

Terms & Conditions

This is a summary of the key terms under the Acko's Group Domestic Travel Insurance Policy offered by Acko General Insurance Limited ("Acko") subject to the receipt of premium in full in respect of the Insured Persons and the terms, conditions and exclusions of underlying Policy. The insurance cover under the Policy will be applicable only to the registered customers of the Group Administrator.

1. Key Benefits

S. No.	Name of the Benefit	Sum Insured Per Person (INR)	Benefit Type	Additional Conditions
1	Accidental Death Benefit	500,000	Fixed	
2	Permanent Total Disability			
3	Permanent Partial Disability			
4	Accidental Medical Expense Reimbursement	100,000	Indemnity	
5	Missed Flight	5,000	Indemnity	Refer Special Conditions 3
6	Hospital Daily Allowance	500 per day (Max. 3,500)	Fixed	· Min. days of Hospitalization: 1 · Max. covered Days of Hospitalization: 7
7	OPD Treatment	3,000	Indemnity	Benefit is payable in case of accident only.
8	Repatriation of Mortal Remains	10,000	Indemnity	Benefit is payable in case of accident only.
9	Ambulance Transportation Cover	10,000	Indemnity	Benefit is payable in case of accident only.
10	Evacuation (Medical & Catastrophe)		Indemnity	Benefit is payable in case of accident only.

2. Special Conditions:

- This coverage is applicable only if the destination specified by the Insured while booking an Goibibo cab is an airport in India. If the destination is changed to airport during the ride, then no claim will be entertained.
- Insurance cover starts when customer's Goibibo Cab Trip starts and cover ends when the Goibibo Cab Trip ends.
- The benefit under Missed Flight is provided if there has been a delay in the arrival of the allotted cab at the airport and due to such delay, the Insured Person or Passengers traveling in Goibibo cab have missed their pre-booked domestic flight. Further, the Advance Purchase window of booking the cab should be minimum 2 hrs. before the scheduled departure time of the missed flight. A no-show certificate for the missed flight will be mandatorily required from the customer.
- The claim will not be permissible in case the number of passengers (including driver) is more than the seating capacity of the vehicle.
- The Insurance will only be applicable on cab bookings done directly through the Goibibo App or Website

- Missed flight benefit will only be covered if the cab arrives at the airport within 75 minutes before the schedule flight departure time or after the flight already departed. If the cab arrives more than 75 minutes before the departure and the passenger still misses the flight, the benefit will not be covered.

3. General Conditions:

- We should be given written notice of any event that may give rise to a claim under the Policy within 15 days from the happening of the event, in accordance with the claims procedure under the Policy.
- All claims made under the Policy will be subject to the applicable deductible, any sub-limits and the availability of the Sum Insured.
- The Policy does not cover any contractual and consequential liability, except as covered in the Policy or the Certificate of Insurance issued to the customer.

4. Claim & Documents:

The customer can file a claim for any of these coverages on the Acko Website. Alternatively, he/she can reach Acko at the Contact number(s) provided below for registration of claim:

Acko: + 91- 80-68370001 Email id: goibibocare@acko.com

Any claim made by the customer will be validated with the Group Administrator or its service partner to confirm the incidence.

Claims process for the customer on Acko Website:

- Go to www.acko.com and Login with your mobile number registered on Goibibo and enter the OTP you receive.
- Select your particular policy from 'My Policies' section.
- Click on the 'Make a Claim' button below the Policy details section.
- Select the claim type, Follow the next steps and upload the required documents. • Your claim has been submitted; Our claims team will get back to you!

The Insured needs to submit following documents in case of a claim:

Sr. No.	Benefit Name	Documents Required
	Common Documents	<ul style="list-style-type: none"> • Our duly filled and signed Claim Form • Name and address of the Insured Person in respect of whom the claim is being made • Copies of valid KYC documents of the Nominee/claimant, any other regulatory requirements, as amended from time to time • Proof of university enrolment • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India (if travel outside India) • Original Travel Ticket / Boarding passes or copy of passport with visa entry and exit stamp (wherever applicable)

Sr. No.	Benefit Name	Documents Required
1.	Accidental Death Benefit	<ul style="list-style-type: none"> • • NEFT form and Cancelled cheque stating insured's / Claimant Indian Bank account details (wherever applicable) • Claim Form (to be filled and signed by nominee/claimant) • Release of Medical Information Form (ROMIF) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports in case any of any hospitalization • Death certificate/Post Mortem report in case its conducted (In case of death) • Attested copy of FIR/Inquest Panchnama where applicable • Original legal heir certificate (in case nomination has not been filed by deceased) • NEFT form and Cancelled cheque of claimant with Indian bank account details (nominee in case of death claim) • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India • Copies of valid KYC documents of the nominee/ claimant, any other regulatory requirements as amended from time to time • Copy of cancelled passport
	Permanent Total Disability	<ul style="list-style-type: none"> • Claim Form (to be filled and signed by nominee/claimant) • Release of Medical Information Form (ROMIF) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports in case any of any hospitalization • Attested copy of FIR where applicable • Photograph of the Insured reflecting disablement • Disability certificate from appropriate Government Authority • NEFT form and Cancelled cheque of claimant with Indian bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India • Copies of valid KYC documents of the nominee/ claimant, any other regulatory requirements as amended from time to time
	Permanent Partial Disability	<ul style="list-style-type: none"> • Claim Form (to be filled and signed by nominee/claimant) • Release of Medical Information Form (ROMIF) to obtain the medical records from facility. • Medical records/Consultation Papers/Investigation Reports in case any of any hospitalization • Attested copy of FIR where applicable • Photograph of the Insured reflecting disablement • NEFT form and Cancelled cheque of claimant with Indian bank account details • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India • Copies of valid KYC documents of the nominee/ claimant, any other regulatory requirements as amended from time to time
	Accidental Medical Expenses Reimbursement	<ul style="list-style-type: none"> • Claim Form (to be filled and signed by insured) • Attending Physician Statement (to be filled and signed by overseas treating doctor) • Release of Medical Information Form (ROMIF) (to be filled and signed by insured) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports • Invoices / Bills towards medical expenses. • Original Paid receipts (hardcopy) in case of reimbursement claim. • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details (for reimbursement claim). • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.
	Missed Flight	<ul style="list-style-type: none"> • All original bills and receipts for expenses which got forfeited, non-refundable in nature. • Travel ticket where you were originally scheduled to travel. • No show travel certificate issued from the airlines (to the insured person) whose flight got missed by the insured person
		<ul style="list-style-type: none"> • Final Hospital Discharge Summary in original / self-attested copies if the originals are submitted with another insurer. • Final Hospital Bill in original / self-attested copies if the originals are submitted with another insurer. • Original doctor consultation notes and Indoor Case Paper (ICD)/ or medical investigation reports from outside the hospital prior to hospitalization

Sr. No.	Benefit Name	Documents Required
	Hospital Daily Allowance	<ul style="list-style-type: none"> • Copy of First Information Report (FIR) / Panchnama duly attested by the concerned police station. (if this cover being claimed for is admissible in event of an accident) • Copy of Medico Legal Certificate (MLC) duly attested by the concerned hospital. (if Hospital Cash being claimed for is admissible in event of an accident) • Legal heir certificate & NOC from any other legal heir(s) if so exists (in absence nomination)
	OPD Treatment	<ul style="list-style-type: none"> • Claim Form (to be filled and signed by insured) • Attending Physician Statement (to be filled and signed by overseas treating doctor) • Medical / Dental records/Consultation Papers/Investigation Reports • Invoices / Bills towards medical expenses. • Paid receipts. • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India • NEFT Form and Cancelled cheque stating insured's / Claimant Indian Bank account details
	Repatriation of Mortal Remains	<ul style="list-style-type: none"> • Claim Form (to be filled and signed by assignee) • Invoices / Bills towards medical expenses. • Original Paid receipts (hardcopy) in case of reimbursement claim • Death certificate/Post Mortem report/ Certificate of emblem in case its conducted
	Ambulance Transportation Cover	<ul style="list-style-type: none"> • Medical Records (Presenting complain, diagnosis, treatment given, discharge summary etc.) • FIR / MLC Copy (if MLC is done) / Spot Panchnama-where applicable- Attested by issuing authority • Original invoice and payment receipt
	Evacuation (Medical & Catastrophe)	<ul style="list-style-type: none"> • Claim Form (to be filled and signed by insured) • Attending Physician Statement (to be filled and signed by overseas treating doctor) • Release of Medical Information Form (ROMIF) (to be filled and signed by insured) to obtain the medical records from facility • Medical records/Consultation Papers/Investigation Reports. • Medical certificate from treating Doctor / Certificate from concern Authority for Catastrophe • Invoices / Bills towards transportation expenses. • Original Paid receipts • Form and Cancelled cheque stating insured's / Claimant Indian Bank account details (for reimbursement claim). • Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.

Note: Depending upon the peculiarity of the case, additional documents /information will be asked for

5. Definitions

A. Accidental Death Benefit

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period 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 amount specified in the Policy Schedule / Certificate of Insurance.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit (Accidental Death Benefit), Benefit (Permanent Total Disability), Benefit (Permanent Partial Disability) and Benefit (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured, then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Options, all cover under this Policy shall immediately and automatically

cease in respect of that Insured Person.

B. Permanent Total Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability
Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye
Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Benefit will be payable provided that:

- a. Except in cases of physical separation, the Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured specified against this Benefit in the Policy Schedule / Certificate of Insurance.
- c. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under Benefit (Accidental Death Benefit), Benefit (Permanent Total Disability), Benefit (Permanent Partial Disability) and Benefit (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- d. If We have admitted a claim for Permanent Total Disability in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;

- e. On the acceptance of a claim under this Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Benefits and Cover Options.

C. Permanent Partial Disability

If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, we will pay the amount specified in the table below:

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xvii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

This Benefit will be payable provided that:

- a. Except in cases of physical separation, the Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement;
- b. If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the

degree and percentage of such disability;

- c. We will not make any payment under this Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;
- d. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this benefit and claims already admitted under Benefit (Accidental Death Benefit), Benefit (Permanent Total Disability), Benefit (Permanent Partial Disability) and Benefit (Temporary Total Disability) in respect of the Insured Person will cumulatively exceed the Common Death or Disability Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Common Death or Disability Sum Insured.
- e. On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured and the Common Death or Disability Sum Insured.

D. Accidental Medical Expense Reimbursement

If an Insured Person requires Hospitalization or undergoes Day Care Treatment due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will reimburse the costs incurred on Medical Expenses, including the Post Hospitalization Medical Expenses incurred for up to 90 days following the Insured Person's discharge from Hospital.

This Benefit will be payable provided that the Insured Person is admitted to Hospital during the Travel Period and, in case of Injury, within 7 days of the occurrence of the Accident.

E. Missed Flight

We will pay the cost of the booking on the Common Carrier or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance, due to the Insured Person's failure to reach the original departure point of the booked journey caused by the delayed arrival of a public transport or any other Common Carrier that the Insured Person was travelling in as a passenger, or due to any Accident during the travel Period.

This Benefit will be payable provided that:

- a. The Insured Person provides Us with a written proof from the Common Carrier of the missed departure.
- b. We will pay only those expenses that are in excess of the Deductible. We shall not be liable to pay any expenses for any loss which will be paid or refunded by any applicable Common Carrier.

F. Hospital Daily Allowance

If an Insured Person requires Hospitalization due to Injury or Illness, as specified in the Policy Schedule/ Certificate of Insurance, suffered or contracted during the Travel Period, for at least the minimum number of consecutive days specified in the Policy Schedule / Certificate of Insurance, then We will pay the amount specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that:

- a. The Insured Person is admitted to Hospital during the Travel Period and, in case of Injury, within 7 days of the occurrence of the Accident;
- b. We shall not accept more than one claim under this Benefit under all Travel Periods in respect of the Insured Person following from the same Accident.

G. OPD Treatment

If an Insured Person requires OPD Treatment for any of the treatments/tests/consultations

specified in the Policy Schedule / Certificate of Insurance, due to Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period, then We will reimburse the costs incurred on Medical Expenses.

This Benefit will be payable provided that:

- a. The OPD Treatment undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. We will reimburse only those Medical Expenses that are in excess of the Deductible;
- c. We shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness relate to any Pre-Existing Disease.

H. Repatriation of Mortal Remains

We will pay the expenses incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance for transportation of mortal remains from the place of death of the Insured Person during the Travel Period to the residence of the Insured Person in the City of Residence, in case of death due to Injury or Illness suffered or contracted during the Travel Period.

This Benefit will be payable provided that the death of the Insured Person occurred in a location that is not the City of Residence of the Insured Person.

I. Ambulance or Emergency Transportation

If an Insured Person suffers from Injury or Illness, as specified in the Policy Schedule / Certificate of Insurance, suffered or contracted during the Travel Period and that Injury or Illness solely and directly requires the Insured Person to be transported to a Hospital by an Ambulance or any public transport for the purpose of availing Emergency Care, then We shall pay the costs incurred towards such transportation or a fixed amount, as specified in the Policy Schedule / Certificate of Insurance.

This Benefit will be payable provided that the transportation was availed during the Travel Period.

J. Evacuation (Medical & Catastrophe)

We will pay the costs incurred up to the Sum Insured or a fixed amount, as specified in the Policy Schedule or Certificate of Insurance for the air or surface transportation of the Insured Person during the Travel Period, including costs incurred for medical care during such transportation, in any of the following circumstances:

- a. The Insured Person needs to be evacuated due to a Catastrophe which has occurred in the place where the Insured Person is located during the Travel Period;
- b. The Insured Person needs to be transferred from the place of contracting or sustaining such Illness or Injury to a Hospital for medical treatment during the Travel Period;
- c. The Insured Person needs to be transported from the Hospital where the Insured Person is being treated during the Travel Period to the nearest Hospital if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.

This Benefit will be payable provided that:

- a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person was required for Medically Necessary Treatment to be rendered, wherever applicable;
- b. The Hospital to which the Insured Person is proposed to be transported is the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person;
- c. If the Insured Person is transported to a Hospital which is not the nearest Hospital capable



of providing the Medically Necessary Treatment required by the Insured Person then Our liability under this Benefit shall be limited to the amount that would otherwise have been payable to transport the Insured Person to the nearest Hospital;

- d. We shall not accept more than one claim under this Benefit in respect of the Insured Person following from the same Illness or Injury.