

Policy Wordings

GROUP PERSONAL ACCIDENT AND BUSINESS TRAVEL ACCIDENT POLICY

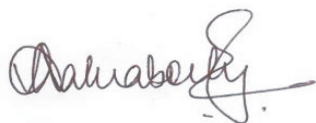
TATA AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and 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 benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be valid and in force if the Policy Schedule is signed by a person We have authorized.

Authorised Signatory

For Tata AIG General Insurance Company Ltd.



Atri Chakroborty.
National Head – Operations.

Tata AIG General Insurance Company Ltd.

Registered Office:

Peninsula Business Park,
Tower A, 15th Floor, G. K. Marg,
Lower Parel, Mumbai- 400013.

Toll Free Helpline No. 1800 266 7780

Visit us at www.tataaiginsurance.in

IRDA Registration No.: 108, CIN: U85110MH2000PLC128425
Group Personal Accident and Business Travel Accident Policy
UIN: IRDA/NL-HLT/TAGI/P-P/V.I/290/13-14



WITH YOU ALWAYS



Part A: GENERAL DEFINITIONS

We use certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

Accident, Accidental - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means..

Activities of Daily Living - shall have the following meanings:

- (a) **Mobility** - The ability to move from one room to an adjoining room or from one side of a room to another or to get in and out of bed or chair without requiring the physical assistance of another person.
- (b) **Continence** - The ability to voluntarily control bladder and bowel functions so as to be able to maintain personal hygiene.
- (c) **Dressing** - Putting on and taking off all necessary items of clothing without requiring the assistance of another person.
- (c) **Toileting** - Getting to and from the toilet, transferring on and off the toilet and maintaining associated personal hygiene.
- (d) **Eating** - All tasks of getting food into the body.

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

Age - means completed years as at the Effective Date

Aggregate Limit - Our maximum liability under the Accidental Death and Dismemberment or the Permanent Total Disability or the Loss of Use benefits of this Policy in the aggregate in respect of all claims by or on behalf of all Insured Persons, shall not exceed the maximum aggregate limit stated in the Schedule, and if at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded

Airworthiness Certificate - means the standard Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Annual business trip Insurance - means a Trip or Trips of not exceeding <<upto 365 >> days duration each, that You undertake, while on the Business of the Policy Holder, during the Insured Period as specified on the Proposal and/or Declaration Form and Policy Schedule. This will include any Sojourn and / or Personal Deviation during the trip

Assistance Company - as designated in the Policy schedule.



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Break in policy - occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Cancellation (of Policy) - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.

Condition precedent - - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Anomaly - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.
- **External Congenital Anomaly** - which is in the visible and accessible parts of the body.

Contribution - is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

Certificate of Insurance - means the document issued by Us detailing the effective date, installment date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

Common Carrier - means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

Contracted Departure Date - means the date on which You are originally scheduled to leave on the Trip. This date is specified in the Policy Schedule.

Contracted Return Date - means the date on which You are originally scheduled to return from the Trip. This date is specified in the Policy Schedule.

Day - means a period of 24 consecutive hours.

Daily Benefit - means the amount payable for each Day spent in the Hospital

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.

The deductible is applicable per event.

Disease - means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted, under the circumstances described in a Hazard.



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Eligible Children - means dependent children including adopted and step children of the Insured Person between Ages six (6) months and eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried, who permanently reside with the Insured Person and receive the majority of maintenance and support from the Insured Person.

Eligible Family - means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Eligible Children for which coverage is elected and premium is paid.

Franchise - means the amount of expenses or the number of Days to be paid or supported by the Insured Person beyond which the Policy benefits become payable retroactively.

Gross Weekly Wage - means the Insured Person's base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Grace Period - means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

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

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out ;
- maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

IRDA – means Insurance Regulatory and Development Authority

Immediate Family Member - means an Insured Person's legal spouse; children; parents; mother-in-law; father-in-law; legal guardian, ward; step or adopted children; step-parents.

Injury - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner / Physician



Illness - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.

- (a) Acute Condition –is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- (b) Chronic Condition - is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.

Inpatient - means a person: (a) who is confined in a Hospital as a registered bed patient; and (b) for whom at least one Day's room and board is charged by the Hospital.

Insured Journey- means any journey undertaken, while on the Business of the Policy Holder, during the Insured Period:

- which commences when the passenger boards the Common Carrier <<including Private Vehicle>> for onward journey and terminates when he disembarks on return to the Republic of India or the expiration date whichever earlier. Or
- which lasts or is expected to last for <<Upto 365>> Days or less.

<<However, the Insured Journey is deemed to exclude any period of time during which the Insured Person is on authorized leave of absence or vacation or travel to and from the Insured Person's place of regular employment.>>

<<The insured journey also includes and covers Sojourn and/or Personal Deviation>>

Insured Period(s) - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

Insured Person - means the Insured Person up to Age <<<<upto 85>> , or eligible Spouse and/or Eligible Children detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal for insurance has been received from the Policyholder and approved by Us.



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Land/Sea Arrangements - means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered Trips on the Proposal and Declaration Form and arranged by a tour operator, travel agent, cruise line or other organization.

Medical Advise - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

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.

Medically Necessary - means any treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Parents - means a Insured Person's legal father and mother, who are between the Ages of <<18 and 85 >>years old

Period of insurance – the period commencing on the Policy Effective Date and expiring on the Policy Effective Date as referred to in the Schedule

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, Injury, Disease or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Accident, Injury, Disease or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 30 Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of Accidents, Injuries, Illnesses or Sicknesses for which the confinement is required

Physician / 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 State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

Policy - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.



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Policy Schedule - means the Policy Schedule attached to and forming part of the Policy.

Policyholder - means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.

Policyholder Aircraft - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

Pre-existing Condition - means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the commencement of the first Policy issued by the Insurer

Professional Sport - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Proposal and Declaration Form - means any initial or subsequent declaration made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.

Renewal - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Reasonable and Customary Charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

Scheduled Airline - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport 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 specified times, on regular or chartered flights operated by such carrier.

Serious Injury or Sickness - means Injury or Sickness certified as being dangerous to life by a legally qualified Physician while the Policy is in force.

Sickness - means illness first manifested and contracted, and commencing, under the circumstances described in a Hazard while the Policy is still in force. –

Single Trip Insurance - means the Trip specified on the Policy Schedule for which the Effective Date and Expiration Date are specified on the Proposal and Declaration Form and Policy Schedule and commences when the passenger boards the aircraft for onward overseas journey and terminates when he disembarks on return to the Republic of India or Expiration date whichever is earlier.



Sojourn and Personal Deviation, Sojourn or Personal Deviation - means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder.

Sound Natural Teeth - means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

Special Hospital - means a Hospital or group of Hospitals specifically named in this Policy by endorsement.

Subrogation - means the the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Specialized Aviation Activity - means an aircraft while it is being used for one or more of the following activities:

- acrobat or stunt flyign
- any endurance tests
- crop spraying
- exploration
- power line inspection
- bird or fowl herding
- banner towing
- any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted
- racing
- crop dusting
- fire fighting
- pipe line inspection
- any form of hunting
- aerial photography
- any test or experimental purpose
- crop seeding
- any flight on a rocket-propelled or a rocket-launched aircraft.

Spouse - means Your legal husband or wife, who is between the Ages of 18 and 85 years old, <<and is living in Your residence.>>

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism

Traveling Companion - means up to two (2) named person(s) who is/are booked to accompany You on the Trip



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Trip - means any Insured Journey during the Insured Period:

- which starts and finishes in The Republic of India and involves a destination(s) outside The Republic of India ;
- which lasts or is expected to last for:<<upto 365>> Days or less if covered under Single Trip Insurance; or <<upto30>> Days or less per Trip, if covered under Monthly Trip Insurance; or <<180>> Days or less per Trip, if covered under Annual Multi Trip Insurance.

Tuition – means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.

War - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Us/Our - means TATA AIG General Insurance Company Limited.

While on the Business of the Policyholder - means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured Person is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; (3) during an authorized leave of absence or vacation.

You/Your/Yourself - means the Policy Holder and/or Insured Person(s) who is detailed in the Policy Schedule.



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Part B: GENERAL EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. <<where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining medical treatment; or has received a terminal prognosis for a medical condition;>> or
2. <<any Pre-existing Condition, any complication arising from it or>>
3. suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
4. <<servicing in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by the Policyholder, shall return the pro rata premium for any such Insured Period of service under the circumstances described in a Hazard; >>or
5. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
6. participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
7. <<operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.>>; or
8. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
9. any loss, damage cost or expense of whatsoever nature directly or indirectly 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.
The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.
If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. ;or
10. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or



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11. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
13. congenital anomalies or any complications or conditions arising therefrom; or
14. participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained;>>;or.
15. the Insured Person riding on a motorcycle (including sidecars and trikes) or any other two wheeled or two wheeled motorized mode of conveyance as driver or passenger;or
16. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
18. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; or
19. <<is caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from 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 Effective Date;or/and>>
20. <<confinement in a Hospital which is not Medically Necessary; >>
21. <<Any non medical expenses (list enclosed – Annexure I) >>

PART III. POSTPONEMENT OF EFFECTIVE DATE

No insurance provided by this Policy shall become effective if You are hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates



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Part IV : UNIFORM PROVISIONS

1. ENTIRE CONTRACT - CHANGES: This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorised officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

2. CONSIDERATION: The premium payable under each Certificate of Insurance issued under this Policy is payable in installments :
- in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium installment is due, or
 - in the case of monthly / quarterly / half yearly installment premiums – before the beginning of each such period when the premium installment is due.

3. EFFECTIVE DATE:

Travel

Single Trip Insurance: Your Policy will start on the Effective Date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid.

Annual Business Trip Insurance: Your Annual Business Trip Insurance policy will start on the date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid.

However Your coverage under this Policy begins on the latest of :

- the Policy Effective date as stated above; or
- the date on which the premium is paid when due; or
- the date the person becomes a member of an eligible class of Insured Person(s) as described in the Policy Schedule. or
- The commencement of the insured journey.

Personal Accident

For Master Policy

The Policy will start on the date specified on the Policy Schedule provided it is countersigned by us and the total premium has been paid by you.

However Your coverage under this Policy begins on the latest of:

- the Policy Effective date & hour as stated above; or
- the date on which the premium is paid when due.



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For Certificate of Insurance

The Certificate of Insurance takes effect on the Effective Date stated in the Certificate of Insurance. After taking effect each Certificate of Insurance may continue in effect after the renewal date subject to Part III, No. 4, "RENEWAL CONDITIONS," set forth herein. All subsequent Insured Periods shall begin and end at midnight

4. RENEWAL CONDITIONS:

Travel

- (i) Single Trip Insurance: The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.
- (ii) Annual Business Trip Insurance: The Annual Business Trip Insurance may be renewed annually with Our consent by the payment in advance of the total premium specified by Us on renewal due date, which premium shall be at Our premium rate in force at the time of renewal.

However a grace period in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

The policy and the Certificate of Insurance shall be ordinarily renewable for life except on grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured.

We may extend the renewal automatically if opted for by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.



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Personal Accident

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Proposal and Declaration Form and Schedule, whichever is earlier.

The Policy and Certificate of Insurance, may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

The policy and the Certificate of Insurance shall be ordinarily renewable except on grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured.

We may extend the renewal automatically if opted for by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

The policy will be renewable provided premium has been paid on the renewal due date. However a grace period in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

5. EXPIRATION DATE:

Travel

Single Trip Insurance: Your Policy will terminate on the last day for which premium has been paid or on return to India or <<upto 365>> days from the date of commencement of the Insured Journey, whichever is earlier.

Annual Business Trip Insurance: This Policy will terminate on the Expiration Date shown in the Policy Schedule for which the premium has been paid.

However, The Insured Person's coverage under this Policy ends on the earliest of :

- 1) the Policy Expiration date as stated above; or
- 2) the Policy is terminated; or

- 3) the premium due date if premiums are not paid when due; or
- 4) the date the Insured Person requests, in writing, that his or her coverage be terminated; or
- 5) the date the Insured Person ceases to be a member of an eligible class(es) of Insured Person
as described in the Policy Schedule under Description of Insured Persons , or
- 6) Termination of the insured journey.

In case of individual journey during the Insured Period, it shall expire <<upto 365>> days or less, from the commencement of each Insured Journey.

Further However We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the Annual Multi Trip policy is cancelled for non-cooperation of the insured or If you cancel the Annual Multi Trip Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred and/or no travel has happened up to the date of cancellation. In the event a claim has occurred and/or travel has happened in which case there shall be no return of premium.

Short rate table:

Cancellation	ANNUALLY
Up to 1 month	25 % OF annual Premium
Up to 3 months	37.5 % OF annual Premium
Up to 4 months	50 % OF annual Premium
Up to 6 months	62.5 % OF annual Premium
Up to 8 months	87.5 % OF annual Premium
Above 8 months	100 % OF annual Premium

These are retention scale.



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Personal Accident

For Master Policy

- 1) This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.
- 2) Further However We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

For Certificate of Insurance

- 1) CANCELLATION OF THE CERTIFICATE OF INSURANCE: We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium
- 2)TERMINATION OF INDIVIDUAL CERTIFICATES OF INSURANCE: Each Certificate of Insurance will terminate on the earliest of the following dates:
 - a) The date the master Policy is terminated,
 - b) The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule,
 - c) You cease to be a resident of India,
 - d) The date the Insured Person attains Age of <<85>> unless otherwise provided,
 - f) The date We or You cancel the Certificate of Insurance.



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Cancellation	ANNUALLY
Up to 1 month	25 % OF annual Premium
Up to 3 months	37.5 % OF annual Premium
Up to 4 months	50 % OF annual Premium
Up to 6 months	62.5 % OF annual Premium
Up to 8 months	87.5 % OF annual Premium
Above 8 months	100 % OF annual Premium

These are retention scale.

6. **POLICY INTERRUPTION:** - In case the Premium is paid in Monthly/ Quarterly/Half Yearly Installment and the payment is not made on or before the respective due date, the Insured will not be covered for the period for which he does not make the payment.>>

7 . **TERRITORY:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.

9 . **CONCEALMENT OR FRAUD:** The entire Policy/ Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:

- A. intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what we consider to be any material fact or circumstance;
- B. engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- C. made false statements.

10 . **CLAIM PROCEDURE :**

- (a) **NOTICE OF CLAIM/LOSS:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 Days after an actual or potential loss begins.



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- (b) **CLAIM FORMS:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.
- (c) **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured
- (d) **SUPPORTING DOCUMENTATION & EXAMINATION:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:
- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills & Receipts (Only in Reimbursement benefit) otherwise Photocopy of Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of treatment taken
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
 - vii. Original Death Certificate
 - viii. Original Disability Certificate
 - ix. Original/ Attested Post Mortem Report, if conducted
 - x. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.
- (e) **TIME OF PAYMENT OF CLAIM:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by



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Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

14. **PAYMENT OF CLAIM:** All claims under this Policy that are payable to You / Your nominee shall be paid in Indian currency.

15. **ARBITRATION:** If any dispute or difference shall arise as to the quantum of claim to be paid under this 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 to or, if they cannot agree upon a single Arbitrator within 30 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 Indian Arbitration and Conciliation Act, 1996.

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

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

16. **ASSIGNMENT OF INDEMNITIES:** Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the nominee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

17. **CONSENT OF NOMINEE:** Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this Policy.

18. **CHANGE OF NOMINEE:** No change of nominee under this Policy shall bind Us, unless consent / such change thereto is formally endorsed thereon by Our authorized officer.

19. **MEDICAL EXAMINATION:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.

20. **LEGAL ACTIONS:** Without prejudice to Uniform Provision 15 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.



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21. **MISSTATEMENT OF AGE:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

22. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

23. **LIMITATIONS:**

Multiple policies :

If an Insured Person suffers a covered Sickness or Accident or Injury, for which benefits, are payable (in part or in whole) under more than one like/same Policy then the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies and contribution as defined in the policy will not apply.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in Part A – General Definitions. This clause shall only apply to indemnity sections of the policy

NOTE – This clause is not applicable to Benefit sections of Part E Coverage.

Provisions for Reduction of Coverage:

The benefits of this Policy in respect of Benefits 1-5 shall be reduced by 50% upon Insured Person's attainment of age 71 and above.

25. **OTHER INTEREST :** No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.

26. **SUBROGATION:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or You shall execute and deliver instruments and papers to us and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably required from You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.

27. **ADDITIONS:** Any person becoming eligible after the Effective Date of this Policy or Certificate of Insurance may be added from time to time as a named Insured Person, upon a Proposal and Declaration Form by You, proof of eligibility and insurability satisfactory to Us, and payment of the required additional premium. Insurance coverage for the new named Insured Person shall



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commence on the date such Proposal and Declaration Form has been approved by Us subject to any limitations that We may set forth in the accompanying forms.

28. **REASONABLE CARE AND ASSISTANCE:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You and they must also make every effort to get back any property, which has been lost.

In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

29. **DISPUTE RESOLUTION CLAUSE AND PROCEDURE:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:

- A. **Nature of Coverage:** This Policy is not a general health insurance policy. Coverage for medical expenses, if offered, in Part D: Coverage of this Policy is intended for Your use in the event of a sudden and unexpected Disease, Sickness, Injury or Accident arising under the circumstances described in a Hazard.
- B. **Pre-existing Exclusion:** This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-existing Condition.
- C. **Prior Consultation:** Any medical services or series of services with a cost greater than \$ 1 shall not be covered by this Policy unless You consult with the Assistance Company in the manner set out in the conditions of this Policy.
- D. **Choice of Law:** This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 15, above and otherwise by the Indian courts.

30. **CHANGE OF OCCUPATION:** If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation. Declaration of change of occupation is available on Our website.

31. **Associated Companies and Change in Risk :-** If this policy covers associated companies, You must provide a list of these companies. If Your Associated companies or Your business activities change from those You have told Us about and summarised in the Proposal and Business description in the Schedule , You must tell Us immediately. We must confirm in writing that We accept the changes.

31. Free Look Period –

Travel

- (a) Single Trip Insurance – Free look period is not applicable.
- (b) Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the



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option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Personal Accident

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

32. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.



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Part D: COVERAGE

Coverage C-1

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Limitation

With regard to the Accidental Death of an Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.



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Part D: COVERAGE

Coverage C-2

Section : ACCIDENTAL DISMEMBERMENT AND PARALYSIS
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of:	% of Principal Sum
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears.....	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear.....	25%
Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	50 %
Hemiplegia	50%
Uniplegia	25%

“Loss” with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;
5. Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs. Paraplegia means the complete and irreversible paralysis of both lower limbs. Hemiplegia means the complete and irreversible paralysis of upper and lower limbs of the same side of the body. Uniplegia means the complete and irreversible paralysis of one Limb. Limb: means entire arm or leg.



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Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.



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Part D: COVERAGE

Coverage C-3

Section: ALTERNATE ACCIDENT MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule for Covered Medical Expenses incurred by You in the Republic of India for medical services which are not due to a Pre-existing Condition up to but not exceeding 1) upto 100% of the compensation paid by Us in settlement of a valid claim under the Policy or 2) upto 100% of the Principal Sum or 3) weekly benefit amount as applicable payable under the following benefits if available under the Policy: Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use, or Total Temporary Disability whichever payment by Us is least as to such Insured Person for the treatment of an Injury sustained by the Insured Person under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or.
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or



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6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;
or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers' compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose;
or
18. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

Part D. COVERAGE

Coverage C-4

Section: BAGGAGE DELAY

We will reimburse You for the expense of necessary personal effects, up to the maximum stated in the Policy Schedule, if Your Checked Baggage is delayed or misdirected by a Common Carrier under the circumstances described in a Hazard during the course of an Insured Journey for more than the Deductible shown on the Policy Schedule from the time You arrive at the destination stated on Your ticket. Benefits will be reduced by the amount paid or payable by the responsible Common Carrier.

You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.



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Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitation:

If upon further investigation it is later determined that Your baggage checked with the Common Carrier has been lost, any amount claimed and paid to You under the Baggage Delay Policy Section will be deducted from any payment to due You under the Common Carrier Baggage Loss or Baggage/Personal Effects Policy Sections, if covered under this Policy.

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover any Baggage Delay incurred in the Republic of India.

Part D. COVERAGE

Coverage C-5

Section: BAGGAGE LOSS (Common Carrier)

We will pay benefits, in the case of permanent loss of an entire piece of Checked Baggage, held in the care, custody and control of a Common Carrier, due to theft or due to misdirection by a Common Carrier or due to non- delivery at its destination while You are a ticketed passenger on the Common Carrier under the circumstances described in a Hazard during the course of an Insured Journey. Benefits will only be payable in case of the loss of an entire piece of checked baggage, and not for damage to the luggage or partial loss of its contents.

We will reimburse You, subject to the Deductible and up to the maximum shown in the Policy Schedule, for the cost of replacement of the entire baggage and its contents. All claims must be verified by the Common Carrier.

The maximum amount to be reimbursed per bag is 50%, and the maximum value per article contained in any bag is 10%, of the amount stated in the Policy Schedule. There is also a combined maximum limit of 10% of the amount stated in the Policy Schedule for the following: jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.

Definitions:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Documented Loss - means police or other local authority reports or documentation from the appropriate party responsible for the loss.



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Limitations:

Benefits for Baggage Loss will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.

Benefits for Baggage Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover any Non-Documented Loss and We will not be liable under this section for any: -

1. excluded classes of property: animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with a Common Carrier), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, cameras, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, money, securities such as credit cards, debit cards, checks, traveler checks, membership cards, tickets or documents, business goods or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables;
2. loss to property insured under any other insurance policy, or otherwise reimbursed by a Common Carrier;
3. loss of Your baggage sent in advance or souvenirs and articles mailed or shipped separately.

Part D. COVERAGE

Coverage C-6

Section: BAGGAGE/PERSONAL EFFECTS

We will reimburse You, subject to the Deductible shown in the Policy Schedule for a Documented Loss, Theft of baggage and personal effects within the baggage under the circumstances described in a Hazard. The baggage and personal effects must be owned by and accompany You during the course of an Insured Journey and:

1. The amount payable in respect of any one article shall not exceed the amount shown on the Policy Schedule;
2. The Company may make payment or at its option reinstate or repair as it may elect in respect of articles not older than one year;
3. The Company may make payment or at its option reinstate or repair subject to due allowance of wear and tear and depreciation in respect of articles more than one year old;



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4. Loss or damage must occur (i) while the baggage or personal effect is/are in the care, custody and control of a hotel or a Common Carrier and proof of such loss must be obtained in writing from the hotel management or the Common Carrier management and such proof must be provided to the Company, or (ii) as the result of theft of the baggage or personal effects from You provided that such loss must be reported to the police having jurisdiction at the place of the loss no more than twenty-four (24) hours from the incident. Any claim must be accompanied by written documentation from such police;
5. You must take every possible step to ensure that the baggage or personal effects are not left unattended.

The maximum amount to be reimbursed per bag is 50% , and the maximum value per article contained in any bag is 10% , of the amount stated in the Policy Schedule. There is also a combined maximum limit of 10% of the amount stated in the Policy Schedule for the following: jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.

Loss of a Pair/Set: (pair or set of articles is treated as one article e.g. a pair of earrings)
In case of loss to a pair or set, We may elect to:

- (a) repair or replace any part, to restore the pair or set to its value before the loss; or
- (b) pay the difference between the cash value of the property before and after the loss.

Definition:

Documented Loss, Theft or Damage - means police or other local authority reports or documentation from the appropriate party responsible for the loss.

Extension of Coverage:

If You checked property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

Limitations:

Benefits for Baggage and Personal Effects will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

If You checked property with a Common Carrier, benefit for Baggage and Personal Effects will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover any Non- Documented Loss, Theft, or Damage and We will not be liable under this section for any:

1. excluded classes of property: animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with a Common Carrier), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular



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phones, digital video disc player, compact disc player, video camcorder, cameras, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, money, securities such as credit cards, debit cards, checks, traveler checks, membership cards, tickets or documents, business goods or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables;

2. loss or damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by You to repair, clean or alter any property;
3. loss of or damage to hired or leased equipment and loss of or damage to property resulting directly or indirectly from insurrection, Terrorist Act, rebellion, revolution, War, civil war, usurped power, or action taken by Government Authorities in hindering, combating or defending against such an occurrence, seizure or destruction under quarantine or customs regulation, confiscation by order of any Government or Public Authority or risk of contraband or illegal transportation or trade;
4. loss of or damage to property insured under any other insurance policy, or otherwise reimbursed by a Common Carrier or a hotel;
5. loss of Your baggage left unattended in any vehicle or public place or as a result of Your failure to take due care and precautions for the safeguard and security of such property;
6. loss of Your baggage sent in advance or souvenirs and articles mailed or shipped separately.

Part D. COVERAGE

Coverage C-7

Section: BAIL BOND

We will pay bail bond costs You incur, as a result of false arrest or wrongful detention by any Government or foreign power up to the amount stated in the Policy Schedule under the circumstances described in a Hazard.



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Part D. COVERAGE

Coverage C-8

Section: COMA

If under the circumstances described in a Hazard, Injury renders an Insured Person Comatose within 30 Days of the date of the Accident that caused the Injury and if the Coma continues for a period of 60 consecutive Days, We will pay a monthly benefit of <<upto 100 >>% of the Principal Sum as shown in the Policy Schedule. No benefit is provided for the first 30 Days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to the Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury, (2) the date the Insured Person dies, or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same Accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each Day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

We reserve the right at the end of the first 30 consecutive Days of Coma and as often as it may be reasonably require thereafter, to determine, on the basis of all the facts and circumstances that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Definition:

Coma/Comatose - means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.



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Part D. COVERAGE

Coverage C-9

Section: COMMON DISASTER BENEFIT

If You and Your Spouse both covered under this Policy die as a result of Injury from the same Accident, and a loss becomes payable under the Accidental Death coverage section of this Policy, the Principal Sum applicable for loss of life of You/ <<Your Spouse>> will be <<doubled>>. The losses must occur, during the circumstances described in a Hazard within <<30 >> Days from the date of the Accident which caused Injury.

Part D. COVERAGE

Coverage C-10

Section: EMERGENCY ACCIDENT MEDICAL AND DENTAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred << in the Republic of India >> by You for medical services which are not due to a Pre-existing Condition up to the maximum amount and benefit period stated in the Policy Schedule for Immediate Medical Treatment of an Injury sustained by You, under the circumstances described in a Hazard, while this Policy is in effect.

Dental benefits shall be limited to treatment of Injury sustained to Sound Natural Teeth. Covered emergency dental expenses are those incurred within 30 days of the time and date of the Injury caused by Accident subject to the per tooth limit and per occurrence limit shown in the Policy Schedule.

Definitions:

Covered Medical Expenses - means expenses incurred overseas by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule.

Immediate Medical Treatment - means treatment commencing within 24 hours of the time and date of the Accidental bodily Injury. Only Covered Medical Expenses are covered.

Exclusions:



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In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or no Sickness cover has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers' compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or



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18. therapeutic services unless conclusive scientific evidence proves, , that it improves health outcome.

Part D. COVERAGE

Coverage C-11

Section: EMERGENCY FAMILY TRAVEL <<AND CONVALESCENCE >>

If You are hospitalized for more days than the Deductible shown in the Policy Schedule following a covered hospitalization under the circumstances described in a Hazard during the course of an Insured Journey, We will pay, up to the amounts, stated in the Policy Schedule for:

1. the cost of round-trip economy airfare to bring one of Your Immediate Family Members chosen by You to and from Your bedside if You are alone during the course of the Insured Journey; or
2. <<the reimbursement of the hotel room charge due to convalescence after Your Hospital discharge, which has been approved in advance by the Assistance Company up to a daily amount and total number of days stated in the Policy Schedule.>>

<<These expenses must be authorized in advance by the Assistance Company. >>

Benefits will not be provided for any expenses provided by another party at no cost to You or already included in the cost of the Insured Journey.

C11 A-FAMILY TRANSPORTATION BENEFIT

When, following an Injury which results in a Loss payable under the section entitled "Accidental Death and Dismemberment Indemnity" of this policy, an Insured Person is confined in a hospital, outside 150 kilometers from his residence, within three hundred and sixty-five (365) days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, this benefit will refund the actual expenses incurred by the immediate family member of transportation by the most direct route by a licensed common carrier to the confined Insured Person, upto the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.



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Part D. COVERAGE

Coverage C-12

Section: HIJACKING

We will pay You a distress allowance as shown in the Policy Schedule for every 24 hour period during which any Common Carrier in which You are traveling has been Hijacked under the circumstances described in a Hazard during the course of an Insured Journey, where as a direct consequence, Your Insured Journey has been disrupted up to the maximum amount stated in the Policy Schedule.

Definition:

Hijacked - means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which You are traveling as a passenger.

Part D. COVERAGE

Coverage C-13

Section: HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an Insured Person:

1. suffers one of the following Injuries listed under the Accidental Dismemberment and Paralysis Coverage Section of the Policy under the circumstances described in a Hazard is payable while this Policy is in effect; and,
2. did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the Accident causing such loss(es), up to the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

Definition:

Covered Home Alteration and Vehicle Modification Expenses - means one-time expenses that:

1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to one motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and



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3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recognized by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusion:

In addition to the General Exclusions listed in this Policy, this coverage shall not cover any expense for or resulting from any condition for which the Insured Person is entitled to benefits under any Worker's Compensation Act or similar law.

Part D. COVERAGE

Coverage C-14

Section: IN-HOSPITAL INDEMNITY ACCIDENT ONLY

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury subject to any applicable Deductible or Franchise shown in the Policy Schedule and commences under the circumstances described in a Hazard and while this Policy is in effect. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Injury unless separated by at least <<90>> Days

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least << 45>> Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, or Injuries for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:



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hospitalization due to any Disease, Sickness, or illness; or

1. pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
2. routine physical exams; or
3. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
4. any mental, nervous or emotional disorders or rest cures ;

Part D. COVERAGE

Coverage C-15

Section: LEGAL FEES

We will pay legal fees You incur, as a result of false arrest or wrongful detention by any government or foreign power under the circumstances described in a Hazard during the course of an Insured Journey up to the amount stated in the Policy Schedule.



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Part D. COVERAGE

Coverage C-16

Section: LOSS OF PASSPORT

We will reimburse You, subject to any Deductible, if You lose Your passport under the circumstances described in a Hazard during the course of an Insured Journey and incur necessary and reasonable expenses in connection with obtaining a duplicate or new passport up to the maximum stated in the Policy Schedule. The Deductible, if any, shall apply to each insured event and shall be borne by You.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. loss or damage to passport due to delay or from confiscation or detention by customs, police or other authority;
2. theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. loss or theft of passport left unattended by You unless located in a locked hotel room or apartment and an appropriate sized safety deposit box was not available

Part D: COVERAGE

Coverage C-17

Section: OVERSEAS ACCIDENT AND SICKNESS MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred overseas by You for medical services which are not due to a Pre-existing Condition up to the maximum amount and benefit period stated in the Policy Schedule for the treatment of an Injury or Sickness sustained by You under the circumstances described in a Hazard during an Insured Journey while this Policy is in effect.

Any medical services or series of services incurred overseas with a cost greater than \$1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such services are authorized in advance by the Assistance Company.

Definition:

Covered Medical Expenses - means expenses incurred overseas by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;



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- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) <<dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule.>>

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
2. routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
3. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
4. <<dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect;>> or
5. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
6. the diagnosis and treatment of acne; or
7. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
8. organ transplants that are considered experimental in nature; or
9. well child care including exams and immunizations; or
10. expenses which are not exclusively medical in nature; or
11. any expenses incurred in India unless authorized and approved by Us in advance; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or



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15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers' compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. therapeutic services unless conclusive scientific evidence proves, as determined by Us, that it improves health outcome; or
19. expenses incurred for Emergency Medical Evacuation.

Part D: COVERAGE

Coverage C-18

Section: OVERSEAS ACCIDENT MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred overseas by You for medical services which are not due to a Pre-existing Condition up to the maximum amount and benefit period stated in the Policy Schedule for the treatment of an Injury sustained by You under the circumstances described in a Hazard during an Insured Journey while this Policy is in effect.

Dental benefits shall be limited to treatment of Injury sustained to Sound Natural Teeth. Covered emergency dental expenses are those incurred within 30 days of the time and date of the Injury caused by Accident subject to the per tooth limit and per occurrence limit shown in the Policy Schedule

Any medical services or series of services incurred overseas with a cost greater than \$1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such services are authorized in advance by the Assistance Company.

Definition:

Covered Medical Expenses - means expenses incurred overseas by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule.



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Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
2. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
3. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
4. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
5. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
6. the diagnosis and treatment of acne; or
7. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
8. organ transplants that are considered experimental in nature; or
9. well child care including exams and immunizations; or
10. expenses which are not exclusively medical in nature; or
11. any expenses incurred in India unless authorized and approved by us in advance; or
12. 12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers' compensation or similar policy; or



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17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose;
or
18. therapeutic services unless conclusive scientific evidence proves, as determined by Us, that it improves health outcome; or
19. expenses incurred for Emergency Medical Evacuation.

Part D. COVERAGE

Coverage C-19

Section: OVERSEAS ASSISTANCE SERVICES

Assistance Company will provide the following services as described below.

Medical Assistance - As soon as the Assistance Company is notified of a medical emergency resulting from Your Accident or Sickness, the Assistance Company will contact the medical facility or location where You are located and confer with the Physician at that location to determine the best course of action to be taken. If possible and if appropriate, Your family Physician 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 Physician and arranging Hospital confinement of You where, in its discretion, deems such confinement appropriate.

Medical Evacuation - When, in the opinion of the Assistance Company's medical panel, it is judged medically appropriate to move You to another location for treatment or return You to India, the Assistance Company will arrange the evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of Your condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Assistance Company.

Repatriation - the Assistance Company agrees to make the necessary arrangements for the return of Your remains to India in the event You die while this service agreement is in effect as to You.

Legal Assistance - If You are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to You, Assistance Company will, if required, provide You with the name of an attorney who can represent You in any necessary legal matters.

Lost Luggage or Lost Passport - If You, outside India, notify the Assistance Company that Your luggage or passport has been lost, the Assistance Company will endeavor to assist You by contacting the appropriate authorities involved and providing direction for replacement.



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General Assistance - the Assistance Company will serve as a central point for translation and communication for You during emergencies. The Assistance Company agrees to provide to You advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, the Assistance Company will provide insurance coordination, verifying coverage of You, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation to ease claim filing when You return to India.

Pre-Departure Services - prior to Your departure, upon request the Assistance Company will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and State Department and private service warnings about travel to certain locations. The Assistance Company will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.). Subject to receiving reasonable notice of this request.

Emergency Travel Agency - the Assistance Company agrees to provide You with 24 hour travel agency service for airline and hotel reservations. The Assistance Company will also arrange payment for Your airline tickets and other travel services, using Your credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by the Assistance Company for You

Emergency Cash Transfers and Advances - the Assistance Company will arrange for cash payments to You through a variety of sources, including credit cards, hotels, banks, consulates and Western Union. The Assistance Company provides this service to supplement the facilities of Your credit cards. Credit card transactions performed by the Assistance Company are subject to confirmed credit

Disclaimer of Liability

In all cases of Assistance rendered under this policy, The Company/ The Assistance Company assumes no liability/ responsibility whatsoever, in the event, the insured chooses to avail such facility/recommendations.. The Assistance Company assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You 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.

You are responsible for the cost of services arranged by the Assistance Company on behalf of You or a covered Immediate Family Member. The Assistance Company will access this Policy and/or other insurance policy benefits to which You may be entitled, and/or Your credit cards or other forms of financial guarantees provided by You, in order to facilitate payment for such services.



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Part D. COVERAGE

Coverage C-20

Section: EMERGENCY MEDICAL EVACUATION

We will pay the Reasonable and Customary Charges up to the maximum shown in the Policy Schedule for covered expenses incurred under the circumstances described in a Hazard during the course of an overseas Insured Journey if, Injury or Sickness results in Your necessary Emergency evacuation. An Emergency Evacuation must be ordered by the Assistance Company or a Physician who certifies that the severity or the nature of Your Injury or Sickness warrants Your Emergency Evacuation.

Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) arranged and authorized in advance by the Assistance Company.

Definitions:

Emergency Evacuation - means: (a) Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local Hospital, Your medical condition warrants Transportation to the country where the Insured Journey commenced to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Transportation - means any land, water or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.



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Part D: COVERAGE

Coverage C-21

Section: OVERSEAS EMERGENCY SICKNESS DENTAL EXPENSE

We will pay benefits for the Reasonable and Customary Charges, subject to the Deductible, shown in the Policy Schedule, actually incurred if as a result of sudden acute pain, which occurs without warning to one or more of Your Sound Natural Teeth requiring Immediate Dental Treatment under circumstances described in a Hazard during the course of an overseas Insured Journey. Dental benefits will be provided for Medically Necessary filling of the tooth or surgical treatment, services, or supplies, subject to the per tooth and per occurrence maximum amounts shown in the Policy Schedule. Dental benefits shall be limited to treatment sustained to Sound Natural Teeth. Covered emergency dental expenses are those incurred overseas, under the circumstances described in a Hazard during the Insured Journey within 30 Days of date of the first treatment.

Definition:

Immediate Dental Treatment - means treatment commencing within 24 hours of the time and date the sudden acute pain first occurs.

Exclusion:

In addition to the General Exclusions listed in this Policy, this coverage section shall not cover Immediate Dental Treatment in the Republic of India.



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Part D. COVERAGE

Coverage C-22

Section: OVERSEAS IN-HOSPITAL INDEMNITY ACCIDENT AND SICKNESS

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury or Sickness subject to any applicable Deductible or Franchise shown in the Policy Schedule, that occurs overseas and commences under the circumstances described in a Hazard during the course of an Insured Journey and while this Policy is in effect. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Injury or Sickness unless separated by at least 90 Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury, or Disease, or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Accident, or Injury, or Disease, or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least <<upto 45>> Days

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accidents, or Injuries, or Diseases, or Sicknesses for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. hospitalization in the Republic of India; or
2. pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
3. routine physical exams; or
4. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
5. any mental, nervous or emotional disorders or rest cures.



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Part D. COVERAGE

Coverage C-23

Section: OVERSEAS PERSONAL LIABILITY

Property Damage:

If a claim is made or a suit is brought against You for Property Damage caused by an overseas Occurrence to which this coverage applies, We will pay up to the maximum amount stated in the Policy Schedule, subject to any applicable Deductible, for Our limit of liability for the damages for which You are legally liable.

Medical Payments to Others:

We will pay the necessary medical expenses from an Occurrence that are caused by You overseas and incurred or medically ascertained within 365 Days from the date of an Accident causing Bodily Injury. Medical expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to You or regular residents of Your household. As to others, this coverage applies only if the Bodily Injury is caused by Your activities during the course of an Insured Journey.

Definitions:

Bodily Injury - means bodily harm, Sickness or Disease, including required care, loss of services and death that results.

Business - means trade, profession or occupation.

Occurrence - means an Accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, under the circumstances described in a Hazard during the course of an Insured Journey, in Bodily Injury or Property Damage.

Property Damage - means physical injury to, destruction of or loss of use of tangible property.

Residence Premises - means the dwelling where You reside.

Traveling Companion - means up to two (2) named person(s) who is/are booked to accompany You on the Trip.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. liability which is expected by or intended for You; or
2. liability arising out of or in connection with a Business engaged in by You. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business; or



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3. liability arising out of the rental or holding for rental of any part of any premises by You; or
4. liability arising out of Your Residence Premises; or
5. liability arising out of the rendering of or failure to render professional services; or
6. liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by You; or
7. liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, watercraft or aircraft; or
8. liability arising out of the transmission of a communicable Disease by You; or
9. liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or
10. liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization; or
11. liability under any contract or agreement; or
12. Property Damage to property owned by You; or
13. Property Damage to property rented to, occupied, or used by or in the care of You; or
14. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by You under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
15. suits or legal actions arising from Your Immediate Family Member, or Traveling Companion or Immediate Family Member of a Traveling Companion against You.



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Part D. COVERAGE

Coverage C-24

Section: OVERSEAS REPATRIATION OF REMAINS

We will pay benefits up to the amount stated in the Policy Schedule for covered expenses reasonably incurred to return Your body to Your place of residence in India if You die under the circumstances described in a Hazard during the course of an overseas Insured Journey. Benefits will not exceed the maximum shown in the Policy Schedule. All Repatriation of Remains arrangements must be approved in advance by the Assistance Company.

Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.



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Part D. COVERAGE

Coverage C-25

Section: REPLACEMENT AND REARRANGEMENT

We shall pay You up to the maximum amount stated in the Policy Schedule in respect of reasonable additional travel and accommodation expenses necessarily incurred under the circumstances described in a Hazard during the course of an Insured Journey:

As a result of :-

1. in sending out a replacement for an Insured Person;
2. in returning the replacement following the completion of the duties necessarily undertaken;

Or,

as a result of:-

1. In returning the original person, back to the place of originating journey;
2. in sending out the original Insured Person to complete a tour of duty following recovery from disability, as a result of:
 - (a) (i) disablement of an Insured Person which totally prevents that Insured Person from carrying out his occupational duties and provided that disablement has lasted (or is proven by medical evidence to be likely to last) more than seven Days;
 - (ii) death of a Spouse, parent, child, brother, sister, parent-in-law, or close business associate of an Insured Person;
 - (b) compulsory quarantine, jury service or witness call of an Insured Person or any person with whom an Insured Person is traveling or is intending to travel or a close business associate of an Insured Person;
 - (c) an Insured Person's place of residence or business, in India, being rendered uninhabitable 10 Days or less prior to intended travel on an Insured Journey as a result of accidental damage or an Insured Person's presence being required by the police following burglary or attempt thereat at the Insured Person's place of residence or business.

Exclusion:



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In addition to the General Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction.

Part D: COVERAGE

Coverage C-26

Section: PERMANENT PARTIAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale:	Percentage of Principal Sum
1. Loss of toes – all	20%
Great toe	5%
Other than great toe , if more than one toe lost, each	1%
2. Loss of hearing – both ears	50%
3. Loss of hearing – one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule.

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.



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If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Partial Disability - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

1. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
2. medical or surgical treatment except as may be necessary solely as a result of Injury.

Part D: COVERAGE

Coverage C-27

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.



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Part D: COVERAGE

Coverage C-28

Section: PERMANENT TOTAL LOSS OF USE

If Injury to the Insured Person results, within 365 Days of the date of the Accident that caused the Injury, in any one of the Permanent Total Loss of the Use specified in the table below, and if that loss has continued for 12 consecutive months, We will pay the percentage of the Principal Sum shown below for that loss:

<u>Permanent Total Loss of Use of</u>	<u>Percentage of Principal Sum</u>
Both Arms and Both Legs	100%
Both Arms or Both Legs	<<50,75,100>>%
One Arm and One Leg	<<50,75,100>>%
One Arm or One Leg	25%

The 12 consecutive month waiting period will be waived if the Permanent Total Loss of Use is due solely to complete and irreversible paralysis.

If the Insured Person suffers more than one of the above losses as a result of the same Accident, only one amount, the largest, will be paid.

Definition:

Permanent Total Loss of Use - means complete and irreversible loss of functional, normal, or characteristic use of the entire arm or leg because of: (1) complete and irreversible paralysis; (2) atrophy; or (3) an arthritic condition. "Arm" means the entire arm from the shoulder joint including the attached hand. "Leg" means the entire leg from the hip joint including the attached foot.



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Part D: COVERAGE

Coverage C-29

Section: TEMPORARY TOTAL DISABILITY

We shall pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury under the circumstances described in a Hazard after completion of the Elimination Period shown in the Policy Schedule, provided that:

1. such period of disability commences within <<30>> Days after the date of the Accident causing such Injury; and
2. such amount shall be payable as stated in the Policy Schedule, as applicable to such Insured Person; and
3. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum number of weeks payable as stated in the Policy Schedule and in no event to exceed <<52,104>> weeks whichever is less.
4. <<We will not pay more than the Insured Person's Gross Weekly Wage for the Temporary Total Disability benefit. >>

Any payment made under this benefit shall be deducted from any Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use benefits, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

Definitions:

<<Gross Weekly Wage - means the Insured Person's base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.>>

Elimination Period - means the number of consecutive days of Temporary Total Disability that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the Policy Schedule. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.

Temporary Total Disability - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.



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Part D. COVERAGE

Coverage C-30

Section: TRIP CANCELLATION

We will pay loss of deposits up to the maximum amount stated in the Policy Schedule if prior to the Contracted Departure Date Your Trip is canceled and You are Prevented From Taking the Trip due to a Sickness, Injury or death to: You; Your Traveling Companion; Your Immediate Family Member; or Your Traveling Companion's Immediate Family Member under the circumstances described in a Hazard during the course of an Insured Journey.

Cancellation:

We will reimburse You for the unused, non-refundable cancellation portion of the hotel cost and/or the Common Carrier ticket cancellation charges provided that You booked and paid for these costs before such Sickness, Injury or death occurred. Benefits are subject to the maximum shown in the Policy Schedule.

Special Notification of Claim:

You must notify us as soon as reasonably possible in the event of a Trip Cancellation. We will not be liable for any additional penalty charges incurred that would not have been imposed had You notified us as soon as reasonably possible.

Definitions:

Land/Sea Arrangements - means pre-paid travel arrangements for a scheduled tour, Trip or cruise and arranged by a tour operator, travel agent, cruise line or other organization.

Prevented From Taking the Trip - means:

- (i) with regard to Sickness, Injury or death of You or Your Traveling Companion, a Physician has recommended that due to the severity of Your or Your Traveling Companion's condition it is Medically Necessary that You or Your Traveling Companion cancel the Trip. You or Your Traveling Companion must be under the direct care and attendance of a Physician.
- (ii) with regard to Sickness, Injury or death of Your Immediate Family Member or Your Traveling Companion, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that an ordinarily prudent person must cancel the Trip.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities.

Traveling Companion - means up to two (2) named person(s) who is/are booked to accompany You on the Trip.



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Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover any claim if the Trip is cancelled, delayed or altered as a result of:

1. depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse addiction or overdose; or
2. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
3. pregnancy and all related conditions; or
4. laws, regulations or orders, issued or made by any Government or Public Authority; or
5. any Pre-existing Condition; or
6. an Insured Person traveling against the advice of a Physician; or
7. the default of any a) provider of transport; b) agent of such provider; or
8. Strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Trip was booked; or
9. delay due to withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority or the Aviation Agency or any similar body in any country.



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Part D. COVERAGE

Coverage C-31

Section: TRIP DELAY

We will reimburse Reasonable Additional Expenses for Trip Delay, subject to the maximum shown in the Policy Schedule, if under the circumstances described in a Hazard during the course of an Insured Journey Your Trip is delayed for more than <<upto 48 >> hours due to a Covered Hazard. Benefits are subject to the per day maximum shown in the Policy Schedule.

Covered Hazards:

1. delay of a Common Carrier caused by Inclement Weather; or
2. delay due to a Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your Trip; or
3. delay caused by Equipment Failure of a Common Carrier.

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities in the respective countries.

Reasonable Additional Expenses - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. any delay due to an insured Covered Hazard which was made public or known to You prior to the date Your Trip was booked; or
2. laws, regulations or orders, issued or made by any Government or Public Authority; or
3. Strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Trip was booked; or
4. delay due to withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority or the Aviation Agency or any similar body in any country.

Part D. COVERAGE



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Coverage C-32

Section: TRIP INTERRUPTION

We will pay loss of deposits up to the amount stated in the Policy Schedule if prior to the Contracted Return Date Your Trip is canceled and You are Unable to Continue the Trip due to a Sickness, Injury or death to: You; Your Traveling Companion; Your Immediate Family Member; or Your Traveling Companion's Immediate Family Member; under the circumstances described in a Hazard during the course of an Insured Journey.

Interruption:

We will reimburse You for the unused, non-refundable, cost of travel arrangements pre-paid to the hotel and/or the Common Carrier ticket, less the value of applied credit from unused return travel ticket, to return home or rejoin the Land/Sea Arrangements. This benefit is limited to the cost of one-way economy airfare by Scheduled Airline and is subject to the maximum shown in the Policy Schedule.

Accompaniment of Minors:

If, You are traveling alone with a minor up to 18 years old and You are Unable to Continue the Trip due to a Sickness, Injury or death resulting in the minor being left unattended, We will pay the cost of a round trip economy airfare ticket on a Scheduled Airline from the Republic of India for an adult designated by Your family to accompany the minor back to the Republic of India.

These expenses must be authorized in advance by the Assistance Company, Or by Us.

Special Notification of Claim:

You must notify us as soon as reasonably possible in the event of a Trip Interruption claim. We will not be liable for any additional penalty charges incurred that would not have been imposed had You notified us as soon as reasonably possible.

Definitions:

Land/Sea Arrangements - means pre-paid travel arrangements for a scheduled tour, Trip or cruise and arranged by a tour operator, travel agent, cruise line or other organization.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities.

Traveling Companion - means up to two (2) named person(s) who is/are booked to accompany You on the Trip.



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Unable To Continue The Trip - means:

- (i) with regard to Sickness, Injury or death of You or Your Traveling Companion, a Physician has recommended that due to the severity of You or Your Traveling Companion's condition it is Medically Necessary that You or Your Traveling Companion interrupt the Trip. You or Your Traveling Companion must be under the direct care and attendance of a Physician.
- (ii) with regard to Sickness, Injury or death of the Immediate Family Member of You or Your Traveling Companion, the severity or acuteness of their condition or the circumstances surrounding that condition is/are such that a ordinarily prudent person must interrupt the Trip.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover any claim if the Trip is interrupted, delayed or altered as a result of :

1. depression or anxiety, mental, nervous or emotional disorders, alcohol or drug abuse addiction or overdose; or
2. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
3. pregnancy and all related conditions; or
4. laws, regulations or orders, issued or made by any Government or Public Authority; or
5. any Pre-existing Condition; or
6. an Insured Person traveling against the advice of a Physician; or
7. the default of any a) provider of transport; b) agent of such provider; or
8. Strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Trip was booked; or
9. delay due to withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority or the Aviation Agency or any similar body in any country.



A. Hip or Pelvis (excluding thigh or coccyx)

<<Multiple fractures, at least one compound and at least one complete	100 %
All other compound fractures	50 %
Multiple fractures, at least one complete	25 %
All other fractures	20%>>

B. Thigh or Heel

<<Multiple fractures, at least one compound and at least one complete	100 %
All other compound fractures	80 %
Multiple fractures, at least one complete	50 %
All other fractures	40%>>

C. Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures)

<<Multiple fractures, at least one compound and at least one complete	100%
All other compound fractures	63%
Multiple fractures, at least one complete	50%
Depressed fracture of the skull needing surgical Intervention	30%
All other fractures	25%>>

D. Colles type fracture of the lower arm

<<Compound fracture	100%
Other fracture	50%>>

E. Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)

<<All compound fractures	100%
All other fractures	50%>>

F. Spinal Column (Vertebrae but excluding coccyx)

<<All compression fractures	100%
All spinous, transverse process of pedicle fractures	100%
Fracture leading to permanent neurological damage	50%
All other vertebral fractures	50%>>

G. Lower Jaw

<<Multiple fractures, at least one compound and at least one complete	100%
All other compound fractures	80%
Multiple fractures, at least one complete	63%
All other fractures	32 %>>

H. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers

<<Multiple fractures, at least one compound and at least one complete	100 %
All other compound fractures	76 %
Multiple fractures, at least one complete	51%
All other fractures	25 %>>

I. Burns

<<	
2nd or 3rd degree burns on	
- at least 27% of body surface	100%
- at least 18% of body surface	80%
- at least 9% of body surface	40%
- at least 4.5% of body surface	20%>>

J. Dislocations requiring surgery under anaesthesia*

<<1) Spine or back, diagnosed by X-ray (excluding slipped disc)	100%
2) Hip	63%
3) Knee	31%
4) Wrist or elbow	25%
5) Ankle, shoulder blade or collarbone	13%
6) Fingers, toes or jaw	5%>>

*limit of one payment for each of (1) to (6) in any twelve consecutive months.

K. Internal Injuries

Internal injuries resulting in open abdominal or thoracic

surgery excluding hernia

<< 100%>>

Special Condition Relating to Osteoporosis or Pathological Fracture

If a claim is admitted under this Policy involving fracture of a bone and osteoporosis is first diagnosed at the time of such fracture, no further claim will be admitted in respect of any fracture sustained by the Insured Person concerned. However the Insurance provided in the respect of Insured Injuries I, J, K, may continue at the Insured's option.

Glossary

- | | |
|----------------------------------|---|
| 1. “Coccyx” | Four fused vertebrae at the bottom of the spine. |
| 2. “Colles’ fracture” | A break in the radius (one of the lower arm bones, just above the wrist) |
| 3. “Complete fracture” | A fracture where the bone is broken completely across. |
| 4. “Compound fracture” | A fracture where the bone breaks the skin. |
| 5. “Compression fracture” | Crushing on the vertebrae. |
| 6. “Multiple fracture” | More than one fracture in the same bone. |
| 7. “Reduction” | The correction of a dislocation. |
| 8. “Rule of Nines” | A system used by doctors for assessing the percentage of the body surface affected by burns. In this system, the head and each arm cover 9% of the body; the front of the body and the back of the body and each leg covers 18% of the body. The groin covers the remaining 1%. |
| 9. Second degree burns | Burns which penetrate beyond the epidermis, causing formation of blisters. |
| 10. Third degree burns | These destroy the full skin thickness. |

Coverage C-35

Section: LOSS OF ACTIVITIES OF DAILY LIVING

When as the result of Injury occurring under the circumstances described in Hazard H-1 and commencing within 365 Days from the date of the Accident You suffer a Permanent inability to perform 3 or more Activities of Daily Living as defined in this Policy for a continuous period of 180 Days. We will pay, provided such inability has continued for a period of 6 consecutive months at the end of this period, the Principal Sum as shown in the Policy Schedule.

Definition:



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Permanent - means beyond the hope of recovery with current medical knowledge and technology. The coverage of this benefit will cease after age of seventy five). All psychiatric related causes are exclude.

Coverage C-36

ACCOMMODATION CHARGES DUE TO TRIP DELAY –

We will reimburse Reasonable Accommodation Charges, due to Trip Delay on your return journey, subject to the maximum shown in the Policy Schedule, if under the circumstances described in a Hazard during the course of an Insured Journey Your Trip is delayed for more than 5 hours due to a Covered Hazard. Benefits are subject to the per day maximum shown in the Policy Schedule.

Covered Hazards

1. delay of a Scheduled airlines, caused by Inclement Weather; or
2. delay due to a Strike or other job action by employees of a Scheduled airlines scheduled to be used by You during Your Trip; or
3. delay caused by Equipment Failure of a Scheduled airlines.

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the Scheduled airlines 's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition, which delays the scheduled arrival or departure of a Scheduled airlines.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Scheduled airlines, and is defined as legal by the relevant authorities.

Reasonable Accommodation Charges - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. any delay due to an insured Covered Hazard which was made public or known to You prior to the date Your Trip was booked; or
2. laws, regulations or orders, issued or made by Government or Public Authority; or
3. Strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Trip was booked; or



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4. delay due to withdrawal from service temporarily or permanently of any Scheduled airlines on the orders or recommendations of any Aviation Agency or any similar body

Part E. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircraft's aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-2

OCCUPATIONAL (Business Only)

The hazards described in this Hazard H-2 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-2 applies, shall apply only to Injury sustained by such Insured Person provided such Injury was incurred:

1. While on the Business of the Policyholder; and
2. during the course of any Insured Journey , including a Sojourn or Personal Deviation taken during the course of the Insured Journey, made by the Insured Person.

With respect to a Sojourn or Personal Deviation, Hazard H-2 applies only where the Sojourns or Personal Deviations :

1. if they involve travel, do not depart more than << kilometers >> from the direct route or destination(s) with respect to the circumstances described herein ;and
2. if they involve one or more stops en route and/or an extension of time spent at the destination(s) with respect to the circumstances described herein, do not last longer than the lesser of:
 - (a) << >>Days; or
 - (b) << >>% of the time that would otherwise have been spent under the circumstances described herein>>.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or from any civilian / scheduled aircraft's aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft- same as above. This Hazard H-2 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusions:

In addition to the General Exclusions listed in this Policy this Hazard-2 shall not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Injury sustained while the Insured Person is traveling to and from work in the course of everyday travel, or on bona fide leaves of absence or vacations; or
2. travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-3

24-HOUR PROTECTION

(Insured Journey Only)

The hazards described in this Hazard H-3 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-3 applies, shall apply only to Injury sustained by such Insured Person during the course of an Insured Journey.

Such Insured Journey shall be deemed to have commenced when the Insured Person leaves his residence or place of regular employment for the purpose of going on such Insured Journey, whichever last occurs, and shall continue until such time as he returns to his residence or place of regular employment, whichever first occurs.

Such insurance includes such Injury sustained during such Insured Journey while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircraft's aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft. Provided that this Hazard H-3 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-3 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-4

ALL CONVEYANCE TRAVEL

(Business and Pleasure)

The Hazards described in this Hazard H-4 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-4 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world:

1. while operating, riding in or on (including getting in or out of, or on or off of) or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - (a) any such conveyance which the Insured Person has been hired to operate, or for which the Insured Person has been hired as crew member and while the Insured Person is performing as an operator or crew member on any such conveyance ; or
 - (b) any such conveyance which the Insured Person is operating or for which the Insured Person is performing as a crew member, (including getting in or out, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from: any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft. Provided that, this Hazard H-4 shall not apply while such Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft other than as expressly described herein, unless previously consented to or writing by Us.

Exclusions:

In addition to the General Exclusions listed in this Policy, this coverage described in this Hazard H-4 shall not cover any loss, fatal or non-fatal, caused by or resulting from Injury sustained while the Insured Person is:

1. flying in the above described aircraft while it is carrying passengers for hire; or- should be removed as this does not make sense
2. travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-5

ALL CONVEYANCE TRAVEL

(Insured Journey Only)

The Hazards described in this Hazard H-5 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-5 applies, shall apply only to Injury sustained by such Insured Person during the course of an Insured Journey:

1. While operating, riding in or on (including getting in or out of, or on or off of) or by being struck or run down by any conveyance being used as a means of land or water transportation, except:
 - (a) any such conveyance which the Insured Person has been hired to operate, or for which the Insured Person has been hired as crew member and while the Insured Person is performing as an operator or crew member on any such conveyance ; or
 - (b) any such conveyance which the Insured Person is operating or for which the Insured Person is performing as a crew member, (including getting in or out, or on or off of) for the transportation of passengers or property for hire, profit or gain; or
2. While riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from: any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft. Provided that, this Hazard H-5 shall not apply while such Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusions:

In addition to the General Exclusions listed in this Policy, this coverage described in this Hazard H-5 shall not cover any loss, fatal or non-fatal, caused by or resulting from Injury sustained while the Insured Person is:

1. flying in the above described aircraft while it is carrying passengers for hire; or
2. travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-6

COMMON CARRIER TRANSPORT

(Business and Pleasure)

The Hazards described in this Hazard H-6 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-6 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any Common Carrier provided that, this Hazard H-6 shall not apply while such Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a current and valid Airworthiness Certificate and is piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-6 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-7

COMMON CARRIER TRANSPORT

(Insured Journey Only)

The Hazards described in this Hazard H-7 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-7 applies, shall apply only to Injury sustained by such Insured Person during the course of an Insured Journey while riding as a passenger (but not as a pilot, operator, or member of the crew) in or on, boarding or alighting from any Common Carrier provided that, this Hazard H-7 shall not apply while such Insured Person is riding in or on, or boarding or alighting from, any civilian aircraft that does not hold a current and valid Airworthiness Certificate and is piloted by a Person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-7 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-8

SCHEDULED AIRLINES

(Business and Pleasure)

The Hazards described in this Hazard H-8 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-8 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world:

1. while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian aircraft operated by a civilian Scheduled Airline holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, on any regular or chartered flights operated by such carriers; or
2. by being struck or run down by any aircraft; or
3. while riding as a passenger (but not as an operator) in or on, boarding or alighting from, any land conveyance licensed for the transportation of passengers for hire, but only while traveling directly to or from an airport immediately preceding departure or immediately following arrival of an aircraft described herein used by or to be used by the Insured Person.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-8 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-9

SCHEDULED AIRLINES

(Insured Journey Only)

The Hazards described in this Hazard H-9 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-9 applies, shall apply only to Injury sustained by such Insured Person during the course of an Insured Journey:

1. while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian aircraft operated by a civilian Scheduled Airline holding a certificate, license or similar authorization for civilian scheduled air carrier issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, on any regular or chartered flights operated by such carriers; or
2. by being struck or run down by any aircraft; or
3. while riding as a passenger (but not as an operator) in or on, boarding or alighting from, any land conveyance licensed for the transportation of passengers for hire, but only while traveling directly to or from an airport immediately preceding departure or immediately following arrival of an aircraft described herein used by or to be used by the Insured Person.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard H-9 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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Part E. SCOPE OF COVERAGE:

Hazard H-10

POLICYHOLDER OWNED OR LEASED AIRCRAFT

(Passenger Only)

The Hazards described in this Hazard H-10 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-10 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world while riding as a passenger in or on boarding or alighting from, or by being struck or run down by:

MAKE	MODEL	YEAR BUILT	AIRWORTHINESS CERTIFICATE #	PASSENGER SEATING CAPACITY
<< >>	<< >>	<< >>	<< >>	<< >>

which is owned or leased by the You and which is being operated at the time with Your consent and piloted by: << >>

then holding a current and valid certificate of competency of a rating authorizing him to pilot this aircraft and who has logged a minimum of << >> hours as a pilot, at least << >> hours of which were logged in << >> engine aircraft of like basic design.

Exclusions:

In addition to the General Exclusions listed in this Policy, this coverage described in this Hazard H-10 shall not cover any loss, fatal or non-fatal, caused by or resulting from Injury sustained while the Insured Person is:

1. flying in the above described aircraft while it is carrying passengers for hire; or
2. flying in the above described aircraft while it is being used for or in connection with Specialized Aviation Activity(ies).
3. flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by Us.



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Part E. SCOPE OF COVERAGE:

Hazard H-11

POLICYHOLDER OWNED OR LEASED AIRCRAFT

(Passenger and Crew)

The Hazards described in this Hazard H-11 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-11 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world while riding as a passenger or as a pilot, operator or member of the crew in or on, boarding or alighting from, or by being struck or run down by:

MAKE	MODEL	YEAR BUILT	AIRWORTHINESS CERTIFICATE #	PASSENGER SEATING CAPACITY
<< >>	<< >>	<< >>	<< >>	<< >>

which is owned or leased by the Policyholder and which is being operated at the time with the Policyholder's consent and piloted by: << >>

then holding a current and valid certificate of competency of a rating authorizing him to pilot this aircraft and who has logged a minimum of << >> hours as a pilot, at least << >> hours of which were logged in << >> engine aircraft of like basic design.

Exclusions:

In addition to the General Exclusions listed in this Policy, this coverage described in this Hazard H-11 shall not cover any loss, fatal or non-fatal, caused by or resulting from Injury sustained while the Insured Person is:

1. flying in the above described aircraft while it is carrying passengers for hire; or
2. flying in the above described aircraft while it is being used for Specialized Aviation Activity(ies); or
3. flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by Us.



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Part E. SCOPE OF COVERAGE:

Hazard H-12

CRIMINAL ASSAULT

(Business Only)

The Hazards described in this Hazard H-12 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-12 applies, shall apply only to Injury sustained by such Insured Person while on the Business of the Policyholder as a result of:

1. robbery or any attempt thereat;
2. criminal assault inflicted by persons other than fellow employees or Immediate Family Members; or
3. any Criminal Act of Violence directed at the Insured Person.

Coverage as described above shall apply only while the Insured Person is performing his assigned duties, including but not limited to duties performed while on the Policyholder's premises or at the location of his assignment.

Definition:

Criminal Act of Violence - means including but is not limited to robbery, theft, hijacking, assault and battery, sniping, murder or civil disturbance.

Exclusions:

In addition to the General Exclusions listed in this Policy, this coverage section shall not cover loss, fatal or non-fatal, caused by or resulting from:

1. Injury sustained directly or indirectly which occurs while the Insured Person is travelling to or from the location of assignment as well as travelling to and from the Policyholder's premises, including but not limited to commuting; or
2. Injury sustained directly or indirectly from the Insured Person's own Criminal Act of Violence or attempt thereat;
3. Injury sustained directly or indirectly from a violation as defined under the applicable motor vehicle laws.



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Part E. SCOPE OF COVERAGE:

Hazard H-13

CRIMINAL ASSAULT

(Business and Pleasure)

The Hazards described in this Hazard H-13 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-13 applies, shall apply only to Injury sustained by such Insured Person as a result of:

1. robbery or any attempt thereat;
2. criminal assault inflicted by persons other than fellow employees or Immediate Family Members; or
3. any Criminal Act of Violence directed at the Insured Person.

Definition:

Criminal Act of Violence - means including but is not limited to robbery, theft, assault and battery, sniping, murder or civil disturbance.

Exclusions:

In addition to the General Exclusions listed in this Policy, this Policy section shall not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Injury sustained directly or indirectly from the Insured Person's own Criminal Act of Violence or attempt threat; or
2. Injury sustained directly or indirectly from a moving violation as defined under the applicable motor vehicle laws.



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Part E. SCOPE OF COVERAGE:

Hazard H-14

CRIMINAL ASSAULT

(Insured Journey Only)

The Hazards described in this Hazard H-14 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-14 applies, shall apply only to Injury sustained by such Insured Person during the course of an Insured Journey as a result of:

1. robbery or any attempt thereat;
2. criminal assault inflicted by persons other than fellow employees or Immediate Family Members; or
3. any Criminal Act of Violence directed at the Insured Person.

Definition:

Criminal Act of Violence - means including but is not limited to robbery, theft, assault and battery, sniping, murder or civil disturbance.

Exclusions:

In addition to the General Exclusions listed in this Policy, this Policy section shall not cover any loss, fatal or non-fatal, caused by or resulting from:

1. Injury sustained directly or indirectly from the Insured Person's own Criminal Act of Violence or attempt thereat; or
2. Injury sustained directly or indirectly from a moving violation as defined under the applicable motor vehicle laws; or
3. Injury sustained directly or indirectly which occurs while the Insured Person is travelling to or from the location of assignment as well as travelling to and from the Policyholder's premises, including but not limited to commuting.



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Part E. SCOPE OF COVERAGE:

Hazard H-15

WAR RISK

(Business Only)

The Hazards described in this Hazard H-15 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-15 applies, shall apply only to Injury sustained by such Insured Person While on the Business of the Policyholder and as a result of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory (but not such an act in which the Insured Person is an active participant).

Changes in Premium

We may change the premium rate for the inclusion of Hazard H-15 under this Policy at any time if: (1) War risk conditions change in the Designated War Risk Territory (ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory (ies); or (3) the Policyholder's exposure to War risk in the Designated War Risk Territory (ies) changes in anyway. We will give the Policyholder written notice of any change in the premium rate for the inclusion of Hazard H-15 at least one Day in advance of the effective date of the change.

Termination Date

Hazard H-15 ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; or (2) the date We receive written notice from the Policyholder of the Policyholder's intent to terminate the applicability of Hazard H-15 (or on the date specified in the written notice, if later); or (3) the date specified in Our written notice (provided at least one Day notice) to the Policyholder of Our intent to terminate the applicability of Hazard H-15.

If the applicability of Hazard H-15 terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Hazard H-15 will be returned.

Termination of the applicability of Hazard H-15 will not affect a claim for a covered loss that occurred while Hazard H-15 was still applicable.

Reporting Requirements

The Policyholder agrees to report, in writing, exposure of Insured Persons in the Designated War Risk Territory(ies) monthly. The report must include the name of each Insured Person exposed, his or her specific itinerary and destinations (s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect to Hazard H-15 during the period of exposure.



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Tel. No. +91 22 6669 9697 Fax: 022 6654 6464

Changes in Terms and Conditions

The terms and conditions of Hazard H-15, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in Our opinion, constitute a change in the Policyholder's War risk exposure.

Definition:

Designated War Risk Territory(ies) - means <<(named country(ies) or part(s) of country(ies). A Designated War Risk Territory does not include the Republic of India or the Insured Person's country of permanent residence.

Exclusion:

Exclusion 8 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such Insured Person under the circumstances described in this Hazard. However, unless previously consented to in writing by Us, that Exclusion is not waived, and this Hazard does not apply, with respect to the Insured Person traveling or flying in or in (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Accident causing such Injury occurs while the person is:

1. riding as a passenger in any aircraft not intended and/or licensed for the transportation of passengers; or
2. performing, learning to perform or instructing others to perform as a pilot or crewmember of any aircraft; or
3. riding as a passenger in an aircraft owned, leased or operated by the Policyholder.

All other exclusions in the General Exclusions section of this Policy apply.



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Part E. SCOPE OF COVERAGE:

Hazard H-16

WAR RISK

(Business and Pleasure)

The Hazards described in this Hazard H-16 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-16 applies, shall apply only to Injury sustained by such Insured Person as a result of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of, a Designated War Risk Territory (but not such an act in which the Insured Person is an active participant).

Changes in Premium

We may change the premium rate for the inclusion of Hazard H-16 under this Policy at any time if: (1) War risk conditions change in the Designated War Risk Territory (ies); (2) there is a change in which area(s) is (are) defined to be the Designated War Risk Territory (ies); or (3) the Policyholder's exposure to War risk in the Designated War Risk Territory (ies) changes in anyway. We will give the Policyholder written notice of any change in the premium rate for the inclusion of Hazard H-16 at least one Day in advance of the effective date of the change.

Termination Date

Hazard H-16 ceases to apply with respect to this Policy on the earliest of: (1) the date the Policy terminates; or (2) the date We receive written notice from the Policyholder of the Policyholder's intent to terminate the applicability of Hazard H-16 (or on the date specified in the written notice, if later); or (3) the date specified in Our written notice (provided at least one Day notice) to the Policyholder of Our intent to terminate the applicability of Hazard H-16.

If the applicability of Hazard H-16 terminates prior to the end of a period for which premium has been paid, any unearned premium attributable to Hazard H-16 will be returned.

Termination of the applicability of Hazard H-16 will not affect a claim for a covered loss that occurred while Hazard H-16 was still applicable.

Reporting Requirements

The Policyholder agrees to report, in writing, exposure of Insured Persons in the Designated War Risk Territory(ies) monthly. The report must include the name of each Insured Person exposed, his or her specific itinerary and destinations (s) in the Designated War Risk Territory(ies), the effective and termination dates of his or her exposure, and his or her Principal Sum with respect to Hazard H-16 during the period of exposure.

Changes in Terms and Conditions



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The terms and conditions of Hazard H-16, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time, to reflect conditions that, in Our opinion, constitute a change in the Policyholder's War risk exposure.

Definition:

Designated War Risk Territory(ies) - means (named country(ies) or part(s) of country(ies). A Designated War Risk Territory does not include the Republic of India or the Insured Person's country of permanent residence.

Exclusion:

Exclusion 8 in the General Exclusions section of this Policy is waived with respect to an Insured Person to whom this Hazard applies, but only with respect to Injury sustained by such Insured Person under the circumstances described in this Hazard. However, unless previously consented to in writing by Us, that Exclusion is not waived, and this Hazard does not apply, with respect to the Insured Person traveling or flying in or in (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Accident causing such Injury occurs while the person is:

1. riding as a passenger in any aircraft not intended and/or licensed for the transportation of passengers; or
2. performing, learning to perform or instructing others to perform as a pilot or crewmember of any aircraft; or
3. riding as a passenger in an aircraft owned, leased or operated by the Policyholder.

All other exclusions in the General Exclusions section of this Policy apply.



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Part E. SCOPE OF COVERAGE:

Hazard H-17

COMMUTING

The Hazards described in this Hazard H-17 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-17 applies, shall apply only to Injury sustained by such Insured Person provided such Injury was incurred while Commuting.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft. This Hazard H-17 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Definition:

Commuting - means everyday travel between the Insured Person's residence and place of regular employment with the Policyholder, where his or her purpose in being at such place of employment is to perform assigned duties relating to such employment for which compensation is received. As used in this Hazard, Commuting does not include Sojourn or Personal Deviation.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-17 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).



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RIDER R-1

SPECIAL HOSPITAL RIDER

Our list of approved Special Hospitals may be accessed by << >>.

RIDER R-2

TERRORIST ACT COVERAGE

It is hereby understood and agreed that effective << >> Policy General Exclusion 9 is hereby waived for the following coverages under this Policy << >>. Any additional required premiums are as shown on the Policy Schedule.

PART F - Grievance Redressal Procedure

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-119966 or 022-66939500 (tolled) or 1800 22 9966 (only for senior citizen policy holders) or you may email to the customer service desk at customersupport@tata-aig.com.

After investigating the matter internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tata-aig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tata-aig.com After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme.



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Areas of Jurisdiction	Name of the Ombudsman	Contact Details
Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <u>AHMEDABAD-380 014.</u> Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com
Madhya Pradesh & Chhattisgarh		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL(M.P.)-462 023.</u> Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in
Orissa	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in
Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in
Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com

Delhi & Rajasthan	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23239633 Fax : 011-23230858 Email: jobdelraj@rediffmail.com
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com
Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com
Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry	Shri R. Jyothindranathan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com
West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim	Ms. Manika Datta	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <u>Kolkatta – 700 072.</u> Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj,



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		<u>LUCKNOW-226 001.</u> Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com
Maharashtra , Goa		Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com

IRDA REGULATION NO 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Annexure (I)

S N O.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR	
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable

37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable/ Payable by the patient
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
66	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified

73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE	
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON	Not Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges

92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
99	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable

114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable

141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable

	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case f PIVD requiring traction s this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable



Tata AIG General Insurance Company Ltd.

Peninsula Business Park, Tower A, 15th Floor, G. K. Marg,
Lower Parel, Mumbai - 400 013.
Tel. No. +91 22 6669 9697 Fax: 022 6654 6464

199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.