

Tata AIG General Insurance Company Limited (**The Company**) will provide the insurance cover, described in this **Policy** and any endorsements there to, for the Insured Period as defined in the **Policy Schedule**. The statements contained in the proposal form signed by the **Policy** holder shall be the basis of this **Policy** and are deemed to be incorporated herein. The **Policy** is valid only on payment of the requisite premium when due.

The insurance provided under this **Policy** is with respect to such and so many of the benefits up to the **Sum Insured** as mentioned in the **Policy Schedule**. The insurance cover is governed by and subject to, the terms, conditions and exclusions of this **Policy**.

## Section 1: General Definitions

Terms with a specific meaning are defined below and have this meaning wherever they appear with an initial capital letter.

- **Accident** 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) **Contenance** - 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.

- (d) **Toileting** - Getting to and from the toilet, transferring on and off the toilet and maintaining associated personal hygiene.
- (e) **Eating** - All tasks of getting food into the body

- **Act of Terrorism** means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- **Adventure Sports** means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
- **Age** means the Age of the **Insured Person** on his / her most recent birthday as per the English calendar, regardless of the actual time of birth.
- **Ambulance** means a motor vehicle operated by a licensed/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from *hospital* in emergencies.
- **Assault** means any wilful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the *jurisdiction* in which it occurs and which results in Injury to an Insured Person.
- **Certificate of Insurance** means the document issued by The Company detailing the effective date, Insured Person(s),

- benefits, sums insured, Deductible, premium and more generally all special condition(s) and or endorsement(s).
- **Chauffer** a person employed to drive a private or hired car.
  - **Claim** A demand made by the Policy holder/Insured Person or on his behalf, for payment under any benefit as covered under the Policy /Cover
  - **Close Business Associate** means
    - o a business associate not necessarily a fellow employee of the Insured Person where the business relationship with the Insured Person is continuous and reliant on each other for the Insured Person's business, or
    - o a business companion who travels with the Insured Person for the same business purpose and whose presence is necessary for the Insured Person's business or
    - o a fellow employee of the Insured Person
  - **Co-payment** means a cost sharing requirement under a health insurance Policy that provides that the Policyholder/ Insured Person will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
  - **Coccyx** means four fused vertebrae at the bottom of the spine
  - **Colles' fracture** means a break in the radius (one of the lower arm bones, just above the wrist)
  - **Compound fracture** means a fracture where the bone breaks the skin.
  - **Compression Fracture** means Crushing on the vertebrae.
  - **Complete fracture** means a fracture where the bone is broken completely across.
  - **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.
  - **Compensation** means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.
  - **Closed Fracture** means fractures where the broken bone(s) do (es) not penetrate and comes out the skin
  - **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
  - **Cover Period** is the period commencing from the Cover Period Start Date and ending on the Cover Period End Date and as specifically appearing in the Certificate of Insurance against the Insured person/s during which this Insurance Policy coverage is valid for that specific Insured Person
  - **Cover** means an Insurance contract whether in the form of a Policy or a **Certificate of Insurance**
  - **Cover Period End Date** is the date on which the Cover Period expires, as specifically appearing in the Certificate of Insurance
  - **Cover Period Start Date** is the date on which the Cover Period commences, as specifically appearing in the Certificate of Insurance
  - **Cover Year** means a year following Cover Period Start Date and the subsequent annual anniversary (ies) (if applicable) within the Cover Period and ending on

the Cover Period End Date. Wherever the Cover Period is more than one year, Cover Period will be substituted by Cover Year.

- **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.
- **Dependents** means the persons named in the Policy Schedule/Certificate of Insurance who are Insured Person's:  
**Spouse** is The Primary Insured Person's legally married Spouse as long as he/she continues to be married to the Primary Insured Person.  
**Children** The Primary Insured Person's children. Children including adopted and step children of the Insured Person as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households between Ages three (3) months and eighteen (18) years or up to twenty five (25) years if attending as a full time student with an Institution, who are unmarried.
- **Dismemberment** with regard to this Policy refers to actual severance i.e. entire and irrecoverable loss
- **Evacuation** means an emergency exit due to a fire, a fire alarm, a bomb scare

(whether there is a bomb or not), or an armed attack on the building or the people in the building.

- **Facial Scarring** is a mark left on the face by a healed wound, sore, or burn.
- **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- **Gross Weekly Wage/income** means the Insured Person's base weekly earnings in his or her occupation at the time of the inception of Policy / Cover Period unless as opted otherwise, but not including, overtime, tips and commissions.
- **Hemiplegia** means the complete and irreversible Paralysis of upper and lower limbs of the same side of the body.
- **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
  - i. has qualified nursing staff under its employment round the clock;
  - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii. has qualified medical practitioner(s) in charge round the clock;

- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
  - **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
  - **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
  - **Immediate Family Member** - means an Insured Person's Spouse; children; parents; mother-in-law; father-in-law; legal guardian, ward; step or adopted children; step-parents.
  - **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
  - **Insanity** - means the state of being mentally ill of such a severe nature that a person cannot distinguish fantasy from reality, cannot conduct his affairs due to psychosis, or is subject to uncontrollable impulsive behaviour.
- Insured Person means the Insured Person as detailed in the Policy Schedule/ Certificate of Insurance.
- **Institution** means any accredited Institution that provides education or training, including but not limited to, any state university private college or trade school.
  - **Limb:** means entire arm or leg.
  - **Mastication** means Chewing, i.e. Mechanical grinding of food into smaller pieces by teeth; process that breaks down food so that it can go through the esophagus to the stomach.
  - **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up 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.
  - **Medical Practitioner / Physician** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a state Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The attending Physician will not be (a) an Insured Person or (b) Close Member of the Family.
  - **Medically Necessary Treatment** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:
    - o is required for the medical management of the illness or Injury suffered by the insured;
    - o must not exceed the level of care necessary to provide safe, adequate

and appropriate medical care in scope, duration, or intensity;

- o must have been prescribed by a *medical practitioner*;
- o Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- **Miscarriage** the spontaneous or unplanned expulsion of a fetus from the womb before it is able to survive independently, due to an Accident as defined earlier
- **Multiple Fracture** means more than one fracture in the same bone
- **Open Fracture** means a fracture where the broken bone(s) penetrate(s) and comes out of the Skin.
- **Outpatient (OPD) Treatment** means the one in which the Insured Person visits a clinic/ hospital or associated facility like a consultation room for *diagnosis* and treatment based on the advice of a Medical Practitioner. The Insured Person is not admitted as a day care or in-patient.
- **Parents** mean an Insured Person's legal father and mother.
- **Paralysis** is the loss of the ability to move (and sometimes to feel anything) in part or most of the body, as a result of an Injury.
- **Paraplegia** means the complete and irreversible Paralysis of both lower limbs.
- **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
- **Permanent Total Disability** means the Insured Person are unable to engage in each and every occupation or employment for compensation or profit for which the Insured Person are reasonably qualified by education, training or experience for the rest of **Insured Person's** life. If at the time of loss the Insured Person is unemployed, Permanent Total Disability shall mean Injury due to Accident leading to functional loss and the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.
- **Personal effects** means items such as clothes and other articles of personal nature likely to be worn, used or carried but excludes money, securities, cheques, audio/video tapes, CDs, bank drafts, credit or debit cards, jewellery, travel tickets, valuables, manuscripts, paintings and items of similar nature.
- **Physiotherapy** means any form of physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a Medical practitioner for treatment of Injury.
- **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience, and command, determine or judge.
- **Public Carrier** means any land (Trains (including metros/ monorails), Buses, Taxis, Auto rickshaw only) or water conveyance in each case operated under a valid license for the transportation of passengers for hire.

- **Policy Year** means a year following the Policy Period Start Date and its subsequent annual anniversary (ies) (if applicable) within the Policy Period and ending on the Policy Period End Date. Wherever the Policy Period is more than one year, Policy Period will be substituted by Policy Year.
- **Policy Period** is the period commencing from the Policy Period Start Date and ending on the Policy Period End Date and as specifically appearing in the Policy Schedule
- **Policy Period End Date** is the date on which the Policy Period expires, as specifically appearing in the Policy Schedule.
- **Policy Period Start Date** is the date on which the Policy Period commences, as specifically appearing in the Policy Schedule.
- **Policyholder** means the person or entity named in the Policy Schedule as the Policyholder.
- **Pre-existing Disease** -means any condition, ailment or injury or disease
  - a) That is/are diagnosed by a Physician within 48 months prior to the effective date of the Policy issued by the Insurer or its reinstatement; or
  - b) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the Policy issued by the Insurer; or its reinstatement.
- **Professional Sports** mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport which would remunerate a player in excess of 50% of the Insured Person's annual income as a means of their livelihood
- **Proposal and Declaration Form** means any initial or subsequent Proposal / Declaration made by the Policy holder/ Insured Person and is deemed to be attached and which forms a part of this Policy.
- **Policy Schedule** means schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this Policy
- **Psychological** means affecting, or arising in the mind; related to the mental and Emotional state of a **Person**.
- **Quadriplegia** means the complete and irreversible Paralysis of both upper and both lower limbs.
- **Rule of Nine** means 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%.
- **Second Degree Burns** means Burns which penetrate beyond the epidermis, causing formation of blisters.
- **Salary** shall mean and include Basic Salary along with the Daily Allowance and any other allowance being paid by the Employer. It would not include overtime, Seasonal allowance, tips, commissions or anything available in kind or in lieu of such items in whatever form. Also salary would exclude income from any other sources. In case of Insured is earning from more than one source, only the higher of two would be considered for the purpose of calculation of payout under this benefit.
- **Sum Insured** means the sum shown in the Policy Schedule / Certificate of

Insurance which represents The Company's maximum liability for any and all benefits claimed for during each Policy Year.

- **Temporary Total Disability** means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.
- **Third degree burns** means these destroy the full skin thickness.
- **The Company** means TATA AIG General Insurance Company Limited.
- **Uniplagia** means the complete and irreversible Paralysis of one Limb.

## Section 2: Coverages

**The Company** hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to pay the **Insured Person / Nominee / Policyholder** as per the Coverages mentioned below, during the **Policy Period**. The **Policy Schedule / Certificate of Insurance** will specify which Coverages are in force for the **Insured Person** during the **Policy / Cover Period**

This Policy provides **Policyholder** an option of any one or more of the below mandatory coverage:

1. Accidental Death (B1)
  2. Accidental Dismemberment and Paralysis (B2)
  3. Permanent Total Disability (B3)
  4. Permanent Partial Disability (B4)
  5. Accidental Medical Expenses (B6)
- Rest all Coverages are optional.

### B1. ACCIDENTAL DEATH

**The Company** will pay the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for

Death of **Insured Person**, directly and independently resulting from an **Accident** within the **Policy / Cover Period**. The loss must be within twelve (12) months from the date of the **Accident** which caused **Injury**.

**The Company** will pay, the **Sum Insured** less any other amount paid/payable under: Accidental Dismemberment and Paralysis (B2), Permanent Total Disability (B3), Permanent Partial Disability (B4) and Temporary Total Disability (B5) section of this **Policy**, if these Coverages are opted under this **Policy**, as the result of the same Accident.

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

### Disappearance

**The Company** will pay the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for Death of **Insured Person** occurring within the **Policy / Cover Period** if **Insured Person's** body cannot be located within six (6) months after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person(s)** is/were passenger or as a result of any Acts of God, in which case it shall be deemed, that **Insured Person(s)** shall have suffered loss of life within the meaning of the **Policy** .

### B2. ACCIDENTAL DISMEMBERMENT AND PARALYSIS

**The Company** will pay a specified percentage of the **Sum Insured** shown in the **Policy Schedule/ Certificate of Insurance** if **Injury to Insured Person** within the **Policy / Cover Period** because

of an **Accident** directly and independently resulting in one of the losses shown in the “Table of Losses– Table (A)” below. The **loss** must occur within 12 Months from the date of the **Accident** which caused **Injury**.

**The Company** will pay, the **Sum Insured** less any other amount paid/payable under: Permanent Total Disability (B3) and Permanent Partial Disability (B4) and Temporary Total Disability (B5) section of this Policy, if these coverages are opted under this Policy, as the result of the same Accident

If more than one “Nature of Loss” under Accidental Dismemberment and Paralysis results from any one **Accident**, only one amount, the largest, will be paid.

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

**Table of Losses - Table (A)**

	Nature of Losses	Percentage (%) of Sum Insured
1.	Both Hands or Both Feet	100%
2.	Sight of Both Eyes	100%
3.	One Hand and One Foot	100%
4.	Either Hand or Foot and Sight of One Eye	100%
5.	Speech and Hearing in Both Ears	100%
6.	Permanent and incurable insanity	100%
7.	Permanent Total Loss of Mastication	100%

	Nature of Losses	Percentage (%) of Sum Insured
8.	Permanent Total Loss of the Central Nervous System or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry our Daily Activities essential to life without full time assistance	100%
9.	Either Hand or Foot	50%
10.	Sight of One Eye	50%
11.	Speech or Hearing in Both Ears	50%
12.	Hearing in One Ear	25%
13.	Thumb and Index Finger of Same Hand	25%
14.	Quadriplegia	100%
15.	Paraplegia	50%
16.	Hemiplegia	50%
17.	Uniplegia	25%

The Percentage (%) of **Sum Insured** under (B2) Accidental Dismemberment and Paralysis when mentioned in the **Policy Schedule** shall supersede above mentioned Percentage (%) of **Sum Insured**.

“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;

### B3. PERMANENT TOTAL DISABILITY

The Company will pay the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**, for **Injury** within the **Policy / Cover Period** because of an **Accident**, directly and independently resulting in **Permanent Total Disability** within twelve (12) months of the date of **Accident** 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 Company will pay, the **Sum Insured** less any other amount paid/payable under: Accidental Dismemberment and Paralysis (B2), Permanent Partial Disability (B4), Temporary Total Disability (B5) section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

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

### B4. PERMANENT PARTIAL DISABILITY

The Company will pay a specified percentage of the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for **Injury** to the **Insured Person(s)** which is total, continuous and permanent within the **Policy / Cover Period**, because of an **Accident** which directly and independently resulting in Permanent Partial Disability

as mentioned in Table of Losses (Table B) within twelve (12) months of the date of **Accident**.

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

The Company will pay the **Sum Insured** less any other amount paid or payable under Accidental Dismemberment and Paralysis (B2), Permanent Total Disability (B3), Temporary Total Disability (B5) section of this **Policy**, if this Coverage is opted under this **Policy**, as the result of the same Accident.

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

**Table of Losses- (Table B)**

	Nature of Losses	Percentage (%) Sum Insured
1.	Loss of toes - all	20%
2.	Great Toe	5%
3.	other than great toe, if more than one toe lost, each	1%
4.	Loss of hearing – both ears	50%
5.	Loss of hearing – one ear	25%
6.	Loss of four fingers and thumb of one hand	40%

	Nature of Losses	Percentage (%) Sum Insured
7.	Loss of four fingers	25%
8.	Loss of thumb	15%
9.	Loss of index finger	10%
10.	Loss of middle finger	6%
11.	Loss of ring finger	5%
12.	Loss of little finger	4%
13.	Any other Permanent Partial Disablement	Percentage as assessed by Independent Medical Practitioner

The Percentage (%) of **Sum Insured** under (B4) Permanent Partial Disability when mentioned in the **Policy Schedule** shall supersede above mentioned Percentage (%) of **Sum Insured**.

“Loss” with regard to:

1. toe, finger, thumb means actual complete severance from the foot or hand;
2. Hearing means entire and irrecoverable loss of hearing.

## B5. TEMPORARY TOTAL DISABILITY

The Company will pay a weekly benefit **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for an **Injury** to the **Insured Person(s)** within the **Policy / Cover Period** because of an **Accident** which directly and independently results in Temporary Total Disability, provided that:

1. such period of disability commences within **Days** as mentioned in the **Policy Schedule / Certificate of**

2. **Insurance** after the date of the **Accident** causing such **Injury**; and the maximum period for which such weekly benefit 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 / Certificate of Insurance**

Any payment made under this Coverage shall be deducted from any other amount paid or payable under Accidental Dismemberment and Paralysis (B2), Permanent Total Disability (B3), **Permanent Partial Disability (B4)**, if these Coverages are offered under this **Policy**, as the result of the same Accident.

## B6. ACCIDENTAL MEDICAL EXPENSES

The Company will reimburse up to the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for **Injury** due to an **Accident** to the **Insured Person(s)** within the **Policy / Cover Period** which results in Outpatient medical expenses, if applicable and subject to the Sub limit as provided in the **Policy Schedule / Certificate of Insurance**, and / or **Inpatient** medical expenses subject otherwise to all other terms, conditions and exclusions of the **Policy**.

The Company's liability in aggregate for all **Claims** under this Coverage B6. Accidental Medical Expenses shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**.

For this cover, Outpatient and / or Inpatient medical expenses means:

- Room rent, boarding and nursing expenses
- Intensive Care unit
- Consultation fees

- Anesthesia, blood transfusion related charges, oxygen, operation theatre charges, surgical appliances
  - Medicines, drugs and consumables,
  - Diagnostic procedures,
  - The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- x. child care including medical exams and immunizations;
  - xi. expenses which are not exclusively medical in nature;
  - xii. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless **Injury** has caused impairment of vision or hearing;
  - xiii. treatment provided in a government **Hospital** or services for which no charge is normally made;
  - xiv. 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;

## Exclusions specific to this coverage

- i. Any treatment of any disease, sickness or illness;
  - ii. services, supplies, or treatment, including any period of **Hospital** confinement, which were not recommended, approved, and certified as **Medically Necessary** by a **Physician**;
  - iii. 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;
  - iv. elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a covered **Accident** while **this Policy** is in effect;
  - v. dental care, except as a result of **Injury** caused by **Accident** to Sound Natural Teeth while **this Policy** is in effect;
  - vi. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;
  - vii. the diagnosis and treatment of acne;
  - viii. deviated septum, including sub mucous resection and/or other surgical correction thereof;
  - ix. organ transplants that are considered experimental in nature;
- xv. **Medical Expenses** incurred as the result of alcohol and/or drug abuse, addiction or overdose;
  - xvi. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome
  - xvii. Any non **Medical Expenses** (list enclosed – Annexure I)

## B7. ACCIDENTAL MISCARRIAGE

**The Company** will pay the **Sum Insured** for Miscarriage to **Insured Person** within three (3) months of **Accident** directly and independently causing **Injury** from such **Accident** as mentioned in the **Policy Schedule / Certificate of Insurance** within the **Policy / Cover Period**. This Coverage is applicable only to the female Insured Member covered under this Policy. **Sum Insured** under this Cover will be payable only once under the Policy.

## Exclusions specific to this coverage

- i. Voluntary Termination of Pregnancy

- ii. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or childbirth

## B8. ADVENTURE SPORTS

The Company will pay **Sum Insured** as mentioned in Accidental Death (B1) and / or Permanent Total Disability(B3) and / or, Accidental Dismemberment and Paralysis(B2) and / or, Permanent Partial Disability(B4)in the **Policy Schedule / Certificate of Insurance for Injury** to the **Insured Person(s)** due to participation in **Adventure Sports** performed under expert supervision of trained professionals within the **Policy / Cover Period** which leads to Accidental Death (B1) and / or, Accidental Dismemberment and Paralysis(B2) and / or Permanent Total Disability(B3) and/ or Permanent Partial Disability(B4). Such Coverage is exclusively for non- professional activities, wherein the **Insured Person** engages in **Adventure Sports** only for leisure.

**Sum Insured** will be payable only once under the Policy. Section 3- General Exclusions Point No. 1 will not be applicable in respect of this Cover

## B9. AIR AMBULANCE

The Company will reimburse the charges up to **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** If the **Insured Person** suffers Injury during the **Policy / Cover Period** Year which causes emergency life threatening conditions and it is necessary to immediately transfer such person from the site of **Accident** to the nearest **Hospital/ Day Care Centre/ Nursing Home**, or from One **Hospital** to another **Hospital** in an airplane or helicopter for rapid **Ambulance** transportation.

Specific Conditions to this Coverage:

- Expenses for Air **Ambulance** are restricted within India.
- Return transportation to the **Insured Person's** home by Air **Ambulance** is excluded.
- Insured Person** needs to make intimation before availing the benefit under Air **Ambulance** Cover.

## B10. AMBULANCE SERVICES

The Company will reimburse up to **Sum Insured** per **Hospitalisation** as mentioned in the **Policy Schedule/ Certificate of Insurance** for expenses incurred for transfer of the **Insured Person** due to **Injury** during the **Policy / Cover Period** by an **Ambulance** from the site of **Accident** to the nearest **Hospital** or from one **Hospital** to another **Hospital**.

## B11. ASSAULT

The Company will pay, the **Sum Insured** per occurrence as mentioned in the **Policy Schedule / Certificate of Insurance** for expenses incurred due to **Injury** that result in Accidental Death (B1) and / or Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disablement (B3) and / or Permanent Partial Disability (B4) during the **Policy / Cover Period** due to **Assault**.

**Exclusions specific to this coverage:**

The Company shall not be liable to pay any benefit in respect of any **Insured Person** for an act of **Assault** by an Immediate **Family Member**, **Close Business Associate**.

## B12. CHAUFFER / RENTAL CAR BENEFIT

The Company will pay per **Day Sum Insured** up to the maximum period as mentioned in **Policy Schedule /**

**Certificate of Insurance** for expenses incurred towards **Chauffer** / Rental Car transportation due to valid **Claim** under Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disability (B3) and/ or Permanent Partial Disability (B4) to the **Insured Person** who is unable to drive during the **Policy / Cover Period**

## B13. COMA

**The Company** will pay **Sum Insured** per incidence mentioned in the **Policy Schedule/ Certificate of Insurance** for an **Injury** due to an **Accident** which results in Coma of specified severity from the date of **Injury** during the **Policy / Cover Period**.

**Coma** of specified severity means

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. Permanent Neurological Deficit which must be assessed at least 30 **Day** s after the onset of the Coma.
  - The condition has to be confirmed by a specialist medical practitioner.
  - Coma resulting directly from alcohol or drug abuse is excluded.

## B14. COMMON DISASTER BENEFIT

**The Company** will pay the **Sum Insured** mentioned in the **Policy Schedule/ Certificate of Insurance** in case the **Spouse** of the **Insured Person** has also

lost life as a result of the same **Accident** which results in to Accidental Death (B1) of **Insured Person**.

## B15. COST OF CRUTCHES / WHEELCHAIR / ARTIFICIAL LIMBS

**The Company** will reimburse **up** to the **Sum Insured** mentioned in the **Policy Schedule/ Certificate of Insurance** towards cost of crutches/wheel chair/ artificial limbs necessitated and recommended by **Medical Practitioner** which has valid **Claim** due to Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disability (B3) and / or Permanent Partial Disability (B4).

## B16. EDUCATION BENEFIT

**The Company** will reimburse up to **Sum Insured** as stated in the **Policy Schedule/ Certificate of Insurance**, towards Education Fees to the Eligible **Child / Children** who is a full time student in any **Institution** at the time of such valid **Claim** under Accidental Death(B1) and / or Accidental Dismemberment and / or Paralysis (B2) and / or Permanent Total Disability(B3) where "Table of Losses - Table (A)" - nature of losses One (1) to Eight (8) **Claim** is paid / payable. In case the Dependent Child is a minor, the benefit will be given to the joint Account of the Legal Guardian and the Minor Child.

Specific Condition of this coverage:

The benefit will be paid maximum up to **Sum Insured** for the Eligible **Children's** continuous enrollment as a full time student in an **Institution** to a maximum of four (4) consecutive years or the date the Eligible Children reaches **Age** 25 whichever comes first.

## Exclusions specific to this coverage:

Dependent Children who enroll as a full time student after the **Claim of Insured Person** becomes permanently ineligible for the benefit.

### B17. EVACUATION BENEFIT

**The Company** will pay **Sum Insured** per occurrence as mentioned in **Policy Schedule / Certificate of Insurance** if an **Insured Person** sustains **Injury** in the **Evacuation** from the building used by the **Policy** holder for the **Policy** holder's business activities and during the **Policy Period/Cover Period** which directly and independently of all other causes results in Accidental Death (B1) and / or Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disability (B3) and / or Permanent Partial Disability (B4) and / or Temporary Total Disability (B5) and / or Accidental Medical Expenses (B6) within twelve (12) months of the **Evacuation**.

### B18. FACIAL SCARRING BENEFIT AND DENTAL RECONSTRUCTION

**The Company** will reimburse up to the **Sum Insured** as mentioned in **Policy Schedule/Certificate of Insurance** if an **Insured Person** sustains **Injury** which has valid **Claim** under Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disability (B3) and / or Permanent Partial Disability (B4) and / or Accidental Medical Expense (B6) which results in permanent and visible scarring of the face and Dental reconstruction; recommended by Medical Practitioner if the treatment is taken within three (3) months of **Accident**.

### B19. FAMILY TRANSPORTATION BENEFIT

**The Company** will reimburse actual expenses incurred for transportation

of One (1) member of the immediate **Family** by the most direct route by a licensed **Common Carrier** up to the **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** if an **Insured Person** is confined due to **Injury** in a **Hospital** situated more than 150 kilometers from his residence, within twelve (12) months of the **Accident** and the attending Physician recommends the personal attendance of such member of the immediate **Family**.

### B20. FRACTURES / DISLOCATION / BURNS

**The Company** will pay the **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** for an **Injury** due to Accident during the **Policy /Cover Period** which results in a fracture, dislocation or burns subject to the following conditions:

- i. Fractures of the specific bones mentioned in the below table are covered
- ii. Dislocation of specific joints mentioned in the below table are covered
- iii. Only thermal, electrical and chemical burns are covered
- iv. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts.
- v. If the **Insured Person** suffers more than one of the below mentioned loss as a result of the same accident, **the Company** will add the percentages of each disability together. However, **the Company** will not pay more than 100% of the **Sum Insured** stated in

the **Policy Schedule/ Certificate of Insurance.**

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

### List of Fractures and Burns

#### A. Hip or Pelvis (excluding Thigh or coccyx)

	Loss	% of Sum Insured for Fracture/ Burns
1.	Multiple Fractures at least one Open compound and one complete involving 2 different bones	100%
2.	Multiple Fractures at least one Open compound	50%
3.	Multiple fractures, at least one closed Compound	30%
4.	Multiple Fractures at least one Complete fracture	20%
5.	At least one Complete fracture	10%
<b>B. Thigh or Heel</b>		
1.	Multiple Fractures at least one Open compound and one complete involving 2 different bones	80%
2.	Multiple Fractures at least one Open compound	40%
3.	Multiple fractures, at least one closed Compound	25%
4.	Multiple Fractures at least one Complete fracture	15%
5.	At least one Complete fracture	7%

	Loss	% of Sum Insured for Fracture/ Burns
C.	Lower leg, clavicle, Ankle, elbows, upper or lower arm (including wrist but excluding Coles- type fractures)	
1.	Multiple Fractures at least one Open compound and one complete involving 2 different bones	60%
2.	Multiple Fractures at least one Open compound	35%
3.	Multiple fractures, at least one closed Compound	20%
4.	Multiple Fractures at least one Complete fracture	10%
5.	At least one Complete fracture	5%
<b>D. Skull</b>		
1.	Multiple Fractures of the skull needing surgical Intervention	50%
2.	Multiple Fractures of the skull not needing surgical Intervention	25%
<b>E. Colles type fracture of the lower arm</b>		
1.	Open Compound fracture	30%
2.	Closed Compound fracture	15%
<b>F. Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)</b>		
1.	Open Compound fracture	30%
2.	Closed Compound fracture	15%
<b>G. Spinal Column (Vertebrae but excluding coccyx)</b>		
1.	All compression fractures	45%
2.	All spinous, transverse process of pedicle fractures	40%

	Loss	% of Sum Insured for Fracture/ Burns
3.	Fracture leading to permanent neurological damage	35%
4.	All other vertebral fractures	15%
H.	Lower Jaw	
1.	Multiple fractures, at least one Open compound	20%
2.	Multiple fractures, at least one Closed compound	12%
3.	Multiple fractures, at least one complete	7%
4.	All other fractures	3%
I.	Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers	
1.	Multiple fractures, at least one Open compound	15%
2.	Multiple fractures, at least one Closed compound	10%
3.	Multiple fractures, at least one complete	7%
4.	All other fractures	3%
J.	Burns- 2 <sup>nd</sup> or 3 <sup>rd</sup> degree burns on	
1.	at least 27% of body surface	100%
2.	at least 18% of body surface	50%
3.	at least 9% of body surface	25%
4.	at least 4.5% of body surface	10%
K.	Dislocations requiring surgery under anesthesia*	
1.	Dislocations requiring surgery under anesthesia*	25%
2.	Hip	25%
3.	Knee	20%
4.	Wrist or Elbow	15%
5.	Ankle, shoulder blade or collarbone	10%

	Loss	% of Sum Insured for Fracture/ Burns
6.	Fingers, toes or jaw	5%
	*limit of one payment for each of (1) to (6) in any twelve consecutive months.	
L.	Internal Injuries	
1.	Internal injuries resulting in open abdominal or thoracic surgery excluding hernia	30%

## B21. REPATRIATION OF REMAINS

The Company will reimburse up to the **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** towards transportation of the mortal remains of the **Insured Person** from the place of Death to residence of **Insured Person** if an **Insured Person** sustains **Injury** which results into valid **Claim** under Accidental Death (B1) during the **Policy / Cover**

Covered expenses include but are not limited to, necessary expenses for

- i. Embalming
- ii. Coffins
- iii. Transportation

## B22. FUNERAL BENEFITS

The Company will pay the **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** towards funeral costs if an **Insured Person** sustains **Injury** which results into valid **Claim** under Accidental Death (B1) during the **Policy / Cover Period**

## B23. HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

The Company will pay the **Sum Insured**



as mentioned in the **Policy Schedule / Certificate of Insurance** for **Insured Person's** Home alteration and / or Vehicle Modification within the **Policy / Cover Period** due to Injury caused by an Accident and necessitated within twelve (12) months from the Date of Accident subject to:

1. **Claim** is admissible and paid / payable under one of the Injuries listed under the Accidental Dismemberment and Paralysis(B2), and/ or Permanent Total Disability(B3); and
2. Prior to the date of **Accident** causing such losses did not warrant change in Home / Vehicle and current Home Alteration and Vehicle Modification is a direct result / requirement of loss occurred during the **Policy / Cover Period**

## B24. LOAN SHIELD

**The Company** will reimburse outstanding loan amount maximum up to the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** If during the **Policy / Cover Period** an **Insured Person** sustains **Injury** which directly and independently of all other causes results in Accidental Death (B1) within twelve (12) months of the Date of Accident.

### Specific Conditions

- 1) The outstanding loan amount would not include any arrears, penalties or penal interest.
- 2) The loan has to be in the name of the **Insured Person** and from a Financial Institution.
- 3) Any payments that are overdue and unpaid by the **Insured Person** prior to

the occurrence of the event giving rise to a **Claim** will not be considered for the purpose of this Cover and shall be deemed as paid by the **Insured Person**

- 4) Coverage will be applicable for non Credit linked policies

## B25. IN-HOSPITAL DAILY CASH

**The Company** will pay a fixed amount for each day in **Hospital** as stated in the **Policy Schedule/Certificate of Insurance** subject to **Deductible** and to maximum number of **days** as stated in the **Policy Schedule / Certificate of Insurance** if the **Insured person** is treated in a **Hospital** as an inpatient due to **Accidental** injuries suffered during the **Policy / Cover Period**.

## B26. LOSS OF ACTIVITIES OF DAILY LIVING

**The Company** will pay **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** if an **Injury** due to an Accident during the **Policy / Cover Period** results in inability to perform 3 or more **Activities of Daily Living** for a period of 6 consecutive months or more.

The coverage of this benefit will cease after **Age** of seventy five.

## B27. LOSS OF JOB

**The Company** will pay **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** if an **Insured Person** suffers **Injury** due to Accident which results in Accidental Dismemberment and Paralysis (B2) and /or Permanent Total Disability (B3) and /or Permanent Partial Disability (B4) and is disabled from engaging in primary occupation and subsequently loses source of income generation.

## B28. LUMP SUM BENEFIT ON DIAGNOSIS OF HIV

**The Company** will pay **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** if the **Insured Person** being diagnosed with HIV Infection within a period of three (3) months from the date of Blood Transfusion undergone as a part of treatment for **Injury** suffered during the **Policy / Cover Period** if **Claim** accepted and paid or payable under Benefit Accidental Death(B1) and / or Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disability (B3) and / or Permanent Partial Disability (B4) and / or Temporary Total Disability (B5).

## B29. MEDICAL INSURANCE PREMIUM BENEFIT

**The Company** will reimburse the actual costs of one time Annual immediate upcoming medical insurance premiums (payable for the Spouse and Dependent Child / children combined) up to **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** if **Claim** accepted and paid or payable under Benefit Accidental Death (B1).

## B30. ANIMAL ATTACK COVER

**The Company** will pay **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for **Medical Expenses** of **Insured Person** if he is **Hospitalised** for seventy-two (72) continuous hours due to **Injury** as the result of an attack by any four (4) limbed Animal that is not an insect or reptile during the **Policy / Cover Period**

## B31. PHYSIOTHERAPY

**The Company** will reimburse up to **Sum**

**Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for Physiotherapy sessions recommended by the attending Physician/Surgeon.

Such Covers would be applicable immediately following the **Insured Persons** discharge/ Treatment from **Hospital** and **The Company** has accepted **Insured Person's** Accidental Medical Expense (B6) - Inpatient **Claim** in this **Policy / Cover**.

Physiotherapy sessions should start within 1 month from the date of Incident up to maximum sessions stated in the **Policy Schedule**.

## B32. TRAUMA COUNSELLING

**The Company** will reimburse up to the **Sum Insured** for professional psychological counselling treatment which is medically necessitated within 12 months of the **Accident** during the **Policy / Cover Period** and recommended by the attending Physician/Surgeon up to the number of sessions/sitting as mentioned in the **Policy Schedule/ Certificate of Insurance**.

## B33. PUBLIC CARRIER BENEFIT

**The Company** will pay the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for **Injury** to the **Insured Person(s)** within the **Policy / Cover Period** because of an **Accident** which directly and independently results in loss of life. **Injury** must occur while **Insured Person** is riding as a bonafide passenger, boarding or alighting from, a **Public Carrier**. The loss must be within 12 months from the date of the **Accident** which caused **Injury**.

The **Policy** will cease for such **Insured Person** after payment of **Claim**.

## B34. LOSS OF PERSONAL EFFECTS

The Company will reimburse up to the **Sum Insured** subject to **deductible** as mentioned in **Policy Schedule/Certificate of Insurance** for loss/ theft of **Personal effects** following an **Accident** if an **Insured Person** sustains **Injury** during the **Policy /Cover Period** and if **Claim** accepted and paid or payable under Accidental Dismemberment and Paralysis (B2) and / or Permanent Total Disability (B3) and / or Permanent Partial Disability (B4) and / or Temporary Total Disability (B5).

The amount payable in respect of any one article shall not exceed amount shown on the **Policy Schedule / Certificate of Insurance**.

### Exclusions specific to this coverage:

The Company will not be liable under this section for any:

1. loss or damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by the **Insured Person** to repair, clean or alter any property;

## B35. TERRORISM COVER

In lieu of payment of additional premium being received for this Benefit, Section 3- General Exclusions Point No. 10 stands deleted from the Policy.

### Section 3: General Exclusions

#### Exclusions specific to this Policy, which can be waived on payment of additional premium

1. Any **Insured Person's** participation in **Adventure Sports** for Leisure performed under expert supervision of trained professional or racing or in winter sports, scuba diving within 50 meters from sea

level, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, mountain biking other than cross country or on tracks and trails, bushwalking within 3,000 meters from sea level, wind surfing (coastal waters within 3 nautical miles) hiking / trekking within 3000 meters from sea level, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating within coastal waters (2 miles), participation in any **Professional Sport**, any bodily contact sport or any other hazardous or potentially dangerous sport for which the **Insured Person** are trained or untrained;

2. Terrorism as given in General Exclusions Point No. 10 of " Exclusions specific to this Policy" mentioned herewith

#### Exclusions specific to this Policy

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

3. Any Pre-existing disease, any complication arising from it,
4. The attending Physician who will be (a) **Insured Person** himself / herself or (b) Close Member of the Family who is covered in this Policy.
5. suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted **Injury** or illness,
6. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed;
7. Participation in an actual or attempted felony, riot, crime, misdemeanor(excluding traffic violations) or civil commotion ;

8. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Aircraft;
9. War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionising radiation;
10. any loss, damage cost or expense of whatsoever nature caused by, resulting from or in connection with any **Act of Terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss;
11. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel;
12. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;
13. Any **Insured Person's** participation in **Professional Sports** or **Adventure sports** other than mentioned in Section 3: General Exclusions- Point 1, or participation without expert supervision of trained professional;
14. Arising or resulting from the **Insured Person(s)** committing any breach of law with criminal intent
15. Any loss caused by osteoporosis (porosity and brittleness of the bones due to loss of protein form the bones matrix) or pathological fracture (any fracture in an area where **Pre-existing disease** has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the **Policy**
16. for any loss of which a contributing cause was **Insured Person's** actual or wilful participation in, an illegal act or any violation or attempted violation of the law or **Insured Person's** resistance to arrest;
17. Confinement in a **Hospital** which is not **Medically Necessary**
18. Mosquito bite and resultant diseases are excluded under the **Policy**.
19. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy.

## Section 4: General Conditions

### A. Condition Precedent:

- i. Condition Precedent means a policy term or condition upon which **the Company's** liability under the policy is conditional upon.
- ii. The fulfillment of the terms and conditions of this **Policy** (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by **Policyholder** or any **Insured Person** shall be conditions precedent to **The Company's** liability.
- iii. The premium for the policy will remain the same for the **Policy / Cover period** as mentioned in the **Schedule**.
- iv. In case of master policy, the **Policy Period** would be 1 year however the period of certificate of insurance would be from 1 year to 5 years (in case of credit linked). Details of the policy term applicable to individual certificate of insurance would be clearly stated in **Insured Person's** certificate of insurance.

## B. Entire contract:

- i. This Policy, its Schedule, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this policy shall be valid unless approved by **the Company** and such approval be endorsed hereon.
- ii. This Policy and the **Policy Schedule/ Certificate of insurance** shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy** or of the **Schedule** shall bear such meaning wherever it may appear.

## C. Fraud:

- i. **The Company** will not be liable to pay under the policy if any **Claim** is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or an **Insured Person**.
- ii. In the event of fraud done by a primary member/his dependents, in case of employer-employee / non employer - employee policies, the coverage in respect of that **Insured person** and his dependents shall be terminated and there shall be no refund of **Insured person's** premium. Subsequent to this, such **Insured person/s** shall not be covered even during renewals.

## D. Mis-representation or non-disclosure of material facts:

- i. In case of employer-employee

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

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

## E. Other Insurance:

- i. The clause is applicable for **Claims** under Accidental **Medical Expenses** (B6).
- ii. If at the time when any **Claim** is made under this **Policy**, the **Insured Person** has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any **Claim** (in part or in whole) being made under this **Policy**, then the **Insured Person** shall have the right to require a settlement of such **Claim** in terms of any of **Insured Person's** policies.
- iii. The insurer so chosen by the **Insured Person** shall settle the **Claim**, as long as the **Claim** is within the limits of and according to terms of the chosen **Policy**.
- iv. Provided further that, If the amount to be **Claimed** under the **Policy** chosen

by **Insured Person**, exceeds the **Sum Insured** under a single **Policy** after considering the **Deductibles** or **Co-payment** (if applicable), the **Insured Person** shall have the right to choose the insurers by whom **Claim** is to be settled.

- v. The **Insured Person** has also have the right to prefer **Claims** under the **Policy** chosen by the **Insured Person** for amounts disallowed under the earlier chosen **Policy(ies)** even if the **Sum Insured** is not exhausted

#### F. Renewal conditions :

The Policy may be renewed with **The Company's** consent. The benefits under the **policy** or/and the terms and conditions of the policy, including premium rate may be subject to change. **The Company**, however, is 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 **policy / cover period** for which premium has been paid / received. No renewal receipt shall be valid unless it is on the printed form of **the Company** and signed by an authorized official of **the Company**.

#### G. Withdrawal:

- i. In the likelihood of this product being withdrawn in future, **the Company** will intimate **Policyholder/ Insured Person** about the same 3 months prior to expiry of the policy.
- ii. **Policyholder/ Insured Person** will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the

policy has been maintained without a break as per portability guidelines issued by IRDAI.

#### H. Notices:

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

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

#### I. Termination:

- i. **Policyholder / Insured Person** may terminate this **Policy Schedule / Certificate of Insurance** at any time by giving **The Company** written notice, and the **Policy Schedule /Certificate of Insurance** shall terminate when such written notice is received.
- ii. In case of Group policy, each **Certificate of Insurance** will get terminated on the earliest of the following dates:
  - a. The date **Policyholder / Insured Person** or **The Company** cancel the **Certificate of Insurance**

- b. The member opts out of the scheme
- c. Foreclosure/closure of loan availed (wherever applicable)

In addition to the above, the **Insured person** has an option to continue the cover till the expiry of the **Certificate of Insurance** in case of condition I.ii.c as mentioned above.

Otherwise, In the event of foreclosure/closure of entire loan where **Certificate of Insurance** is terminated, **the Company** shall refund proportionate premium

provided there are no **Claims** under the policy. In case of prepayment of the entire loan and upon making any refund of premium under this **Policy** in accordance with the terms and conditions hereof in respect of the **Insured person**, the Cover in respect of the **Insured person** shall forthwith terminate and **the Company** shall not be liable hereunder

- iii. If no **Claim** has been made under the Policy/Certificate of Insurance, then We will refund premium in accordance with the short rate table below:

**Short rate table:**

Length of time Policy in force	Year				
	1	2	3	4	5
Up to 1 Month	85.00%	87.50%	91.50%	96%	98%
>1 month & Up to 3 Months	70.00%	75.00%	88.50%	93%	95%
>3 months & Up to 6 Months	50.00%	62.50%	75%	78%	80%
>6 months & Up to 12 Months	Nil	50.00%	66.50%	70%	72%
>12 months & Up to 15 Months	NA	30%	50%	52%	54%
>15 months & Up to 18 Months	NA	20%	41.50%	43%	44%
>18 months & Up to 24 months	NA	Nil	33%	35%	36%
>24 months & Up to 30 months	NA	NA	15%	20%	30%
> 30 months & Up to 36 months	NA	NA	Nil	15%	25%
> 36 months & up to 42	NA	NA	NA	Nil	20%
Exceeding 42 months	NA	NA	NA	Nil	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the **Insured Person** where any **Claim** has been admitted by **The Company** or has been lodged with **The Company**.

- iv. **The Company** may at any time terminate this Policy /Certificate of insurance on grounds of

misrepresentation, fraud, non-disclosure of material facts or non-cooperation by **Insured Person** or any **Insured Person** or anyone acting on **Insured Person's** behalf or on behalf of an **Insured Person** by sending an endorsement to **Insured Person** address shown in the **Schedule** to this **Policy**.

- v. In the event of termination of this

Policy/Certificate of insurance on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.

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

**J. Reasonable Care:**

The **Policy** holder/ **Insured Person** shall take all reasonable steps to safeguard the interests against any Illness / **Injury** that may give rise to a **Claim**.

**K. Material Change:**

The **Policy** holder shall immediately notify **The Company** in writing of any material change in the risk on account of change in occupation / business at his own expense and **The Company** may adjust the scope of cover and/or premium, if necessary, accordingly.

**L. Records to be maintained:**

The **Policy** holder/ **Insured Person** shall keep an accurate record containing all relevant medical records and shall allow **The Company** or its representative(s) to inspect such records. The **Policy** holder/ **Insured Person** shall furnish

such information as **The Company** may require under this **Policy** at any time during the **Policy Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all **Claims** under this **Policy**.

**M. 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 in writing by the parties or if they cannot agree upon a single arbitrator within One (1) month of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
- It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, if **The Company** have disputed or not accepted liability under or in respect of this **Policy**.

**Section 5: Claims Procedure and Claims Payment**

**A. Intimation & Assistance**

**Insured Person(s)** can notify a **Claim** by sending an SMS **CLAIMS** to **5616181** or by calling **The Company's** 24x7 toll free



helpline **1800-266-7780** or 1800 229966 (only for senior citizen **Policy** holders). Please use the **Claim** Intimation Form for intimation of a **Claim**.

**Insured Person(s)** can even write to **The Company** at **general.claims@tataaig.com** and scanned documents may be submitted at **paclaim.support@tataaig.com** to initiate **Claim** processing.

- Please provide the following information at the time of intimation of **Claim**
  - **Policy Schedule/Certificate of Insurance**
  - Name of Injured person
  - Date & Time of Loss, Location of accident
  - Nature of **Injury** / Accident
  - Policy Coverage under which **Claim** is preferred
  - Name of **Hospital** / doctor where treatment taken
  - Name / Location of police station, if case is reported with police

- E-mail ID & mobile/ telephone no. of **Insured Person** / Contact Person

- Please send a duly signed **Claim** form and all the information / documents mentioned below to **The Company** within One (1) month of the date of loss / **Injury**.

## B. Claim Notification

It is a **Condition precedent** to **The Company's** liability hereunder that notice of **Claim** must be given by the **Insured Person** to **The Company** within seven (7) **Days** after an actual or potential loss begins or as soon as reasonably possible and in any event no later than One (1) month after an actual or potential loss begins. Failure to furnish such intimation within the time required shall not invalidate nor reduce any **Claim** if the **Insured Person** can satisfy **The Company** that it was not reasonably possible for the **Insured Person** to give intimation / documents within such time. **The Company** may relax these timelines only in special circumstances and for the reasons beyond the control of the **Insured Person**.

## C. Claim Documentation

Accidental Death		Permanent Total Disability / Accidental Dismemberment and Paralysis/ Permanent Partial Disability / Loss of Activities of Daily Living	
1.	Claim form with Attending Doctor's report.	1.	Claim form with Attending Doctor's report.
2.	Copy of Death Certificate	2.	Copy of Disability Certificate from the Competent Authorized Doctor or Civil Surgeon / physician showing the percentage (%) of disability
3.	Copy of Post Mortem report	3.	Copy of Admission/ discharge card with complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.)
4.	Copy of First Information Report and Panchanama, if filed and available	4.	Copy of First Information Report and Panchanama, if filed and available

Accidental Death		Permanent Total Disability / Accidental Dismemberment and Paralysis/ Permanent Partial Disability / Loss of Activities of Daily Living	
5.	In case of Road Accident – Copy of Spot / Inquest Pachamama – if done and First Information Report-if done.	5.	In case of Road Accident - Copy of Spot / Inquest Pachamama- if done and First Information Report-if done.
6.	Copy of Admission/ discharge card with complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.), if admitted.	6.	Copy of salary slips showing the date of joining & designation / grade as mentioned in policy certificate (if unNamed policy).
7.	Copy of salary slips showing the date of joining & designation / grade as mentioned in policy certificate (if unNamed policy).	7.	Complete Photograph of insured showing disabled / dismembered body part
8.	Copy of newspaper cutting, if any.	8.	Original CKYC form with attested copy of KYC documents and Cancelled cheque with Latest Passport size photograph.
9.	Original CKYC form with attested copy of KYC documents and Cancelled cheque with Latest Passport size photograph. (if Nominee payment)		
Accidental Medical Expenses / Accidental Miscarriage		Temporary Total Disability	
1.	Claim form with Attending Doctor's report	1.	Claim form with Attending Doctor's report
2.	Copy of First Information Report and Panchanama, if filed and available	2.	Copy of First Information Report and Panchanama, if filed and available
3.	Copy of Discharge card / summary, diagnostic test reports, etc	3.	In case of Road accident – Copy of Spot / Inquest Pachamama – if done and First Information Report-if done.
4.	Original Bills and receipts for medical expenses.	4.	Copy of fitness certificate from treating doctor
		5.	Copy / E-mail of Leave certificate from Human Resources (HR) / person designated for the same, if salaried.
		6.	Copy of salary slips showing the date of joining & designation / grade as mentioned in policy certificate (if unNamed policy).

Accidental Death		Permanent Total Disability / Accidental Dismemberment and Paralysis/ Permanent Partial Disability / Loss of Activities of Daily Living	
<b>In-Hospital Daily Cash</b>		<b>Education Benefit</b>	
1.	Claim form with Attending Doctor's report	1.	Claim form
2.	Copy or Self Attested copy of Admission/ discharge card,	2.	Copy of admission form with identity card for child/children at the time of date of loss.
3.	Attested true copy of First Information Report and Panchanama, if filed and available	3.	Copy of Birth Certificate or any other valid document establishing age.
		4.	Copy of cancelled cheque or First (1 <sup>st</sup> ) page of bank passbook giving the details of child / joint account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)
<b>Air Ambulance</b>		<b>Ambulance services</b>	
1.	Claim Form	1.	Claim Form
2.	Copy of recommendation letter from treating doctor for use of Air Ambulance	2.	Original bills and receipts for cost of Ambulance to the hospital
3.	Original bills and receipts for cost of Air Ambulance to the hospital		
<b>Chauffer / Rental Car Benefit</b>		<b>Coma</b>	
1.	Invoice / receipt towards chauffer / rental car services	1.	Claim Form
2.	Claim form	2.	Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc
3.	Copy of recommendation letter from treating doctor for wheelchair or any other support mentioning the total duration of such services		
<b>Facial Scarring benefit &amp; Dental Reconstruction</b>		<b>Cost of Crutches / wheel chair / Artificial limbs</b>	
1.	Claim Form Copy of medical records showing the details of medical condition – facial scarring / dental reconstruction	1.	Claim Form with recommendation from treating doctor
		2.	Original bills & receipts for cost of Crutches / Wheel Chair / Artificial limb

<b>Accidental Death</b>		<b>Permanent Total Disability / Accidental Dismemberment and Paralysis/ Permanent Partial Disability / Loss of Activities of Daily Living</b>	
<b>Family Transportation benefit</b>		<b>Fractures / Dislocation / Burns</b>	
1.	Claim Form	1.	Claim Form
2.	Copy of recommendation letter from treating doctor for requirement of attendance	2.	FIR / Medico Legal Report or related police records
3.	Original bills and receipts for expenses incurred for travelling to the hospital by common carrier like train, bus, etc	3.	Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc
<b>Repatriation of Remains</b>		<b>Home alteration And Vehicle Modification Benefit</b>	
1.	Claim form	1.	Claim Form
2.	Original bills and receipts for Embalming, Cremation, Coffins & Transportation	2.	Copy of recommendation letter from treating doctor for wheelchair or any other support
		3.	Original bills and receipts for expenses incurred for home / vehicle alteration / modification
<b>Loan Shield</b>		<b>Assault</b>	
1.	Copy of Loan sanction letter and regular EMI paid details with Principal loan outstanding details as on date of loss.	1.	Claim form
		2.	FIR mandatory
<b>Loss of pay/Loss of Job</b>		<b>Lump sum Benefit on Diagnosis of HIV</b>	
1.	Claim form	1.	Claim form
2.	Copy of proof of Job / earning, prior to Permanent Total Disability / Dismemberment and Paralysis / Permanent Partial Disability like copy of ITR returns for last 1 year prior to accident or salary slips for last 3 months prior to accident.	2.	Copy of the proof of medical records showing the blood transfusion details & diagnostic HIV test report
3.	Copy of appointment letter with certificate from current employer regarding current status of job	3.	Copy of First Information Report and Panchnama, if filed and available along with copy of medical records like Discharge summary, Indoor case papers, etc

Accidental Death		Permanent Total Disability / Accidental Dismemberment and Paralysis/ Permanent Partial Disability / Loss of Activities of Daily Living	
<b>Medical Insurance Premium Benefit</b>		<b>Animal Attack Cover</b>	
1.	Claim form	1.	Claim form
2.	Copy of medical insurance policy showing the premium details for dependent.	2.	Copy of First Information Report and Panchnama, if any, along with copy of medical records like Discharge summary, Indoor case papers, etc
3.	Original receipt for the medical insurance premium payment.	3.	Original Bills & payment receipts for medical expenses
<b>Adventure sports</b>		<b>Physiotherapy</b>	
1.	Claim Form	1.	Claim form
2.	Original declaration from Insured Person that he was not involved in Professional Sport	2.	Copy of Discharge summary
		3.	Copy of recommendation letter from treating doctor for physiotherapy
		4.	Original Bills and payment receipts for physiotherapy expenses
<b>Trauma Counseling</b>		<b>Public Carrier benefit</b>	
1.	Claim Form	1.	Claim form
2.	Copy of consultation / reference letter from treating doctor for Psychological assistance	2.	Copy of valid ticket showing that insured was riding as a bonafide passenger
3.	Original bills and receipts for Psychological assistance with consultation notes		
<b>Loss of Personal Effects</b>			
1.	Claim form		
2.	Copy of First Information Report and Panchnama, if filed and available mentioning about the loss details & lost items		
3.	A Police report or information to Police is compulsory		
4.	Original Bills & Payment receipts of lost items		

Other appropriate Documents based on the **Claim** detailselectronic and electronic-based equipment designed precisely for educational and instructional purposes

Please submit all documents to the Corporate Office at the address given below:

## Accident & Health Claims Department

Tata-AIG General Insurance Co. Limited.  
A-501,5Th Floor, Bldg No -4, Infinity Park,  
Dindoshi, Malad (E)  
Mumbai 400 097

### D. Assignment of Indemnities (In case of non Credit Linked policy)

Amount payable under the **Policy**, if any, in case of **Insured Person's** loss of life is payable to :

- by default to the **Nominee** declared by **Insured Person** provided such **Nominee** survives **Insured Person** by thirty Days; otherwise, amount is payable to **Insured Person's** Legal Heir , or
- In case the nominee is Minor, the benefit will be given to the joint Account of the Legal Guardian and the Minor Child., or
- **Assignee**, a person or financial institution to whom a right or liability is legally transferred.

Any payment **The Company** make in good faith pursuant to this provision shall fully discharge **The Company** to the extent of the payment.

For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, the

**Insured Person's** guardian shall appoint the **Nominee**

### E. Assignment of Indemnities (In case of Credit Linked policy)

It is hereby declared and agreed that:

- from the **Cover Start Date**, the monies payable by **the Company** to the **Insured Person** and all rights, title, benefits and interest of the **Insured Person** under this **Cover** stand assigned in favour of the "Bank / Financial Institution as named in the **Schedule** of this **Policy**";
- Upon any monies becoming payable under this **Policy** the same shall be paid by **the Company** to the "Bank/ Financial Institution as named in **Schedule** of this **Policy**" without any reference / notice to the **Insured Person**, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this **Policy** exceeding the Principal Outstanding, **the Company** shall pay such monies as exceeding the Principal Outstanding to the **Insured Person**;
- the receipt of such monies in the manner aforesaid by the Bank/ Financial Institution as named in the **Schedule** of this Policy and the **Insured Person** shall completely discharge **the Company** from all liability under the **Policy** and shall be binding on the **Insured Person** and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

- That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between **the Company** and the **Insured Person** or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties insured hereunder but no so as to impair rights of the Financier to recover the full amount of any **Claim** it may have on other parties insured hereunder.

## F. 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**.

## G. Change of Nominee

No change of **Nominee** under this **Policy** shall bind **the Company**, unless consent thereto is formally endorsed thereon by **The Company's** authorized officer.

## H. Claims Payment

**The Company** shall make the payment of **Claim** that has been admitted as payable by **The Company** under the **Policy** terms and conditions within One (1) month from date of receipt of last necessary document. All **Claims** will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of **Policy** holders Interests Regulation), 2017.

In the case of delay in the payment of a **Claim**, **The Company** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of **Claim** at a rate 2% above the

bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which **Claim** has fallen due.

The payment of any **Claim** under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for **Claims** payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion.

## I. Complete discharge

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

## Redressal of Grievance

In case of any grievance the **Insured Person** may contact through

**Website:** [www.tataaig.com](http://www.tataaig.com)

Call us 24X 7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at [customersupport@tataaig.com](mailto:customersupport@tataaig.com)

Write to us at: Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

The **insured person** may also approach the grievance cell at any of the Company's branches with details of grievance.

If **Insured Person** is not satisfied with the redressal of grievance through one of the above methods, **Insured person** may contact the grievance officer at [manager.customersupport@tataaig.com](mailto:manager.customersupport@tataaig.com). For updated details of grievance officer, kindly refer the link IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

If **Insured Person** is not satisfied with the redressal of grievance through above methods, the **Insured Person** may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Office Details	Address & Contact details	Jurisdiction of Office (Union Territory, District)	Date of Taking Charge
AHMEDABAD - Shri Kuldip Singh	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
BENGALURU - Smt. Neerja Shah	Office of the Insurance Ombudsman, Jeevan Soudha Building No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka.	23/04/2018
BHOPAL - Shri Guru Saran Shrivastava	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh Chhattisgarh.	24/05/2018
BHUBANESHWAR - Shri Suresh Chandra Panda	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa.	11/09/2019
CHANDIGARH - Dr. Dinesh Kumar Verma	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	16/04/2018



Office Details	Address & Contact details	Jurisdiction of Office Union Territory, District)	Date of Taking Charge
CHENNAI - Shri M. Vasantha Krishna	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	03/05/2018
DELHI - Shri Sudhir Krishna	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi	12/09/2019
GUWAHATI - Shri Kiriti .B. Saha	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	02/05/2018
HYDERABAD - Shri I. Suresh Babu	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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	11/06/2018
JAIPUR - Smt. Sandhya Baliga	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan	13/04/2018
ERNAKULAM - Ms. Poonam Bodra	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	07/11/2018
KOLKATA - Shri P. K. Rath	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	30/09/2019

Office Details	Address & Contact details	Jurisdiction of Office Union Territory, District)	Date of Taking Charge
LUCKNOW - Shri Justice Anil Kumar Srivastava	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0a522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Basti, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Ballia, Jaunpur, Varanasi, Gazipur, Jalaun, Mau, Gonda, Deoria, Kanpur, Lucknow, Unnao, Sitapur,	11/09/2019
		Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Faizabad, Amethi, Kaushambi, Balrampur, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Ghazipur, Chandauli, Sidharathnagar.	
MUMBAI - Shri Milind A. Kharat	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	04/05/2018

Office Details	Address & Contact details	Jurisdiction of Office Union Territory, District)	Date of Taking Charge
NOIDA - Shri Chandra Shekhar Prasad	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Budaun, Bulandshehar, Bijnor, Etah, Kanooj, Shamli, Mainpuri, Muzaffarnagar, Mathura, Hapur, Meerut, Farrukhabad, Moradabad, Oraiyya, Pilibhit, Etawah, Firozbad, Ghaziabad, Hardoi, Shahjahanpur, Gautambodhanagar, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	17/09/2019
PATNA - Shri N. K. Singh	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.	09/10/2019
PUNE - Shri Vinay Sah	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	03/12/2019

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

### Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

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

1. No person shall allow or offer to allow, either directly or indirectly, as an

inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.