Travel Insurance

Policy

Parameter	Description	
Age group	18 Years - 60 Years	
Geographical Scope	Worldwide Including USA and Canada	
Trip Type	Multi Trip (3 Trip in a year)	
Maximum Travel Days	10 days	
Sum Insured (USD)	50,000 USD	
Eligibility Criteria	Insured Person should be a World Safari Cardmember	
Benefits	**Deductible**	**(Incl. USA and Canada)**
Emergency Medical Expenses (Inpatient Only)	$100	$50,000
Repatriation of Mortal Remains (part of Medical Expense)	Nil	$7,500
Dental Treatment	$100	$250
Medical Evacuation (part of Medical Expense)	Nil	Included
Trip Delay	12 Hours	$ 250
Loss of checked in baggage	$25	$200
Loss of Passport	$30	$300
Personal Liability	Nil	$10,000
Hijack Distress Allowance	24 hrs	$100 per day for max. upto 3 days

Emergency Medical Expenses (IN-PATIENT CARE):

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Period of Insurance that requires the Insured Person's Hospitalization, then the Company will indemnify the Medical Expenses incurred on Hospitalization provided that:

- the Hospitalization is on the written advice of a Medical Practitioner;
- the treatment for the Illness or Injury commences during the Period of Insurance and immediately after the diagnosis of the Illness or occurrence of the Injury;

Repatriation of Mortal Remains (part of Medical Expenses):

If the Insured Person dies solely and directly due to an Accident, the Company will indemnify for the costs of repatriation of the mortal remains of the Insured Person back to the Country of Residence / City of Residence or, up to an equivalent amount, for a local burial or cremation at the place where death has occurred.

Dental Treatment

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

1. Treatment of any orthopaedic, degenerative or oncological diseases;
2. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution;
3. Treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence / City of Residence.

Documents to be submitted for any Claim under this Benefit:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Original pathological or diagnostic reports and medical prescriptions issued by the treating Medical Practitioner or Hospital;
- Original Bills and receipts for:
    - Fees paid to the Medical Practitioner and special nursing charges.;
    - Charges incurred towards any and all test and / or examinations rendered in connection with the treatment;

4. Charges incurred towards medicines or drugs purchased from a registered pharmacy other than the Hospital duly supported by the prescriptions of the
5. Medical Practitioner attending to the Insured Person.
6. Any other information or documentation related to the treatment taken.

MEDICAL EVACUATION

The Company will indemnify up to the Sum Insured specified in the Certificate of Insurance for the reasonable cost incurred for the Medical Evacuation of the Insured Person in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Person during the Period of Insurance, provided that:

- The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Person's Illness or Injury warrants the Insured Person's Emergency medical evacuation;
- These transportation expenses are limited to transporting the Insured Person from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;
- This benefit will be provided on a cashless basis if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Person has a Life Threatening Medical Condition and the Insured Person (or his representatives) arrange for the Medical evacuation at their own cost and expense in which case the Company will indemnify the costs incurred on the Medical evacuation in accordance with the terms of this Benefit;
- Payment under this Benefit is subject to a Claim for the Illness or Injury which requires Hospitalization and is Medically Necessary

Documents to be submitted for any Claim under this Benefit :

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirming the necessity of evacuation;
- Documentary proof for all expenses incurred towards the Medical Evacuation

TRIP DELAY

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

- Any contingencies other than those specifically named above;
- The Common Carrier is taken out of service on the instructions of the Civil Aviation Authority or any similar authority;

Documents to be submitted in support of the Claim:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Certificate from the Common Carrier confirming the delay and detailing the circumstances of delay

LOSS OF CHECKED-IN BAGGAGE

The Company will indemnify the Insured for the value of the Checked-In Baggage totally lost whilst in custody of the Common Carrier during the period of journey provided that:

- Coverage under this Benefit shall commence only after the Checked-in Baggage is entrusted to the Common Carrier and a receipt obtained and coverage under this Benefit shall terminate automatically after 24 hours of the Common Carrier reaching the Place of Destination specified in the ticket of the Insured Person during the Period of Insurance;
- If more than one (1) piece of Checked-In Baggage has been checked-in under the same ticket of the Insured Person, the Company's liability shall be restricted to 50 % of the Sum Insured if all the pieces of Checked-In Baggage are not lost;
- If the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit in full irrespective of whether delivery of the baggage is taken;
- If a portion of the lost/undelivered Checked-In Baggage is subsequently traced and offered for delivery to the Insured Person, the Insured Person shall refund the amount paid by the Company under this Benefit which is attributable to the portion of Checked-In Baggage traced in full irrespective of whether delivery of the Baggage is taken;
- The liability of the Company shall be determined based on the market value of the Contents of the Checked-In Baggage as on the scheduled/expected date of delivery at the destination port.

Exclusions applicable to Benefit – loss of Checked-in Baggage:

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

- Any partial loss or damage of any items contained in the Checked-In Baggage;
- Any loss arising from any delay, detention, confiscation by customs officials or other public authorities;
- Any loss due to damage to the Checked-In Baggage;
- Valuables
- Any loss of Checked-In Baggage sent in advance or shipped separately.

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

Documents to be submitted for any Claim under this Benefit :

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Property irregularity report issued by the appropriate authority;
- Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage;
- Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage.
- Statement of claim furnishing the details of items contained in the Checked-In Baggage and the values thereof (excluding Valuables). Values of the items shall represent their market value after allowing for age and usage.
- In case of items of individual value equal to or more than US$ 100 / Euro 75 / INR 5,000 contained within the Checked-In Baggage, proof of ownership in the form of purchase bill (or any other proof to the satisfaction of the insured / Assistance Service Provider).

LOSS OF PASSPORT

If the Insured Person loses his original passport, the Company will indemnify the cost incurred by the Insured Person towards obtaining a duplicate or new passport.

Documents to be submitted for any Claim under this Benefit :

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Copy of the police report;
- Statement of Claim for the expenses incurred;
- Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

PERSONAL LIABILITY

The Company shall indemnify the Insured Person against actual legal liability for Damages for Accidental Injury or property damage to third parties arising on account of Insured Person's negligence for which civil claim is made or suit brought against the Insured Person by the third parties not later than 60 days from the expiry of the Period of Insurance.

The Company shall also indemnify the Insured Person towards the cost of defence maximum up to 10% of claim amount incurred upon the prior written consent of the Company.

Exclusions applicable to Benefit - Personal Liability

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

- Liability of the Insured Person in relation to any professional services rendered by him;
- Liability for injury or damage of any kind whilst the Insured Person is engaged in his business activities or in course of business activities;
- Liability assumed by the Insured Person by an agreement or contract which would not have attached in the absence of such agreement or contract;
- Liability arising out of any Acts of God including but not limited to earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances;
- Fines, penalties, punitive or exemplary damages of any kind;
- Liability arising from the use of any motor vehicle, aircrafts, water crafts and other vehicles;
- Any liability, which is the subject matter of specific insurance elsewhere;
- Any personal liability of the Insured Person towards his family, relations or traveling companions, whether personal or official or commercial;
- Liability resulting from transmission of an illness or disease by the Insured Person;
- Personal liability arising out of false arrest, wrongful eviction, wrongful detention, defamation, libel or slander or mental trauma, anguish, or shock resulting there from;
- Liability arising out of any infringement of intellectual property rights such as copyright, patent, trademark, registered designs and trade secrets;
- Liability arising from the possession of animals, birds, reptiles or insects and their byproducts such as skin, hair, feathers, horns, fur, ivory, bones or eggs
- Liability arising from the ownership or possession of vehicles, aircrafts or water crafts or activities of the Insured Person involving parachuting, hang-gliding, hot air ballooning or the use of firearms;
- Liability arising from insanity, use or abuse of any intoxicant, alcohol or drugs (except as medically prescribed) or drug addiction;
- Liability arising from any supply of goods or services on the part of the Insured Person;
- Liability arising from any ownership or occupation of land or buildings other than the occupation of any temporary residence;
- Any liability arising from a contingency occurring anywhere in the Country of Residence / City of Residence of the Insured Person;
- Liability arising out of any breach of law or rules or any criminal liability

Terms and conditions applicable to Benefit - Personal Liability:

- Every notice, writ, summons or process and all documents relating to the Claim/ event shall be forwarded to the Company immediately on receipt by the Insured Person.
- No admission, offer, promise or payment shall be made or given by or on behalf of the Insured Person without the prior written consent of the Company.
- Insured Person shall fully co-operate and support and act as per the advice of the Company or the Assistant Service Provider.
- Insured Person shall fully support the Company in reaching a compromise with the aggrieved party and/ or to take such steps as may be required to bring the Claim to an amicable settlement.
- All amounts incurred by the Company in the defence, settlement and/or payment of any Claim, will correspondingly reduce the Sum Insured under this benefit.
- In the event the Company chooses to exercise its right pursuant to this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, the Company's liability or obligations under this Benefit beyond what the Company's liability or obligations would have been had it not exercised its rights under this condition.
- The Insured Person shall not settle or offer for settlement or enter into a compromise with the claimant or any other person without the prior consent and the written approval of the Company or Assistance Service Provider.
- The terms and exclusions of this Benefit (and any phrase or word contained therein) shall be interpreted in accordance with Indian law.

Documents to be submitted for any Claim under this Benefit:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Statement of Claim furnishing particulars of the event leading to the liability such as the court order;
- Photocopy of the police report (wherever reported).

HIJACK DISTRESS ALLOWANCE

If the Common Carrier in which the Insured Person is traveling on a valid ticket is Hijacked, then the Company will pay daily payable benefit amount for each day up to 30 days or as specified in the Certificate of Insurance for which the Insured Person continues to be held captive by the hijackers, provided that:

- The Company will be liable to make payment under this Benefit only if the Hijack has continued for a period of at least 24 consecutive hours or as specified in the Certificate of Insurance;
- The Company shall not be liable to make payment if the Insured Person is travelling by any other mode of transportation;
- The Company's liability under this Benefit in respect of the Insured Person shall not extend beyond the date and time of the Insured Person's release;

Documents to be submitted for any Claim under this Benefit:

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- Letter from the Common Carrier authorities confirming the event;
- Valid ticket or certificate from the Common Carrier establishing the Insured Person's bonafide travel in the affected Common Carrier;

Grievance:

The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.

If you or the Insured Member or Dependent have a grievance that You or the Insured Member or Dependent wish Us to redress, You or the Insured Member may contact Us with the details of their grievance through:

Website	www.careinsurance.com
WhatsApp No.	8860402452
Post /Courier	Any of Our branch offices or our correspondence address, during normal business days

If the Insured Member is not satisfied with our redressal of their grievance through one of the above methods, You or the Insured Member may contact Our Head of Customer Service at:

The Grievance Cell,
3rd Floor Sector, Tower C,
Vipul Tech Square, Sector-43, Golf Course Road Gurugram-122009 (Haryana)

If the Insured Member is not satisfied with our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance.

Disclaimer

This is only a summary of product features. The actual benefits available are as described in the policy and will be subject to the policy Terms and Conditions. Please seek the advice of your insurance advisor if you require any further information or clarification or contact us.

Statutory Warning

Prohibition of Rebates (under section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurers.

Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation.

IRDA Registration number: 148