

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.

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.

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.

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.

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

Proposal and Declaration Form - means any initial or subsequent declaration made by the Policyholder 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 Ta 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, nervous disorder, anxiety, stress or depression; 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
 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 disease and conditions arising out of or resulting therefrom.
 14. Any non medical expenses (**Annexure I –Excluded Items** 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
- 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

non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event

of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

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.
- (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:**
- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
 - ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder
- from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- ("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
- (f) Payment of Claim:** All claims under this Policy that are payable to You or Your nominee shall be paid in Indian currency.
- 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

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 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.

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 Disease 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

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, 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 Disease.

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).

Redressal of Grievance

In case of any grievance the Insured Person may contact through

Website: 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

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. 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/>

Names of Ombudsman and Addresses of Ombudsman Centres

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: bimalokpal.ahmedabad@ecoi.co.in	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: bimalokpal.bengaluru@ecoi.co.in	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: bimalokpal.bhopal@ecoi.co.in	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: bimalokpal.bhubaneswar@ecoi.co.in	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: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	16/04/2018
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

Office Details	Address & Contact details	Jurisdiction of Office Union Territory, District)	Date of Taking Charge
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
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, Lakhimpur, Bahraich, Barabanki, Raebareli, Srivasti, Faizabad, Amethi, Kaushambi, Balrampur, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Ghazipur, Chandauli, Sidharathnagar.	11/09/2019

Office Details	Address & Contact details	Jurisdiction of Office Union Territory, District)	Date of Taking Charge
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
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, Bulandshihar, 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 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 prospectus or tables of the insurer.

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