

Policy Wordings

Hospital Care Policy

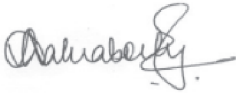
Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal, 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 Chakraborty

National Head – Operations & Systems

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

Hospital Care Policy UIN: IRDA/NL-HLT/TAGI/P-P/V.I/239/13-14



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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.

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.

Airworthiness Certificate - means the standard Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in India.

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.

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

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, premium and more generally all special condition(s) and or endorsement(s).

Day - means a period of 24 consecutive hours.

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



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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.

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.

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 Establishment (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 towns having a population of less than 10,00,000 and at least 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.

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.

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.



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Insured Person - means the Insured Person between Age 18 and 65, named in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by Us.

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** - 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** - A 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.

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 a 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.

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.

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



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

Renewal - Renewal defines 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.

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.

Sickness - means illness first manifested and contracted, and commencing under the circumstances described in a Hazard.

Spouse - means Your legal husband or wife, who is between the ages of 16 and 60 years old, and is living in Your residence.

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.

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

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. any sickness, disease or illness; or
2. 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
3. serving 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 You, shall return the pro rata premium for any such period of service during the circumstances described in a Hazard; or
4. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
5. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
6. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or



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7. 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
8. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
9. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
10. 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 Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained; or
11. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
12. 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
13. for any Pre-existing condition and conditions arising out of or resulting therefrom.
14. Any non medical expenses (list enclosed).

— Part C: 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.

— Part D: 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 authorized 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 :
 - a) in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium installment is due, or



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- b) in the case of installment premiums – before the beginning of each such period when the premium installment is due.

3. **Effective Date:**

The Policy will start on the date specified on the Proposal and Declaration Form and Policy Schedule provided it is countersigned by Us and the total premium has been paid & realized by Us.

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

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

4. **Renewal Conditions:**

The Policy 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.

A grace period of 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.

We will not apply any additional loading on your policy premium at renewal based on your claims experience.

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 at least 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will also change if you change the plan. Or change the Sum Insured.

The sum insured in case of the age group of 60 and above, will be reduced by 30% of the original sum insured.

5. **Expiration Date:**

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

Further However We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or



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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 misrepresentation, 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.

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.

6. **Territory:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.
7. **Concealment or Fraud:** The entire Policy will be void if, whether before or after a loss, You have, related to this insurance, intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance; engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or made false statements.
8. **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 no later than 30 Days after an actual or potential loss begins.
 - (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.



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- (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 15 days of Your discharge from Hospitalisation or completion of treatment. 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 Anesthetist's Charges, Surgeon fees, Operation room charges, diagnostic charges, Physiotherapy, Ambulance service) 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/ Attested Post Mortem Report, if conducted.
 - ix. 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 Interests 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 Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (f) **Payment of Claim:** All claims under this Policy that are payable to You or Your nominee shall be paid in Indian currency.



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9. **Arbitration:** If any dispute or difference shall arise as to the quantum 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 with mutual consent within a period of 2 months in writing by either 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 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.

10. **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 provided such nominee survives 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.
11. **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.
12. **Change of Nominee:** No change of nominee under this Policy shall bind Us, unless consent thereto is formally endorsed thereon by Our authorized officer.
13. **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.
14. **Legal Actions:** Without prejudice to Uniform Provision 9 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.
15. **Misstatement of Age:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount



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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.

16. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
17. **Limitations:** If an Insured Person suffers a covered Accident or Injury, for which benefits, are payable under more than one like/same Policy issued by Us, 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.
Note – This clause is not applicable to Part E Coverage – Accidental Death & In-hospital Indemnity For Accident Only.
18. **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.
19. **Dispute Resolution Clause and Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part 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 9 and 14, above and otherwise by the Indian courts.
20. **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.
21. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.
22. **Free Look Period -** 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



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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.

23. 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. You will have the option to migrate to any Individual personal accident insurance policy available with us at the time of renewal.
24. We will offer the Insured Person an option to migrate to similar Individual Personal Accident insurance Policy with Us provided that:
 - Insured Person has been insured with Us under this Policy as a dependant.
 - This option for migration to similar Individual personal accident insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
 - Insured Person will be offered continuity of coverage provided the policy has been maintained without a break.

Part E: Coverage

Coverage C-1 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.

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.

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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Coverage C-2

Section: In-Hospital Indemnity Accident Only (Accident Hospital Cash)

We will pay a Daily Benefit for each Day You are an inpatient in a Hospital due to Injury subject to any applicable Deductible 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.

The Daily Benefit will be paid at the rate shown on the Schedule of Benefits if You are admitted to a Hospital, in the Republic of India, as an inpatient as a result of a covered Injury.

Benefit will be paid for up to the number of days mentioned 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 45 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.

Intensive Care Unit - means

- 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and
- 2) which is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.

Coverage C-3

Section: Emergency Accident Medical Expenses Reimbursement

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred, while You are an inpatient in a Hospital, in the Republic of India, 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.

Definitions:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending



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Physician, for treatment of Injury sustained by you. They include:

- (a) Surgeon Fees;
- (b) Hospital confinement and use of operating room;
- (c) Anesthetics fees (including administration), x-ray examinations or treatments, including CT
- (d) scans etc, Pathological and lab tests;
- (e) ambulance service;
- (f) physiotherapy treatments.

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.

Medically Necessary - means, if in our opinion the Medical Practitioner's recommendation is: (a) consistent with the symptoms, diagnosis and treatment of your condition; (b) appropriate with regard to standards of good medical practice; and (c) not primarily for your convenience.

Reasonable and Customary Charges - means a charge which: (a) is charged for treatment, supplies or medical services medically necessary to treat an Insured Person's condition; (b) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (c) does not include charges that would not have been made if no insurance existed.

Physiotherapy - means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a physician for treatment of injury.

Surgery -.Treatment of bodily injuries by Incisions or Shockwaves or Lasers , including therapeutic Endoscopic procedures requiring the professional services of a qualified surgeon and the use of an Operation Theatre for repair of injuries.

Surgical Treatment - Physician's fees for Inpatient surgery.

Anesthetist Fees - in connection with inpatient surgery.

Ambulance charges - medical transportation fees and services incurred for bringing the insured to the Hospital following an accident and returning to the normal place of residence after being discharged from the Hospital.

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. bacterial infection (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 bodily injury which shall result in hernia;
3. any Pre-existing Condition.



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Part F: Scope of Coverage:

24-hour Protection

(Business and Pleasure)

The hazards described in this Hazard applies 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).

Part G: 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 1800 266 7780 / 1-800-119966 or 022-66939500 (toll) 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.

d by IRDA under the Insurance Ombudsman Scheme.



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Nodal Officer

Please visit our website at www.tataaiginsurance.in to know the contact details of the Nodal Officer for your servicing location

INSURANCE OMBUDSMAN CENTRES

| Office of the Ombudsman | Contact Details | Area of Jurisdiction |
|-------------------------|--|---|
| AHMEDABAD | Sh. P.Ramamoorthy Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014. Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:-ins.omb@rediffmail.com | State of Gujrat and Union Territories of Dadra & Nagar Haveli and Daman and Diu. |
| BHOPAL | Sh.Raj Kumar Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal - 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:-bimalokpalbhopal@gmail.com | States of Pradesh Madhya and Chattisgarh. |
| BHUBANESHWAR | Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:-ioobbsr@dataone.in | State of Orissa. |
| CHANDIGARH | Sh.Manik B.Sonawane Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:-ombchd@yahoo.co.in | States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh. |
| CHENNAI | Sh. Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai - 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:-chennaiinsuranceombudsman@gmail.com | State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). |
| DELHI | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:-iobdelraj@rediffmail.com | States of Delhi and Rajasthan. |
| GUWAHATI | Sh.D.C.Choudhury Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr.Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |



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| Office of the Ombudsman | Contact Details | Area of Jurisdiction |
|-------------------------|---|--|
| HYDERABAD | Sh. G.Rajeswara Rao Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane, Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-23325325/23312122 Fax:- 040-23376599 Email:-insombudhyd@gmail.com | States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry. |
| KOCHI | Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- iokochi@asianetindia.com | State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry. |
| KOLKATA | Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124346/22124339 Fax : 033-22124341 Email:-insombudsmankolkata@gmail.com | States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands. |
| LUCKNOW | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:-insombudsman@rediffmail.com | States of Uttar Pradesh and Uttaranchal. |
| MUMBAI | Sh.A.K.Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V.Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- ombudsmanmumbai@gmail.com | States of Maharashtra and Goa. |

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Shri M.V.V. Chalam,
Secretary General
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz (W),
Mumbai - 400021
Tel.: 022-26106245
Fax: 022-26106949
Email: inscoun@gmail.com
Web: www.gbic.co.in

The Secretary
3rd Floor, Jeevan Sava Annexe,
S.V. Road, Santacruz (W),
Mumbai - 400 021.
Tel: 022-26106980
Fax: 022-26106949

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



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------|---|---|
| | Toiletries/ Cosmetics/ Personal Comfort or Convenience Items | |
| 1 | Hair Removal Cream | Not Payable |
| 2 | Baby Charges (unless Specified/ Indicated) | Not Payable |
| 3 | Baby Food | Not Payable |
| 4 | Baby Utilities Charges | Not Payable |
| 5 | Baby Set | Not Payable |
| 6 | Baby Bottles | Not Payable |
| 7 | Brush | Not Payable |
| 8 | Cosy Towel | Not Payable |
| 9 | Hand Wash | Not Payable |
| 10 | Moisturiser Paste Brush | Not Payable |
| 11 | Powder | Not Payable |
| 12 | Razor | Payable |
| 13 | Shoe Cover | Not Payable |
| 14 | Beauty Services | Not Payable |
| 15 | Belts/ Braces | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine |
| 16 | Buds | Not Payable |
| 17 | Barber Charges | Not Payable |
| 18 | Caps | Not Payable |
| 19 | Cold Pack/hot Pack | Not Payable |
| 20 | Carry Bags | Not Payable |
| 21 | Cradle Charges | Not Payable |
| 22 | Comb | Not Payable |
| 23 | Disposables Razors Charges (for site preparations) | Payable |
| 24 | Eau-de-cologne / Room Freshners | Not Payable |
| 25 | Eye Pad | Not Payable |
| 26 | Eye Sheild | Not Payable |
| 27 | Email / Internet Charges | Not Payable |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------|--|---|
| 28 | Food Charges (other Than Patient's Diet Provided By Hospital) | Not Payable |
| 29 | Foot Cover | Not Payable |
| 30 | Gown | Not Payable |
| 31 | Leggings | Essential In Bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable. |
| 32 | Laundry Charges | Not Payable |
| 33 | Mineral Water | Not Payable |
| 34 | Oil Charges | Not Payable |
| 35 | Sanitary Pad | Not Payable |
| 36 | Slippers | Not Payable |
| 37 | Telephone Charges | Not Payable |
| 38 | Tissue Paper | Not Payable |
| 39 | Tooth Paste | Not Payable |
| 40 | Tooth Brush | Not Payable |
| 41 | Guest Services | Not Payable |
| 42 | Bed Pan | Not Payable |
| 43 | Bed Under Pad Charges | Not Payable |
| 44 | Camera Cover | Not Payable |
| 45 | Cliniplast | Not Payable |
| 46 | Crepe Bandage | Not Payable/ Payable by the Patient |
| 47 | Curapore | Not Payable |
| 48 | Diaper Of Any Type | Not Payable |
| 49 | DVD, CD Charges | Not Payable (However if CD is specifically sought by insurer/tpa then payable) |
| 50 | Eyelet Collar | Not Payable |
| 51 | Face Mask | Not Payable |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|--|--|---|
| 52 | Flexi Mask | Not Payable |
| 53 | Gause Soft | Not Payable |
| 54 | Gauze | Not Payable |
| 55 | Hand Holder | Not Payable |
| 56 | Hansaplast/ Adhesive Bandages | Not Payable |
| 57 | Infant Food | Not Payable |
| 58 | Slings | Reasonable costs for one sling in case of upper arm fractures may be considered |
| Items specifically excluded in the policies | | |
| 59 | Weight Control Programs/Supplies/ Services | Exclusion in policy unless otherwise specified |
| 60 | Cost of Spectacles/Contact Lenses/Hearing Aids etc., | Exclusion in policy unless otherwise specified |
| 61 | Dental Treatment Expenses that do not Require Hospitalisation | Exclusion in policy unless otherwise specified |
| 62 | Hormone Replacement Therapy | Exclusion in policy unless otherwise specified |
| 63 | Home Visit Charges | Exclusion in policy unless otherwise specified |
| 64 | Infertility/ Subfertility/ Assisted Conception Procedure | Exclusion in policy unless otherwise specified |
| 65 | Obesity (including Morbid Obesity) Treatment Procedure | Exclusion in policy unless otherwise specified |
| 66 | Psychiatric & Psychosomatic Disorders Procedure | Exclusion in policy unless otherwise specified |
| 67 | Corrective Surgery For Refractive Error Procedure | Exclusion in policy unless otherwise specified |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|--|--|--|
| 68 | Treatment Of Sexually Transmitted Diseases Procedure | Exclusion in policy unless otherwise specified |
| 69 | Donor Screening Charges Procedure | Exclusion in policy unless otherwise specified |
| 70 | Admission/registration Charges Procedure | Exclusion in policy unless otherwise specified |
| 71 | Hospitalisation for Evaluation/Diagnostic Purpose | Exclusion in policy unless otherwise specified |
| 72 | Expenses for Investigation/ Treatment Irrelevant to the disease for which admitted or diagnosed | Not payable - Exclusion in policy unless otherwise specified |
| 73 | 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 |
| 74 | Stem Cell Implantation/ Surgery | Not payable except bone Marrow Transplantation where covered by policy |
| Items Which Form Part of Hospital Services Where Separate | | |
| 75 | Ward And Theatre Booking Charges | Payable under OT charges, not payable separately |
| 76 | Arthroscopy & Endoscopy Instruments | Rental charged by the hospital payable. Purchase of instruments not payable. |
| 77 | Microscope Cover | Payable under OT charges, not separately |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------|--|---|
| 78 | Surgical Blades, Harmonic Scalpel, Shaver | Payable under OT charges, not Separately |
| 79 | Surgical Drill | Payable under OT charges, not Separately |
| 80 | Eye Kit | Payable under OT charges, not Separately |
| 81 | Eye Drape | Payable under OT charges, not Separately |
| 82 | X-ray Film | Payable under Radiology charges, not as consumable |
| 83 | Sputum Cup | Payable under Investigation charges, not as consumable |
| 84 | Boyles Apparatus Charges | Part of OT charges, not seperately |
| 85 | Blood Grouping and Cross Matching of Donors Samples | Part of cost of blood, not payable |
| 86 | Savlon | Not Payable- part of dressing charges |
| 87 | Band Aids, Bandages, Sterile Injections, Needles, Syringes | Not Payable - Part of dressing Charges |
| 88 | Cotton | Not Payable- part of dressing charges |
| 89 | Cotton Bandage | Not Payable- part of dressing charges |
| 90 | Micropore/ Surgical Tape | Not Payable- payable by the patient when prescribed, otherwise included as dressing charges |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|--------------------------------|--|---|
| 91 | Blade | Not Payable |
| 92 | Apron | Not Payable - part of hospital services/ disposable linen to be part of OT/ ICU charges |
| 93 | Torniquet | Not Payable (service is charged by hospitals, consumables cannot be separately charged) |
| 94 | Orthobundle, Gynaec Bundle | Part of dressing charges |
| 95 | Urine Container | Not Payable Elements of room charge |
| Elements of Room Charge | | |
| 96 | Luxury Tax | Actual Tax levied by government is payable. Part of room charge for sub limits |
| 97 | HVAC | Part of room charge not Payable separately |
| 98 | House Keeping Charges | Part of room charge not Payable separately |
| 99 | Service Charges Where Nursing Charge also Charged | Part of room charge not Payable separately |
| 100 | Television & Air Conditioner Charges | Part of room charge not Payable separately Levied |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|--|--|---|
| 101 | Surcharges Charged | Part of room charge not Payable separately |
| 102 | Attendant Charges | Not Payable - part of room charges |
| 103 | IM IV Injection Charges | Part of nursing charges, not payable |
| 104 | Clean Sheet | Part of laundry/house-keeping not payable separately |
| 105 | Extra Diet of Patient (other than that which Forms Part of Bed Charge) | Patient Diet Provided by Hospital is payable |
| 106 | Blanket/warmer Blanket | Not Payable-Part of Room Charges |
| Administrative or Non-medical Charges | | |
| 107 | Admission Kit | Not Payable |
| 108 | Birth Certificate | Not Payable |
| 109 | Blood Reservation Charges And Ante Natal Booking Charges | Not Payable |
| 110 | Certificate Charges | Not Payable |
| 111 | Courier Charges | Not Payable |
| 112 | Convenyance Charges | Not Payable |
| 113 | Diabetic Chart Charges | Not Payable |
| 114 | Documentation Charges/Administrative Expenses | Not Payable |
| 115 | Discharge Procedure Charges | Not Payable |
| 116 | Daily Chart Charges | Not Payable |
| 117 | Entrance Pass/Visitors Pass Charges | Not Payable |
| 118 | Expenses Related To Prescription On Discharge | To Be Claimed By patient under post hosp where admissible |
| 119 | File Opening Charges | Not Payable |
| 120 | Incidental Expenses/Misc. Charges (not Explained) | Not Payable |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------------------------------|--|--|
| 121 | Medical Certificate | Not Payable |
| 122 | Maintainance Charges | Not Payable |
| 123 | Medical Records | Not Payable |
| 124 | Preparation Charges | Not Payable |
| 125 | Photocopies Charges | Not Payable |
| 126 | Patient Identification Band/Name Tag | Not Payable |
| 127 | Washing Charges | Not Payable |
| 128 | Medicine Box | Not Payable |
| 129 | Mortuary Charges | Payable upto 24 Hrs,shifting charges not payable |
| 130 | Medico Legal Case Charges (mlc Charges) | Not Payable |
| External Durable Devices | | |
| 131 | Walking Aids Charges | Not Payable |
| 132 | Bipap Machine | Not Payable |
| 133 | Commode | Not Payable |
| 134 | CPAP/ CAPD Equipments | Device not Payable |
| 135 | Infusion Pump - Cost | Device not payable |
| 136 | Oxygen Cylinder (for Usage Outside the Hospital) | Not Payable |
| 137 | Pulseoxymeter Charges | Device not payable |
| 138 | Spacer | Not Payable |
| 139 | Spirometre | Device not payable |
| 140 | Spo2 Probe | Not Payable |
| 141 | Nebulizer Kit | Not Payable |
| 142 | Steam Inhaler | Not Payable |
| 143 | Armsling | Not Payable |
| 144 | Thermometer | Not Payable (paid by patient) |
| 145 | Cervical Collar | Not Payable |
| 146 | Splint | Not Payable |
| 147 | Diabetic Foot Wear | Not Payable |
| 148 | Knee Braces (Long/ Short/ Hinged) | Not Payable |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------|--|---|
| 149 | Knee Immobilizer/shoulder Immobilizer | Not Payable |
| 150 | Lumbo Sacral Belt | Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine. |
| 151 | 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 |
| 152 | Ambulance Collar | Not Payable |
| 153 | Ambulance Equipment | Not Payable |
| 154 | Microsheild | Not Payable |
| 155 | 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. |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---|--|---|
| Items Payable If Supported By A Prescription | | |
| 156 | Betadine \hydrogen Peroxide\spirit\\detto\ savlon\ Disinfectants Etc | May Be Payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital |
| 157 | Private Nurses Charges- Special Nursing Charges | Post Hospitalization Nursing Charges Not Payable |
| 158 | Nutrition Planning Charges - Dietician Charges-Diet Charges | Patient Diet Provided By Hospital Is Payable |
| 159 | Alex Sugar Free | Payable - sugar Free Variants Of Admissible Medicines Are Not Excluded |
| 160 | Creams Powders Lotions (toileteries Are Not Payable,only Prescribed Medical Pharmaceuticals Payable) | Payable When Prescribed |
| 161 | Digene Gel/ Antacid Gel | Payable When Prescribed |
| 162 | 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. |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---|--|---|
| 163 | Gloves | Sterilized Gloves Payable/ Unsterilized Gloves Not Payable |
| 164 | HIV Kit | Payable - Operative Screening |
| 165 | Listerine/ Antiseptic Mouthwash | Payable When Prescribed |
| 166 | Lozenges | Payable When Prescribed |
| 167 | Mouth Paint | Payable When Prescribed |
| 168 | Nebulisation Kit | If Used During Hospitalization Is Payable Reasonably |
| 169 | Novarapid | Payable When Prescribed |
| 170 | Volini Gel/ Analgesic Gel | Payable When Prescribed |
| 171 | Zytee Gel | Payable When Prescribed |
| 172 | Vaccination Charges | Routine Vaccination Not Payable / Post Bite Vaccination / Payable |
| Part of Hospital's Own Costs And Not Payable | | |
| 173 | AHD | Not Payable - Part Of Hospital's Internal Cost |
| 174 | Alcohol Swabes | Not Payable - Part Of Hospital's Internal Cost |
| 175 | Scrub Solution/sterillium | Not Payable - Part Of Hospital's Internal Cost |



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| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------|---|--|
| | Others | |
| 176 | Vaccine Charges For Baby | Not Payable |
| 177 | Aesthetic Treatment / Surgery | Not Payable |
| 178 | TPA Charges | Not Payable |
| 179 | Visco Belt Charges | Not Payable |
| 180 | Any Kit With No Details Mentioned [delivery Kit, Orthokit, Recovery Kit, Etc] | Not Payable |
| 181 | Examination Gloves | Not Payable |
| 182 | Kidney Tray | Not Payable |
| 183 | Mask | Not Payable |
| 184 | Ounce Glass | Not Payable |
| 185 | Outstation Consultant's/ Surgeon's Fees | Not Payable, Except For Telemedicine Consultations Where Covered By Policy |
| 186 | Oxygen Mask | Not Payable |
| 187 | Paper Gloves | Not Payable |
| 188 | Pelvic Traction Belt | Should Be Payable In Case F Pivd Requiring Traction S This Is Generally Not Reused |
| 189 | Referral Doctor's Fees | Not Payable |
| 190 | ACCU Check (Glucometry/ Strips) | Not Payable Pre Hospitalisation Or Post Hospitalisation/ Reports And Charts Required/ Device Not Payable |
| 191 | Pan Can | Not Payable |
| 192 | Sofnet | Not Payable |
| 193 | Trolley Cover | Not Payable |
| 194 | Urometer, Urine Jug | Not Payable |



WITH YOU ALWAYS

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

| Sr. No. | List of excluded expenses ("Non-Medical") under indemnity Policy - | Expenses |
|---------|--|--|
| 195 | Ambulance | Payable-ambulance From Home To Hospital Or Interhospital Shifts Is Payable/ Rta As Specific Requirement Is Payable |
| 196 | Tegaderm / Vasofix Safety | Payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs |
| 197 | Urine Bag | Payable Where Medicaly Necessary Till A Reasonable Cost - Maximum 1 Per 24 Hrs |
| 198 | Softovac | Not Payable |
| 199 | Stockings | Essential for case like CABG etc. where it should be paid. |