



Tata AIG General Insurance Company Ltd.

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IRDA of India Registration No.: 108  
CIN: U85110MH2000PLC128425

## ACCIDENT SHIELD POLICY

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

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

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

**For Tata AIG General Insurance Company Limited**

**Atri Chakraborty.**  
**National Head – Operations.**

**Authorised Signatory**

## Part A: GENERAL DEFINITIONS

We use certain words in this Policy and 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 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.

1. **Accident, Accidental** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means. .
2. **Acquired Immune Deficiency Syndrome** - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).
3. **Age** - means completed years as at the Effective Date.

For purpose of this Policy, the Eligible entry age is from 6 Months upto 65 years. Policy is however renewable for life upon payment of premium.

4. **Certificate of Insurance** - means the document issued by Us detailing the effective date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).
5. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - 5a. Internal Congenital Anomaly - which is not in the visible and accessible parts of the body.
  - 5b. External Congenital Anomaly - which is in the visible and accessible parts of the body.
6. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
7. **Disease – means an** abnormal condition affecting the body causing pain, dysfunction, distress or death to the person afflicted, or similar problems for those in contact with the person. It may be caused by external factors, such as infectious disease, or by internal dysfunctions, such as autoimmune diseases. This can be classified as communicable / non-communicable disease or pathogenic / deficiency / hereditary / physiological disease.
8. **Eligible Children** - means named 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.
9. **Eligible Family** - means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Eligible Children for which cover is selected and premium is paid.

10. **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.
11. **IRDA** – means Insurance Regulatory and Development Authority
12. **Immediate Family Member** - means an Insured Person's legal spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews.
13. **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.
14. **Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.
- (a) **Acute Condition** –is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- (b) **Chronic Condition** - is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
  - it needs ongoing or long-term control or relief of symptoms
  - it requires your rehabilitation or for you to be specially trained to cope with it
  - it continues indefinitely
  - it comes back or is likely to come back.
15. **Insured Person** – means the Policy Holder and/or Eligible Spouse and /or Eligible Children as detailed in the Policy Schedule upto Age 65 years. Policy is however renewable for life upon payment of premium.
16. **Medical Advice** - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
17. **Nominee** : In case of death of the Insured Person, the Nominee means, unless stipulated otherwise by the Insured Person, the surviving Spouse or immediate blood relative of the Insured Person, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Person's legal heirs. For all other benefits, the Nominee means the Insured Person himself unless stipulated otherwise.

For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.

18. **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.

19. **Policy** - means the insurance contract, the Policy Schedule, and attached proposal form / enrollment forms, endorsements, or riders.

20. **Policy Period** – means the period commencing from Policy Start Date and hour as specified in the Policy Schedule and terminating at midnight or on the time mentioned on the Policy End Date as specified in the Policy Schedule.

21. **Policy Schedule** - means this schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this Policy.

22. **Policyholder** – means the physical person(s) or the entity named in the Policy Schedule who is (are) responsible for payment of premiums.

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

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

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

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

27. **Sum Insured** – means and denotes the maximum amount of cover available to the insured person under each section and extension(s) as specified in the Policy Schedule to this Policy, subject to the terms and conditions of this Policy, which represent the Company’s maximum liability for all claims in aggregate payable to such Insured Person by the Company under each of the respective section(s) and extension(s) therein.

(a) Self = 100% of Sum Insured

(b) Spouse = 50% of Sum Insured

(c) Child = 25% of Sum Insured

28. **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.

29. **Spouse** - means Your legal husband or wife.
30. **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.
31. **We, Us, Our** - means TATA AIG General Insurance Company Limited.
32. **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. suicide, attempted suicide (whether sane or insane)
2. any Pre-existing Condition or any complication arising from it; or
3. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
4. Intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
5. 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;
6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or
8. War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
9. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or

10. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
11. congenital Internal and External anomalies (known or unknown) or any complications or conditions arising therefrom; or
12. 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
13. Any loss resulting directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy. This however does not include ectopic pregnancy proved by diagnostic means.

### **Part C: UNIFORM PROVISIONS**

#### **1. ENTIRE CONTRACT - CHANGES:**

This Policy, together with the Proposal Form and Policy Schedule, as well as any forms, riders and endorsements and hereto, constitutes the entire contract of insurance.

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

#### **2. CONSIDERATION:**

- A. Upfront Premium is applicable at the beginning of the policy inception with option of period of 1/2/3 year(s).
- B. 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 instalment is due, or
  - b) In the case of monthly / quarterly / half yearly instalment premiums – before the beginning of each such period when the premium instalment is due.

#### **3. EFFECTIVE DATE:**

##### **A. For Master Policy**

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

#### **B. For Policy or Certificate of Insurance**

The Policy or The Certificate of Insurance takes effect on the Effective Date stated in the Policy or Certificate of Insurance. After taking effect each Policy or Certificate of Insurance may continue in effect after the renewal date subject to 'Renewal Conditions No. 4 'set forth herein. All subsequent Insured Periods shall begin and end at midnight.

#### **4. RENEWAL CONDITIONS:**

While the entry age under this policy is upto 65 Years, however, the Policy is ordinarily renewable for life unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard. The Policy or Certificate of Insurance may be renewed by upfront payment 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 or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

We will not apply any additional loading on your policy premium at renewal based on your claim 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 atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from IRDA. Your premium will also change if you change the term or change the plan or change the sum insured. Further, for age above 65 years, premium would be loaded by 10% of the applicable premium.

#### **5. EXPIRATION DATE:**

The Policy will terminate at the Expiration Date specified in the Policy Schedule.

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

- 1) the Policy Expiration date as stated above; or
- 2) You cease to be a resident of India; or
- 3) the Policy is terminated by us; or

- 4) the premium due date if premiums are not paid when due; or
- 5) the date the Insured Person request, in writing, that his or her coverage be terminated.

## 6. CANCELLATION CLAUSE:

We may cancel this Policy / Certificate of Insurance at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you 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 for Annual Policy–

Period on risk	% Return Premium
Upto 1 month	3/4th of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	1/4th of annual rate
Exceeding 6 months	Nil

### Multiyear Policy:

Policy Period	1	2	3
<b>Year Of Cancellations</b>	% of return Premium		
<b>1</b>		25%	45%
<b>2</b>		Nil	11%
<b>3</b>			Nil

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

**8. CONCEALMENT OR FRAUD:** The entire Policy will be void if, whether before or after a loss, You or the Policyholder have, related to this insurance,

- (a) intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance; or
- (b) engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- (c) made false statements.

**9. 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.

**10. CLAIM PROCEDURE:**

- a) **NOTICE OF CLAIM/LOSS:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 Days after an actual or potential loss begins.
- b) **CLAIM FORMS:** We, upon receipt of a notice of claim, will furnish You with such forms as We may require for filing proofs of loss.
- c) **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- d) **SUPPORTING DOCUMENTATION & EXAMINATION:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:

Death Claims	Disability Claims
1. Claim form	1. Claim form
2. Original Death Certificate	2. Attending Doctor’s Report
3. Original/ Attested Post Mortem Report, if conducted	3. Original Disability Certificate from the Doctor
4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.	4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.)
5. Complete medical records including Death Summary, in case of hospitalization	5. FIR, Police report, where applicable
6. KYC Documents	6. KYC Documents

- e) **TIME OF PAYMENT OF CLAIM:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Interests Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, ‘bank rate’ shall mean the existing bank rate as

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

- f) PAYMENT OF CLAIM:** All claims under this Policy that are payable to You or the Policyholder shall be paid in Indian currency.

**15. 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 hereto 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 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.

**16. ASSIGNMENT OF INDEMNITIES:** Amount payable under the policy, if any, in case of Your loss of life is payable to : (a) by default to the nominee declared by You provided such nominee survives you by thirty Days; otherwise, amount is payable to Your estate, or (b) to the Policyholder. All other amounts payable under the Policy are payable to You. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

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

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

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

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

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

**21. MISSTATEMENT OF AGE:** In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the

acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

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

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

**26.** In the likelihood of this policy being withdrawn in future, we will intimate you about t he 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.

**27.** 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 D: COVERAGE**

### **Coverage C-1**

#### **Section : ACCIDENTAL DEATH**

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The Injury must occur within the Operative Time as mentioned in the Policy Schedule and the loss should be within 1 (one) year from the date of the accident which caused the Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverage are offered under this Policy, as a result of the same Accident.

#### **Disappearance**

We will pay the benefit for Loss of Life occurring within Operative Time if Insured person's body cannot be located within 1 (one) year after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

**Specific Exclusions:**

In addition 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
2. any Injury which shall result in hernia.

**Limitations:**

- a. In case of more than one claim done during the same policy period for which our liability is 100% of the opted Sum Insured or 'Units' we shall pay against only one claim, whichever loss is earlier.

**Part D: COVERAGE**

**Coverage C-2**

**Section: PERMANENT TOTAL DISABILITY**

We will pay the principal sum shown in the Policy Schedule if Injury to You results in You suffering with Permanent Total Disability. The Injury must occur within the Operative Time as mentioned in the Policy Schedule and the loss should be within 1 (one) year from the date of the accident which caused the injury.

We will pay, provided such disability has continued for a period of 1 (one) year and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Partial Disability sections of this Policy, if the said coverage is offered under this Policy, as the result of the same Accident.

**Specific Definitions:**

- I. **Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by Us.
- II. **Permanent Total Disability** - means You are unable to engage in each and every occupation or employment You own for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life.

**Limitation:**

- a. If more than one loss results from any one Accident, only one amount, the largest, will be paid.
- b. In case of more than one claim made during the same policy period for which our liability is 100% of the opted Sum Insured or 'Units' we shall pay against only one claim, whichever loss is earlier.
- c. No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Policy Period.

**Specific Exclusions:**

In addition 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
2. any Injury which shall result in hernia.

**Part D: COVERAGE**

**Coverage C-3**

**Section: PERMANENT PARTIAL DISABILITY**

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to an Insured Person results in any one of the losses shown in the Table of Losses below. The loss must occur within 180 Days of the date of the Accident which caused Injury during the circumstances described in a Hazard and subject to the terms contained herein;

**Table of Losses**

<b>SI</b>	<b>Loss</b>	<b>% of Principal Sum</b>
1	Loss of an Arm at the Shoulder Joint	70%
2	Loss of an Arm above the elbow Joint	65%
3	Loss of an Arm beneath the elbow Joint	60%
4	Loss of a Hand at the wrist	55%
5	Loss of four fingers and thumb of one hand	40%
6	Loss of four fingers	25%
7	Loss of Thumb	15%
8	Loss of Index Finger	10%
9	Loss of Middle Finger	6%
10	Loss of Ring Finger	5%
11	Loss of Little Finger	4%
12	Loss of a leg above mid-thigh	70%
13	Loss of a leg up to mid thigh	60%

14	Loss of a leg up to beneath the knee	50%
15	Loss of a leg up to mid calf	45%
16	Loss of a foot at the ankle	40%
17	Loss of toes	20%
18	Loss of Great toe	5%
19	Other than great toe, if more than one toe lost, each	1%
20	Loss of an Eye	50%
21	Loss of Hearing of one ear	25%
22	Loss of Hearing of both ears	50%
23	Loss of Sense of Smell	10%
24	Loss of Sense of Taste	5%

"Loss" with regards to

(A) toe, finger, thumb means actual complete severance from the foot or hand

(B) hearing means entire and irrecoverable loss of hearing

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

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

We will pay for any other permanent partial disability covered under the policy but not mentioned in the above table as per assessment of the Physician.

**Definitions:**

**Permanent** - means being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by Us.

**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

**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
2. any bodily injury which shall result in hernia.

**Part D. COVERAGE:**

**Coverage C-4**

**Section: EDUCATION BENEFIT**

We will pay the Sum Insured as shown in the Policy Schedule if the Principal Insured suffers either Accidental Death or Permanent Total Disability as described in the Hazard and the said benefit becoming admissible and payable by the company.

We will pay the benefit to Your Eligible Child who is a full time student in any Institution at the time of such Accidental Death or Permanent Total Disability.

Eligible Children who cease to be enrolled as full time students become permanently ineligible for the benefit, even if he or she enrolls at a later date.

We will pay this benefit to the bank account of Eligible child. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, In case of cover to more than one child, the benefit will be paid equally to the eligible children.

**Definitions:**

**Institution** – means any accredited institution that provides education or training, including but not limited to, any state university private college or trade school.

**Specific Exclusions:**

In addition to the General Exclusions and Specific Exclusions applicable under individual coverage section listed in this Policy this coverage section shall not cover:

1. Eligible Children who cease to be enrolled as a full time student become permanently ineligible for the benefit, even if he or she enrolls at a later date. The benefit is not payable for any term of enrollment as a full time student that begins before that date of Your death.

**Part E. SCOPE OF COVERAGE:**

**Hazard H-1**

**24-HOUR PROTECTION**

Exposure to covered benefits at anytime, anywhere in the world, unless specifically restricted in the Policy

**PART F. GRIEVANCE REDRESSAL PROCEDURE**

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

After investigating the matter internally and subsequent closure, the Company will send the response within a period of 10 days from the date of receipt of the complaint. In case the resolution is likely to take longer time, the Company will inform the Insured of the same, through an interim reply.

## Escalation Level 1

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

## Escalation Level 2

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

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

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
<b>AHMEDABAD</b>	Shri. / Smt.	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27545441/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b>	Shri. M. Parshad	Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg, JP Nagar, 1st Phase, Bengaluru – 560 025. Tel.: 080-22222049/22222048 Fax: 080 - Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
<b>BHOPAL</b>	Shri. Raj Kumar Srivastava	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd	States of Madhya Pradesh and Chattisgarh.



		<p>Floor, 2nd Floor, 6, Malviya Nagar, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	
<b>BHUBANESHWAR</b>	Shri. B. N. Mishra	<p>Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email : bimalokpal.bhubaneswar@gbic.co.in</p>	State of Orissa.
<b>CHANDIGARH</b>	Sh.Manik B.Sonawane	<p>Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172-2706468/2705861 Fax : 0172-2708274 Email : bimalokpal.chandigarh@gbic.co.in</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b>	Shri Virander Kumar	<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044 - 24333668 / 24335284 Fax : 044-24333664</p>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

		Email : bimalokpal.chennai@gbic.co.in	
<b>DELHI</b>	Smt. Sandhya Baliga	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23237539/23232481 Fax : 011-23230858 Email : bimalokpal.delhi@gbic.co.in	States of Delhi.
<b>GUWAHATI</b>	Sh. / Smt.	Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax : 0361-2732937 Email : bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b>	Sh. G.Rajeswara Rao	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040-23376599 Email : bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
<b>Jaipur</b>	Shri. Ashok K. Jain	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,	State of Rajasthan

		Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141-2740363 Fax: 0141 - Email : bimalokpal.jaipur@gbic.co.in	
<b>KOCHI</b>	Shri. P. K. Vijay Kumar	Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg, Opp. Cochin Shipyard, M. G. Road, ERNAKULAM-682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email : bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
<b>KOLKATA</b>	Shri. K. B. Saha	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, C.R. Avenue, Kolkatta – 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email : bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	Shri. N. P. Bhagat	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj,  LUCKNOW-226 001.  Tel.: 0522 - 2231330 / 2231331	Districts of Uttar Pradesh : Laitpur, Jhasi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki,

		<p>Fax: 0522 - 2231310</p> <p>Email : bimalokpal.lucknow@gbic.co.in</p>	<p>Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
<b>MUMBAI</b>	Sh.A.K.Dasgupta	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022-26106928/26106552 Fax: 022 - 26106052 Email : bimalokpal.mumbai@gbic.co.in</p>	<p>State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai &amp; Thane</p>
<b>Pune</b>	Shri. A. K. Sahoo	<p>Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411 030. Tel.: 020-32341320 Fax: 020 - Email : bimalokpal.pune@gbic.co.in</p>	<p>State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai &amp; Thane.</p>
<b>Patna</b>	New Centre		<p>State of Bihar and Jharkhand.</p>

<p><b>Noida</b></p>	<p>New Centre</p>	<p>State of Uttaranchal and the following Districts of Uatter Pradesh : Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghazaibad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
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OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

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 Shri Y.R. Raigar, Secretary  
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**IRDAI REGULATION NO 5:** This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.