

Easy Domestic Travel Insurance

Quick reference guide to benefits offered

Specially designed for makemytrip customers

Benefit	Coverage	Does not cover
Accident: Medical Treatment, Assistance & Evacuation	Reimbursement upto Rs 100,000 for Medical expenses incurred for Hospitalization or out-patient treatment by an Insured Person due to an accident during the risk period.	<ul style="list-style-type: none"> Treatment of any illness even if caused by Accident, unless necessitated to maintain life and relieve pain. Treatment which is not medically necessary Dental treatment unless necessitate by an Accident
Total Loss of Checked-in Baggage	Reimbursement upto Rs 7,500 for expenses incurred to purchase new similar quality items in an event of total loss of checked-in baggage while travelling by a Carrier. Maximum reimbursement for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item of baggage, then maximum reimbursement for all items within one piece of baggage will be 50% of the Sum Insured.	<ul style="list-style-type: none"> Valuables, money, any kind of securities Any partial loss or not amounting to total loss Any claim not supported by a written confirmation from the competent airline authority confirming baggage lost was checked in.
Delay of Checked-in Baggage	Reimbursement upto Rs 2,000 for purchasing essential personal items of medication, toiletries or clothing in an event of delay of accompanying checked-in baggage while travelling by a Carrier.	<ul style="list-style-type: none"> Any delay which is of less than 12 hours Delay on return to the usual place of residence Destinations not mentioned on travel tickets Any claim not supported by a written confirmation from the competent airline authority confirming delay of checked in baggage.
Personal Liability	Indemnification upto Rs 100,000 against actual legal liability (including defence costs) to pay damages for negligence which results from a third party civil claim made for third party death, bodily injury or property damage.	<ul style="list-style-type: none"> Legal liability other than third party civil claim Transmission of an illness Deliberate, willful, malicious or unlawful act or omission
Personal Accident [24 hours]	Lumpsum benefit upto Rs 750,000 hedging against risk of permanent total disablement or death of the Insured Person in an event of an accident during risk period.	<ul style="list-style-type: none"> Bacterial infection other than (pyogenic infection which occurs due to Accident) Medical or surgical treatment except as an result of Accident
Flight delay	Reimbursement upto Rs 2,000 for expenses incurred by the Insured Person for meals and accommodation due to delay in flight for a continuous and completed 6 hour period beyond its scheduled departure or scheduled arrival time, provided that the delay is due to severe weather conditions, strike or industrial action of the airline employees and due to unforeseen breakdown of Carrier's equipment	<ul style="list-style-type: none"> Any delay which is of less than continuous and completed 6 hours Any claim not supported by a written confirmation from the competent airline authority confirming reason and duration of said delay. Voluntary suspension of services by Carrier
Trip Cancellation	Reimbursement upto Rs 20,000 for travel and accommodation expenses that the Insured Person has paid and cannot recover, if outward journey is cancelled due to death or Hospitalisation of Insured Person or Insured Person's immediate family member	<ul style="list-style-type: none"> Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation. Facts or matters of which was aware or ought to be aware which may result in a cancellation while booking the ticket
Trip Curtailment	Reimbursement upto Rs 20,000 for travel and accommodation expenses that the Insured Person has paid and cannot recover, if the trip is unavoidably curtailed during the Risk period due to death or Hospitalisation of insured Person or Insured Person's immediate family member.	<ul style="list-style-type: none"> Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation. Facts or matters of which was aware or ought to be aware which may result in a cancellation while booking the ticket

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Benefit	Coverage	Does not cover
Emergency Travel	Reimbursement of return economy class airfare upto Rs 10,000 for one immediate family member in case of accidental hospitalization of insured person for more than 7 consecutive days	<ul style="list-style-type: none">• Hospitalisation less than 7 consecutive days• Immediate family member does not reside in India
Emergency Hotel	Reimbursement upto Rs 10,000 of costs for accommodation (boarding and lodging) for an immediate family member in case of accidental hospitalization of insured person for more than 7 consecutive days.	<ul style="list-style-type: none">• Hospitalisation less than 7 consecutive days• Immediate family member does not reside in India

This is a summary of benefits and exclusions, pl refer to policy terms and conditions for full description.

Insurance is subject a matter of solicitation.

Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the master Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this master Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the master Policy and is the basis of it.

BENEFITS

We will provide the Benefits as detailed below and shown in the Schedule to be operative for an event or occurrence described in such Benefits that occurs during the Policy Period. The Sum Insured for each Section represents Our maximum liability for each Insured Person for any and all claims made under that Section during the Policy Period.

Section. 1 Accident: Medical Treatment, Assistance & Evacuation

If any Insured Person suffers an Accident during the Risk Period that alters the Insured Person's state of health and requires immediate medical treatment in order to maintain life or relieve immediate pain or distress, then We will pay:

1) Medical Treatment

The Medical Expenses incurred for Hospitalisation or Out-patient Treatment during the Risk Period for:

- a) Room rent, boarding expenses,
- b) Nursing,
- c) Intensive care unit,
- d) Medical Practitioner,
- e) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- f) Medicines, drugs and consumables,
- g) Diagnostic procedures,
- h) The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

2) Medical Evacuation

We will reimburse the reasonable cost of the transportation of the Insured Person (and an attending Medical Practitioner if We are satisfied this is necessary) during the Risk Period (a) from a Hospital to the nearest facility which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, and (b) following the treatment, from the place in which the Hospital is based to the Insured Person's usual place of residence, provided in both cases that:

- a) Transportation has been prescribed by a Medical Practitioner and is medically necessary, and
- b) Our Assistance Company has agreed to the reimbursement of the costs of transportation in advance of the transportation, and has arranged the same.

3) Transportation of mortal remains

If the Insured Person dies during the Risk Period, then We will reimburse the reasonable cost of either transporting his mortal remains to his usual place of residence or to a cremation or burial ground.

Special Exclusions to Section 1

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) The treatment of any Illness even if caused by the Accident suffered by the Insured Person except any caused by Accident and requiring immediate medical treatment in order to maintain life or relieve immediate pain or distress.
- b) Any medical treatment which was not medically necessary.
- c) Plastic or cosmetic surgery unless this is certified by the attending Medical Practitioner to be medically necessary for reconstruction following an Accident.
- d) Dental treatment or surgery of any kind, unless to sound natural teeth and necessitated by an Accident.
- e) Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
- f) Any costs relating to physiotherapy unless undertaken while the Insured Person is Hospitalised.
- g) Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
- h) Any costs in any way related to psychiatric or mental disorders.

- i) Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
- j) Any congenital internal or external diseases, defects or anomalies.

Section. 2 Total Loss of Checked-in Baggage

If an Insured Person's accompanying checked-in baggage is permanently lost by a Carrier on which the Insured Person is travelling as a fare paying passenger to his destination and to whom it was entrusted against a receipt during the Risk Period, then We will pay the amount required to purchase new items of the same kind and quality less the amount representing the condition and reasonable depreciation of the articles lost, provided that:

- a) Our maximum liability for any one item within one piece of baggage will be 10% of the Sum Insured. If the Insured Person has checked in more than one item of baggage, then Our maximum liability for all items within one piece of baggage will be 50% of the Sum Insured.
- b) The Insured Person obtains a property irregularity report from the Carrier confirming the loss.
- c) Our liability will be limited to the travel destinations specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Special Exclusions to Section 2

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Valuables, Money, any kinds of securities or tickets.
- b) Any loss of checked-in baggage amounting to a partial loss or not amounting to a permanent loss.
- c) Any item within the checked-in baggage that is valued at more than Rs. 2000 if the Insured Person cannot provide Us with satisfactory proof of ownership.
- d) Any actual or alleged loss arising from any delay, detention, confiscation or distribution of baggage by customs, police or other public authorities.
- e) Any item that the Carrier's Policy or rule specifies should not have been carried.
- f) Animals, perishables and consumables.
- g) Any loss of baggage sent in advance or souvenirs and articles mailed or shipped separately.

Section 3. Delay of Checked-in Baggage

If the delivery of an Insured Person's accompanying checked-in baggage is delayed by a Carrier on which the Insured Person is travelling as a fare paying passenger and to whom it was entrusted against a receipt during the Risk Period, then We will reimburse the actual expenses incurred by the Insured Person in purchasing essential personal items of medication, toiletries or clothing, provided that:

- a) The delay is 12 or more hours from the scheduled arrival time.
- b) The Insured Person gives Us written proof of delay from the Carrier.
- c) Our liability will be limited to the travel destinations within India specified in the Insured Person's original travel ticket, including all halts and destinations specified therein.
- d) Our payment will be reduced by any sum for which the Carrier is liable to make payment.

Special Exclusion to Section 3

We will not make any payment for any delay directly or indirectly caused by, arising from or in any way attributable to:

- a) Any actual or alleged delay arising from detention, confiscation or distribution by customs, police or other public authorities.
- b) Any delay of checked-in baggage on the return to the Insured Person's usual place of residence.

Section 4. Personal Liability

- a) We will indemnify an Insured Person subject to the Limit of Indemnity specified in the Schedule against his actual legal liability (including defence costs) to pay damages for his negligence which results from a third party civil claim first made against the Insured Person during the Policy Period for third party death, bodily injury or property damage.

- b) To the extent that We accept a claim under a) then We will also, subject to the Limit of Indemnity, pay all costs, fees and expenses incurred with Our prior written consent in the investigation, defence or settlement of any claim.
- c) Coverage under a) is limited to third party civil claims which are made against an Insured Person during the Policy Period for an event or occurrence which took place during the Risk Period.

Special Conditions to Section 4

- a) The Insured Person shall:
 - i) Immediately and in any event within 10 days give Us written notice of any claim or demand made against him or any circumstance which might reasonably be expected to give rise to a claim or demand.
 - ii) Not admit liability for or settle or compromise or make or promise any payment in respect of any claim or incur any costs or expenses in connection with it without Our prior written consent.
 - iii) Allow Us (in Our sole and absolute discretion) to take over and conduct in the name of the Insured Person the investigation, defence and/or settlement of any claim, for which purpose the Insured Person shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, We may in Our sole and absolute discretion relinquish the same.
- b) We will not settle any claim without the Insured Person's consent but if the Insured Person refuses to consent to any settlement We recommend and chooses to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
- c) In respect of any claim, We may in Our sole and absolute discretion make payment of the lesser of the amount available under the Limit of Indemnity or of any lesser amount for which the claim could be settled in full and final settlement of any liability We may have under this Policy in respect of the claim, including the costs of defending it.
- d) Any and all amounts We expend in the payment of any claim or defence costs will reduce the Limit of Indemnity.

Special Exclusions to Section 4

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) A claim by one Insured Person against another Insured Person with whom he had arranged to travel or against an Insured Person by a relation, a travelling companion or work colleague.
- b) The transmission of an Illness by an Insured Person.
- c) The Insured Person's professional activities or the supply of goods or services.
- d) Being a keeper or owner of animals.
- e) The ownership, possession or use of vehicles, aircraft or watercraft.
- f) The use or misuse of weapons, including firearms.
- g) Any deliberate, wilful, malicious or unlawful act or omission.
- h) Insanity, the use or abuse of solvents, alcohol or drugs (except as medically prescribed but not including for the treatment of drug addiction).
- i) Any ownership or occupation of land or buildings except as a temporary residence by the Insured Person.
- j) Any agreed assumption of risk except to the extent that liability would have attached in the absence of such agreement.

Section. 5 Personal Accident [24 Hours]

- a) If during the Risk Period an Insured Person suffers an Accident and this solely and directly results in:
 - i) His death within 365 days of the Accident, then We will pay the Sum Insured.
 - ii) The permanent impairment of the Insured Person's physical capabilities as detailed in the table below only within 365 days of the Accident, then We will make payment in accordance with the table below if that permanent impairment is claimed for and confirmed by the attending Medical Practitioner and Our medical advisor within 365 days of the Accident.

	% of Sum Insured
Accidental death	100%
Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

In no event shall Our payment under this Section exceed the Sum Insured.

Special Conditions to Section 5

- a) If the Insured Person dies as a result of the Accident within 365 days of its occurrence, or thereafter for any other covered reason, and a claim for permanent impairment had been made prior to the death, then We will make payment of the Sum Insured less any sum paid for the permanent impairment, and any sum that was due to be paid for the permanent impairment shall not be paid.
- b) If the Insured Person is not found within 365 days of the disappearance, sinking or wrecking of the Carrier in which he was travelling as a fare paying passenger, the Insured Person will be presumed to have died as a result of the Accident.

Special Exclusions to Section 5

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound).
- b) Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- c) Hernia.

Section. 6 Trip Cancellation

If an Insured Person's outward journey as a fare paying passenger (as shown on his original travel booking and ticket) on a Carrier is unavoidably cancelled because of:

- a) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or travelling companion, or
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child due to a sudden Illness or injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to cancel the trip.

Then We will reimburse up to the Trip Cancellation Sum Insured, for those travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or he is liable to pay.

Special Exclusions to Section 6

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or related medical complications.
- b) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- c) Facts or matters of which the Insured Person was aware or should have been aware might result in the cancellation of the trip.
- d) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery
- e) Travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or he is liable to pay if he paid or committed to such expenses when he knew or should have known of the possibility of cancellation.

Section. 7 Trip Curtailment

If an Insured Person's journey as a fare paying passenger (as shown on his original travel booking and ticket) on a Carrier is unavoidably curtailed during the

Risk Period before completion and after it has commenced because of:

- a) The death of the Insured Person or the travelling Insured Person's Immediate Family Member or travelling companion, or
- b) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to a sudden illness or injury where a Medical Practitioner has recommended that due to the severity of the medical condition it is necessary to curtail the trip.

Then We will reimburse up to the Trip Curtailment Sum Insured, for those travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or he is liable to pay.

Special Exclusions to Section 7

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Childbirth, pregnancy or related medical complications.
- b) Any charges that could have been avoided but were incurred because of any delay in cancelling travel or accommodation.
- c) Facts or matters of which the Insured Person was aware or should have been aware might result in the curtailment of the trip.
- d) The Hospitalisation of the Insured Person or the travelling Insured Person's parent, spouse or child for due to depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse, addiction or overdose, elective, cosmetic, or plastic surgery
- e) Travel and accommodation expenses that the Insured Person has paid and cannot recover or for which no value can be derived or he is liable to pay if he paid or committed to such expenses when he knew or should have known of the possibility of curtailment.

Section. 8 Emergency Travel

If We have accepted a claim under Section 1-1) and the Accident suffered by the Insured Person necessitates his Hospitalisation for more than 7 consecutive days, We will reimburse the actual cost of an economy return airfare for one Immediate Family Member to travel to the Insured Person's place of Hospitalisation subject to the Emergency Travel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

Section. 9 Emergency Hotel

If We have accepted a claim under Section 1-1) and the Accident suffered by the Insured Person necessitates his Hospitalisation for more than 7 consecutive days, We will reimburse the reasonable costs of accommodation (boarding and lodging), of the Immediate Family Member subject to the Emergency Hotel Sum Insured, provided that:

- a) The Immediate Family Member resides in India, and
- b) The Insured Person was travelling alone.

Section. 10 Flight Delay

If an Insured Person's journey on a Carrier as a fare paying passenger is delayed for a continuous and completed 6 hour period beyond its scheduled departure or scheduled arrival time during the Risk Period because of any of the reasons below, then We will reimburse up to the Flight Delay Sum Insured for those expenses incurred by the Insured Person for meals and accommodation provided that neither meals nor accommodation were offered by the Carrier or any other person without charge:

- a) Delay of the Carrier due to any severe weather conditions.
- b) Delay caused by strike or industrial action by the employees of the Carrier.
- c) Delay caused by any sudden or unforeseen breakdown of the Carrier's equipment.

Special Condition to Section 10

- a) The Insured Person must provide Us with written confirmation from the Carrier of the length and exact nature of the delay.

Special Exclusions to Section 10

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to:

- a) Facts or matters of which the Insured Person was aware or should have been aware might result in a delay at the time the Insured Person booked his ticket.
- b) Any delay arising from the order or action of any government, civil authority or official government body.
- c) Voluntary suspension of services by the Carrier.

GENERAL EXCLUSIONS:

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- a) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical or biological weapons, radiation of any kind.
- b) Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- c) Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent, or intentional self injury, suicide or attempted suicide while sane or insane.
- d) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- e) The loss or destruction or damage to any property whatsoever or any loss or expenses whatsoever resulting or arising therefrom or any consequential loss directly or indirectly caused by or contributed to by or arising from:
 - i) Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or
 - ii) The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof
 - iii) Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, and sale, distribution of asbestos or other products thereof.
- f) Obesity or morbid obesity or any weight control program, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
- g) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- h) Any non allopathic treatment.
- i) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- j) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics, unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- k) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; referral-fees or out-station consultations; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- l) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, and similar products unless it is used for and during the hospital stay.
- m) Non-prescription drugs or treatments.
- n) If the Insured Person is travelling against the advice of a Medical Practitioner, or is receiving or on a waiting list for specified medical treatment, or is traveling for the purpose of obtaining medical treatment, or has received a terminal prognosis for a medical condition.
- o) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.

- p) Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organisation or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
- q) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
- r) Any Pre-existing Condition declared or not declared or any complication arising from it.
- s) Any person who has obtained cover and is under Age 180 days or above Age 70 years.
- t) Any non medical expenses mentioned in Annexure I

GENERAL CONDITIONS

a) Conditions Precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

b) Insured Person

Only those persons to whom a Certificate of Insurance has been issued shall be covered under this master Policy. Any person may be accepted as an Insured Person during the Policy Period only after his application has been accepted by Us, additional premium has been paid and We have issued a Certificate of Insurance to such person.

c) Notification of Claim

- 1) If any treatment, consultation or procedure for which a claim may be made is required in an emergency, then We or Our Assistance Company must be informed within 7 days of the beginning of such treatment, consultation or procedure.
- 2) In all other cases, We or Our Assistance Company must be informed of any event or occurrence that may give rise to a claim under this Policy within 7 days of the occurrence of the event giving rise to the claim.

d) Supporting Documentation & Examination

- 1) The Insured Person shall provide Us with any documentation and information We or Our Assistance Company may request to establish the circumstances of the claim, its quantum or Our liability for it within 30 days of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment or the completion of the event or occurrence giving rise to a claim. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following in English:
 - i. Our claim form duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, and diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.
 - vii. Obs history/ Antenatal card
 - viii. Previous treatment record along with reports, if any
 - ix. Indoor case papers
 - x. Indoor case papers

- xi. MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent, in case of Accidental injury
- 2) The Insured Person additionally hereby consents to:
- i. The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - ii. Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require. We will bear the reasonable costs towards performing such medical examination (at the specified location) of the Insured Person.

e) Claims Payment

- 1) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We or Our Assistance Company has requested to establish the circumstances of the claim, its quantum, Our liability for it, the Insured Person's usual place of residence, and unless the Insured Person has complied with his obligations under this Policy.
- 2) All payments made shall be subject to an applicable Deductible (if any) for such payment for each and every claim made, and to the Accumulation Limit.
- 3) We will only make payment to an Insured Person who will be deemed to be authorised by You to receive the concerned payment. If the Insured Person has died, We will only make payment to:
 - i. The Nominee (as named in the Certificate of Insurance), or
 - ii. The Insured Person's, legal heirs if no nominee has been appointed, or if the nominee has died.
- 4) All payments under this Policy will be in Indian Rupees only.
- 5) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care or could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by Us by Our Assistance Company or by a Medical Practitioner.
- 6) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

f) Fraud

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

g) Other Insurance

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, if the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause.

h) Subrogation

You and/or any Insured Persons shall at Your own 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 and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity

from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where-after we shall pay any balance remaining to You.

i) Alterations to the Policy

This master Policy constitutes the complete contract of insurance. This master Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

j) Notices

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

- 1) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
- 2) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

k) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

l) Geography

This Policy applies to incidents anywhere within India only, and it is expressly agreed that an Insured Person's usual place of residence for the purposes of this Policy and the benefits payable under it will be and remain within India.

m) Termination

- 1) You (MakeMyTrip) may terminate this master Policy at any time by giving us written notice, and the master Policy shall terminate when such written notice is received by Us. If no claim has been made under the master Policy then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

- 2) We may terminate this master Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the master Policy.
- 3) If the master Policy is cancelled, then each Certificate of Insurance which is already in force under the master Policy will continue in force until the end of the Risk Period.
- 4) The amount paid for any Certificate of Insurance will be non-refundable.

n) Renewal

- 1) This master Policy will terminate no later than the expiry date of the Policy Period unless We have agreed in writing to an extension of the Policy Period and Our conditions for agreeing to the extension, including as to the payment of additional premium, have been met.
- 2) We are under no obligation to give notice that the master Policy is due for renewal, or to renew it or to renew it on the same terms whether as to premium or otherwise. We shall be entitled to call for and receive any information or documentation before agreeing to renew the master Policy, and in renewing We are not bound to renew for all Insured Persons.
- 3) The Certificate of Insurance will terminate no later than the expiry date mentioned therein or the end of the Risk Period (whichever is earlier). No renewal or extension of the Certificate of Insurance will be permitted. After the commencement of the Risk Period, the amount paid for the

Certificate of Insurance will be non-refundable.

DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

- a) **Accident or Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means.
- b) **Accumulation Limit** means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same Accident, event or occurrence or series of related Accidents, events or occurrences, and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.
- c) **Age or Aged** means completed years as at the commencement date.
- d) **Carrier** means a civilian air carrier :
 - 1) which is operating under a valid licence issued by the appropriate Indian governmental authority for the transportation of passengers within India by air for a fee, and
 - 2) Which maintains and publishes tariffs for regular passenger air services which it operates between named cities at regular and specified times.
- e) **Certificate of Insurance** means the certificate we issue to an Insured Person. The Certificate of Insurance can only be issued prior to the commencement of the Risk Period.
- f) **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- g) **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured
- h) **Disclosure to information norm-** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- i) **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.
- j) **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 24 consecutive hours
- k) **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the 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 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.

- l) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- m) **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.
- n) **Medically Necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. is required for the medical management of the illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- o) **Medical Practitioner** is 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 licence
- p) **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
- q) **Immediate Family Member** means the Insured Person's legal spouse, parent, parent-in-law, child.
- r) **Insured Person** means the persons to whom a Certificate of Insurance has been issued.
- s) **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.
- t) **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.
- u) **Medical Practitioner** means a person who holds a qualification in medicine from a recognized institution and is registered by the state council, governed by the Medical Council of India in which he operates and is practicing within the scope of such license and will include (but is not limited to) physicians, specialists and surgeons who satisfy the aforementioned criteria.
- v) **Money** means cash, bank drafts, current coins, bank and currency notes, treasury notes, cheques, traveller's cheques, postal orders and current postage stamps (which are not part of a collection).
- w) **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- x) **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- y) **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- z) **Outpatient Treatment** is 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.
- aa) **Policy** means your statements in the proposal form, Certificate of Insurance, this Policy wording (including Annexure 1, endorsements, if any) and the Schedule.
- bb) **Policy Period** means the period between the commencement date and the expiry date specified in the Schedule.
- cc) **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.
- dd) **Risk Period** means only the period between:
- 1) The scheduled time of departure of the Carrier on which the Insured Person is booked to travel as a fare paying passenger, and
 - 2) The earlier of:
 - a. The time when the Insured Person returns to his usual place of residence as shown in the Certificate of Insurance, and
 - b. The expiry date specified in the Certificate of Insurance.

The Risk Period will be evidenced only by the Certificate of Insurance issued by Us during the Policy Period.
- ee) **Schedule** means the schedule attached to and forming part of this master Policy, and if more than one then latest in time.
- ff) **Scheduled Railway Carrier** means a civilian railway carrier
- 1) Which is operated between named cities under a valid licence issued by the appropriate Indian governmental authority for the transportation of passengers within India by railroad for a fee, and
 - 2) Which maintains and publishes regular tariffs for regular passenger rail services which it operates between named cities at regular and specified times.
- gg) **Sum Insured** means, in respect of each Section, the sum shown in the Schedule against that Section and such sum represents our maximum liability for each Insured Person for any and all claims made during the Policy Period under that Section.
- hh) **Surgical Procedure** means an operative procedure for the correction of deformities and defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.
- ii) **Assistance Company** means the service provider that We appoint from time to time as specified in the Schedule.
- jj) **Valuables** means photographic, audio, video, computer (including personal data assistants or handheld computers), telecommunications, electronic and electrical equipment, cellular phones, data recorded on

tapes, cards, discs or otherwise, business goods or samples, securities such as credit cards, debit cards, membership cards, tickets or documents, musical instruments, telescopes, binoculars, spectacles, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, sunglasses, snow skis, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance (except bicycles while checked as baggage with a Carrier), household effects, antiques, watches, art, jewellery, furs and any articles made of precious stones and metals.

kk) **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

ll) **You/Your or Policyholder** means the person (MakeMyTrip) named in the Schedule who has concluded this Policy with Us.

SCHEDULE OF BENEFITS

Benefits	Sum Insured	Deductible
Benefit 1.1 Accident: Medical Treatment	Rs. 100,000	Nil
Benefit 1.2 Accident: Medical Evacuation	Rs. 100,000	Nil
Benefit 1.3 Transportation of Mortal Remains	Rs. 100,000	Nil
Benefit 2 Total Loss of Checked-in Baggage	Rs. 7,500	Nil
Benefit 3 Delay of Checked-in Baggage	Rs. 2,000	12 Hrs.
Benefit 4 Personal Liability	Rs. 100,000	Nil
Benefit 5 Personal Accident [24 Hrs.]	Rs. 750,000	Nil
Benefit 6 Trip Cancellation	Rs. 20,000	Nil
Benefit 7 Trip Curtailment	Rs. 20,000	Nil
Benefit 8 Emergency Travel	Rs. 10,000	Nil
Benefit 9 Emergency Hotel	Rs. 10,000	10%
Benefit 10 Flight Delay	Rs. 2,000	Nil

Claim Related Information

For any claim related queries, intimation of claim, preauthorization, claim processing, claim status, and submission of claim related documents, You can contact Us:

- Address : Claims Department, Apollo Munich Health Insurance Company Limited
10th Floor, Building No. 10, Tower B, DLF City Phase II, DLF Cyber City, Gurgaon-122002
- Toll Free : 1800 - 102 - 0333
- Fax : +91 - 124 - 4584112
- Email : claim@apolломunichinsurance.com
- Website : www.apollomunichinsurance.com

Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : www.apollomunichinsurance.com
- Email : customerservice@apolломunichinsurance.com
- Telephone : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at **The Grievance Cell, Apollo Munich Health Insurance Company Ltd., Tenth Floor, Building No. 10, Tower - B, DLF Cyber City, DLF City Phase II, Gurgaon, Haryana - 122002**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for

resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Ombudsman Offices

Jurisdiction	Office Address
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com
Madhya Pradesh & Chhattisgarh	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in
Orissa	Shri B. P. Parija (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in
Jurisdiction	Office Address
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	Shri Manik Sonawane (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com
Delhi & Rajasthan	Shri Surendra Pal Singh (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka- Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindranathan (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com

West Bengal , Bihar, Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Ms. Manika Datta (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, KOLKATTA - 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande (Ombudsman) Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com
Maharashtra , Goa	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Annexure I

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
1	HAIR REMOVAL CREAM CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/ AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTION	Not Payable - Part of Dressing charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable - Part of Dressing charges
89	COTTON BANDAGE	Not Payable - Part of Dressing charges
90	MICROPOROUS/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
ADMINISTRATIVE OR NON-MEDICAL CHARGE		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLET	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable

Easy Domestic Travel Insurance

Policy Wording

193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Easy Domestic Travel Insurance

Quick reference guide for making a claim

Specially designed for makemytrip customers

Benefit	Claim Supporting Documents
Accident: Medical Treatment, Assistance & Evacuation	<ul style="list-style-type: none">• Apollo Munich Health Insurance Company Limited will provide the insurance cover detailed in the master Policy• Signed claim form• Medical reports and discharge summary issued by the Hospital or prescriptions and medical report from the Medical Practitioner furnishing the name of the Insured, period of treatment and details of treatment rendered.• Bills / receipts for<ol style="list-style-type: none">a. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered;b. Fees paid to the medical practitioner, special nursing charges, etc.c. Charges incurred towards any and all test and / or examinations rendered in connection with the treatment.d. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the Medical Practitioner attending to the Insured.• Address proof
Total Loss of Checked-in Baggage	<ul style="list-style-type: none">• Signed claim form• Statement of claim furnishing the details of items contained in the Checked-In Baggage.• Property Irregularity Report issued by the Common Carrier clearly accepting the Total Loss of Checked in baggage along with Compensation details• Address proof
Delay of Checked-in Baggage	<ul style="list-style-type: none">• Signed claim form• Property irregularity report stating the scheduled time of delivery and actual time of delivery of the Checked-In Baggage issued by the Common Carrier;• Voucher of the Common Carrier for the compensation paid for the delay in delivery of the Checked-In Baggage;• Invoices and receipts towards personal items purchased• Address proof
Personal Liability	<ul style="list-style-type: none">• Signed claim form• An application letter/statement detailing the incident of personal liability, circumstances, location and liability.• Witness statements• Proof of judicial decision rendered by a court of law.• Copy of police report (in case of legal case)• Apart from the above, any other documents as required by the claims department.• Address proof
Personal Accident [24 hours]	<ul style="list-style-type: none">• Signed claim form• Discharge summary• Death certificate mentioning cause of death (in case of death)• Disability certificate• Copy of policy report• Address proof
Flight delay	<ul style="list-style-type: none">• Signed claim form• Invoices and Receipts Towards meals and accommodation• Letter from the Airline clearly stating the reason for delay along with duration of delay• Address proof
Trip Cancellation	<ul style="list-style-type: none">• Signed claim form• Proof of Cancellation of the Trip• Discharge Summary along with recommendation from the Medical Practitioner on necessity of Trip Cancellation• Death certificate in case of Cancellation due to death• Proof of incurred expenses which is paid and cannot recover (only towards travel and accommodation)• Address proof

Easy Domestic Travel Insurance

Quick reference guide for making a claim

Specially designed for makemytrip customers

Benefit	Claim Supporting Documents
Trip Curtailment	<ul style="list-style-type: none">• Signed claim form• Proof of Cancellation of the Trip• Discharge Summary along with recommendation from the Medical Practitioner on necessity of Trip Cancellation• Death certificate in case of Cancellation due to death• Proof of incurred expenses which is paid and cannot recover (only towards travel and accommodation)• Address proof
Emergency Travel	<ul style="list-style-type: none">• Address proof• Attested copy of Discharge Summary• Original Invoice, Receipts and Boarding pass along with copy of Air tickets• Signed claim form
Emergency Hotel	<ul style="list-style-type: none">• Signed claim form• Attested copy of Discharge Summary• Copy of Air ticket along with Original Boarding pass• Original Invoice and receipts towards boarding and Lodging• Address proof

This is a summary of benefits and exclusions, pl refer to policy terms and conditions for full description.

Insurance is subject a matter of solicitation.