

PREAMBLE

TATA AIG General Insurance Company Limited (**The Company**) will provide the insurance described in this **Policy** and any endorsements to the **Policy**, detailed in the **Policy Schedule / Certificate of Insurance** and in reliance upon the statements contained in the Proposal which shall be the basis of this **Policy** and are deemed to be incorporated herein in consideration for the payment of the premium and in compliance with all applicable provisions of this **Policy**.

The insurance provided under this **Policy** is only with respect to such and so many of the coverages as are indicated by a specific amount set opposite in the **Policy Schedule/Certificate of Insurance**.

The Extension Coverages to the Base cover are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in the Policy Wordings. These Extensions shall be available only if the same has been specifically mentioned in the **Policy Schedule/Certificate of Insurance**.

DEFINITIONS

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

i. Standard Definitions

1. **Accident:** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Cashless facility:** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
3. **Co-payment:** means a cost sharing requirement under a health insurance policy that provides that the **Policyholder/Insured Person** will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured
4. **Day Care Centre:** means any institution established for **Day Care Treatment** of **Illness** and /or injuries or a medical set up with a

Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified **Medical Practitioner** and must comply with all minimum criterion as under

- i) Has qualified nursing staff under its employment
- ii) Has qualified **Medical Practitioner/s** in charge
- iii) Has fully equipped operation theatre of its own where **Surgical Procedures** are carried out
- iv) Maintains daily records of patients and will make these accessible to **The Company's** authorize personnel

5. **Day Care Treatment:** means medical treatment, and/or **Surgical Procedure** which is:

- i. Undertaken under General or Local Anesthesia in a Hospital / Day Care Centre in less than 24 hrs. because of technological advancement, and
- ii. Which would have otherwise required **Hospitalisation** of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

6. **Deductible:** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

7. **Emergency Care:** means management for **Illness** or **Injury** which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a **Medical practitioner** to prevent death or serious long-term impairment of **Insured Person's** health.

8. **Hospital:** means any institution established for Inpatient Care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 inpatient beds in towns having a population of

- less than 10,00,000 and at least 15 inpatient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
9. **Hospitalisation:** means admission in a Hospital for a minimum period of 24 consecutive '**Inpatient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
10. **Illness:** means a Sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to the **Insured Person** state of health immediately before suffering the disease/ **Illness/ Injury** which leads to full recovery.
 - (b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or Tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. It recurs or is likely to recur.
- Provided such **Illness** / disease/ sickness should be contracted and /or commenced during the Trip.
11. **Injury:** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
12. **Inpatient care:** means treatment for which the **Insured Person** has to stay in a hospital for more than 24 hours for a covered event
13. **Intensive Care Unit:** means an identified section, ward or wing of

a hospital which is under the constant supervision of a dedicated **Medical Practitioner(s)**, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

14. **Medical Advice:** means any consultation or advice from a **Medical Practitioner** including the issue of any prescription or follow-up prescription.
15. **Medical Practitioner:** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
16. **Medically Necessary Treatment:** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - i) is required for the medical management of the illness or injury suffered by the insured;
 - ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii) must have been prescribed by a medical practitioner;
 - iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India
17. **Network Provider:** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
18. **OPD Treatment** means the one in which the **Insured Person** visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured Person** is not admitted as a **Day Care** or inpatient.
19. **Post-hospitalisation Medical Expenses:** means **Medical Expenses** incurred during predefined number of days immediately after the **Insured Person** is discharged from the **Hospital** provided that:
 - i. Such **Medical Expenses** are for the same condition for which the **Insured person's Hospitalisation** was required, and

- ii. The **inpatient Hospitalisation Claim** for such **Hospitalisation** is admissible by **the Company**
20. **Pre-existing Disease:** means any condition, ailment, **Injury** or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the **Policy** issued by **Insurer** or its reinstatement; or
 - For which medical advice or treatment was recommended by, or received from, a **Physician** within 48 months prior to the effective date of the **Policy** issued by **Insurer** or its reinstatement.
21. **Subrogation:** means the right of **The Company** to assume the rights of the **Insured Person** to recover expenses paid out under the **Policy** that may be recovered from any other source.
22. **Surgery or Surgical Procedure:** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a **Medical Practitioner**.
- ii. **Specific Definitions**
23. **Acquired Immune Deficiency Syndrome:** means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time.
24. **Adventure Sports** means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
25. **Age:** means the age of the **Insured Person** on his completed birthday as per the English calendar, regardless of the actual time of birth at the time of **Policy/Cover Start Date**.
26. **Ambulance:** means a motor vehicle operated by a licensed/authorised service provider and equipped for taking ill or injured people requiring medical attention to and from **Hospital** in emergencies.
27. **Assistance Company:** means with whom **the Company**

- contracts, as an independent contractor, to provide travel related emergency assistance services.
28. **Act of Terrorism** means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.
 29. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
 30. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
 31. **Certificate of Insurance:** means certificate attached to and forming part of this **Policy** mentioning the details of the **Insured Person** who is covered, along with the Coverages and **Sum Insured**, the **Cover Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
 32. **Child(ren):** means named dependent children of the **Insured Person**.
 33. **Claim(s):** A demand made by the **Insured Person** for payment under any Coverage, as covered under the **Policy Schedule/Certificate of Insurance**.
 34. **Common Carrier:** means any public road, rail or water conveyance or **Scheduled Airline**, which is operating under a valid license from the relevant authority for the **Transportation** of fare paying passengers.
 35. **Congenital Anomaly:** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - a) Internal Congenital Anomaly – which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly – which is in the visible and accessible parts of the body.
 36. **Day:** means a period of 24 consecutive hours.

37. **Emergency Medical Evacuation:** means
- **Transportation** of the **Insured Person** from the place where he has suffered an **Injury** or contracted an **Illness** to the nearest **Hospital** where appropriate medical treatment can be obtained;
 - After being treated at a local **Hospital**, **Insured Person's** medical condition warrants **Transportation** to another place to obtain further medical treatment.
38. **Family:** means the **Insured Person** and/or his Spouse and/or **Children and/or his Parents**.
39. **Hemiplegia:** means the complete and irreversible paralysis of upper and lower **Limbs** of the same side of the body.
40. **Immediate Family Member:** means **Insured person's** Spouse; **Children**; Children-in-law; siblings and their children; **Parents**; parents-in-law; grandparents; grandchildren; legal guardian.
41. **Institution** means any accredited Institution that provides education or training, including but not limited to, any state university private college or trade school.
42. **Immediate Dental Treatment:** means Medical treatment commencing within 24 hours of the time and date the sudden acute pain first occurs without warning to the **Insured Person's** teeth.
43. **Insured Person:** means the person who is part of the Group and qualifies the eligibility criteria to be covered under this **Policy** and for whom the premium has been received by **The Company** and whose name is as detailed in the **Policy Schedule / Certificate of Insurance**.
44. **IRDAI:** means Insurance Regulatory and Development Authority of India.
45. **Life Threatening Condition** means a medical condition suffered by the **Insured Person** which has all the following characteristics
- Markedly unstable vital parameters (blood pressure, temperature and respiratory rate)
 - Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
 - Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology

- Critical care being provided in critical care area such as Coronary Care Unit, Intensive Care Unit, respiratory care unit, or the emergency department
46. **Limb:** means entire arm or leg
47. **Medical Expenses:** means those expenses that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the **Insured Person** had not been insured and no more than other **Hospitals** or doctors in the same locality would have charged for the same medical treatment.
- Medical Expenses** include
- Inpatient treatment and/or **Day Care Treatment**.
 - **Medically Necessary Treatment** charges towards **Hospital Room and Boarding, Intensive Care Unit, Surgery** (Includes Operating room charges, Surgical Appliance, Surgeon fee and Implant charges), Anesthetist services, x-ray examinations or treatments, and laboratory tests, **Medical Practitioner's** visit fees, Specialist fees, Miscellaneous expenses including cost of medicines / Pharmacy / Drugs / Therapeutic services /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 and processing charges towards inpatient treatment
 - Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person** provided these pertain to the **Illness / Injury** due to which the inpatient treatment was deemed medically necessary
 - **Ambulance** service
48. **Paraplegia:** means the complete and irreversible paralysis of both lower **Limbs**.
49. **Place of Residence:** means **Insured Person's** permanent address in the City where he resides in India
50. **Place of Origin:** means the starting place from where the **Trip** commences which is mentioned in the **Policy Schedule/ Certificate of Insurance**.
51. **Place of Destination:** means the ending place where the **Trip** terminates which is mentioned in the **Policy Schedule/ Certificate of Insurance**.
52. **Personal Effects** means clothes and other articles of personal nature likely to be worn, used or carried but excluding money,

jewellery and valuables.

53. **Per Occurrence Limit:** means the maximum amount payable under a specific Coverage per incident during the **Policy / Cover Period**.
54. **Physiotherapy:** means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by **Medical Practitioner**.
55. **Policy:** means the contract of insurance including but not limited to **Policy Schedule, Certificate of Insurance**, Endorsements, Policy Wordings, Extensions and Add On covers wherever opted for.
56. **Policyholder:** means the Person(s) or the entity named in the **Policy Schedule / Certificate of Insurance**.
57. **Policy Schedule:** means **Schedule** attached to and forming part of this **Policy** mentioning the details of the **Insured Persons** who are covered along with the Coverages and **Sum Insured**, the **Policy Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
58. **Professional Sports:** means a sport, which remunerates in excess of 50% of the **Insured Person's** annual income as a means of their livelihood.
59. **Property Damage:** means physical damage, destruction of or loss of use of tangible property.
60. **Public Transport:** means travel systems available for use by general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Public transport may include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway/underground etc.) and taxis.
61. **Quadriplegia:** means the complete and irreversible paralysis of both upper and both lower **Limbs**.
62. **Scheduled Airline:** means any civilian aircraft operated by a civilian scheduled air carrier transport under license issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specific times or regular flights operated by such carrier.
63. **Sum Insured:** means the maximum amount of coverage, as

specified against each Coverage in the **Policy Schedule / Certificate of Insurance** to this **Policy**, which represents the maximum liability of **the Company** for any and all **Claims** made during **Policy / Cover Period** under that Coverage.

64. **Time Deductible**- means the number of hours/days of each and every loss payable by **Insured Person** before the **Policy** Coverages becomes payable
65. **The Company/Insurer**: means Tata AIG General Insurance Company Ltd.
66. **Transportation**: means any land, water or air conveyance required to transport the **Insured Person** in case of a medical emergency. Transportation includes but is not limited to air Ambulance, land Ambulances and private motor vehicles.
67. **Traveling Companion**: means up to two (2) person(s) who is/are booked to accompany the **Insured Person** on the **Trip**.
68. **Uniplegia**: means the complete and irreversible paralysis of one **Limb**.
69. **Various Insurance Period(s)**
- **Policy Period** means the time during which this **Policy** is in effect. Such period commences from the **Policy Period Start Date** and ends on the **Policy Period End Date** and specifically appears in the **Policy Schedule**.
 - **Policy Period End Date**: means the date on which the **Policy Period** expires.
 - **Policy Period Start Date** means the date on which the **Policy Period** commences.
 - **Cover Period** means the time during which this Cover is in effect. Such period commences from the **Cover Period Start Date** and ends on the **Cover Period End Date** and specifically appears in the **Certificate of Insurance** against the **Insured Person** during which this Coverage is valid for that specific **Insured Person**.
 - **Cover Period End Date**: means the date on which the **Cover Period** expires.
 - **Cover Period Start Date** means the date on which the **Cover period** commences.
70. **Various Trip Definitions**:
- **Annual Multi Trip**: means one or more **Trips** by the **Insured Person** during the **Policy/Cover Period**. Each such trip shall not exceed number of days as mentioned in the **Policy Schedule/Certificate of Insurance**, per **Trip**. The **Cover** shall

be deemed to be completed on the last **Trip** within **Policy / Cover Period** as a part of the **Annual Multi Trip** or **Policy / Cover Period End Date** whichever is earlier.

- **Insured Journey:** means any journey which starts when the **Insured Person** enters the Port/Airport for **One Way Trip** and ends when he alights/ exits the Port/Airport in each leg of journey.
- **One Way Trip:** means a trip that starts when the **Insured Person** travels out of the **Place of Origin** on or after the **Policy/Cover Period Start Date** & time and will terminate at the **Place of Destination** as defined in the **Policy Schedule/Certificate of Insurance** or **Policy/Cover Period End Date** whichever is earlier.
- **Trip:** means a **Round Trip** or a **One Way Trip** within the geographical boundaries of India as defined in the **Policy Schedule/Certificate of Insurance** which commences when the **Insured Person** first boards a **Common Carrier** or a private vehicle to initiate the journey to reach the **Place of Destination**.
- **Round Trip:** means a trip that starts when the **Insured Person** travels out of the **Place of Origin** on or after the **Policy / Cover Period Start Date** & time and terminates once the **Insured Person** returns to the **Place of Origin** or on the **Policy/Cover Period End Date**, whichever is earlier. In case of a **Round Trip** the **Insured Person** takes only one (1) trip from the **Place of Origin** to the **Place of Destination** and vice versa . It is understood that the **Insured Person** shall remain covered while he is at the **Place of Destination** subject to the terms and conditions of the **Policy**. The Coverage under such **Round Trip** shall not exceed the number of days as mentioned in the **Policy Schedule/Certificate of Insurance**. Coverage under **Round Trip** will cover intermediate locations.

BENEFITS COVERED UNDER THE POLICY

The Company hereby agrees to pay for the Coverages opted during the **Policy / Cover Period**. The **Policy Schedule / Certificate** of Insurance will specify which **Coverages** are in force for the **Insured Person**. Such **Coverages** are subject to applicable **Deductible, Co-Pay**, sub-limits and **Sum Insured** as specified in the **Policy Schedule / Certificate of Insurance**. Each and every **Claim** should occur within **Policy /Cover Period**.

If 1.1 Medical Expenses is opted then either of

the Base Cover 1.1a or 1.1.b can be selected

- 1.1.a. Base Cover - Medical Expenses – Accident and Illness, or
- 1.1.b. Base Cover - Medical Expenses – Accident Only ;

If 1.2 Hospital Daily Cash is opted then either of the Base Cover 1.2.a. or 1.2.b can be selected

- 1.2.a Base Cover - Hospital Daily Cash – Accident and Illness, or
- 1.2.b. Base Cover – Hospital Daily Cash – Accident Only

If 1.6 Outpatient Expenses is opted then either of

The extension Cover 1.6.a or 1.6.b. can be selected

- 1.6.a. Extension – Outpatient Expenses - Accident and Illness, or
- 1.6.b. Extension – Outpatient Expenses – Accident Only

If 2.1 Accidental Death is opted then either of the Base Cover 2.1.a or 2.1.b can be selected

- 2.1.a Base Cover - Accidental Death (24 hours) ,or
- 2.1.b. Base Cover - Accidental Death (Common Carrier only).

Atleast One of the Base Covers Medical Expenses, Hospital Daily Cash or Personal Accident is required to be selected.

1. MEDICAL CONTINGENCIES

1.1 Medical Expenses

1.1.a. Base Cover - Medical Expenses – Accident and Illness

The Company will reimburse **Medical Expenses** arising out of **Hospitalization** resulting from any **Injury** due to an **Accident** and/or **Illness**, occurring whilst on a **Trip**, which has **Medically Necessary Treatment** and such Hospitalization is advised by treating **Medical Practitioner**

Pre-existing disease is included in this coverage provided additional premium for such inclusion has been received by **the Company** and the same has been specifically mentioned on the **Policy Schedule / Certificate of Insurance**. Consequently, the Exclusion I.A.1. shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Routine physicals or other examinations including but not

restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health

2. Dental treatment, dentures or Dental / Oral **Surgery**, unless caused by **Hospitalisation** arising out of an **Injury**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
7. Organ transplants that are considered experimental in nature.
8. Childcare including general medical examination and immunization.
9. Expenses which are not exclusively medical in nature.
10. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof unless caused by **Hospitalisation** arising out of an **Injury**.
11. Expenses related to the treatment for correction of eye sight due to refractive error.
12. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
13. Bone marrow transplant in blood disorders.
14. Expenses related to obesity and related complications including bariatric surgeries
15. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.1.b. **Base Cover - Medical Expenses – Accident Only**

The Company will reimburse **Medical Expenses** arising out of **Hospitalisation** resulting from any **Injury** due to an **Accident**, occurring whilst on a **Trip**, which has **Medically Necessary Treatment** and such **Hospitalisation** is advised by treating **Medical Practitioner**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this coverage

shall not cover any **Medical Expenses** related to: -

1. Treatment of any **Illness**.
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health.
3. Dental treatment, dentures or Dental / Oral **Surgery** unless caused by Hospitalisation arising out of an **Injury**.
4. Elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a covered **Accident**.
5. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
6. Treatment of acne.
7. Organ transplants that are considered experimental in nature.
8. Childcare including general medical examination and immunization.
9. Loss caused, wholly or partly by infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of Disease or sickness.
10. Expenses which are not exclusively medical in nature.
11. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless caused by **Hospitalisation** arising out of an **Injury**.
12. Expenses related to the treatment for correction of eye sight due to refractive error.
13. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
14. Bone marrow transplant in blood disorders.
15. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.2 Hospital Daily Cash

1.2.a Base Cover - Hospital Daily Cash – Accident and Illness

The Company will pay for each Day (of 24 hours), the amount as mentioned in the **Policy Schedule / Certificate of Insurance** of **Insured Person's Hospitalisation** resulting from any **Injury** due to an **Accident** and/or **Illness** whilst on a **Trip**, which has **Medically Necessary Treatment** and such **Hospitalization** is advised by treating **Medical Practitioner** up to maximum number of **Days** as mentioned in the **Policy Schedule / Certificate of Insurance**.

Pre-Existing disease is included in this coverage provided additional premium for such inclusion has been received by **the Company** and

the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion I.A.1. shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Hospitalization** for: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Any treatment in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
7. Organ transplants that are considered experimental in nature.
8. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
9. Bone marrow transplant in blood disorders.
10. Expenses related to obesity and related complications including bariatric surgeries
11. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.2.b Base Cover - Hospital Daily Cash – Accident only

The Company will pay for each **Day** (of 24 hours), the amount as mentioned in the **Policy Schedule / Certificate of Insurance** of **Insured Person's Hospitalisation** resulting from any **Injury** due to an **Accident** whilst on a **Trip**, which has **Medically Necessary Treatment** and such **Hospitalization** is advised by treating **Medical Practitioner** up to maximum number of **Days** as mentioned in the **Policy Schedule / Certificate of Insurance**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Hospitalization** for: -

1. Expenses of any **Illness**
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
3. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
4. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
5. Any treatment in connection with weak, strained, or flat feet, corns, calluses, or toenails.
6. Treatment of acne.
7. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
8. Organ transplants that are considered experimental in nature.
9. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
10. Bone marrow transplant in blood disorders.
11. Expenses related to obesity and related complications including bariatric surgeries
12. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.3 Extension - Emergency Medical Evacuation

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses - Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses - Accident Only** as opted for)

The Company will reimburse Covered Expenses if an **Injury** or **Illness** during a **Trip** necessitates an **Insured Person's Emergency Medical Evacuation**.

An **Emergency Medical Evacuation** must be recommended by the attending **Medical Practitioner** who certifies that the severity or the nature of **Insured Person's Injury** or **Illness** warrants **Insured Person's Emergency Medical Evacuation** arranged and authorized in advance by the **Assistance Company**.

Covered Expenses means expenses, which are incurred for **Transportation** and medical treatment, including medical services and medical supplies for **Insured Person's Emergency Medical Evacuation**. All **Transportation** arrangements made for evacuating the **Insured Person** must be by the most direct and economical route possible.

Claim under this cover shall be admissible subject to such **Injury** or **Illness** being admissible under Coverage **1.1.a. Base Cover - Medical Expenses - Accident and Illness** and / or **1.1.b. Base Cover - Medical Expenses - Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**.

1.4 Extension - Repatriation of Mortal Remains

(This extension is applicable only to **1.1.a. Base Cover - Medical Expenses - Accident and Illness** or **1.1.b. Base Cover - Medical Expenses - Accident Only** as opted for)

The Company will reimburse Covered Expenses to bring **Insured Person's** mortal remains to **Insured Person's Place of Residence** if **Insured Person** dies whilst on a **Trip**. All Repatriation of Remains arrangements must be approved in advance by **Assistance Company**.

The payment for cremation will be limited to INR 5000 as a fixed benefit in the event of non-submission of bills.

Covered Expenses include, but are not limited to, expenses for (a) embalming (b) cremation (c) coffin and (d) **Transportation**.

1.5 Extension - Post-Hospitalization expenses

(This extension is applicable only to **1.1.a. Base Cover - Medical Expenses - Accident and Illness** or **1.1.b. Base Cover - Medical Expenses - Accident Only** as opted for)

The Company will reimburse **Post-Hospitalization expenses** incurred for consultations, investigations and medicines up to the number of days as mentioned in the **Policy Schedule / Certificate of Insurance** subject to valid **Claim** under Coverage **1.1.a. Base Cover - Medical Expenses - Accident and Illness / or 1.1.b. Base Cover - Medical Expenses - Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**.

In the event of same claim being admissible under both Coverages

1.6.a Extension - Outpatient Expenses – Accident and Illness or 1.6.b. Extension - Outpatient Expenses – Accident Only and 1.6. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.5. Extension - Post-Hospitalisation Expenses shall not be admissible under 1.6.a Extension - Outpatient Expenses – Accident and Illness or 1.6.b. Extension - Outpatient Expenses – Accident Only

1.6 Outpatient Expenses

1.6.a Extension - Outpatient Expenses – Accident and Illness

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** and/or 1.2.a **Base Cover – Hospital Daily Cash – Accident and Illness** or 1.2.b. **Base Cover – Hospital Daily Cash – Accident Only** as opted for)

The Company will indemnify for **OPD Treatment** on **Cashless Facility** only for **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** resulting from any **Injury** due to an **Accident** and/or **Illness** whilst on a **Trip** which has **Medically Necessary Treatment** and as prescribed by treating **Medical Practitioner** for: -

1. Costs of medicines / Pharmacy/ Drugs/ Supplies
2. Diagnostic tests

In the event of same claim being admissible under both Coverage 1.6.a Extension- Outpatient Expenses – Accident and Illness and 1.5. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.6.a Extension- Outpatient Expenses – Accident and Illness shall not be admissible under 1.5. Extension - Post-Hospitalisation Expenses.

Pre-existing disease is included in this cover provided the **Policyholder** has paid additional premium for such inclusion and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion I.A.1. shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in

- normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
 3. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
 4. Treatment of acne.
 5. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
 6. Expenses which are not exclusively medical in nature.
 7. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof.
 8. Expenses related to the treatment for correction of eye sight due to refractive error.
 9. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.

1.6.b Extension - Outpatient Expenses – Accident Only

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** and/or 1.2.a **Base Cover – Hospital Daily Cash – Accident and Illness** or 1.2.b. **Base Cover – Hospital Daily Cash – Accident Only** as opted for)

The Company will indemnify for **OPD Treatment** on **Cashless Facility** only for **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** resulting from any **Injury** due to an **Accident** whilst on a **Trip** which has **Medically Necessary Treatment** and as prescribed by treating **Medical Practitioner** for: -

3. Costs of medicines / Pharmacy/ Drugs/ Supplies
4. Diagnostic tests

In the event of same claim being admissible under both Coverage 1.6.b Extension- Outpatient Expenses - Accident Only and 1.5. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.6.b Extension- Outpatient Expenses - Accident Only shall not be admissible under 1.5. Extension - Post-Hospitalisation Expenses.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage

shall not cover any **Medical Expenses** related to: -

1. Expenses of any Illness
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
3. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
4. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
7. Expenses which are not exclusively medical in nature.
8. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof.
9. Expenses related to the treatment for correction of eye sight due to refractive error.
10. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
11. Any Expenses for Accidental Injury aggravated by an existing disability

2. PERSONAL ACCIDENT

The Company's total liability for all **Claims** admissible in aggregate under **2.1 Accidental Death (whichever opted) and 2.2 Permanent Total Disability and 2.3 Permanent Partial Disability (if opted)** shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**.

2.1 Accidental Death

2.1.a. Base Cover - Accidental Death (24 hours)

The Company will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of the **Insured Person** caused by an **Accident** whilst on **Trip**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

The Company will pay, the **Sum Insured** less any other amount paid/payable under Coverage: **2.2. Extension - Permanent Total Disability, 2.3. Extension- Permanent Partial Disability**, of this **Policy**, if these Coverages are opted under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

2.1.b. Base Cover - Accidental Death (Common Carrier only)

The Company will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of **Insured Person** caused by an **Accident** whilst on **Trip**. **Injury** must occur while **Insured Person** is riding as a passenger in or on, boarding or alighting from the **Common Carrier**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

Disappearance

The Company will pay for Death of **Insured Person** whilst on a **Trip**, if the **Insured Person's** body cannot be located within one (1) year after the forced landing, stranding, sinking or wrecking of a **Common Carrier** in which the **Insured Person** was a passenger or as a result of any Acts of God, in which case it shall be deemed, that he shall have suffered loss of life within the meaning of the **Policy**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

2.2. Extension - Permanent Total Disability

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The Company will pay such percentage of **Sum Insured** if an **Injury** caused by an **Accident**, directly and independently results in permanent total disability within twelve (12) months of the date of **Accident** during the **Trip**.

Liability under this extension shall only be admissible provided

- such **Injury** should result in at least one of the losses as shown in the Table of Losses-A below
- for any **Functional Loss** such **Functional Loss** has continued

for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period.

The Company will pay such percentage of **Sum Insured** less any other amount paid/payable under Coverage: **2.3. Extension - Permanent Partial Disability** of this **Policy**, if these **Coverages** are offered under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

Table of Losses -A

- a. The criteria for deciding **Functional Loss** of body part for the permanent total disability shall be based on a certificate from

Type of Permanent Total Disability -	% of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
Actual Loss by physical separation or Functional Loss of both Hands or Both Feet	100%
Actual Loss by physical separation or Functional Loss of sight of Both Eyes	100%
Actual Loss by physical separation or Functional Loss of one Hand and One Foot	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Actual Loss by physical separation or Functional Loss of Thumb and Index Finger of Same Hand	25%

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	50%

treating medical practitioner's certificate / disability certificate from civil surgeon.

- b. Functional Loss** for the purposes of this Extension means **Injury** due to **Accident** leading to loss and the total and permanent inability to perform all the usual and customary duties and activities of a person of like age and sex.
- c. "Loss"** with regard to
- Hand or Foot means actual severance through or above the wrist or ankle joints.
 - Eye means entire and irrecoverable loss of sight.
 - Thumb and Index Finger means actual severance through or above the joint that meets the hand at the palm.
 - Speech or Hearing means entire and irrecoverable loss of speech or hearing of both ears

2.3. Extension - Permanent Partial Disability

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The Company will pay a specified percentage of the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** for **Injury** because of an **Accident**, directly and independently resulting in Permanent Partial Disability within twelve (12) months of the date of **Accident** during the **Trip** provided such disability and is total, continuous and permanent, as mentioned in Table of Losses -B.

If the **Insured Person** suffers more than one of the below mentioned loss as a result of the same **Accident**, **the Company** will add the percentages of each disability. However, **the Company** will not pay more than 100% of the **Sum Insured** stated in the **Policy**.

If a **Claim** is admitted under **2.2 Extension - Permanent Total Disability**, then no **Claim** can be admitted under this Coverage which arises out of the same **Accident**.

Once a **Claim** has been accepted and 100% **Sum Insured** has been

paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**

Table of Losses- B

Type of Permanent Partial Disability	Percentage (%) of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
1. Loss of toes - all	20%
2. Loss of Great Toe	5%
3. Other than great toe, if more than one toe lost, each	1%
4. Loss of Hearing - both ears	50%
5. Loss of hearing - one ear	25%
6. Loss of four fingers and thumb of one hand	40%
7. Loss of four fingers	25%
8. Loss of thumb	15%
9. Loss of index finger	10%
10. Loss of middle finger	6%
11. Loss of ring finger	5%
12. Loss of little finger	4%

"Loss" with regard to:

- Toe, Finger, Thumb means actual complete severance from the foot or Hand.
- Hearing means entire and irrecoverable loss of hearing.

2.4. Extension - Loan Protector

(This extension is applicable only to Coverage 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The Company will reimburse **Insured Person's** outstanding principal

24

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

amount of Loan, up to the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** as a result of **Insured Person** suffering an **Injury** due to an **Accident** that occurs during the **Trip** subject to valid **Claim** in case of **Accidental Death** under Coverage **2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b. Base Cover - Accidental Death (Common Carrier only)** as specified in the **Policy Schedule/ Certificate of Insurance**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover

1. Any payments that are overdue and unpaid by the **Insured Person** prior to the occurrence of the event
2. Any payment of fines and penalties imposed on the **Insured Person**.

2.5. Extension – EMI Protector

(This extension is applicable only to **2.2. Extension – Permanent Total Disability** or **2.3. Extension – Permanent Partial Disability** as opted for)

The Company will reimburse the amount of outstanding equated monthly loan installments, up to the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**, subject to:

- a. a maximum of number of months as specified in the Policy Schedule / Certificate of Insurance as a result of **Insured Person** suffering an **Injury** due to an **Accident** that occurs during the **Trip** and has a valid Claim under Coverage **2.2. Extension – Permanent Total Disability** or **2.3. Extension – Permanent Partial Disability**; and
- b. **Insured Person** not being engaged in any employment or occupation for a period more than 30 (thirty) days

2.6. Extension – Mobility Cover

(This extension is applicable only to **2.2. Extension – Permanent Total Disability** or **2.3. Extension – Permanent Partial Disability** as opted for)

The Company will reimburse the expenses incurred on the purchase of support items required by the **Insured Person** for the purpose of mobility, which includes crutches, artificial limbs, wheelchairs, tri-cycles, intra-ocular lenses, spectacles, hearing aids or any other item which is medically necessary, in the opinion of the treating

Medical Practitioner, for the **Insured Person** to resume normal living following the **Injury** sustained in the **Accident** during the **Trip** subject to:

- a. Valid **Claim** under Coverage **2.2. Extension – Permanent Total Disability** or **2.3. Extension – Permanent Partial Disability** as specified in the **Policy Schedule/ Certificate of Insurance**.
- b. The **Medical Practitioner** treating the **Insured Person** certifies in writing that the proposed support is **Medically Necessary**;

2.7 Extension - Child Education Cover

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** or 2.2. **Extension – Permanent Total Disability** as opted for)

The Company will reimburse the Tuition fees, incurred for the balance period of the course, of the **Insured Person's Child/Children** as a result of **Insured Person** suffering an **Injury** due to an **Accident** that occurs during the **Trip**, up to the **Sum Insured** as mentioned in the **Policy Schedule/Certificate of Insurance** subject to:

- a. The **Claim** is payable for not more than Two (2) surviving Dependent **Children** of the **Insured Person**.
- b. The dependent **Child/Children's** age being less than Twenty Five (25) Years, not having any independent source of income and is enrolled as a full time student, at the time of **Claim**, in an **Institution** recognized by the Government of India.
- c. Valid **Claim** under Coverage **2.1.a. Base Cover - Accidental Death (24 hours)** or **2.1.b. Base Cover - Accidental Death (Common Carrier only)** or **2.2. Extension – Permanent Total Disability** as specified in the **Policy Schedule/ Certificate of Insurance**.

If the **Insured Person** is eligible to receive any Scholarship for the Tuition Fees, then **The Company** will reimburse the difference between the amount of scholarship and the payable fees.

Exclusions Specific to this Coverage 2 – Personal Accident:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. **Claim** which arises out of an **Accident** connected with the operation (including Flying, mounting, dismounting) of an

aircraft or which occurs during parachuting except when the **Insured Person** is flying as a Fare Paying passenger in a multiengine, commercial aircraft.

ASSISTANCE SERVICES - (applicable to this Policy and Add Ons wherever opted for)

The Company will provide the **Insured Person** with the following Assistance Services as opted:

- a. **Medical Assistance** - As soon as the **Assistance Company** is notified of a **Medical Emergency** resulting from **Insured Person's Accident**, the **Assistance Company** will contact the medical facility or location where the **Insured Person** is located and confer with the **Medical Practitioner** at that location to determine the best course of action to be taken. If possible and if appropriate, **Insured Person's Medical Practitioner** will be contacted to help arrive at a decision as to the best course of action to be taken. The **Assistance Company** will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local **Medical Practitioner** and arranging **Hospitalisation** of the **Insured Person** where, in its discretion, deems such **Hospitalisation** is appropriate.
- b. **Medical Evacuation** - When, in the opinion of the **Assistance Company's** medical panel, it is judged medically appropriate to move the **Insured Person** to another location for treatment or return the **Insured Person** to the **Insured Person's Place Of Residence**, the **Assistance Company** will arrange the evacuation, utilizing the means best suited to do so, based on the **Emergency Medical Evacuation** of the seriousness of The **Insured Person's** condition, and these means may include air **Ambulance**, surface **Ambulance** regular airplane, rail, road or other appropriate means. All decisions as to the means of **Transportation** and final destination will be made by the **Assistance Company**.
- c. **Repatriation** - the **Assistance Company** agrees to make the necessary arrangements for the return of **Insured Person's** remains to the **Insured Person's Place of Residence** in the event of the **Insured Person's** death while this service agreement is in effect as to the **Insured Person**.

- d. **Lost / Stolen Luggage and Personal Effects Assistance-** the **Assistance Company** will assist the **Insured Person** who has lost his luggage while traveling by contacting the appropriate authorities involved and providing directions for recovery. (applicable if the specific Add-on Cover has been opted for)
- e. **Emergency Message Transmission Assistance** - the **Assistance Company** shall use its best efforts to transmit messages or medical information, upon the **Insured Person's** request and consent, to the **Insured Person's** friends, **Immediate Family Member** and/or Business associates.
- f. **Hotel Accommodation Referral-** to provide the name, address and telephone number of hotels in major cities Within the Republic of India. (applicable if the specific Add-on Cover has been opted for)
- g. **Telephone Medical Advice-** When traveling the **Assistance Company** will arrange to provide **Medical Advice** to the **Insured Person** over the telephone.
- h. **Medical Service Provider Referral** - the **Assistance Company** will provide the **Insured Person** with information about **Physicians, Hospitals**, clinics, dentists and dental clinics Within the Republic of India. (applicable if the specific Add-on Cover has been opted for)
- i. **Arrangement of Appointments with Doctors** - the **Assistance Company** will assist the **Insured Person** in arranging for appointments with medical service providers, if medically necessary. (applicable if the specific Add-on Cover has been opted for)
- j. **Arrangement of Hospital Admission** - If the medical condition of the **Insured Person**, due to an **Accident**, is of such gravity, that **Hospitalization** is needed, the **Assistance Company** will assist the **Insured Person** to arrange for **hospital** admission. (applicable if the specific Add-on Cover has been opted for)
- k. **Guarantee of Medical Expenses incurred during Hospitalization-** Due to an **Accident**, the **Assistance Company** shall assist the **Insured Person** by guaranteeing on behalf of the Subscriber the **Medical Expenses** incurred

during **the Insured Person's hospitalization**. (applicable if the specific Add-on Cover has been opted for)

- l. **Monitoring of Medical Condition during Hospitalization** -When the **Insured Person** is **hospitalized**, due to an **accident**, the **Assistance Company** will monitor the **Insured Person's** medical condition with the attending **Physician**. (applicable if the specific Add-on Cover has been opted for)
- m. **Arrangement of Compassionate Visit** - the **Assistance Company** will arrange for return airfare, train fare for an **Immediate Relative** to visit the **Insured Person** who, when traveling alone, has been **Hospitalized**, due to an **Accident**, outside the home town or **Place of Residence**. (applicable if the specific Add-on Cover has been opted for)
- n. **Product & Claims Information Services** - the **Assistance Company** will provide information, on general **Claims** procedures and main product features to the **Insured Person**, when requested and if available. Should the **Assistance Company** not have the information available, the **Assistance Company** will direct the **Insured Person** to contact **The Company** directly.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of the **Insured Person** only. The **Assistance Company** assumes no responsibility for any Medical Advice or legal counsel given by the medical professional or attorney. **Insured Person** shall not have any recourse to the Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

The **Insured Person** is responsible for the cost of services arranged by the **Assistance Company** on behalf of **Insured Person** or a covered **Immediate Family Member**. The **Assistance Company** will access this **Policy** and/or other insurance **Policy** coverages, to which the **Insured Person** may be entitled, and/or the **Insured Person's** credit cards or other forms of financial guarantees provided by the **Insured Person**, in order to facilitate payment for such services.

In case **the Company** or the Assistance Service Provider fails to provide any of the services as mentioned in this **Policy** or is unable to implement , in whole or in part due to Force Majeure , non-availability

of Services, change in law, rule or regulations which effects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which effects the services , then the Assistance Services' suspended, curtailed or limited performance shall not constitute of Breach of Contract and the Company or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.

EXCLUSIONS (Applicable to this Policy and Add-ons wherever opted for)

I. SPECIFIC EXCLUSIONS:-

A. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CAN BE WAIVED OFF, BY OPTING FOR AN ADD-ON / EXTENSION COVER, ON PAYMENT OF ADDITIONAL PREMIUM

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any Coverage(s) within the **Policy**:

1. **Pre-existing Disease** or its complications
2. **Insured Person's** Participation in **Adventure Sports** for Leisure performed under expert supervision of trained professional
3. Loss, **Damage** cost or expense of whatsoever nature caused by, resulting from or in connection with any **Act of Terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

B. STANDARD EXCLUSIONS APPLICABLE TO ALL POLICY AND ADD-ONS

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel

3. Losses due to war or any act of war, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, Chemical and biological weapons, Ionizing radiation.

C. EXCLUSIONS SPECIFIC TO THIS POLICY AND ITS ADD-ONS WHICH CANNOT BE WAIVED

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. Where the **Insured Person** is travelling against the advice of a **Medical Practitioner**; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition.
2. Treatment which could be reasonably delayed until the **Insured Person's** return to place of destination.
3. Any **Claim** occurring in a geographic zone/City / State which is not specifically covered under the **Policy**
4. Any claim of Insured Person arising from:
 - a. suicide or attempted suicide
 - b. Wilful self-inflicted illness or injury except injury in self-defence or to save life.
5. Certification / diagnosis / Treatment by a family member, or a person who stays with the **Insured Person**, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis.
6. Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
7. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or institution.
8. Any form of Alternative Treatment: AYUSH Treatment; Hydrotherapy, Acupuncture, Reflexology Treatment or any other form of indigenous system of medicine.
9. Any expenses incurred in connection to Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, health resort, rundown condition or rest cure.

10. Circumcision unless necessary for Treatment of an **Illness** or **Injury** not excluded hereunder or due to an Accident.
11. Associated expenses for alopecia, baldness, wigs, or toupees and hair fall treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
12. Being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
13. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
14. Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft or Scheduled **Airline**.
15. Any loss due to the release, dispersal or application of pathogenic or poisonous biological or chemical materials.
16. External Congenital anomalies or any complications or conditions arising there from.
17. Any **Insured Person's** participation in **Adventure sports** without expert supervision of trained professional or participation in **Professional Sports**
18. Insured Person's actual or willful participation in, an illegal act or any violation or attempted violation of the law.
19. Any loss caused by osteoporosis (porosity and brittleness of the bones due to loss of protein form the bones matrix) or pathological fracture (any fracture in an area where **Pre-existing Disease** has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the **Policy / Cover Period** unless arising out of an **Injury**.
20. Confinement in a **Hospital** which is not medically necessary.
21. Loss resulting in or contributed or aggravated or prolonged by childbirth or from pregnancy
22. Vaccinations except post-bite Treatment.
23. In respect of travel by the **Insured Person** to any places within India against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be imposed such restrictions, or any places within India which has imposed or may impose subsequently, such restrictions against travel .
24. Venereal disease, Sexually Transmitted Disease or illness; except HIV/AIDS
25. Serving in any branch of the Military or Armed Forces of country, whether in peace or War, and in such an event **the**

Company, upon written notification by **Insured Person**, shall return the pro rata premium for any such period of service during the **Trip**.

26. Any treatment taken outside India.

27. Any non-medical expenses (list enclosed – Annexure I).

GENERAL TERMS AND CLAUSES

I. SPECIFIC TERMS AND CLAUSES

A. Medical Sub-limit cover:

The **Company's** liability under the Coverage **1.1.a. Base Cover - Medical Expenses - Accident and Illness and / or 1.1.b. Base Cover - Medical Expenses - Accident only** and/or **1.3. Extension - Emergency Medical Evacuation and / or 1.4. Extension - Repatriation of Mortal Remains** during a **Trip** shall be sub limited basis one or combination of the following as mentioned in the **Policy Schedule / Certificate of Insurance**.

- **Age of the Insured Person**
- **Any one Illness / Injury** or both
- Disease category
- **Pre-existing Disease**
- Per **Claim**
- Any one event
- **Sum Insured** sub-limits –
 - a. **Medically Necessary Treatment** charges towards **Hospital Room and Boarding, Intensive Care Unit, Surgery**
 - b. Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person**
 - c. **Ambulance** service In case of multiple parameters opted for **Sub-limits** in same **Claim**, then lower value of the sub-limit shall apply.

B. Medical Tests:

Cost of medical tests (if required) need to be borne by the proposer. Proposals based on their age will be advised on pre acceptance Medical Tests

C. Condition Precedent:

Condition Precedent means a **Policy** term or condition upon which **the Company's** liability under the **Policy** is conditional upon.

The fulfilment of the terms and conditions of this **Policy/Certificate** of Insurance (including the payment of premium by the due dates mentioned in the **Schedule/**

Certificate of Insurance) insofar as they relate to anything to be done or complied with by **Insured Person** shall be conditions precedent to the **Company's** liability.

D. Entire contract:

This Policy, its Schedule, **Certificate of Insurance**, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this **Policy / Certificate of Insurance** shall be valid unless approved by **the Company** and such approval be endorsed hereon.

This Policy and the **Schedule/Certificate of insurance** shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy** or of the **Policy Schedule / Certificate of Insurance** shall bear such meaning wherever it may appear.

E. Group Policyholder:

The Group **Policyholder** shall take all reasonable steps to cover their members for whom coverages have been offered by **the Company** and ensure timely receipt of premium by **the Company** in respect of each of the members covered. The Group **Policyholder** will neither charge more premium nor alter the scope of coverage offered under this **Policy**.

This **Policy** will be issued to the Group **Policyholder** and Certificates will be issued to individual members wherever applicable.

The Company reserves the right to inspect the record at any time to ensure that terms and condition of Group **policy** and provisions of IRDAI Group Insurance Guidelines, 2005 and any amendments thereto are being adhered. **The Company** may also require submission of Certificate of compliance from the Auditors of Group **Policyholder**

The Group **Policyholder** will ensure compliance of Guidelines as prescribed by IRDAI from time to time including but not limited to IRDAI Group Insurance Guidelines, 2005

F. Fraud:

The Company will not be liable to pay under the **Policy** if any **Claim** is in any manner dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of

Policyholder or an Insured Person.

In the event of fraud done by a primary member/his dependents the coverage in respect of that **Insured Person** and his dependents shall be terminated and there shall be no refund of **Insured Person's** premium.

G. Mis-representation or non-disclosure of material facts:

In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or **Claim** experience information provided at the time of request for proposal, the **Policy** shall be void ab-initio without any premium refund.

In case of non-employer-employee policies, **the Company** will not be liable to pay under the **Policy** if any Mis-representation or non-disclosure of material facts is noted at the time of **Claim** or otherwise, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or any **Insured Person**, and **Certificate of Insurance** shall be void ab-initio without any premium refund.

H. Multiple Policies:

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

I. **Withdrawal:**

In the likelihood of this product being withdrawn in future, the Company will intimate **Policyholder/Insured Person** about the same atleast 3 months prior to expiry of the Policy/Certificate of Insurance

J. **Notices:**

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

- Any **Insured Person**, then it shall be sent to **Policyholder / Insured Person** at **Policyholder / Insured Person's** address specified in the **Policy Schedule / Certificate of Insurance** to this **Policy Schedule / Certificate of Insurance** and **Policyholder / Insured Person** shall act for all **Insured Persons** for these purposes.
- **The Company**, it shall be delivered to **The Company's** address specified in the **Policy Schedule / Certificate of Insurance**. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **The Company's** behalf unless **the Company** have expressly stated to the contrary in writing.

K. **About Period including Extension:**

In no event, **Coverages** will be provided to the **Insured Person** by **the Company** after **Policy / Cover Period End Date** or **Insured Person's** return to **Place of Residence**/place of destination whichever is earlier.

However, if, **Insured Person** is still confined in a Hospital during the Trip, after **Policy / Cover Period and Emergency Medical Evacuation** is not appropriate or recommended by **the Company/ Assistance Company** and continued treatment as an inpatient is **Medically Necessary**, **Medical Expenses** will be paid till earlier of the **Insured Person's Hospital Discharge** or 7 days after **Policy / Cover Period**.

Policyholder/Insured Person can extend the **Cover Period** under a specific **Certificate of Insurance** prior to its expiry date subject to **The Company's** Underwriting Guidelines and no **Claim** being reported under such **Certificate of Insurance**, provided that the additional premium for such extension is received before **Cover Period End Date**.

Extension in **Cover Period** is applicable only in **Round Trip** Policies

subject to the total **Cover Period** including extension not exceeding the number of days as mentioned in the Policy Schedule/Certificate of Insurance.

L. Cancellation/Termination of the Policy:

Round Trip:

Any **Policy / Certificate of Insurance** issued under a **Round Trip Policy** or its extension are non-cancellable and non-refundable after the commencement of **Trip** or if any **Claim** has been lodged under such **Policy / Certificate of Insurance**

In the event of Cancellation of **Policy /Certificate of Insurance** by **Insured Person** prior to commencement of **Trip**, **the Company** will deduct INR 50/-(Rupees Fifty only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Certificate of Insurance**. However in Policies where the following **Coverages** are opted no Premium will be refunded:

3.10 Add-on -Fare Lock, 3.11 Add-on -Fare Dip.

Annual Multi Trip:

Any **Policy / Certificate of Insurance** issued under **Annual Multi Trip Policy** are non-cancellable and non-refundable if any Claim has been lodged under such **Policy / Certificate of Insurance**.

- In the event of Cancellation of **Policy /Certificate of Insurance** prior to commencement of **Policy / Cover**, **the Company** will deduct INR. 50/-(Rupees Fifty only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Policy/Certificate of Insurance**.
- If **Insured Person** cancels the **Policy / Certificate of Insurance** after **Policy/Cover Period Start date**, the refund premium shall be computed in accordance with short rate table as mentioned below.

Short rate table -

Period on risk	% Refund Premium
Up to 1 month	3/4th of the annual rate
Up to 3 months	½ of the annual rate
Up to 6 months	1/4th of annual rate
Exceeding 6 months	Nil

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

In the event the **Policy/Certificate of insurance** is terminated on grounds of non-cooperation of the **Insured Person** the premium shall be computed in accordance with short rate table for the period the **Policy** has been in force, upon 15 days notice by sending an endorsement to **Insured Person** address shown in the **Schedule** provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

M. Person Records to be maintained

The **Policyholder/ Insured Person** shall keep an accurate record containing all relevant medical records and shall allow **The Company** or its representative(s) to inspect such records. The **Policyholder/ Insured Person** shall furnish such information as **The Company** may require under this **Policy** at any time during the **Policy/Cover Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all **Claims** under this **Policy**.

N. Arbitration:

If any dispute or difference shall arise as to the quantum to be paid by the **Policy**, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

O. Subrogation:

Unless specifically and separately stated in the **Policy Schedule**, the **Policyholder/Insured Person** and any claimant under this **Policy** shall at the expense of **the Company** do and concur in doing and permit to be done all such acts and things that may be necessary or reasonably required by **the Company** for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which **the Company** shall be or would become entitled or subrogated upon **the Company** paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Policyholder's/ Insured Person's** indemnification by **the Company**.

This clause will not be applicable to covers related to Coverage 1- Medical Contingencies and Coverage 2- Personal Accident and their related Extensions.

P. Complete discharge

Payment made by **The Company** to the **Policyholder/ adult Insured Person** or the Nominee or to the **Hospital**, as the case may be, of any **Medical Expenses** or **Compensation** or benefit under the **Policy** shall in all cases be complete and construe as an effectual discharge in favour of **The Company**.

Q. Dispute Resolution Clause

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

OTHER TERMS AND CONDITIONS

CLAIM PROCEDURE AND DOCUMENTS

A. Intimation & Assistance

For any claim related query, intimation of claim and submission of claim related documents, the **Insured Person** can contact at below numbers for any claim related assistance –

Toll Free No. 1800 119966/1800 266 7780 from BSNL / MTNL Land line or

1800 22 9966 (only for senior citizen policy holders)

Insured Person is requested to call these local helpline numbers from respective cities:

Mumbai - 66939500, Delhi - 66603500, Bangalore - 66272829, Pune - 66014156, Chennai - 66841050, Hyderabad - 66629882, Ahmedabad - 66610201 Email: general.claims@tataaig.com

The Company's Service Center is equipped to provide **Insured Person** with the necessary guidance in **Insured Person's** situation and will direct **Insured Person** on **Claims** procedure.

#This is a General Check-list of documents, please check for availability of coverage under the **Policy**.

Coverage No.	COVERAGE	Documents required
1	Medical Contingencies	
1.1	Medical Expenses	
1.1.a	Base Cover-Medical Expenses - Accident and Illness	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person 2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 3. Copy of cancelled cheque/NEFT form 4. Copy of Medical records/discharge summary in case of Hospitalisation /treating doctor's report and Prescription if applicable 5. Original Bills/Receipts 6. Copy of diagnostic reports/Pathological/Radiological reports, if any 7. Copy of Death Certificate (Repatriation of Remains)
1.1.b	Base Cover-Medical Expenses - Accident Only	
1.2	Base Cover-Hospital Daily Cash - Accident and Illness	
1.2.b	Base Cover - Hospital Daily Cash - Accident Only	
1.3	Extension-Emergency Medical Evacuation	
1.4	Extension-Repatriation of Mortal Remains	

Coverage No.	COVERAGE	Documents required
1.5	Extension-Post-Hospitalisation expenses	8. Attested Postmortem report / Coroner's report where necessary (Repatriation of Remains) 9. Funeral Certificate along with original bills/receipt towards funeral expenses. (Repatriation of Remains)
1.6.a	Extension- Outpatient Expenses – Accident and Illness	10. Proof that Claim under Coverage 1.1.a. Base cover - Medical Expenses – Accident and Illness / or 1.1.b. Base Cover - Medical Expenses – Accident Only (Base Cover-Hospital Daily cash – Accident and Illness or Base Cover – Hospital Daily Cash – Accident Only, Extension - Post-Hospitalisation expenses)
1.6.b.	Extension – Outpatient Expenses – Accident Only	

Coverage No.	COVERAGE	Documents required
2	Personal Accident	
2.1	Accidental Death	
2.1.a	Base Cover-Accidental Death (24 Hours)	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person/Nominee 2. Copy of cancelled cheque/NEFT form 3. Copy of Medical records/discharge summary in case of Hospitalisation/treating doctor's report and Prescription if applicable
2.1.b	Base Cover-Accidental Death (Common Carrier Only)	<ol style="list-style-type: none"> 4. Original Bills/Receipts 5. Copy of diagnostic reports/Pathological/Radiological reports, if any 6. Copy of Death Certificate with cause of death 7. Attested Postmortem report / Coroner's report 8. Attested copy of FIR/ Police Inquest report / Police Panchanama, where applicable. 9. Copy of Ticket & Boarding Pass with original scheduled itinerary
2.2	Extension-Permanent Total Disability	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person 2. Copy of cancelled cheque/NEFT form 3. Copy of Ticket & Boarding Pass with

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

Coverage No.	COVERAGE	Documents required
2.3	Extension-Permanent Partial Disability	<p>original scheduled itinerary and date of booking.</p> <ol style="list-style-type: none"> 4. Copy of Medical records/discharge summary in case of Hospitalisation/treating doctor's report and Prescription if applicable. 5. Original Bills/Receipts. 6. Copy of diagnostic reports/Pathological/Radiological reports, if any 7. Certificate from competent medical authority / Doctor like Civil Surgeon, confirming the Disability - percentage of disability/ period and prognosis 8. Attested copy of FIR/ Police Inquest report / Police Panchanama/Medico-legal certificate,
2.4	Extension - Loan Protector	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 4. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or

Coverage No.	COVERAGE	Documents required
		2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 5. Proof of Loan outstanding as on date of loss.
2.5	Extension – EMI Protector	1. Claim form duly completed and signed by the Insured Person . 2. Copy of cancelled cheque/NEFT form. 3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 4. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 5. Proof that Insured Person is not in employment or occupation for first thirty(30) days of accident 6. Proof that Insured Person is paying the EMI installment

Coverage No.	COVERAGE	Documents required
		7. Proof in every thirty(30) days till no. of months claimed that the Insured Person is not in employment or occupation.
2.6	Extension- Mobility Cover	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 4. Claim Form with recommendation from treating Medical Practitioner 5. Original bills & receipts for items bought for the purpose of mobility, which includes crutches, artificial limbs, wheelchairs, tri-cycles, intra-ocular lenses, spectacles, hearing aids or any other item which is medically necessary, in the opinion of the treating Medical Practitioner, for the Insured Person to resume normal living following the Injury sustained in the Accident during the Trip.

Coverage No.	COVERAGE	Documents required
2.7	Extension- Child Education Cover	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. The figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any payment by The Company. 4. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 5. Copy of admission form with identity card for child/children at the time of date of loss. 6. Copy of Birth Certificate or any other valid document establishing age. 7. Copy of cancelled cheque or First (1st) page of bank passbook giving the details of child / joint account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

Note: **The Company** may call for additional documents/ information as relevant.

Kindly submit all the requested documents at the address mentioned below:

Claims Department

A&H Claims Department

Tata AIG General Insurance Co. Ltd.

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

B. Claim Notification

It is a condition precedent to **The Company's** liability hereunder that notice of **Claim** must be given by the **Insured Person to The Company** within seven (7) days after an actual or potential loss occurs or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss occurs.

The fulfillment of the terms and conditions of this **Policy** (including payment of premium by the due dates mentioned in the **Policy Schedule / Certificate of Insurance**) insofar as they relate to anything to be done or complied with by the **Insured Person(s)**, including complying with the procedures and requirements in relation to **Claims**, shall be Conditions Precedent to **The Company** liability under this **Policy**.

For details on the **Claims** procedures and requirements or any assistance during the process, **The Company** may be contacted at **The Company** call centre on the toll free number as specified above.

In case of **Claim** the **Insured Person** must:

- take immediate steps to protect, save and/or recover the covered property;
- give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- notify the police or other appropriate authority in the case of **Robbery** or **Theft** within 24 hours.

C. Scrutiny of Claim Documents

The Company / Assistance Company shall scrutinize the **Claim** and accompanying documents. Any deficiency of documents shall be intimated to **Insured Person**

D. Other Claims Requirements:

- a. If any **Claim** is not made within the time period set out under B. Claim notification, **The Company** condones such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- b. **The Company** representatives must be given all cooperation in investigating the **Claim** in order to assess **The Company's** liability and quantum in respect of such **Claim**.
- c. If requested by **The Company** and at **The Company's** cost, the **Insured Person** must submit to medical examination by **The Company** nominated **Medical Practitioner** as often as **The Company** consider reasonable and necessary and **The Company** representatives must be permitted to inspect the Medical and **Hospitalisation** records pertaining to the **Insured Person's Injury** and treatment and to investigate the facts surrounding the Claim.
- d. The directions, advice and guidance of the treating **Medical Practitioner** shall be strictly followed. **The Company** shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance.

E. Claims Payment:

- a. **The Company** shall be under no obligation to make any payment under this **Policy** unless **The Company** have received all premium payments in full and on time in respect of the **Insured Person's Cover** under the In-built Coverage and all applicable Coverages and all payments have been realized. **The Company** shall settle or reject a **Claim**, as the case may be, within 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a **Claim**, **the Company** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of **Claim** at a rate 2% above the bank rate.
- c. However, where the circumstances of a **Claim** warrant an investigation in the opinion of **the Company**, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **the Company** shall settle the **Claim** within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days **the Company** shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of

payment of **Claim**.

- e. All **Claims** will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of **Policy** holders Interests Regulation), 2017
- f. The payment of any **Claim** under this Coverage will be in Indian Rupees
- g. Admissibility of Claim: any **Claim** to be admissible under this **Policy**, the Date of loss should be within the **Policy/Cover** Period unless otherwise provided.

GRIEVANCE LODGEMENT STAGE

In case of any grievance the **Insured Person** may contact through:
Website: www.tataaig.com

Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com

Write to us at: Customer Support, Tata AIG General Insurance Company Limited
7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the policy document
The **Insured person** may also approach the grievance cell at any of the Company's branches with details of grievance.

If **Insured Person** is not satisfied with the Redressal of grievance through one of the above methods, **Insured person** may contact the grievance officer at manager.customersupport@tataaig.com. For updated details of grievance officer, kindly refer the link IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>
If **Insured person** is not satisfied with the Redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at **IRDAI Integrated Grievance Management System** - <https://igms.irda.gov.in/>

SN	Centre	Address & Contact
1	Ahmedabad	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins. co.in
2	Bengaluru	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
3	Bhopal	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins. co.in
5	Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
6	Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

SN	Centre	Address & Contact
7	New Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
8	Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
9	Hyderabad	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
10	Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
11	Ernakulam	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

SN	Centre	Address & Contact
13	Lucknow	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
14	Mumbai	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/ 27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in
15	Noida	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor,
G. K. Marg, Lower Parel, Mumbai - 400 013.

• **24x7 Toll Free No: 1800 266 7780 or 1800 22 9966** (For Senior Citizens)

Email: customersupport@tataaig.com

• **Website: www.tataaig.com** • IRDA of India Registration No.: 108

• CIN: U85110MH2000PLC128425 • UIN: TATTGDP23099V022223

List of excluded expenses (non-medical) under indemnity policy are uploaded on our website. Please login to [https://www.tataaig.com/downloads/Others/Annexure-I-List of Optional Items](https://www.tataaig.com/downloads/Others/Annexure-I-List%20of%20Optional%20Items)

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the **Policy**, nor shall any person taking out or renewing or continuing a **Policy** accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.