

## Terms & Conditions

### Policy Details

**Master Policy Number:** 108300000008/00/00

**Master Policy Holder Name:** Coverplan Technology Private Limited

**Address:** 775, 42 High Street, 100 ft Road, HAL 2nd Stage, Indiranagar, Bengaluru (Bangalore) Urban, Karnataka, 560008

### Table of Benefits:

Benefits	Coverage Upto
 <b>Travel Accidental Death</b> In case of traveler's death within 365 days from the date of the accident that occurred during the trip	INR 7,50,000
 <b>Travel Permanent Total Disablement (PTD)</b> In case of permanent total disability due to an accident whilst on the trip	INR 7,50,000
 <b>Travel Emergency Medical Cover (Hospitalisation/Day Care)</b> In-patient treatment expenses, hospital room and ICU, diagnostic tests expenses	INR 3,00,000
 <b>Out-Patient Expenses</b> OPD treatment, diagnostic tests, etc covered	INR 25,000
 <b>Travel Emergency Medical Evacuation Cover</b> In-patient treatment expenses, hospital room and ICU, diagnostic tests expenses	INR 10,000
 <b>Travel Repatriation of Mortal Remains Cover</b> Covers the costs of transporting the mortal remains or the costs incurred towards a local burial or cremation	INR 10,000
 <b>Loss of Baggage Cover</b> In case of complete loss of checked-in baggage	INR 5,000
 <b>Travel Accidental Hospitalisation Cash (Max 7 Days)</b> Daily cash benefit will be paid when hospitalized	INR 750

The scope of cover under the scheme is only whilst on the trip during the travel hours while on boarded on the bus. The maximum permissible age is 65. This covers travel between Boarding and Dropping points and also covers the waiting period (Upto 1hr) in case of connecting journeys.

### Travel Accidental Death

If the Insured Person suffers an Injury due to an Accident whilst on a Trip, and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, we will pay the Sum Insured as specified in the table of benefits. This Benefit shall be payable subject to the following:

The Sum Insured shall be payable to the Insured person's legal heir. In case of multiple legal heirs, a magistrate certificate would need to be provided. On the acceptance of a claim and payment being made under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

### Travel Permanent Total Disablement (PTD)

If an Insured Person suffers an Injury due to an Accident whilst on a Trip and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident, the Insurer will pay the Sum Insured, as specified in the table of benefits.

### Travel Emergency Medical Cover (Hospitalisation/Day Care)

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident whilst on a Trip, which requires Emergency Care, the Insurer will pay the following Medical Expenses incurred, as per the limit specified in the table of benefits. Medical Expenses covered:

- In-patient treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an Insured Event.
- Medically Necessary charges towards Hospital Room and Boarding, Intensive Care Unit, Surgery (Includes Operation room charges, Surgical Appliance, Surgeon fee and Implant charges), Anaesthetist services, Medical Practitioner's visit fees, specialist fees, Miscellaneous expenses towards In-patient treatment.
- Diagnostic tests and all Reasonable and Customary Charges towards diagnostic methods necessary for the treatment of the Insured Person, provided these pertain to the Illness/Injury due to which the In-patient Treatment was deemed medically necessary.
- Reasonable costs incurred on transportation by a surface Ambulance, immediately following the Accident, including costs incurred for medically necessary care carried out during such transportation, to the nearest Hospital, or to the nearest Medical Practitioner, or to any special clinic if prescribed as such by a Medical Practitioner.
- Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/Drugs/ Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads."

### Out-Patient Expenses

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of visit, whilst on a Trip, which requires Emergency Care, the Insurer will pay the following Medical Expenses incurred, as per the limit specified in the table of benefits. Medical Expenses covered:

- OPD treatment in a local Hospital at the place the Insured Person is staying at the time of occurrence of an Insured Event.

- Diagnostic tests and all Reasonable and Customary Charges towards diagnostic methods necessary for the treatment of the Insured Person, provided these pertain to the Illness/Injury
- Reasonable costs incurred on transportation by a surface Ambulance, immediately following the Accident, including costs incurred for medically necessary care carried out during such transportation, to the nearest Hospital, or to the nearest Medical Practitioner, or to any special clinic if prescribed as such by a Medical Practitioner.
- Miscellaneous expenses: Includes but not limited to cost of medicines/ Pharmacy/ Drugs/ Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads.

### Travel Emergency Medical Evacuation Cover

On the occurrence of any Illness contracted or Injury sustained by an Insured Person due to an Accident in a Place of Visit whilst on a Trip, we will pay the reasonable costs necessarily incurred on the prescribed transportation of the Insured Person, by air or surface, for Medically Necessary Treatment to a place of treatment in the Place of Visit/ Place of Origin or return to his/her place of residence, up to the limit as specified in the table of benefits. This Benefit shall be payable subject to the following:

- The transportation is provided by either a Common Carrier or an Ambulance.
- The Insured Person is certified in writing to be capable of being transported.
- Any additional costs incurred during such transportation directly arise because of the Insured Event.
- Costs incurred towards any attending Medical Practitioner, nurse, or/ and any one of relative, friend, Immediate Family Member or colleague accompanying the Insured Person would be payable, if it is certified in writing as being medically necessary by an empanelled Medical Practitioner of the Company/EASP.

### Travel Repatriation of Mortal Remains Cover

In the event of death of the Insured Person due to any Insured Event under this Policy in a Place of visit whilst on a Trip, The Insurer will pay the costs of transporting the mortal remains of the Insured Person back to Place of Origin or the costs incurred towards a local burial or cremation in the place where the death occurred, up to the limit, as specified in the table of benefits.

### Loss of Baggage Cover

In the event of total and complete loss of Checked-in Baggage whilst on a Trip and whilst it is in the custody of the Common Carrier, The Insurer will pay the Insured Person, the Market Value of such Checked-in Baggage up to the limit, as specified in the table of benefits. For the purpose of this Benefit, "Market Value" refers to the sum required to purchase new items of the same kind and quality as those contained in the Checked-in Baggage, less an amount representing wear and tear, depreciation and usage at the time of the loss. The cover is applicable only at the Intended Destinations, and is limited to the period commencing from the time the Checked-in Baggage is entrusted to the Common Carrier and return of the Insured Person back to the Place of Origin along with all halts and via destinations included in the travel booking.

This Benefit shall be payable subject to the following:

- In the event of such a total and complete loss of Checked-in Baggage whilst in the custody of the Common Carrier, a Property Irregularity Report (PIR) must be obtained from the Common Carrier

immediately upon discovery of the loss which must be submitted along with the claim.

- Our maximum liability under this Benefit in respect of any one Checked-in Baggage, in case more than one bag has been checked-in, is 50% of the applicable Sum Insured. In case of only one bag being checked-in, the maximum liability is up to 100% of the applicable Sum Insured.
- The Company has been provided with all the documents, reports and other details from the Common Carrier confirming the loss of Checked-in Baggage in its custody.
- If the Company makes any payment under this benefit, it is agreed that any recovery from any Common Carrier by the Insured Person shall become the property of the Company.
- Any partial loss of the items contained within the Checked-in Baggage, not amounting to a total and complete loss of such Checked-in Baggage, shall not be payable.
- In the event of simultaneous claims under this Benefit as well as Baggage Delay Cover, the higher of the claims shall be payable by the Company in respect of the same item(s) of Checked-in Baggage during any one Period of Insurance.

#### **Specific Exclusions:**

The Insurer shall not be liable to make any payment for any claim under this Benefit of the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- Valuables, Money, any kind of securities and tickets/passes or any other item not declared and/or agreed by the Company.
- Loss of any Checked-in Baggage unless a Property Irregularity Report or other report usually issued by the Common Carrier in the event of loss of Checked-in Baggage has been procured and submitted to the Company.
- Any partial loss of the items contained within the Checked-in Baggage.
- Losses arising from any delay, detention, confiscation by the customs officials or other public authorities.
- Any Checked-in Baggage loss while the Insured Person is in Place of Origin.

#### **Travel Accidental Hospitalisation Cash**

If an Insured Person during a Trip suffers an Injury due to an Accident while covered under the policy and that Injury solely and directly results in the Hospitalisation of the Insured Person, the Insurer will pay the Cash Benefit for each continuous and completed period of Hospitalisation as specified in the table of benefits, provided that the purpose of Hospitalisation is to avail Medically Necessary Treatment of the Insured Person and admission date of Hospitalisation is within the policy period.

#### **Claims Process**

Processing of claims will be on a reimbursement basis.

#### **Condition Precedent:**

The fulfilment of the terms and conditions of this Policy in so far as they relate to anything to be done or complied with by You/Insured Person, or any person acting on their behalf, including complying with the following steps, shall be Condition Precedent to the admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Bimaplan/Insurer within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You / Insured Person can satisfy Us that it was not reasonably possible for You/Insured Person to submit the required forms/documents within such time.

The Service Partner may also support Us in assessing reimbursement claims. In India the claims will be serviced by an approved Third Party Administrator (TPA) while all Claims outside of India will be managed by a Service Partner that provides such services.

The due intimation/ notification, submission of necessary documents and compliance with requirements as provided under the Claims Procedure set out under this Section by the Insured Person shall be essential failing which, the Insurer shall not be bound to accept a claim.

#### **Policyholder's / Insured Person's Duty at the time of Claim:**

On occurrence of an event which may lead to a claim under this Policy, the Insured Person shall:

- Intimate, file and submit the claim form and documents as prescribed in accordance with the procedure set out below.
- Follow the directions, Medical Advice or guidance provided by a Medical Practitioner.
- If so requested by the Insurer, the Insured Person must submit himself/ herself for a medical examination by the nominated Medical Practitioner as often as the Insurer considers reasonable and necessary. The cost of such examination will be borne by the Insurer.
- Allow the Medical Practitioner or any of the representatives to inspect the medical and Hospitalisation records, investigate the facts and examine the Insured Person.
- Assist and not hinder or prevent the representatives in pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

#### **Claim Intimation:**

Upon the discovery or occurrence of an Illness /Injury or any other contingency that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person or the Nominee as the case may be must notify Us/ Our TPA/ Service Provider either at the call centre or in writing and shall undertake the following:

- In the case of Emergency Hospitalisation - The Insured Person will intimate such admission within 48 hours of such admission but not later than discharge from the Hospital.
- Notify the Insurer either at the call centre or in writing, within 10 days from the date of occurrence of the Accident/diagnosis of a Critical Illness/ Illness covered under 'Benefit on diagnosis' cover. Following details are to be provided to Us at the time of intimation of Claim:
  - Policy Number
  - Name of the Policyholder
  - Name of the Insured Person in whose relation the claim is being lodged
  - Nature of Illness / Injury/ Accident/ Critical Illness
  - Name and address of the attending Medical Practitioner and Hospital
  - Date of admission vii) Date of Death/ disablement, if applicable
  - Any other information as requested by the Insurer

### **Claim Reimbursement Process:**

Wherever the Insured Person has opted for a reimbursement of Medical Expenses, he/she may submit the following documents for reimbursement of the claim to one of the Insurer's branch or head office at his/ her own expense not later than 15 days from the date of discharge from the Hospital.

The Insured Person can obtain a claim form from any of the branch offices or download a copy from the website [www.manipal.cigna.com](http://www.manipal.cigna.com). List of necessary claim documents to be submitted for reimbursement are as following:

- Original copy of consultations
- Claim form duly signed
- Hospital discharge summary in original
- Operation theatre notes (if applicable)
- Hospital main bill in original
- Hospital break up bill
- Investigation reports
- Original investigation reports
- X Ray, MRI, CT films, HPE, ECG
- Medical Practitioner's reference slip for investigation
- Pharmacy bills, prescription and invoices
- MLC/ FIR report, post mortem report if applicable and conducted
- KYC documents (photo ID proof, address proof, recent passport size photograph)
- Cancelled cheque with name for NEFT payment
- Payment receipt
- Death summary, death certificate, if applicable

The Insurer may request for any additional documents/information as required based on the circumstances of the claim wherever the claim is under further investigation or available documents do not provide clarity. In case there is a delay in submission of claim documents as specified above, then in addition to the documents mentioned above, the Insured Person will also be required to provide the Insurer the reason for such delay, in writing. The Insurer will condone the delay on merit for delayed claims where the delay has been proved to be for reasons beyond the claimant's control.

### **Scrutiny of Claim Documents:**

- The Insurer shall scrutinise the claim form and the accompanying documents. Any deficiency in the documents shall be intimated to the Insured Person/ Network Provider as the case may be.
- If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, The Insurer shall remind the Insured Person/Network Provider of the same every 10 (ten) days thereafter.
- The Insurer will send a maximum of 3 (three) reminders.
- The Insurer shall settle the claim payable amount arrived post scrutinising the claim documents excluding the deficiency intimated to You.
- The Insurer may, at their sole discretion, decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if they observe that such a claim is otherwise valid under the Policy.
- If a claim is received when a pre-authorisation letter has been issued, before approving such a claim, a check will be made with the Network Provider whether the pre-authorisation has been utilised as well as whether the Insured Person has settled all the dues with the Network Provider. Once such a check and declaration is received from the Network Provider, the case will be processed.
- The Pre-hospitalisation Medical Expenses and Post- hospitalisation Medical Expenses claims shall be processed only after the decision of the main Hospitalisation claim.

### **Claim Assessment:**

The Insurer shall pay the fixed or indemnity amount as specified in the applicable Base or Optional cover in accordance with the terms of this Policy. For Benefit claims, if Lump sum Payout is opted then full Sum Insured will be paid at one time and the claim will be settled. The Insurer is not liable to make any payments that are not specified in the Policy.

They will assess all admissible claims under the Policy in the following progressive order:

- If a room/ Intensive Care Unit accommodation has been opted for where the rent or category is higher than the eligible limit for that Insured Person under the Policy, then, the Insured Person shall bear the rateable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Schedule/ Certificate Of Insurance in the proportion of the difference between Room Rent of the entitled room category/eligible Room Rent to the room rent actually incurred excluding pharmacy and consumables which shall be paid on actuals.
- If any Sub Limit on Medical Expenses are applicable as specified in the Policy Schedule/ Certificate Of Insurance, Our liability to make payment shall be limited to the extent of the applicable Sub Limit for that Medical Expense.

### **Claims Investigation:**

The Insurer may investigate claims at their own discretion to determine validity of a claim. Such investigation shall be concluded within 15 days from the date of assigning the claim for investigation and not later than 30 days from the date of receipt of the last necessary document. Verification carried out, if any, will be done by individuals or entities authorised by them to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by Us.

### **Pre-hospitalisation Medical Expenses and Post-hospitalisation Medical Expenses claims:**

The Insured Person should submit the Post-hospitalisation Medical Expenses Cover claim documents at his/her own expense within 15 days of completion of Post-hospitalisation Treatment or period, or eligible Post-Hospitalisation period of cover, whichever is earlier. The Insurer shall receive Pre-hospitalisation Medical Expenses Cover and Post-hospitalisation Medical Expenses Cover claim documents either along with papers for Hospitalisation Expenses Cover or separately and process the same based on merit of the claim derived on the basis of the documents received.

### **Claim Payment Terms:**

The Insurer shall have no liability to make payment of a claim under the Policy in respect of an Insured Person once the applicable Sum Insured for that Insured Person is exhausted.

- All claims will be payable in India and in Indian rupees.
- The Insurer is 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 could have reasonably minimised the costs incurred.
- If the Insured Person suffers a relapse within 45 days from the date of discharge from the Hospital for which a claim has been made, then such relapse shall be deemed to be part of the same claim and all the limits for "Any one illness/ injury" under this Policy shall be applied as if they were under a single claim.
- The Insurer shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy
- For Reimbursement claims, the payment shall be made to You/ Insured Person. In the unfortunate event of the Insured Person's death, The Insurer will pay the legal heir who holds a succession

certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge.

***Emergency evacuation and repatriation of mortal remains:***

- In the event of an Insured Person requiring Emergency evacuation/ repatriation of mortal remains, Insured Person/ Nominee (as applicable), must notify the Insurer immediately either at the call centre or in writing.
- Emergency evacuations shall be pre-authorized by the Insurer.
- Medical specialists in association with the Service Provider shall determine the Medical Necessity of such Emergency evacuation post which the same will be approved.

***Contact Details for Claims Initiation:***

**1. Contact Bimaplan:**

- Call: +91-8045685888
- Email: [operations@bimaplan.co](mailto:operations@bimaplan.co)
- Whatsapp: <https://wa.me/918045685888>

**2. Contact Manipal Cigna**

- Email: [BenefitClaim@ManipalCigna.com](mailto:BenefitClaim@ManipalCigna.com)