



RENEWAL ENDORSEMENT

It is hereby declared and agreed that the above-numbered Policy is renewed for a further period of one year as detailed below:

NAME AND ADDRESS FOR POLICY:		NATIONAL DEVELOPMENT BANK PLC No. 40, Nawam Mawatha, Colombo 02		
POLICY CURRENCY:		LKR, Sri Lankan Rupees		
1. POLICY NO: POHDOMIC2025CTRI00186144	2. CLASS OF RISK: TRAVEL MAX	3. BUSINESS CODE: PQ27	4. BRANCH CODE: HDO	5. BUSINESS REFERENCE: B088
6. INSURED: NATIONAL DEVELOPMENT BANK PLC				
7. PERIOD OF INSURANCE FROM: 00.00 a.m. on 31/12/2025 TO: 11.59 p.m. on 31/12/2026 (Both days inclusive)				
8. BENEFIT:				
Benefit (Limits under USD \$)	Infinite (Superior)	Signature (Premier)	Platinum (Non Premier)	Deductible
A. Accidental Death and Dismemberment	200,000	100,000	50,000	N/A
B. Accidental Death and Dismemberment (Common Carrier)	200,000	50,000	25,000	N/A
C. Accident & Sickness Medical Expense Benefit, Evacuation & Repatriation of mortal remains	100,000	70,000	50,000	In Respect of, - Superior - \$ 100 - Premier - \$ 75 - Non-Premier - \$ 50
D. COVID – 19 Cover	100,000	70,000	50,000	In Respect of, - Superior - \$ 100 - Premier - \$ 75 - Non-Premier - \$ 50
E. Sickness Dental Relief	200	200	200	25
F. Baggage Delay Benefit	750	750	750	06 HRS
G. Baggage Loss Benefit - Checked	2,000	1,500	1,500	50
H. Hijacking Benefit	1,000	1,000	1,000	12 HRS
I. Loss Of Passport Benefit	750	500	250	10
J. Personnel Liability Benefit	50,000	50,000	50,000	200
K. Automatic Extension of policy up to 07 Days	Covered	Covered	Covered	N/A
L. Emergency Cash Advance	1,000	1,000	1,000	N/A
M. Trip Delay Benefit	1,000	1,000	1,000	06 HRS
N. Trip Cancellation	1,000	1,000	1,000	50
O. Legal Assistance in case of Incident	25,000	15,000	10,000	N/A
P. Assistance	Included	Included	Included	N/A



9. Special Condition

- I. Worldwide Coverage (Excluding Domiciles & Sanction Countries / States)
- II. Maximum coverage per trip - 90 days (Commencement of the insurance cover begins from the date of departure from Sri Lanka)
- III. Insured persons
 - a) Card holder and or Spouse - below 75 years of age
 - b) Dependent - unmarried children- above 06 months and below 21 years of age (Legal documents to be produced to HNB General Insurance Limited on submission of a claim if required)
- IV. In case of all hospitalization claims, it is compulsory to notify the service provider, M/S Paramount Healthcare Management (Pvt) Ltd, whilst abroad
- V. Reasonable precautions should be taken at all times during the overseas trip.
- VI. The origin of journey should be from Sri Lanka and pre booked /pre planned travel out and back to Sri Lanka.
- VII. At the time of a claim, any additional documents requested by the Insurer for verification purposes should be forwarded at their request
- VIII. The bill of the common carrier related to the particular trip is paid by the eligible credit card holder by his/her credit card for full value of a single trip
- IX. Travel on foreign passport- Coverage subject to purchase of return ticket to Sri Lanka and within Visa validity period but excluding country of domicile.
- X. Claims notification: Maximum of 15 days from occurrence date.
- XI. Benefits cannot be availed/clubbed together with any other insurance covers with HNBGI.
- XII. Benefits are payable only under one card

10. Exclusions:

- I. Preexisting conditions and their direct or indirect complications are excluded
- II. Medical check ups
- III. Valuables such as photographic, audio, video, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewellery, furs and articles made of precious stones and metals.
- IV. Country of domicile subject to terms and conditions enumerated under points.
- V. Strike, Riot and civil commotion are excluded

11. Claim procedure

Inquiries and assistance regarding the travel insurance claims and benefits, particularly hospitalization expenses should directly be addressed to "M/S Paramount Healthcare Management" immediately on the toll free numbers given on the following page or on their general line numbers. Failure to do so may prejudice your claim.

Paramount Healthcare Management Pvt. Ltd.

501, C Wing, Crescent Solitaire Business Park,
Telephone Exchange, Airport Road, Opp. Center Hotel,
Sakinaka, Andheri (East), Mumbai - 400072

Travel Health Executive	+91 22 40004219 / 40004207 / 40004228	travelhealth@paramount.healthcare
Nayneesh Tillu	+91 22 40004203	nayneesh@paramount.healthcare
Mobile and Whatsapp Number	+91 7718806681	-
US Toll Free No	+1 866 978 5205	-

Card Holders are kindly requested to inform on our 24-hour Local Customer Service hotline + 94 11 4 883 883 (1303) for further clarification and claims.



HNB General Insurance Ltd (PB 5167)
A Fully owned subsidiary of HNB Assurance PLC

2nd floor, Iceland Business Centre, No.30, Sri Uttrananda Mawatha, Colombo 03, Sri Lanka.
Helpline: 1303 | Email: info@hnbgeneral.com
Feedback: Feedback@hnbgeneral.com | Pay Online: www.hnbgeneral.com

12. THIS INSURANCE IS SUBJECT TO THE FOLLOWING EXCLUSION CLAUSES ATTACHED TO THE POLICY:

- Electronic Date Recognition Clause.
- Institute Radioactive Contamination, Chemical, Biological, Biochemical and Electromagnetic Weapons Exclusion Clause.
- Sanction Limitation and Exclusion Clause.
- Political Risks Exclusion Clause.
- Cyber Attack Exclusion Clause.
- Industrial, Seepage, Pollution and Contamination Clause.
- Communicable Disease Exclusion Clause.

All other terms and conditions are as per HNBGI Travel Max policy wording.

PLACE & DATE OF ISSUE:

January 2, 2026

HNB General Insurance LTD, Head Office, Colombo, Sri Lanka.

HNB GENERAL INSURANCE LTD

.....
A. Dushan
.....
AUTHORIZED SIGNATORY

TRAVEL MAX

TRAVEL INSURANCE POLICY

TravelMax



TRAVEL MAX POLICY

This **POLICY** is evidence of the contract between **YOU** and **US**. The proposal along with any written statement(s), declaration(s) of **YOURS** for purpose of this **POLICY** forms part of this contract.

This **POLICY** witnesses that in consideration of **YOUR** having paid the premium for the period stated in the schedule, **WE** will insure the insured person(s) and accordingly **WE** will indemnify/pay **YOU** or to the **Insured Person(s)** or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy is as far as they relate to anything to be done or compiled with by **YOU** and/or the **Insured Person(s)** have been met.

The Schedule shall form part of this **POLICY** and the term "**POLICY**" whenever used shall be read with the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this **POLICY** or of the Schedule shall bear such meaning whenever it may appear.

The **POLICY** is based on information which have been given to **US** about the **Insured person(s)** pertaining to the risk of the Insured under the policy and the truth of this information shall be the condition precedent to **YOUR** or the **Insured Person(s)** right to recover under this **POLICY**.

Definition of Words

- Proposal:** It means any signed proposal by filling up the questionnaires and declarations, written statements and any information including Medical History and Physician's Report/s and Certificate/s in addition thereto supplied to **US** by **YOU**.
- Policy:** It means the policy booklet, the **Schedule** and any applicable endorsement/s or memoranda. The policy contains details and the extent of the cover available to **Insured Person(s)**, and what is excluded from the cover and the conditions on which the policy is issued.
- Schedule:** It means latest **Schedule** issued by **US** as part of the policy. It provides details of the policy of **Insured Person(s)**, which are in force and the level of cover the **Insured Person(s)** have.
- Sum Insured:** It means the monetary amount shown against **Insured Person**.
- WE/OUR/US:** It means HNB GENERAL INSURANCE LIMITED
- YOU/YOUR:** It means the person(s)/the company/the entity.

named as in **Insured** in the **Schedule**.

7. **Insured Person:** The person named as **Insured Person(s)** in the **Schedule** lodged with **US** by **YOU** for whom the appropriate premium has been paid on the condition that permanent place of residence of these insured person/s are in the Republic of Sri Lanka.

8. **Injury:** it shall mean accidental bodily injury solely and directly caused by external, violent and visible cause. This definition includes accidental bodily injury resulting from exposure to elements of the cause.

9. **Disease:** it means an illness which Medical Practitioner or Surgeon will certify as **Insured Person/s** is suffering from and unable to feel as normal

10. **Hospital/Nursing Home:** It means any institution that is generally recognized as a hospital in the foreign country concerned and it is established for indoor care and treatment for sickness, injuries and is under the constant direction of a physician. Further this institution has sufficient diagnostic and therapeutic facilities at its disposal and restrict the treatment it provides to methods scientifically recognized and clinically tested in that country.

11. **Air Travel:** It means that the **Insured Person/s** is in or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

12. **Hijack:** It means that there is any unlawful seizure or exercise of control by force of violence or threat of force or violence and with wrongful intent, of an air or sea common carrier.

13. **Relative:** It means the **Insured Person's** legal spouse, parent, parent-in-law, grand parent, grandparent-in-law, child, brother, sister, brother-in-law, sister-in-law, niece or nephew.

14. **Trip:** It means pre-booked and pre-planned travel out of and back to Republic of Sri Lanka.

15. **Treatment:** It means the Surgical or Medical procedures the sole purpose of which is the cure or relief of acute disease or illness or injury.

16. **Pre-existing Condition:** It means the illness and consequences of such illness existing or known at the commencement of the stay abroad, even if they had not been treated or for illness treated in the last six months before commencement of the stay abroad including their consequences.

17. **Valuables:** It means photographic, audio, video, computer, telecommunications and all electrical and electronic equipment's, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewelry, furs and articles made of precious stones and metals.

18. **Money:** It means cash, Bank drafts, current coins, bank and currency notes, treasury notes, cheques, postal orders current postage stamps which are not part of collection and luncheon voucher.

19. **Physician:** It means a person legally qualified to practice in medicine or surgery including other legally qualified medical practitioner duly licensed by their respective jurisdiction and this person is not a member of **Your** family or that of **Insured Person(s)**.

20. **PARAMOUNT:** It means PARAMOUNT Healthcare Management Pvt. Ltd.501 Cwing,Crescent solitaire business park, telephone exchange, airport road, opp center hotel, sakinaka, Andheri (East), Mumbai - 400072 India. PARAMOUNT is delivering assistance services in conjunction with Euro Alarm, Frederikberg Allé 3, Copenhagen V, Denmark.

21. **INSURED EVENT:** it means the medically imperative curative treatment of an **Insured Person/s** for an illness or the consequences of an accident. The insured event begins with the commencement of the curative treatment and ends when on the strength of medical findings, there is no longer any need for treatment. If the curative treatment needs to be extended to an illness or the consequences of an accident that is not casually related to already treated one, a new insured event shall be deemed to have occurred. The insured event is also deemed to include necessary transportation home (repatriation) for the purpose of the aforementioned medically necessary treatment.

22. **Conclusion of the insurance contract:** It means that.

- The Insurance Policy must be concluded prior to the trip abroad by means of the proposal form provided for this purpose. Insurance Policies that are concluded after the commencement of the trip are deemed to be invalid.
- The Insurance Policy comes into effect when the Insurance Policy schedule is issued which will be done only on the payment of full premium.

23. **Period of insurance:** This is valid from the commencement of the cover and to the end of the Insurance Cover and this duration is shown on the Schedule of the Policy. (Policy Schedule).

- Commencement of the Insurance Cover:** The Insurance Cover begins on the day specified in the Policy Schedule, but not before the conclusion of the Insurance contract or before the payment of the premium and not before the border is crossed to go abroad. No benefits will be paid for events occurring before the commencement of the Insurance Cover.
- End of the Insurance Cover:** It means that the Insurance Cover shall terminate (i) with the end of the Insurance period i.e. the period for which the premium has been paid or (ii) with the period abroad is ended. The period abroad shall be deemed to end when the Insured Person crosses the border into the country whose nationality he/she possesses or in which is his/her main place of residence. However, in case of transportation home on the advices of Medical Assistance teams of PARAMOUNT and its assistance service partners, the coverage for treatment will be then as provided in section 1. However, if an injury/illness/accident covered under the Policy is contracted during the Policy Period and continues beyond the expiry date of this Policy and which necessitate

curative treatment beyond the end of the insurance contract, **Our** liability to pay benefits within the scope of this policy shall extend for a further 4 weeks (four weeks) as far as it can be proved that transportation home is not possible. If any new illness/injury/ accident is proved contracted beyond the expiry date of the policy, treatment for the same would not be covered.

24. **Reasonable and Customary Charges:** It means to refer to a charge for medical care, which shall be considered reasonable and customary to the extent that it does not exceed with general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease or injury.
25. **Covered Occurrence:** this means delay of a common carrier (a) caused by inclement weather or (b) due to strike or job action by employees of a common carrier scheduled to be used during the Insured Trip or (c) Due to Industrial action or (d) Caused by Equipment failure of a Common Carrier.

SCOPE OF BENEFITS

Section 1: Health Cover (Applicable to Benefit C, D & E)

Object: We provide the **Insurance Cover** for immediate **Medical Assistance** required as a consequence of an **Insured Person/s** falling ill whilst abroad or sustaining an accident during this period.

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the insured person/s fall ill or contracts any disease or sustains an accident whilst abroad during the period of insurance, then we will reimburse the following costs:</p> <p>1. Medical Expenses: Costs incurred for necessary medical treatment during a temporary stay abroad less deductible stated in the schedule. Within the meaning of these coverage's treatment is deemed to include the following only:</p> <p>a) Outpatient treatment</p> <p>b) In patient treatment in a local Hospital at the place the Insured Person is staying, or the nearest suitable Hospital shall be used.</p>	<p>We will not pay:</p> <ol style="list-style-type: none"> 1. For deductibles mentioned in the Schedule except in case of Hospital Daily Allowance. 2. For treatment, abroad that is the sole reason or one of the reasons for temporary stay abroad. 3. Medical expenses / services: The need for which arises out of a pre-existing condition. 4. For treatment which could reasonably be delayed until the Insured Person's return to the Republic of Sri Lanka. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating Physicians and medical

c) Medical aids that is necessary as part of treatment for broken limbs or injuries (e.g. Plaster casts, bandages) and walking aids prescribed by a Physician.

d) Radiotherapy, Heat therapy or Phototherapy and other such treatment prescribed by a physician.

e) X-Ray diagnosis.

f) Cost of transportation including necessary medical care enroute by recognized emergency services for medical attention at the nearest hospital or from the nearest available Physician.

g) Costs of being transferred to a special clinic, if this is medically necessary and prescribed by a Physician.

h) Lifesaving unforeseen emergency measures except transportation cost defined in part 3 of "what is covered" or measures solely designed to relieve acute pain, provided to insured person by medical assistance for disease / accident including their consequences arising out of pre-existing condition.

2. Dental treatment: in principle for only acute anesthetic treatment of the natural tooth or teeth up to a maximum shown in the **Schedule**.
However dental treatment rendered necessary as a result of a covered accident shall be up to the maximum limit of Medical Expenses and deductible shown in the **Schedule**.

3. Transportation:

a) Extra cost of medically necessary and prescribed transportation from the foreign country to insured person's permanent place of section of the Assistance Company Limited.

5. For treatment of Orthopedic, Degenerative or Oncologic diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured person's life or measures solely designed to acute pain-relieving medicines.

6. For charges in excess of reasonable and customary charges.

7. For any costs incurred in connection with cancer treatment, unless the Medical Assistance provided abroad involve unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain.

8. For treatments relating to removal of physical flaws or anomalies (cosmetic treatment).

9. For any costs incurred in connection with rest cures or recuperation at spa or health Resort, Sanatorium, convalescence home or similar institution.

10. For any costs related to mental, psychiatric disorders.

11. For pregnancy, childbirth and their consequences. In the event of acute complications in the course of pregnancy, however **We** will indemnify within the scope of the Policy, medical measures to directly avert danger to life of the mother and/or child, on the condition that pregnant women have not reached the age of 38 and 30th week of the pregnancy is not yet completed.

residence or to the nearest hospital in the event that it is not possible to guarantee medical treatment within a reasonable distance of Insured Person's current location provided that.

(i) Extra cost in the event of transportation home are the additional costs arising from return journey home as a consequence of insured event.

(ii) If the insured person is to be transferred from a Medical point of view, it is the decision of Medical Assistance teams of PARAMOUNT and its assistance service partners whether the insured person is repatriated to Sri Lanka or not.

b) Additional extra costs for an accompanying person if it is medically necessary or officially require that the Insured Person be accompanied in this way.

c) In the event of death of Insured Person on a trip abroad, extra costs of transporting the mortal remains of the deceased back home up to an equivalent amount for a local burial or cremation in the country where death occurred up to the limit stipulated in the Schedule.

4. Balance period of the policy + 30 days: If the Medical Assistance teams of PARAMOUNT and its assistance service partners advice that the continued treatment in Republic of Sri Lanka is appropriate, then we will pay the Medical Expenses incurred in Sri Lanka for the same illness/bodily injury contracted abroad following transportation home at the usual customary level for treatment received within the

12. For medical treatment of typical complaints suffered during pregnancy and their consequences, including changes in chronic conditions as a result of pregnancy.
13. For check-ups during pregnancy or treatment for the pregnancy.
14. For treatment by relatives.
15. For rehabilitation and Physiotherapy or the costs of prosthesis (artificial limbs etc.)
16. For any other costs not listed as identifiable under "What is covered".
17. For any claim in respect of hospital daily cash for the first 48 hours.

policy period or a maximum of 30 days beyond the policy period if the disease/injuries/illness is contracted within the policy period.

5. Hospital Daily Allowance: In the event of Insured Person been hospitalized for a period of more than 48 hours and also, we have accepted liability under Medical Expenses Cover aforementioned, then we will pay you \$25 for each day the insured person stays in a hospital subject to a maximum limit as mentioned in the Schedule.

Section 2: Total Loss of Baggage Including Delay of Baggage (Applicable to Benefit F & G)

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will reimburse for total loss of baggage caused by a carrier (i.e. Airline, Coach, Operator, Ferry company, etc.) up to the limits stipulated in the schedule provided that,</p> <ol style="list-style-type: none"> 1. The amount payable in respect of any one article, pair or set is limited to the amount stated in the schedule. 2. You make a report to the Police within 24 hours of the Loss after you become aware of the loss. 3. You provide all the reports concerning the loss to "PARAMOUNT". 4. We will pay the benefit on market value. "Market Value" is the Sum required to purchase new items of same kind and quality unless a figure representing the condition of the articles insured (age, wear, usage etc.) <p>Additional Benefits: We will pay up to the limit of cover shown in the schedule for</p>	<p>We will not pay.</p> <ol style="list-style-type: none"> 1. For valuables as defined and money, all kinds of securities, tickets. 2. For loss of property unless the Property Irregularity Report has been obtained from the carrier after the discovery of loss by the Insured Person. 3. For partial loss. However, loss of individual units of baggage will be considered as total loss. 4. For items valued in excess of US \$ 100 without proof of ownership. 5. For losses arising from any delay, detention, confiscation or distribution by custom officials or other public authorities.

costs of necessary emergency purchase of essential items in the event of Insured Person suffering temporary losses of his/her baggage while being transported during the journey provided that.

- a) The delay of baggage is more than 12 hours from the scheduled arrival time at the destination for delivery of baggage that has been checked by carrier.
- b) You give Us** written proof of delay from the carrier.
- c) You** give us the receipts of essential personal items **You** buy.
- d) Any claim under this additional benefit will be offset against any claim payable under total loss of baggage.

Section 3: Loss of Passport

(Applicable to Benefit I)

WHAT IS COVERED

In the event Passport belonging to Insured Person is lost, **We** will pay up to the limit stipulated in the Policy Schedule for reimbursement of actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport.

WHAT IS NOT COVERED

We will not pay for

1. Loss of Passport due to delay or confiscation or detention by Customs, Police or Public Authorities.
2. Loss of Passport due to theft unless it has been reported to the Police within 24 hours of you and/or the Insured Person becoming aware of theft and a written police report obtained.
3. Loss of Passport due to it being left unattended or forgotten by you or the Insured Person in a Public Place or Public Transport, Hotel, Apartment.
4. Lost or theft of Passport in a private place or private vehicle unless it was located in a locked Hotel room or apartment and forcible and

violent entry was used to gain access to it.

Section 4: Financial Emergency Assistance Cover (L)

WHAT IS COVERED	WHAT IS NOT COVERED
<p>In the event of Insured Person getting into a financial Emergency due to theft, pilferage, robbery, dacoity of travel funds, we will pay up to the amount stipulated in the Schedule.</p>	<p>We will not pay you for,</p> <ol style="list-style-type: none"> 1. Any claim recorded in excess of 30 days after the commencement of the incident giving rise to a claim. 2. Any loss in respect of shortage due to currency fluctuation, errors, omission, exchange, loss or depreciation in value. 3. Any loss not reported to Police having jurisdiction at the place of loss within 24 hours of the incident and a written report not obtained. 4. Any claim in respect of loss of travelers' cheques not immediately reported to the local branches or agents of issuing authority. 5. Loss of money not kept in the personal custody of the Insured Person.

Section 5: Personal Liability (Applicable to Benefit J)

WHAT IS COVERED	WHAT IS NOT COVERED
<p>In the event the Insured Person/s becomes legally liable to a third party, under statutory liability provisions in private law, for an incident which results in death, injury or damage to the health of person(s) or damage to the property/properties, we will pay up to the limit stipulated in the Schedule, provided that the incident takes place or trip abroad during the period of Insurance.</p>	<p>We will not pay for,</p> <ol style="list-style-type: none"> 1. Any claim up to deductible stated in the Schedule. The deductible will apply to each insured event and shall be borne by Insured Person/s. 2. Any claim arising from employer's liability or contractual liability or through special promises made by Insured Person(s). 3. Any claim for personal liability of Insured Person(s) towards one another of their family, relations, traveling companion, personal or colleague.

4. Any claim resulting from transmission of an illness or disease by Insured Person/s.
5. Any claim or damage resulting from professional activities by Insured Person(s).
6. Any claim for liability arising directly or indirectly from or due to:
 - a) As a keeper or owner of animals.
 - b) Ownership, possession of vehicles, aircrafts, watercrafts, parachuting, hang gliding, hot air ballooning or use of firearms.
 - c) Any willful, malicious or unlawful act.
 - d) Insanity, the use of any alcohol, drugs (except as medically prescribed) or drug addiction.
 - e) Any supply of goods or services.
 - f) Any ownership or occupation of land or buildings other than occupation only of any temporary residence.

Limit of liability

Our liability for these services shall be limited to a maximum per insured trip equal to the Sum Insured mentioned in the **Schedule**.

SPECIAL CONDITION(S)

1. **Our** liability comprises the checking of personal liability, consisting of unjustified claims and providing indemnity for damages which **You** and/or **Insured Person** has to pay. For indemnity to be provided against damages, the damages must be payable under the acceptance of liability given or approved by us or under judicial decision.
2. If there is pending legal action against the claimant or his/her heirs or assignees over personal liability, **We** may conduct the legal action at our expense in the name of the **Insured Person** and **You** and/or **Insured Person** will allow us to do so.
3. If an event occurs which is insured against, may result in a personal liability claim falling within the cover provided and if there are pending criminal proceedings relating to this event and in these proceedings, **We** wish to appoint defense counsel for **You** and/or **Insured Person** or approves such an

appointment, we will pay the costs of this counsel.

4. If **We** wish to settle a personal liability claim by accepting liability or making an out of court settlement and cannot do so due to resistance by **Insured Person**, we shall not be liable to pay the extra expenditure incurred from the date of refusal in respect of the main Sum, interest and cost.

Section 6: Personal accident (Applicable to Benefit A&B)

"An Accident" is considered to have occurred:

- a) If the **Insured Person** suffers involuntary damage to **his/her** health as a result of an event which suddenly infringes on **his/her** body from outside.
- b) If due to excessive exertion, a joint is dislocated or muscles, ligaments, tendons or capsules are strained or torn.

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If Insured Person meets with an accident during trip abroad which leads to death or subsequent disablement of insured person, We will provide insurance services to Insured Person in the following way:</p> <p>1. Death of Insured Person: Following an accident which causes the death of the Insured Person within one year from the date of accident We will pay the legal heirs of the Insured Person the Sum Insured mentioned in the Schedule.</p> <p>2. Permanent Disablement of the Insured Person: Following an accident which causes permanent impairment of the Insured Person's mental or physical capabilities, We will pay the following benefits depending upon the degree of disablement as provided in the table of benefits provided therein:</p> <ul style="list-style-type: none"> a) The disablement must occur within a year of the accident. b) The disablement must be confirmed and claimed prior to the expiry of a further period of 3 months. 	<p>We will not pay for benefits in,</p> <ol style="list-style-type: none"> 1. Accidents due to mental disorders or disturbances of consciousness, strokes, fits which affect the entire body and pathological disturbances caused by mental reaction. 2. Damage to health caused by curative measures, radiation, infection and poisoning except where these arise from accident. 3. Any payment under this section during the period of Insurance by which our liability during that period would exceed sum payable only in the event of death. 4. Weather in case of more than one claim or in the same event of accident which impairs a number of physical or mental functions except for the fact that during such event the degree of disablement mentioned in the Table of Benefits will be added together but not exceeding 100%. 5. More than \$5,000 in respect of death if the insured person is below the age of 16 years.

at the time of obtaining this insurance.

6. Any other claim after claiming for a death has been admitted and become payable.
7. Any claim which arises out of accident where cause has to do with the operation of an aircraft or which occur during parachuting except that the Insured person is flying as a passenger on a multi engine aircraft.
8. Any claim arising out of accidents relating to pregnancy or childbirth, venereal disease of infirmity.

TABLE OF BENEFITS

Benefits	% of Sum Insured Mentioned in the schedule
1. Death	100%
2. Loss or inability of function	
a) An Arm at the shoulder joint	70%
b) An Arm to a point about elbow joint	65%
c) An Arm below elbow joint	60%
d) A Hand at the wrist	55%
e) A Thumb	20%
f) An Index finger	10%
g) Any other finger	5%
h) A leg above center of the femur	70%
i) A leg up to point below the femur	65%
j) A leg to a point below the knee	50%
k) A leg up to the center of Tibia	45%
l) A foot at the ankle	40%
m) A big toe	5%
n) Some other toe	2%
o) An Eye	50%
p) Hearing in one ear	30%
q) Sense of smell	10%
r) Sense of taste	5%

Special Conditions Applying to Personal Accident Section

1. In the event of partial loss or impairment of function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the **Table of Benefits** will be considered by Medical Assistance Team.
2. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in such case will be how far normal physical or medical capabilities are impaired, solely from medical point of view as ascertained by the **Medical Assistance teams of PARAMOUNT and its assistance service partners**.
3. If the accident effects physical or mental functions, which was already impaired beforehand a deduction will be made equal in amount to this prior disablement.
4. If the **Insured Person** dies for a reason unconnected with the accident within a year of the accident or for whatever reasons, more than a year after the accident, and if a claim to a disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have expected to exist from the findings of last medical examinations made.
5. In the event of permanent disablement, the **Insured Person** will be under obligation
 - a) To have himself/herself examined by Doctors appointed by **Us** or on **Our** behalf, **We** will pay the costs involved including loss of earnings thereby incurred.
 - b) To authorize Doctors providing treatments or giving expert opinion, other insurers and any other authority to supply **Us** any information that may be required. If the obligations are not met due to whatsoever reasons, **We** may be relieved of **Our** liability to pay.
6. In the event of **Permanent Disablement**, prior to the completion of healing process, a disablement payment cannot be claimed within one year of the occurrence of the accident.
7. As soon as **We** receive the document which have to be supplied on the completion of healing process which must take place before the disablement can be assessed, then **You** will be under an obligation to state within three months whether and if so at what Sum, you are accepting the claims or it will be presumed that you have accepted the claim.
8. If **We** accept the claim, the benefits will be paid within two weeks.

(Applicable to Benefit M)**Section 7: Trip Delay****WHAT IS COVERED**

We will reimburse reasonable expenses towards food and beverages and emergency purchases of essential clothing, toiletries, if the Insured Person's Common Carrier commencement is delayed for more than 12 continuous hours while undertaking a trip, due to any covered occurrences and when no alternative travel arrangements are available, up to the limit provided in the Schedule of the Policy.

WHAT IS NOT COVERED

We shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the insured person in connection with or in respect of:

- Failure to check in on time
- Negligence or fault of the travel agent

Subject to exclusions mentioned in the "General Exclusions" section of this

Section 8: Trip Cancellation**(Applicable to Benefit N)****WHAT IS COVERED**

- We will pay losses up to the maximum amount stated in the Policy Schedule and subject to the Excess, if prior to the Contracted Date of Departure the trip is cancelled and the Insured Person is prevented from undertaking the trip due to death (a) of the Insured Person or (b) Traveling companion or (c) the Relative of the Insured Person.
- The Company will reimburse for the unused and non-refundable portion of the pre-paid lodging cost and/or the ticket cancellation charges of the common carrier provided these were booked prior to the occurrence.

WHAT IS NOT COVERED

We shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses whatsoever incurred by the Insured Person in connection with or in respect of:

- The insured person and/or travel companion changing his/her mind about undertaking the trip.
- Negligence or fault of the travel agent.
- The insured person/his or her travel companion is/ are aware of the possible cancellation prior to commencement of the trip.
- Suspension of services by the common carrier whether voluntarily or pursuant to any order from any authority.
- Additional penalty charges incurred that would not have been imposed, had the Insured notified as soon as reasonably possible.

6. Any exclusion mentioned in the "General Exclusions" section of this policy

Special condition:

The **Insured Person** should notify to **Us** as soon as reasonably possible in the event of trip cancellation. The insured person/ his representatives should also take all necessary steps to obtain maximum refund from applicable channels.

General Exclusions

(What is not covered by the whole Policy)

We will not pay

1. For any claim if the **Insured Person**
 - a) Is travelling against the advice of a **Physician**
 - b) Is receiving or on a waiting list for specified medical treatment declared in the Physicians report or certificate or
 - c) Has received at terminal prognosis for a medical condition
 - d) Is taking part in Naval /Military or Air Force operation.
2. For any claim arising out of illnesses or accidents that the **Insured Person** has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
3. For any claims arising out of mental disorders, anxiety, stress of depression, venereal disease or any loss or arising directly or indirectly from any injury, illness, death, loss or expense or other liability attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome) and/or any mutant derivative of variations thereof howsoever caused.
4. For illness and accidents that are results of wars and warlike occurrences or invasion, acts of foreign enemies, hostilities, active participation in riots, civil war, rebellion, insurrection, military or usurped power or confiscation or nationalization or requisition of or destruction of or damage to property by under the order of any Government or local authority.
5. For any claim arising from damage to any property whatsoever or any loss or expenses whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to by or arising from
 - a) Ionizing radiation or contamination by radioactivity from any nuclear waste from the combustion fuel or
 - b) The radioactive, toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
6. For any claim arising out of sporting risk in so far as they involve the training or participation in competitions of professional or semi professional sports men or women.

General Conditions (applicable to whole of the policy):

- Reasonable Precautions** You/Insured Person shall take all reasonable precautions to prevent injury, illness and disease in order to minimise claims. Failure to do so will prejudice the Insured Person's position under this policy.
- Validity:** the policy will be valid only if the Insured Person commences the journey within 14 days of first day of Insurance as indicated in the Policy Schedule.
- Misdescription:** The Policy shall be void and all premium paid by You to Us be forfeited in the event of misrepresentation or concealment of any material information.
- Changes in Circumstances** YOU must inform Us, as soon as reasonably possible or any change in information you have provided to us about Insured Person(s) which may affect the Insurance Cover provided.

5. Claims procedure

- Procedure in the event of accident or illness:** in the event of accident or sudden illness, You and/or Insured Person shall immediately contact the alarm center of **PARAMOUNT** stating the details given in the policy.

If it is not possible to make this emergency call before consulting a Physician or going into the hospital, You and/or Insured Person shall contact the Alarm Centre as soon as possible. In either case, when being admitted as a patient, the Insured Person shall show the physician or personal the Insurance Policy issued to him on conclusion of this Insurance contract. **Failure to do so may prejudice your claim**

- Procedure in case of loss of baggage or passport:** The total loss of baggage caused by a carrier has to be reported to them and a Property Irregularity Report (P.I.R.) be obtained. Please enclose the original report together with the ticket(s) and baggage tags to the claim form.

The loss of passport has to be reported to the police authority within 24 hours of discovery and an official report be obtained. Please enclose the original report to the claim.

Failure to do so may prejudice your claim.

- Procedure in case of financial emergency:** The insured person shall immediately contact the Alarm Centre of **PARAMOUNT**, stating the details given on his/her insurance policy along with the Police report containing the passport number and written statement narrating the incident of loss i.e. causes, circumstances and the place.

Failure to do so may prejudice your claim.

- Procedure in case of hijacking:** It is required that for any claim under hijacking, the incidence should be confirmed by the Police. The Police report should contain details such as **Passport number of the Insured Person, Period of Insurance**. In rare cases, we may consider the other supporting documents such as report issued by Airlines, newspaper reports, TV and other media coverage with regard to hijacking

incidence.

6. Claims settlement

a) Direct payment: If the procedure status under 5(a) is complied with, PARAMOUNT or its assistance service partners will give a benefit guaranty to the provider for the costs of "hospitalization", "transportation" by emergency services, "transportation home", "transportation of mortal remains" and "burial" listed under section 1 (What is Covered) and also in case of Financial Emergency listed under section 4 (What is Covered). These costs will be settled directly by PARAMOUNT or its assistance service partners on **Our** behalf and for **Our** account. You shall release physicians provider contacted them by PARAMOUNT and its assistance service partners from their duty not to disclose information about **his/her** case.

b) Reimbursement: In all other cases, PARAMOUNT will reimburse you for the costs listed under section 1 (What is Covered) on **Our** behalf and for **Our** account.

We shall only be liable to pay indemnification if, besides proof of Insurance cover, the documentary proof required under items 6(b)(i) to 6(b)(iv) below is provided to **Us**.

Bills and vouchers shall become **Our** property

- I) The original bills must be submitted
- II. Bills / Vouchers / Reports / Discharge Summary must contain the name of the person treated, the type of illness, details of individual items of medical treatment provided and the dates of treatment prescriptions must clearly show the pharmaceuticals prescribed, the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills / vouchers / reports must give details of the tooth treated and the treatment performed.
- III. A claim for reimbursement of the costs of transporting home mortal remains or the costs of burial abroad must be substantiated by an official death certificate and a physician's statement giving the cause of death. A claim for reimbursement of costs of transportation home must be substantiated by submission of the bill/voucher and a medical statement indicating the illness. The medical statement should certify the medical necessity of the transportation. Medical statements from relations of spouses will not be accepted.
- IV. It is required that for any claim under hijacking, the incidence should be confirmed by the Police. The Police Report should contain details such as Passport number of the Insured Person, Period of insurance. In rare cases we may consider the other supporting documents such as report issued by Airlines newspaper reports, TV and other media coverage with regard to hijacking incidence.
- V. It is provided that for any claim under loss of passport, the basis of settlement will be the cost of replacing the passport inclusive of application money, fees, stamps cost of professional account, solicitor and other incidental cost by excluding transportation cost and time delay, which are necessary for the purpose of getting the duplication or fresh passport.

VI. The claim under Hospital Daily Allowance is payable only in respect of Insured Person(s) between the age of 21 to 60 years and their earnings which should be proved by a salary/income certificate of the insured person.

VII. If PARAMOUNT request that bill / vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by **You**.

- PARAMOUNT is entitled to pay insurance benefits to the bearer or sender of proper evidence and the insurance policy.
- Reimbursement will be in Sri Lankan Rupees at the exchange rate applicable on the date the amount is billed. If, however, it can be proved that the necessary foreign currency to pay the bill was obtained a less favorable rate, this will be taken as the exchange rate.
- The cost of translations that have to be made by Paramount may be deducted from the insurance benefit.

7. Obligations:

- Claims for insurance benefits must be submitted to PARAMOUNT not later than one month after completion of the treatment or transportation home, or in the event of death, after transportation of mortal remains / burial.
- You** and/or the **Insured Person** shall provide PARAMOUNT on demand with any information that is required to determine the occurrence of the insured event or **OUR** liability to pay benefits. In particular, at the request of Paramount, proof shall be furnished of the actual commencement of the trip abroad.
- If requested to do so by PARAMOUNT and its assistance service partners, **You** and/or **Insured Person** shall authorise PARAMOUNT and its assistance service partners to obtain all the information considered necessary from third parties (physician, dentist, alternative practitioners, medical Institutions of any kind, insurance carriers, help or pension offices) and release these parties from their obligation not to disclose information.
- If requested to do so by PARAMOUNT and its assistance service partners, insured person is obliged to undergo a medical examination by a Physician designated by PARAMOUNT and its assistance service partners.
- PARAMOUNT and its assistance service partners is authorised by you to take all the measures that are suitable for loss prevention and claim minimization with simultaneous consideration of **Insured Person's** interests.
- We** shall be released from any obligation to pay insurance benefits if any of the aforementioned obligations are breached.

8. Transfer and Set-off claims.

- If **You** or any of **Insured Person** has claim for damages of a Noninsurance nature against third parties, such claims shall

be transferred in writing to **Us** up to the amount at which the reimbursement of costs is made in accordance within the insurance contract. If **You** or one of the **Insured Person(s)** surrender such a claim or any right serving to secure such a claim without our consent, then **We** are released from our obligation to provide indemnification in so far the **Insured Person** could have attained a recovery from the claim or right.

b) As far as an **Insured Person** receives, compensation for costs **he/she** has incurred either from third parties liable for damages or as a result of other legal circumstances, **we** are entitled to set off this compensation against the insurance benefit payable.

c) Claims to Insurance benefits may be neither pledged nor transferred by **Insured Person(s)**.

9. Fraud: if a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without **Your** knowledge or that of **Insured Person**, all benefit(s) under this policy shall be forfeited.

10. Cancellation: Cancellation of the policy may be done **ONLY** in cases where a journey is not undertaken and **ONLY** on production of the **Insured Person's Passport** as a proof that the journey has not been undertaken. Any request for cancellation will be entertained not more than 14 days after the First Day of Insurance as indicated in the policy schedule. Such cancellation will be subject to deduction of cancellation charge by the underwriters as applicable.

11. We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. **Your** receipt or receipt of **Insured Person** shall in all cases be an effective discharge to us.

12. Arbitration: Should any dispute arise between **You** and **Us** on quantum of amount payable (liability being admitted by **Us**), such dispute will be referred to Arbitrator to be appointed in accordance with statutory provisions of the country in force at that time. Further, if when any dispute is referable or referred to arbitration, the making of an award by arbitration, shall be a condition precedent to any right of action by **You** against **Us**.

13. No Sum payable under this Policy shall carry any interest/penalty.

14. Geographical Scope: The insurance cover applies in the foreign countries stated in the policy Schedule, except for those countries that citizenship the **Insured Person** processes or where the **Insured Person** has a permanent place of residence.

15. Dispute Decree Clause and Procedure:

This Contract of insurance includes the following dispute resolution procedure, which is exclusive and material part of this contract of insurance.

a) **Nature of Coverage:** this policy is not a General Health Insurance policy. Coverage under the medical expenses section of this insurance is intended for use by the **Insured Person** in the event of sudden and unexpected sickness or

accident arising when insured is outside the Republic of Sri Lanka on a trip abroad.

b) **Prior Consultation:** Any medical services or series of services mentioned under Health Cover with a cost of greater than US\$ 100 shall not be covered by this policy unless the **Insured Person** consult with PARAMOUNT in the manner set out in the important condition Number 5(a).

c) **Choice of Law:** The parties to this insurance policy expressly agree that the laws of the Republic of Sri Lanka shall govern the validity, construction, interpretation and effect of this policy.

16. In the event of **Insured Person's** death, **We** or **Our** representatives shall have the right to carry out a postmortem at our expense.

17. Any claim which has not been conclusively proven and the amount thereof substantiated shall not be payable.

18. No person shall admit liability or make any offer or promise of payment without **Our** written consent.

19. This insurance does not operate beyond a period of 180 days for ages 1-70 years continuous absence from the Republic of Sri Lanka unless specifically agreed by **US**.

Emergency Contact Numbers at a Time of a Claim

Originating Country	International Access Code (+)	UIFN Number
Australia	0011	800-80008400
Austria	00	800-80008400
Belgium	00	800-80008400
China	00	800-80008400
Denmark	00	800-80008400
Finland	990	800-80008400
Finland	999	800-80008400
France	00	800-80008400
Hong Kong	001	800-80008400
Hungary	00	800-80008400
Ireland	00	800-80008400
Israel	014	800-80008400
Italy	00	800-80008400
Japan	001-010	800-80008400
Japan	0033-010	800-80008400
Japan	0061-010	800-80008400
Japan	0041	800-80008400
South Korea	001	800-80008400
South Korea	002	800-80008400
Malaysia	00	800-80008400
Netherlands	00	800-80008400
New Zealand	00	800-80008400
Norway	00	800-80008400
Philippines	00	800-80008400
Portugal	00	800-80008400
Singapore	001	800-80008400
Spain	00	800-80008400
Sweden	00	800-80008400
Switzerland	00	800-80008400
Thailand	001	800-80008400
UK	00	800-80008400
USA Toll free No.	001	1866 978 5205

For any other region/country please contact below hotline.

Dedicated Helpline no. for

HNB General Insurance Ltd: +91 22 40908313

Paramount Healthcare Management Pvt. Ltd.

Tel: +91 22 40004219 / 40004207 / 40004228

Fax: +91 22 4000 4280

US Toll Free: 1 866 978 5205

ELIGIBILITY CRITERIA

Insured : Cardholders of a National Development Bank PLC Credit Card (including Infinite, Signature and Platinum)

Age Limited : For Card holder/ Spouse – 18 - 75 years
For Child (Unmarried & Unemployed) – 01 -21 years

Eligibility :

- A) The cardholder must purchase the total cost of return air tickets (including those for immediate family members) using NDB credit cards registered under the cardholder's name. The primary cardholder must also be part of the journey.
- B) If the supplementary cardholder purchases the tickets using the supplementary card, it is not mandatory for the primary cardholder to join the same trip.
- C) The journey must originate from Sri Lanka and should involve pre-booked and pre-planned travel departing from and returning to Sri Lanka.
- D) For travel on a foreign passport, coverage is subject to the purchase of a return ticket to Sri Lanka and must be within the visa validity period, excluding travel to the country of domicile.
- E) "Immediate family" refers to the insured's legal spouse and unmarried/unemployed children up to 21 years of age.

Maximum Trip Duration: 90 Days from the departure date and the departure date should be within the policy/ Contract period.

HNB General Insurance Ltd (PB 5167)

2nd Floor, Iceland Business Centre,
No. 30, Sri Utarananda Mawatha, Colombo 03.
Tel: 0114 676 700 | E mail: info@hnbgeneral.com
Web: www.hnbgeneral.com

Helpline : 0114 883 883

