policy Schedule**. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by the **Insurer**
- b) The claim would be payable by the **Insurer** upon submission of an official death certificate and a statement from a physician (which physician should not be a relative or spouse of the **Insured** or the Sponsor) stating cause of death, as proof of death, of the Sponsor, by the **Insured**.
- c) **Simultaneous claims under 'study interruption' and 'sponsor protection' is not permitted.**

Exclusions:

The **Insurer** shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any exclusion mentioned in the **General Exclusions** of this policy.

Procedure for making a Claim under Sponsor Protection

It is a condition precedent to the **Insurer's** liability that the **Proposer** and/or the **Insured** shall immediately:

- a) Give the **Indian Administrator** or **Overseas Administrator** notice of a claim and expeditiously give or arrange for the **Indian Administrator** or **Overseas Administrator** to be provided with any and all information and documentation in respect of the claim and/or the **Insurer's** liability for it that may be requested by the **Insurer** or the **Indian Administrator** or **Overseas Administrator**.
- b) any document mentioned in the Claim Documentation of this policy.

Cover 11 Compassionate Visit

The **Insurer** shall pay compensation, to the **Insured** in the event of Compassionate Visit by one Immediate **Family** Member, upto the amount stated in the **Policy Schedule** to the Policy, as per the terms and conditions and the exclusions below.

Terms & Conditions

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1. In the event the **Insured** is **Hospitalised** for more than (7) consecutive days, and his medical condition forbids his repatriation and no adult member of his immediate **Family** is present, the **Insurer** or **Overseas Administrator** or Indian Administrator, after obtaining confirmation of need for a companion from our panel **Doctor / Overseas Administrator** or Indian Administrator, will provide a round trip economy class air ticket, or first class railway ticket, to allow one Immediate **Family** Member, during the entire period of insurance, to be at his bedside for the duration of his stay in the **Hospital**.
2. Additionally, the **Insurer** will refund the cost of stay of one immediate **Family** member, up to the amount stated in the **Policy Schedule**. In any event, the **Insurer's** total liability for round trip transport and for daily allowances (accommodation and transportation only) shall not exceed the maximum amount stated in the **Policy Schedule**.
3. In the event parent(s), spouse / child of the **Insured** is **Hospitalised** for more than (7) consecutive days, the **Insurer** or **Overseas Administrator** or Indian Administrator, after obtaining confirmation of need for a companion from our panel **Doctor / Overseas Administrator** or Indian Administrator, will provide a round trip economy class air ticket, or first class railway ticket, to allow the **Insured** to be at the bedside of his parent(s), spouse / child for the duration of his/her stay in the **Hospital**.
4. In any event, the **Insurer's** total liability for round-trip transport shall not exceed the maximum amount stated in the **Policy Schedule** under this Policy.

Exclusions:

The **Insurer** shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

Any exclusion mentioned in the **General Exclusions** of this policy.

Procedure for making a Claim under Compassionate Visit

It is a condition precedent to the **Insurer's** liability that the **Proposer** and/or the **Insured** shall immediately:

- a) Give the **Indian Administrator** or **Overseas Administrator** notice of a claim and expeditiously give or arrange for the **Indian Administrator** or **Overseas Administrator** to be provided with any and all information and documentation in respect of the claim and/or the **Insurer's** liability for it that may be requested by the **Insurer** or the **Indian Administrator** or **Overseas Administrator**.
- b) any document mentioned in the Claim Documentation of this policy.

Cover 12. Bail Bond

If the **Insured** is arrested or detained by the police/judicial authorities of the place at which he has specified in the proposal form whilst abroad and if the offence for which he is arrested or detained is bailable, then the amount upto the maximum specified against this benefit in the **Policy Schedule** to the policy, will be provided to the appropriate authority/court as the bail amount towards the arrest or detention, subject to the terms and conditions and the exclusions below.

Terms and Conditions

- a) The **Insurer** will pay or arrange to pay through **Overseas Administrator** or **Indian Administrator** to the court directly on behalf of the **Insured**, the bail amount. This cover would be for bailable offences only.
- b) The **Insured** shall appear in the court on the date specified by the court for trial and judgment.

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- c) If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the **Insured** or otherwise by breach of the terms of such bail bond, the amount of the bail bond will require being repaid by the **Insured** to the **Insurer** within 1 month after the bail bond is forfeited and if the **Insurer** so deems necessary (whether on expiry of such 1 month or otherwise), the **Insured** will be liable to repay the bail amount together with the interest rate of 18% p.a. accruing from the date of payment by the **Insurer** to the court until receipt thereof from the **Insured**, and the costs and expenses reasonably incurred by the **Insurer** in such behalf.
- d) In case of death of the **Insured**, at the first instance, the Immediate **Family** Member, and in case where there is no immediate **Family** member, the sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the court within 1 month (of such death) for the release of the bail amount to **Overseas Administrator** or Indian Administrator. In case they fail to do so, the **Insured** hereby agrees that the **Insurer** would have full right and authority to recover the bail amount from the estate of the **Insured**, or the parents/guardians of the **Insured**, and if applicable, the Sponsor.
- e) The amount will be refunded to the **Insurer** or **Overseas Administrator** or **Indian Administrator** by the court with which it was deposited as soon as the court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the **Insured**.
- f) The judgment shall have no bearing on the refund of the deposit to the **Insurer** or **Overseas Administrator** or Indian Administrator. If the court imposes any penalty or fine on the **Insured** at the time of interim order or final judgment, then in that case the **Insured** will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the **Insurer** or **Overseas Administrator** or Indian Administrator.

Exclusions

The **Insurer** shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any non-bailable offences as per the local Law of the country in which the incident has taken place or occurred whilst the **Insured's** trip abroad
- b) any exclusion mentioned in the **General Exclusions** of this policy.

Procedure for making a Claim under Bail Bond

It is a condition precedent to the **Insurer's** liability that the **Proposer** and/or the **Insured** shall immediately:

- a) Give the **Indian Administrator** or **Overseas Administrator** notice of a claim and expeditiously give or arrange for the **Indian Administrator** or **Overseas Administrator** to be provided with any and all information and documentation in respect of the claim and/or the **Insurer's** liability for it that may be requested by the **Insurer** or the **Indian Administrator** or **Overseas Administrator**.
- b) any document mentioned in the Claim Documentation of this policy.
- c) In the event of the death of the **Insured**, if the Bail Bond benefit has been availed, the **Insured's** Immediate **Family** Members or the Sponsor shall submit and official death certificate and a statement from a physician mentioning the cause of death, to **Overseas Administrator** or **Indian Administrator** to be absolved of their obligation to pay the Bail Bond amount back to **Overseas Administrator** or **Indian Administrator** / or the **Insurer** as soon as possible, in any case, within 1 month of the **Insured's** death. Death certificate from relatives or spouses will not be accepted

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Section 3. General Exclusions (Applicable to all covers under the policy)

The **Insurer** shall not be liable for any claim under any Cover in **Section 2** that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any claim relating to events occurring before the commencement of the cover or otherwise outside of the Period of Insurance.
- b) any treatment if that is the sole reason or one of the reasons for the travel **Overseas**;
- c) any treatment which could in the opinion of the **Overseas Administrator** and attending **Doctor** be or have been delayed until the **Insured's** return to India;
- d) treatment by relatives;
- e) any kind of Consequential loss;
- f) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority or terrorism or terrorist acts.
- g) Any intentional, reckless or criminal act, suicide, or attempted suicide, or the use or abuse of any drugs, alcohol and the like;
- h) ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products;
- i) Participation in naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy whether foreign or domestic;
- j) any loss 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 resistance to arrest;
- k) HIV, AIDS and all related medical conditions.
- l) Specific named hazards, hang gliding, mountaineering, rock climbing, sky diving, professional or amateur racing and piloting an aircraft;
- m) Any condition after the point at which it is certified by the attending **Doctor** to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
- n) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sportspersons, unless declared beforehand and necessary applicable premium paid.

Section 4: General Conditions (Applicable to all covers under the policy)

- 1. The Policy applies for Trips of a maximum duration of 365 days only. The minimum age limit for the **Insured** is 16 years, and the maximum age limit for the **Insured** is 35 years. Professional and semi-professional sportsmen are not eligible to be **Insured** under this Policy. The Policy applies to the **Insured** traveling abroad on Student visa only.
- 2. The **Insured** shall take all reasonable precautions to prevent Injury, illness and Disease in order to minimize claims. Failure to do so will prejudice the **Insured's** claim under this Policy.
- 3. Extension of policy during the duration of the trip, shall comply as per the underwriting guidelines of the **Insurer** at that time, and at the sole discretion of the **Insurer**. The **Insured** shall submit

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- a) a declaration of good health and that the **Insured** is unaware of any health condition which could result in a claim during the extension period
 - b) that the **Insured** has not filed any claim till date of request
 - c) the request for extension and applicable premium is received before the extension date of the policy.
4. The premium payable for the extension of the policy during the trip duration shall be the premium payable for the overall trip duration (including the extension) less the initial premium already paid.
5. **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.
6. Policy is applicable for one –way travel also, including immigration travel with the condition that the maximum duration of coverage will be 30 days.
7. Provision of Information: The **Insured** shall provide the **Insured** with the details of the trip and other information (as may be required by the **Insured** from time to time) about the **Insured** in advance.
8. **Claim Procedure:**
 - a) The **Insured** shall immediately contact the Alarm Center of **Overseas Administrator** or **Indian Administrator** stating the necessary details. The phone numbers of the Alarm Centres are provided on **Policy Schedule**.
 - b) The Alarm Center of **Overseas Administrator** or **Indian Administrator** will verify the identity of the caller by asking him/her his/her mother's maiden name.
 - c) In the event of an accident or sudden illness where it is not possible to do so before consulting a Physician or going to the **Hospital**, the **Insured** shall contact the Alarm Center as soon as possible. In either case, when being admitted as a patient, the **Insured** shall show the concerned Physician or personnel this Policy if requested.
 - d) In the event of the death of the **Insured**, if the Bail Bond benefit has been availed, the **Insured's** Immediate **Family** Members or the Sponsor shall submit an official death certificate and a statement from a physician mentioning the cause of death, to **Overseas Administrator** or **Indian Administrator** to be absolved of their obligation to pay the Bail Bond amount back to **Overseas Administrator** or **Indian Administrator** / or the **Insurer** as soon as possible, in any case, within 1 month of the **Insured's** death. Death certificate from relatives or spouses will not be accepted
9. **Claims Settlement**
 - a) If the procedure stated above is complied with, **Overseas Administrator** or **Indian Administrator**, as the case may be, will guarantee to the provider the costs of **Hospitalisation**, transportation for emergency services, transportation home for **Insured** and any covered **accompanying** person, transportation of the mortal remains, local burial, and bail bond assistance. All costs will be directly settled by **Overseas Administrator** or **Indian Administrator** on the **Insurer's** behalf and the same shall constitute due discharge of the **Insurer's** obligations hereunder.
 - b) Reimbursement of all claims by **Overseas Administrator** or **Indian Administrator** will be in Indian Rupees at the exchange rate specified by the Reserve Bank of India, as applicable on the date the amount is billed.
10. **Claim Documentation:**
 - a) The original bills and vouchers must be submitted along with all claims.
 - b) Medical expense- Bills/ vouchers/ reports/ discharge summary must contain 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 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.
 - c) Transportation of mortal remains -For reimbursement of the extra costs of transporting the mortal remains to the Republic of India or of the costs of burial abroad, an official death certificate and a

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physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.

- d) For medical evacuation-For reimbursement of extra expenses of transportation of **Insured** to the Republic of India, a medical statement indicating the cause of illness and the necessity of the transportation. Medical statements from relations or spouses will not be accepted.
- e) Loss of Passport-Please attach a copy of new passport ,Copy of previous passport(if available), Original Bills/invoices of expenses incurred for obtaining a new passport ,Copy of FIR/police report.
- f) In case of loss of baggage, a copy of the report made to the police authorities within 24 hours of the **Insured** becoming aware of the loss
- g) In case of loss of baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of baggage.
- h) Adequate proof of ownership of baggage valued in excess of the Indian Rupee equivalent of \$ 100 for loss / delay of baggage.
- i) For personal liability, proof of judicial decision rendered by a court of law.
- j) For personal accident, bills/ vouchers/ reports/ discharge summary must contain the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment.
- k) For Study Interruption, on account of death of the **Insured's** any one Immediate **Family** Member, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.
- l) For Sponsor Protection, on account of death of the Sponsor, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.
- m) For the Bail Bond benefit, the **Insured** shall forward a copy of the court order stipulating the amount required as Bail Bond.
- n) **Insured's** Immediate **Family** Members or the Sponsor would be required to submit an official death certificate, along with a statement from a physician stating the cause of death, to **Overseas Administrator** or **Indian Administrator / Europ Assitance** if they wish to be discharged of their liability of paying the bail amount to General Insurance **Insurer** within 1 month of the **Insured's** death. Death certificate from relatives or spouses will not be accepted.
- o) Any other document(s) that the **Insurer** requires from the **Insured** to process the claim.
- p) If **Overseas Administrator** or **Indian Administrator** or the **Insurer** request that bills/ vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the **Insured**.

11. Obligations of the Insured:

- a) Claims for insurance benefits must be submitted to **Overseas Administrator** or **Indian Administrator** or not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
- b) The **Insured** shall provide **Overseas Administrator** or **Indian Administrator** on demand any information that is required to determine the occurrence of the **Insured** Event or the **Insurer's** liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.
- c) If requested to do so by **Overseas Administrator** or **Indian Administrator**, the **Insured** is obliged to undergo a medical examination by a Physician designated by **Overseas Administrator** or **Indian Administrator**.
- d) **Overseas Administrator** or **Indian Administrator** is authorized by the **Insured** to take all measures that are suitable for loss prevention and claim minimisation, which includes the **Insured's** transportation back to the Republic of India.

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- e) The **Insurer** shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached.

12. Transfer and Set-off of Claims:

- a) If the **Insured** has any outstanding claims against third parties, such claims shall be transferred in writing to the **Insurer** up to the amount for which the **Insurer** in accordance with the terms makes the reimbursement of costs hereunder.
 - b) In so far as an **Insured** receives compensation for costs he/ she has incurred either from third parties liable for **Damages** or as a result of other legal circumstances, the **Insurer** shall be entitled to set off this compensation against the insurance benefits payable, if any.
 - c) Claims to the insurance benefits may be neither encumbered nor transferred/assigned by the **Insured**.
13. The **Insurer** shall not be liable to pay any interest/ penalty for sums paid or payable under this Policy.
14. Geographical Scope: The insurance cover applies to all countries stated in the **Policy Schedule**, except such country/ies of which the **Insured** is a citizen or of which the **Insured** has a permanent resident.
15. In the event of the **Insured's** death, the **Insurer** or the **Insurer's** representatives shall have the right to carry out a post mortem/autopsy at the **Insurer's** expense.

Terms and Conditions

1. Observance of Terms & Conditions

It is a condition precedent to the **Insurer's** liability that the **Proposer** and each **Insured** shall comply in all respects with the terms and conditions of this **Policy** insofar as they require anything to be done or complied with by the **Proposer** or any **Insured**.

2. Due Care

The **Proposer** and each **Insured** shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this **Policy** and, in the event of a claim arising, to minimize its financial consequences.

3. Entire Contract

The **Policy** constitutes the complete contract of insurance. Only the **Insurer** may alter the terms and conditions of this **Policy**. Any alteration that may be made by the **Insurer** shall be evidenced by a duly signed and sealed endorsement on the **Policy**.

4. Risk Start Date

The Insurance policy will commence from the departure date from India except Trip Cancellation and Personal Accident - Domestic; as declared on the proposal form and printed on the **Policy Schedule** provided full premium is paid.

5. Risk End Date

The Insurance policy will terminate on the date and time of arrival in India except Personal Accident – Domestic; or the last day for which premium has been paid, whichever is earlier.

6. Renewal Condition

The **Insurer** shall not be bound to accept any renewal premium nor give notice that such is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the **Insured** that may result to enhance the risk of the **Insurer** under the guarantee hereby given. No renewal receipt shall be valid unless it is on the printed form of the **Insurer** and signed by an authorised official of the **Insurer**.

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7. Payment Conditions

- a) The **Insurer** shall make payment to the **Proposer** but if incapacitated or deceased the **Insurer** shall make payment to the **Insured**.
- b) The Proposer and each **Insured** hereby acknowledge and agree that the payment of any claim by or on behalf of the **Insurer** shall not constitute on the part of the **Insurer** any guarantee or assurance as to the quality or effectiveness of any medical treatment, service or other service obtained by the **Insured**, it being agreed and recognized by the **Insured** and each of them that the **Insurer** is not in any way responsible or liable for the availability or quality of any medical treatment or service (medical or otherwise) rendered by any institution or service provider whether pre-authorized or not.
- c) Unless payment is made by the **Overseas Administrator** under Medical Expenses or Dental treatment expenses or Financial Emergency, the **Insurer's** liability to make any payment shall be to make payment within India and in Indian Rupees.
- d) Additionally in relation to any claim under **Personal Accident** except Accidental Death:
 - a) the **Insurer** shall not be liable to make any payment until such time as any course of medical treatment prescribed by a **Doctor** has been implemented and demonstrated to be ineffective;
 - b) if the **Insured** was suffering from any disability prior to the date of his claim, then the **Insurer's** liability to make payment shall be reduced by the extent of that pre-existing disability as advised by the **Insurer's** medical advisors, which the **Insured** agrees shall be as determined by the **Insurer's** medical advisors.
- e) Additionally in relation to **Personal Liability**:
 - i) the **Insurer's** liability shall, subject always to the **Limit of Indemnity**, be to the extent finally determined by the **Insurer's** agreement or a foreign court of law;
 - ii) any and all costs and expenses incurred by the **Insurer** or the lawyers it appoints in the investigation, defense or settlement of any claim will be a first charge on the **Limit of Indemnity**;
 - iii) the **Insurer** will only settle a claim with the **Insured's** consent, but if the **Insured** refuses a settlement recommended by the **Insurer** then the **Insurer's** liability will thereafter be limited to the amount for which the claim could have been settled.

8. Cancellation

- a) The Proposer anytime before the commencement of the proposed journey may cancel this Policy by giving notice in writing to the **Insurer** as long as the Proposer is able to establish to the **Insurer's** satisfaction that the Proposed journey has not commenced.
- b) Upon cancellation, and where no claim has been reported under this policy, the **Insurer** shall be entitled to deduct cancellation charges according to its Cancellation Scale subject to retaining the higher of
 - i) 25% of the premium or
 - ii) Rs. 250/- for student travel policy.
- c) Partial refund of the premium is not allowed in this policy. However, if the journey is not undertaken and sufficient proof is provided, the **Insurer** shall be entitled to deduct cancellation charges according to its Cancellation Scale subject to retaining the Rs. 250/- for student travel policy. **Insurer** will verify the original passport and ensure that the journey was not under taken before any refund of premium. This cancellation would be affected only 14 days after the Risk start date as mentioned in the schedule.

9. Notification

- a) Save as expressly provided to the contrary in this **Policy**, any and all notices and declarations for the attention of the **Insurer** or the **Overseas Administrator** or **Indian Administrator** shall be in writing and shall be delivered to the **Insurer's** or the **Overseas Administrator's** or **Indian Administrator's** address as respectively specified in the **Schedule**.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100 T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

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- b) Any and all notices and declarations for the attention of any or all of the **Insured** shall be in writing and shall be sent to the **Proposer's** address as specified in the **Schedule**.

10. Fraud

If the **Insured** or any of them shall make or advance any claim knowing the same to be false or fraudulent in amount or otherwise then this **Policy** shall be void in relation to that **Insured**, all claims or payments due shall be forfeited and all payments made shall be repaid by that **Insured** in full by the **Insured** and/or the **Proposer** who shall be jointly and severally liable for the same.

11. Subrogation

Each **Insured**:

- a) Shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the **Insurer** shall be or would become entitled or subrogated upon the **Insurer** paying for any claim under this **Policy**, whether before or after indemnification.
- b) Shall not do or cause to be done anything that may cause any prejudice to the **Insurer's** right of subrogation.
- c) Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the **Insurer** for the claim and the costs of recovery.

12. Governing Law

The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian law. The section headings of this **Policy** are descriptive only and do not form part of this **Policy** for the purpose of its construction or interpretation.

13. Misstatement of Age

If the **Insured** has misstated his age, all amount payable under this policy shall be adjusted to the to the coverage amount that would have been purchased for the premium paid.

In the event the **Insured** has misstated his age and if according to **Insured's** correct age, the coverage provided by the policy would not have become effective, or would have creased prior to the acceptance of such premium or premiums, then **Insurer's** Liability during the policy period shall be limited to the refund, subject to deduction of cancellation charges by the **Insurer**, upon written request from the **Insured**, for the period not covered by the policy.

Section 5: Grievances

Mechanism for Grievance Redressal:-

As an esteemed customer of our Company, You can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to You. The contact details of our office are given below for Your reference.

A separate Channel will be established to address the issues relating to **Senior Citizen's** Health Insurance related claims and grievances and will be intimated to the policy holders.

Cholamandalam MS General Insurance Company Limited
Customer services

Address: H.O: Dare House, No 2 N.S.C. Bose Road, Chennai 600 001.

Toll free: 1800 208 9100

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SMS: "CHOLA" to 56677* (premium SMS charges apply)

E-MAIL: customercare@cholams.murugappa.comWEBSITE: www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgment of complaint or if You are not satisfied with the reply of the Company, You can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002.

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	Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6 th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3 rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4 th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3 rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in