



## 1. Consumable Expenses:

This cover is applicable if it is shown on *Your* schedule.

### **What is covered:**

*We* will cover cost of consumables required to be replaced/replenished arising from an accident to the insured vehicle. Consumable for the purpose of this cover shall include engine oil, gear box oil, lubricants, nut & bolt, screw, distilled water, grease, oil filter, bearings, washers, clip, break oil and items of similar nature excluding fuel.

### **What is not covered:**

1. Any consumable not associated with admissible Own Damage claim under section I (Own Damage) of the policy.
2. If there is no valid and admissible claim under section I (Own Damage) of the policy.

Subject otherwise to the terms exceptions condition & limitations of the policy

## 2. Additional Third Party Property Damage cover

This cover is applicable if it is shown on *Your* schedule.

- *We* will pay for damage to property other than the property belonging to *You* or held in *Your* trust, custody and control up to the limit specified in the policy schedule provided that damage to property is solely and directly caused by accident by the insured vehicle.
- The above limit is in respect of any one claim or series of claims arising out of one event/occurrence in excess of maximum limit of liability covered under Section II of the policy.

Subject otherwise to the terms exceptions condition & limitations of the policy.

## 3. Additional Personal Accident Cover to unnamed persons

This cover is applicable if it is shown on *Your* schedule.

### What is covered:

*We* will pay compensation on the scale provided below for bodily injury as hereinafter defined sustained by unnamed hirer/driver/pillion/side car passenger in direct connection with vehicle insured or whilst mounting and dismounting from or driving or travelling in the insured vehicle and caused by violent, accidental external and visible means which independently of any other cause shall within three calendar months of the occurrence of such injury result in:-

Details of Injury	Scale of Compensation
i) Death	100%
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii) Loss of one limb or sight of one eye	50%
iv) Permanent Total Disablement from	100%

injuries other than named above	
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- **We** shall pay under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence in addition to maximum limit of liability covered under Section II of the policy and total liability of the insurer shall not in the aggregate exceed the amount stated in the schedule during *Period of insurance* in respect of any such person.
- Such compensation shall be payable only with **Your** approval and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
- not more than the number of persons/passengers specified in the registration certificate were in the vehicle at the time of occurrence of such injury.
- Subject to such person holding an effective driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of the accident in case such person was driving the insured vehicle.
- Written notice of claim must be given by **You** to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 days after actual or potential loss begins.
- **You** or someone claiming on **Your** behalf shall provide Us with all documentation, medical records and information that **We** may request to establish the circumstances of the claim, its quantum or **Our** liability for the claim within 15 days of notice of claim to us. 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.
- Documentation:
  - Duly Completed and signed Claim Form
  - Attested copy of Death Certificate in case of death.
  - Medical report from attending specialist doctor including Death Summary in case of hospitalization.
  - Attested copy of disability certificate from the specialist treating doctor stating percentage of disability.
  - Attested copy of FIR / Panchanama / Inquest Panchanama.
  - Complete medical records/reports including investigation /Lab reports ( X-Ray ,MRI etc) in case of disability claim.
  - Attested copy of Post Mortem Report (only if conducted).
  - Any other document(s) as requested by Claims Department which is/are relevant to the coverage under the policy.
  - If claim amount> 1 Lakh, KYC Documents such as Pan Card Copy, Address Proof, one Passport color photo of claimant..
  - We, at **Our** own expense, shall have the right and opportunity of **Your** medical examination through **Our** appointed agents whose details will be notified to **You** when and as often as **We** may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to arrange for a post mortem

examination report, if conducted, on *Your* body as permitted by law. *Your* or *Your* estate's compliance with the need for such examination is a condition precedent to establishing liability under the Policy.

**What is not covered:**

- *We* shall not pay any compensation in respect of death or injury directly or indirectly wholly or in part arising or resulting from traceable to intentional self injury suicide or attempted suicide physical defect or infirmity

Subject otherwise to the terms exceptions condition & limitations of the policy.

**4) Emergency Medical Expenses**

This cover is applicable if it is shown on *Your* schedule.

**What is Covered:**

*We* will pay emergency medical expenses incurred by *You* for treatment of bodily injury/ies sustained by *You* or any occupant of the vehicle in direct connection with vehicle insured or whilst mounting and dismounting from or driving or travelling in the insured vehicle and caused by violent, accidental external and visible means and required treatment is taken in a *Hospital / Nursing Home*. Reasonable *Ambulance* Charges incurred by *You* for hiring an *Ambulance* for shifting *You* or occupant from the site of accident to the *Hospital / Nursing Home* is also covered.

**What is not Covered:**

- Any expenses related to a sickness, disease or medical disorder not directly consequential to accident.
- Any expenses towards psychosomatic disorders of any kind, whether caused or accentuated by accident or otherwise.
- Any physiotherapy treatment.
- Any expense not supported by an original and valid bill / receipt and related prescription of the attending *Medical Practitioner / Hospital / Nursing Home*.
- Expenses, if the treatment is started after 5 days from the date of Accident
- Not more than sum-insured as mentioned in the schedule during policy period.
- Any expense arising or resulting from or traceable to intentional self injury, suicide or attempted suicide physical defect or infirmity.
- Any expense arising or resulting from or traceable to an accident happening whilst *You* are under the influence of intoxicating liquor or drugs.

Subject otherwise to the terms exceptions condition & limitations of the policy

**Definitions:**

1. **We, Us, Our, Ourselves** means the Tata AIG General Insurance Co. Ltd.
2. **You, Your, Yourself** - Means or refers to the person or persons described in the Schedule as the insured.
3. **Constructive Total Loss** - A vehicle will be considered to be a Constructive Total Loss (CTL), where the aggregate cost of retrieval and/or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the Sum Insured.
4. **Period of insurance** - The period of time stated in the schedule for which the policy is valid and operative.
5. **Hospital / Nursing Home** – Any institution established for indoor care and treatment of sickness and injuries and registered with local authorities and is under the supervision of a licensed and qualified medical practitioner.
6. **Ambulance** – A self-propelled motor vehicle specifically designed to transport critically sick or injured people to a medical facility.
7. **Medical Practitioner** – A person licensed to practice medicine and registered with the relevant authorities.
8. **Authorized workshop / garage / service station** – A motor vehicle repair workshop / garage / service station authorized by us.
9. **Consumable** – Includes engine oil, gear box oil, lubricants, nut & bolt, screw, distilled water, grease, oil filter, bearings, washers, clip, break oil and items of similar nature excluding fuel.
10. **Geographical Area** – As per Schedule

**“Insurance is the subject matter of the solicitation”.**

**“Commencement of risk cover under the Policy is subject to receipt of payable premium by Tata AIG General Insurance Company Limited”.**

TATA AIG General Insurance Company Limited, Regd. Office : Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013.

IRDA of India Regn. No.108, CIN No.: U85110MH2000PLC128425, UIN No.:  
IRDAN108P0007V01201516

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