

Preamble

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.

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.

i. Standard Definitions

1. **Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
3. **Co-Payment** - A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
4. **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.
5. **Day Care Centre** - means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner/s in charge; 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.
6. **Day Care Treatment/procedure** - refers to medical treatment, and/or surgical procedure which is

- a. Undertaken under General or Local Anesthesia in a hospital/day care Centre in less than 24 hrs. because of technological advancement, and
- b. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

7. 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.

8. Disclosure to information norm - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

9. 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.

10. 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 and is 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 those towns having a population of less than 10, 00,000 and 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.

11. Hospitalization or Hospitalized - means admission in a Hospital for a minimum period of 24 In Patient care consecutive hours except for specified procedures/ treatments, where such admission could be for a period less than 24 consecutive hours.

12. Intensive Care Unit - means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition,

or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

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 / Medical practitioner.

14. 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.

15. 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.

16. Reasonable and Customary Charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

17. Subrogation - means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

ii. Specific Definitions

18. Age - means completed years as at the Effective Date of the Policy.

19. 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.

20. 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.

21. Contribution - means 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.

22. Day - means a period of 24 consecutive hours.

- 23. 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 during the Policy Period.
- 24. Hazardous** - means a situation that poses a level of threat to life & health.
- 25. IRDAI** - means Insurance Regulatory and Development Authority of India.
- 26. 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:
- i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. It needs ongoing or long-term control or relief of symptoms
 - iii. It requires your rehabilitation or for you to be specially trained to cope with it
- iv.** It continues indefinitely
- v.** It comes back or is likely to come back.
- 27. 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.
- 28. Insured Person** - means the Insured Person between the Age 18 to 65 Years, 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.
- 29. Medical Advice** - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
- 30. Notification of Claim** - is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- 31. Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.
- 32. Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
- 33. 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.

- 34. Portability** - means the transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing Disease and time bound exclusions if he/she chooses to switch from one insurer to another
- 35. 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.
- 36. Proposal 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.
- 37. 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.
- 38. Sickness** - means illness first manifested and contracted during the Policy Period.
- 39. Unproven/Experimental** - treatment is a treatment, including but not limited to drug experimental therapy, which is not based on established medical practice
- 40. 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.
- 41. We, Us, Our** - means Tata AIG General Insurance Company Limited.

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

Benefits Covered under this Policy

Coverage C-1

Section: ACCIDENTAL DEATH AND DISMEMBERMENT

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death or dismemberment within 365 days from the date of the Accident, then We will pay the percentage of the Sum Insured shown in the table of losses below.

Our total liability in aggregate shall not exceed the sum insured as shown in the Policy Schedule.

The policy stands cancelled with immediate effect without any refund after payment of claim under ACCIDENTAL DEATH AND DISMEMBERMENT benefit.

Table of Losses

Sl. No.	Loss of:	% of Principal Sum
1	Life	100%
2	Both Hands or Both Feet	100%
3	Sight of Both Eyes	100%
4	One Hand and One Foot	100%
5	Either Hand or Foot and Sight of One Eye	100%
6	Speech and Hearing in Both Ears	100%
7	Either Hand or Foot	50%
8	Sight of One Eye	50%
9	Speech	50%
10	Hearing in Both Ears	50%

11	Thumb and Index Finger of Same Hand	25%
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“Loss” with regard to:

- (a) Hand or foot means actual severance through or above the wrist or ankle joints respectively;
- (b) Eye means entire and irrecoverable loss of sight;
- (c) Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- (d) Speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.

Disappearance:

We will pay the benefit for Loss of Life occurring during the Policy Period if Your body cannot be located within 365 days 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.

Coverage C-2

Section: ACCIDENTAL PERMANENT TOTAL DISABILITY

We will pay the sum insured shown in the Policy Schedule if Injury to You results in You suffering with Permanent Total Disability. The Injury must occur during the Policy Period as mentioned in the Policy Schedule.

We will pay, provided such disability has continued for a period of 365 days and is

total, continuous and permanent at the end of this period. Any amount paid or payable under Accidental Death & Dismemberment or Permanent Partial Disability sections of this Policy shall be deducted, 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 Medical practitioner 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:

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.

Coverage C-3

Section: ACCIDENTAL PERMANENT PARTIAL DISABILITY

We will pay a percentage of the Sum Insured 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 Policy Period and is the sole and direct cause of his permanent partial disablement.

Table of Losses:

Sl. No.	Loss	% of Principal Sum
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 not exceeding 25% of sum insured for any other permanent partial disability covered under the policy but not mentioned in the above table as per assessment of the competent and qualified Medical practitioner appointed by us.

Definitions:

Permanent - means being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Medical practitioner 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 Medical practitioner.

Coverage C-4

Section: ACCIDENT HOSPITALISATION REIMBURSEMENT

We will pay the Reasonable and Customary Charges, for Covered Medical Expenses incurred,

subject to the 10% co-pay mentioned in the policy schedule while You are an inpatient in a Hospital, in the Republic of India, for medical services up to the maximum amount stated in the Policy Schedule per event for Immediate Medical Treatment of an Injury sustained by You while this Policy is in effect.

Special condition:

Other Insurance - If at the time when any claim is made under this Policy, Insured Person has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this section, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder 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 section "Definitions".

Definitions:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Medical practitioner, 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 scans etc., Pathological and lab tests;
- (d) ambulance service;
- (e) Physiotherapy treatments.

Immediate Medical Treatment - means treatment commencing within reasonable time and date of the Accidental bodily Injury. Only Covered Medical Expenses are covered.

Medically Necessary - means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the injury suffered by the Insured Person
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India

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 Medical practitioner for treatment of injury.

Surgery - Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an injury, correction of deformities and defects, , relief of suffering or prolongation of life, performed in a hospital

Or day care Centre by a medical practitioner.

Surgical Treatment – Medical practitioner'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 Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness.
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Medical practitioner; or
3. routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Medical practitioner; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. organ transplants that are considered experimental in nature; or

7. expenses which are not exclusively medical in nature; or
8. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
9. treatment provided in a government Hospital or services for which no charge is normally made; excluding any drugs, medicines, and therapeutic services and supplies which is charged and incurred during such hospitalization; or
10. medical expenses covered under any workers' compensation or similar policy; or
11. medical expenses incurred as the result of influence of usage / abuse of alcohol and/ or drug, addiction or overdose; or
12. Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.
13. Medical expenses incurred outside the Republic of India.
14. Any Ayurvedic, Homeopath or naturopathy treatments.

Coverage C-5

Section: Accidental Hospital Cash

We will pay a Daily Benefit for each Day up to 30 days if you are an inpatient in a Hospital due to Injury or Accident while this Policy is in effect. The Period of Confinement must be Medically Necessary and recommended by a Medical practitioner. The total benefits provided for any One Period of Confinement are subject to the 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 and We have accepted Your inpatient claim under Section C – 4 of the Policy, .

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.

Coverage C-6

Accidental Hospital Cash (Intensive Care Unit)

We will pay a Daily Benefit for each Day of stay in ICU up to 15 days you are an inpatient in a Hospital due to Injury or Accident while this Policy is in effect. The Period of Confinement must be Medically Necessary and recommended

by a Medical practitioner. The total benefits provided for any One Period of Confinement are subject to the 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 and We have accepted Your inpatient claim under Section C – 4 of the Policy.

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 Intensive Care Unit 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 an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped

for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Coverage C-7

Physiotherapy

We will pay the Reasonable and Customary Charges upto maximum shown in the Policy Schedule or schedule of benefits for Physiotherapy sessions which are recommended by the attending Medical practitioner / Surgeon and is medically necessary.

Such coverage would be applicable immediately following Your discharge / treatment from a hospital and We have accepted Your inpatient claim under Section C – 4 of the Policy.

Coverage C-8

Home / Vehicle Modification

(in event of Dismemberment / Permanent Total Disability) – This benefit will be applicable basis the dismemberment / Permanent Total Disability suffered by Insured.

1. If an Insured Person: suffers Loss of Both Feet due to Accident during the Policy Period, and
2. Did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. As a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

The Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year from the date of the Accident causing such loss(es), up to the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

Definition:

Covered Home Alteration and Vehicle Modification Expenses - means one-time expenses that:

1. Are charged for:
 - (a) Alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) Modifications to one motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. Do not include charges that would not have been made if no insurance existed; and
3. Do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;
But only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:
 1. Made on behalf of the Insured Person;
 2. Recognized by a nationally-recognized organization providing support and

assistance to wheelchair users;

3. Carried out by individuals experienced in such alterations and modifications; and
4. In compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusion:

In addition to the Exclusions listed in this Policy, this coverage shall not cover any expense for or resulting from any condition for which the Insured Person is entitled to benefits under any Worker's Compensation Act or similar law.

Coverage C-9

Daily Benefit during Vehicle Repair:

We will pay You Rs.750 per day to enable You to meet the cost of hired transport to reduce Your inconvenience, if Your Vehicle meets with an accident resulting into damage to your vehicle necessitating repair in the garage during the period of insurance.

Your entitlement of Daily Benefit will start from the following calendar day of Your Vehicle reaching the garage for repair or the day of intimation of claim to Us, whichever is later and shall end on the day garage intimates You to take delivery of the Vehicle.

The benefit would be payable for a maximum period of 7 days during the period of insurance.

Definition:

Vehicle – means any registered vehicle as per registering authority.

Exclusion:

We will not pay if time required for repair of motor vehicle is up to 1 day.

Exclusions

i. Specific 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 Pre-existing Disease, any complication arising from it 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. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens; or
4. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
5. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or
6. 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
7. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
8. The radioactive, toxic, explosive or other

dangerous properties of any explosive nuclear equipment or any part of that equipment; or

9. Congenital anomalies or any complications or conditions arising therefrom; 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.
11. Any non-medical expenses (list enclosed as Annexure 1).

General Terms and Clauses

i. Specific Terms and Clauses

1. **ENTIRE CONTRACT - CHANGES:** The policy, its schedule, endorsement(s) together with the proposal form constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except us, and any change We make will be evidenced by a written endorsement signed & stamped by Us.
2. **RENEWAL CONDITIONS:** While the entry age under this policy is up to 65 Years, the Policy is ordinarily renewable for life unless the 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 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 or on the Expiration Date shown in the Schedule, whichever is earlier.

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 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 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. Premium otherwise will only change if you opt for a change in the Sum Insured/ change the tenure of the Policy.

3. CANCELLATION -

a) **By the Insured:** This insurance may be terminated at any time at the request of the Insured, in which case the Pro-rata refund of premium would be made for the remaining period. This will be calculated from the date of intimation for cancellation to the date of policy expiry. Additionally Rs. 300/- would be charged as administrative charges. No refund of premium shall be due or payable on cancellation of policy at the request of the Insured where there has been a claim made in the policy.

b) **By the Company:** This insurance may also at any time be terminated by the Company on 15 days' notice to the Insured on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by Insured or any one acting on behalf of Insured. In the event of termination of this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured the Pro-rata refund of premium would be

made for the remaining period. This will be calculated from the date of intimation for cancellation to the date of policy expiry. Additionally Rs 300/- would be charged as administrative charges. In the event a claim has occurred in which case there shall be no refund of premium.

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

5. **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.

6. CLAIM PROCEDURE:

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 seven (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. Notice may be sent at the following address.

CLAIMS DEPARTMENT

Tata AIG General Insurance Company Limited

A-501,5Th Floor, Bldg. No -4, Infinity Park,
Dindoshi, Malad (East), Mumbai – 400 097
Fax: +91-22-6693-8171

You may contact our 24-hour Toll Free Call Center on 1800-11-9966* / 1800-266-7780 (*Toll free from MTNL/ BSNL lines only) or 1800-22-9966 (only for senior citizen policy holders).

Please intimate the Call Center as soon as a claim occurs, in order for us to provide your prompt and effective assistance.

Please have the following information ready when you call the Call Center or with notice sent on above mentioned address:

1. Policy Number
2. Name of Injured person,(s.no. in the schedule of the policy)
3. Date & Time of Loss
4. Location of accident
5. Nature of injury / Accident
6. Name of hospital where treatment taken & name of police station, if case is reported with police
7. E-mail ID of insured, if available.

i. **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

ii. **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to us within thirty (30) Days from the date of intimation 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.

iii. **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 from the date of intimation to Us. Such documentation will include but is not limited to the following:

Accidental Death & Dismemberment	Accidental Permanent Total Disability/Accidental Permanent Partial Disability (PPD)	Accident Hospitalization Reimbursement Accidental Hospital Cash (Upto 30 Days) Accidental Hospital Cash (ICU) - (Upto 15 Days) Physiotherapy
1. Claim form	1. Claim form	1. Claim form
2. Attested copy of Original Death Certificate	2. Attending Doctors report	2. Attending Doctors report
3. Original/ Attested Post Mortem Report, if conducted	3. Original /copy of Disability Certificate from a competent and authorised doctor	3. Original /copy of Disability Certificate from a competent and authorised doctor
4. Attending Doctor's report	4. Complete copy of medical records including investigation /Lab reports (X-Ray, MRIetc.)	4. Complete copy of medical records including investigation /Lab reports (X-Ray, MRIetc.)
5. Copy of FIR, Spot Panchanama & Police Inquest report, where applicable and Final Police Investigation report.	5. Any other documents requested by claim official	5. Any other documents requested by claim official
6. Complete medical records including Death Summary, in case of hospitalization	6. Copy of admission/ discharge card, if hospitalised	6. Copy of admission/ discharge card, if hospitalised
7. Copy of Pan card & residential proof	7. Copy of Police Inquest report, where applicable	7. Copy of Police Inquest report, where applicable
8. Cancelled cheque	8. Copy of Pan card & residential proof	8. Copy of Pan card & residential proof
9. Latest Passport size photograph (Claimant)	9. Cancelled cheque	9. Cancelled cheque
	10. Latest Passport size photograph	10. Latest Passport size photograph

Home Alteration and vehicle modification Benefit	Daily Benefit during Vehicle Repair
1. Claim form	1. Claim form

2. Attending Doctors report	2. Copy of Registration Certificate of the vehicle
3. 3 The documents as indicated / submitted under Dismemberment / Permanent Total Disability	3. Copy of Driving Licence of the person who is driving the vehicle at the time of Accident.
4. Original Invoice & Receipts pertaining to alterations done at home & vehicle for the use of wheelchair / insured to become ambulatory.	4. Photo of damaged vehicle
5. Photographs of alterations done at home & vehicle for the use of wheelchair to be ambulatory.	5. Final Invoice copy/ of Garage showing the number of days of repair.
6. Copy of Pan card & residential proof	6. Any other documents requested by claim official
7. Cancelled cheque	7. Cancelled cheque
8. Latest Passport size photograph	

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

CLAIMS DEPARTMENT

Tata AIG General Insurance Company Limited

A-501,5Th Floor, Bldg. No -4, Infinity Park, Dindoshi,

Malad (East), Mumbai – 400 097
Fax: +91-22-6693-8171

iv. 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)

v. PAYMENT OF CLAIM: All claims under this Policy that are payable to you or the Policyholder shall be paid in Indian currency.

7. 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 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 preferable 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.

8. ASSIGNMENT OF INDEMNITIES:

Indemnity, if any, in case of your loss of life is payable as defined in the Policy Schedule to: (a) by default to the assignee declared by you; otherwise, indemnity is payable to your estate, or (b) to the Policyholder. All other indemnities of this 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.

i. CONSENT OF ASSIGNEE: Consent of the assignee, if any, shall not be a pre-requisite for any change of assignee or to any other changes in this Policy.

ii. CHANGE OF ASSIGNEE: No change of assignee under this Policy shall bind us, unless consent thereto is formally endorsed thereon by our authorized officer.

9. MEDICAL EXAMINATION:

We, at Our own expense, shall have the right and opportunity to examine You 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.

10. LEGAL ACTIONS: 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.

11. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
12. **SUBROGATION:** In the event of any payment under this Policy, We shall be subrogated to all the Policyholder or Your rights of recovery thereof against any person or organization and the Policyholder or You shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably require of the Policyholder or You in the pursuance of Our subrogation rights. You or the Policyholder shall take no action after the loss to prejudice such rights.
13. **REASONABLE CARE AND ASSISTANCE:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage.

In addition, you and each Insured Person must assist us in any manner We may reasonably require in relation to the investigation or settlement of a claim.

14. **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.
15. **WITHDRAWAL OF PRODUCT:** 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.
16. **PAYMENT 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. **Other Insurance:** If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, **then** the Policy holder shall have the right to require a settlement of his claim in terms of

any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder 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 Definition 9. This clause shall only apply to indemnity sections of the policy.

18. Portability will be as per the Portability guidelines issued by IRDA of India.

SCHEDULE OF BENEFITS & RATE CHART:

Note – Claims settlement under coverage C4 to C9 will be on reimbursement basis.

S. No.	Benefits (all figures in Indian Rupees only and are exclusive of service Tax)	Plan A	Plan B	Plan C	Plan D	Type of Benefit	Territory	Sum Insured type
1	Accidental Death & Dismemberment	5,00,000	10,00,000	20,00,000	30,00,000	Benefit	World wide	Annual Sum Insured
2	Accidental Permanent Total Disability	5,00,000	10,00,000	20,00,000	30,00,000	Benefit	World wide	Annual Sum Insured
3	Accidental Permanent Partial Disability (as per table of losses)	5,00,000	10,00,000	20,00,000	30,00,000	Benefit	World wide	Annual Sum Insured
4	Accident Hospitalisation Reimbursement	50,000	100000	200000	300000	Indemnity	India	Sum Insured maximum upto
	<i>Copay</i>	10%	10%	10%	10%			
5	Accidental Hospital Cash (Upto 30 Days)	2,500	5000	7500	10000	Benefit	India	Per Day Sum Insured
6	Physiotherapy (in event of a covered hospitalisation)	2000	3000	7500	10000	Indemnity	World wide	Sum Insured maximum upto
7	Physiotherapy (in event of a covered hospitalisation)	2000	3000	7500	10000	Indemnity	World wide	Sum Insured maximum upto

S. No.	Benefits (all figures in Indian Rupees only and are exclusive of service Tax)	Plan A	Plan B	Plan C	Plan D	Type of Benefit	Territory	Sum Insured type
8	Home / Vehicle Modification(in event of Dismemberment / Permanent Total Disability)	10000	30000	75000	100000	Indemnity	World wide	Sum Insured maximum upto
9	Daily Benefit during Vehicle Repair (Maximum 7 days, deductible 1 days)	750	750	750	750	Benefit	World wide	Per Day Sum Insured
Pre-tax premium	1 year	2,891	3,663	4,836	5,918			
	2 years	4,775	6,143	8,223	10,142			
	3 years	6,244	8,076	10,863	13,434			

Other Terms and Conditions

Hazard H-1

24-Hour Protection

(Business and Pleasure)

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 24 Hours a Day, 7 Days a week 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 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.

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/>

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
AHMEDABAD	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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	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@cioins.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
CHANDIGARH	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@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
CHENNAI	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@cioins.co.in	Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	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@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	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@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
ERNAKULAM	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@cioins.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	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@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	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@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	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@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

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.