

TATA AIG AVIATION PERSONAL ACCIDENT COVER

WHEREAS the Insured designated in the Schedule hereto has made or caused to be made to TATA AIG General Insurance Company Ltd. (hereinafter called "the Company") a written proposal dated as stated in the said Schedule, which proposal together with any statements, warranties or declarations made in connection therewith shall be deemed to be incorporated herein and form the basis of this Contract and has paid or agreed to pay to the Company the premium stated in the said Schedule to insure the person or persons (hereinafter called "the Insured Person/s") specified in the Schedule for the benefits hereinafter contained.

NOW THIS POLICY WITNESSETH that subject to the terms provisions exclusions and conditions herein contained or hereon endorsed or otherwise expressed, the Company hereby undertakes that if at any time during the period stated in the said Schedule or during any other period for which the Company may accept payment for the renewal of this Policy, Insured Person shall sustain any **Bodily Injury** caused by accidental violent external and visible means whilst entering into, alighting from or acting as pilot, member of the crew, or passenger, in any licensed standard type of **Aircraft** anywhere in the world, the Company will pay the Insured Person as hereunder described.

BENEFITS as per the applicable table opted by the Insured Person and as shown in the schedule

TABLE – A

If such **Injury** shall, within twelve calendar months of its occurrence, be the sole and direct cause of the Insured Person's death, the Company will pay the capital sum insured stated in the Schedule against the name of such Insured Person.

TABLE – B

- (1) If such **Injury** shall within twelve calendar months of its occurrence be the sole and direct cause of the Insured Person's death, the Company will pay the capital sum insured stated in the Schedule against the name of such Insured Person.
- (2) If such **Injury** shall within twelve calendar months of its occurrence be the sole and direct cause of the Insured Person's:
 - a) total and irrecoverable loss of sight of both eyes or
 - b) total and irrecoverable **loss of two Limbs** by physical separation at or above the wrist or ankle as the case may, be or
 - c) total and irrecoverable loss of use of two hands or two feet or
 - d) total and irrecoverable loss of sight of one eye and such **Loss** be one **Limb** by physical separation, or
 - e) total and irrecoverable loss of sight of one eye and such total and irrecoverable **loss of one Limb**, the Company will pay the capital sum insured stated in the **Policy Schedule**, unless otherwise expressly stated in the **Policy Schedule** against the name of such Insured Person.
- (3) If such **Injury** shall within twelve calendar months of its occurrence be the sole and direct cause of the Insured Person's:
 - a) total and irrecoverable loss of the sight of one eye or
 - b) total and irrecoverable **Loss of one Limb** by physical separation at or above the wrist or ankle as the case may or
 - c) total and irrecoverable **Loss of one Limb**, the Company will pay fifty percent (50%) of the capital sum insured stated in the **Policy Schedule**, unless otherwise expressly stated in the **Policy Schedule** against the name of such Insured Person.

- (4) If such **Injury** shall be the sole and direct cause of the Insured Person's **Temporary Total Disablement** then so long as the Insured Person shall be totally disabled from following his/her usual employment and attending to business of any kind, Company will pay one percent (1%) of the capital sum insured stated in the **Policy Schedule** subject to maximum of INR 5000 per week, unless otherwise expressly stated in the **Policy Schedule** against the name of such Insured Person, for a period not exceeding 100 weeks, unless otherwise expressly stated in the **Policy Schedule**.
- (5) If such **Injury** whilst not falling under Benefit No. 2 above shall be the sole and direct cause of the Insured Person becoming permanently totally and absolutely incapacitated from following his/her usual employment and attending to business of any kind then so long as the Insured Person shall be so totally and absolutely incapacitated, on satisfactory proof the Company will pay five percent (5%) of the capital sum insured as stated in the **Policy Schedule** , unless otherwise expressly stated in the **Policy Schedule** against the name of such Insured Person per annum for a period not exceeding twenty years unless otherwise expressly stated in the **Policy Schedule**, but the Company may at its option commute such payments by paying the Insured Person a lump sum of not exceeding one hundred percent (100%) of the said capital sum insured.

TABLE - C

- (1) Benefits as per TABLE – B.
- (2) If such **Injury** shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of use or the actual loss by physical separation of the following, then the percentage of the capital sum insured as stated in the **Policy Schedule**, unless otherwise expressly stated in the **Policy Schedule** against the name of such Insured Person, as indicated below shall be payable.

INJURY	PERCENTAGE OF CAPITAL SUM INSURED
1. Loss of Toes	
All	20%
Great –both phalanges	5%
Great –one phalanx	2%
Other than great, if more than one toe lost, each toe	1%
2. Loss of Hearing	
Both Ears	50%
One Ear	15%
3. Loss of thumb and four fingers of one hand	40%
4. Loss of four fingers	35%
5. Loss of thumb	
Both phalanges	25%
One phalanx	10%
6. Loss of Index Finger	
Three Phalanges	10%
Two Phalanges	8%
One Phalanges	4%
7. Loss of Middle Finger	

Three Phalanges	6%
Two Phalanges	4%
One Phalanx	2%
8. Loss of Ring Finger	
Three Phalanges	5%
Two Phalanges	4%
One Phalanx	2%
9. Loss of Little Finger	
Three Phalanges	4%
Two Phalanges	3%
One Phalanx	2%
10. Loss of Metacarpuses	
First or Second	3%
Third, Fourth or Fifth	2%
11. Any other Permanent Partial Disablement	Percentage as assessed by Medical Practitioner

ADDITIONAL BENEFIT
(Applicable to all Tables of Benefits)

In the event of death of the Insured Person outside his/her residence, the Company shall reimburse in addition to amounts payable under TABLE A or TABLE B or TABLE C, expenses incurred for transportation of Insured Person's dead body to the place of residence subject to a maximum of two point five percent (2.5%) of the capital sum insured as stated in the **Policy Schedule** against the name of such Insured Person or Rs.25,000/- whichever is less, unless otherwise expressly stated in the schedule.

PROVISIONS

PROVIDED ALWAYS THAT:

- No claim shall be paid in respect of any one **Accident** for more than one of the above Benefits without bringing into account any sum or sums paid or payable for any other Benefit in respect of the same **Accident** to the same Insured Person.
- No weekly payments shall become due from the Company under Benefit No. (4) TABLE – B until the amount thereof has been ascertained and agreed. If nevertheless such payments be made, the amount thereof shall be deducted from any lump sum that may become claimable in respect of the same **Accident**.
- The total sum payable under this Policy in respect of any one or more **Accidents** occurring during any one period of this Policy shall not exceed in respect of any one Insured Person, in all, the capital sum as stated in the Schedule against the name of such Insured Person for which he / she is Insured.
- The Insured Person alone or in case of his / her death his / her legal heir or nominee, if declared under the policy shall have the sole and exclusive right of receiving any payment or of enforcing any claim under this Policy. Save as aforesaid no person whether specified in the **Policy Schedule** hereto or not shall acquire any rights whatsoever against the Company under or by virtue of this Policy.

EXCLUSIONS

PROVIDED FURTHER THAT this policy shall not apply to death or **Bodily Injury** due to or arising out of or directly or indirectly connected with or traceable to:

1. Suicide or attempted suicide whether felonious or not
2. Disease self-**Injury** or a deliberate self-exposure to unnecessary danger or
3. Any breach of law by the Insured or the Insured Person.
4. Any breach by the Insured or the Insured Person of any air navigation or airworthiness orders and requirements issued by any competent authorities
5. The Insured Person being in a state of insanity or under the influence of intoxicating liquor or any drug
6. The Insured Person flying in an **Aircraft** used for any illegal purpose or engaged or taking part in racing, record attempts, speed trials, aerobatics aerial seeding or fertilization or crop dusting or spraying, hunting, shooting, herding, fish spotting or any other form of flying involving abnormal hazards
7. Test flights after construction or **reconstruction** of the **Aircraft**
8. The Insured Person and/or the **Aircraft** in which he/she is flying engaging or taking part in any military, naval, or air force operations or manoeuvres
9. Landing on or taking off from unlicensed landing areas unless due to force majeure or covered by special endorsement hereon
10. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrections, military or usurped power, martial law, strikes, riots, civil commotions, seizure, capture, arrests, restraints and detentions of all kings, princes and people of what nation, condition or quality whatsoever.
11. All claims caused by or resultant from declared endemic epidemic and / or pandemic.
12. Death of or **Bodily Injury** or any disease or illness to the Insured.
 - a) directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
13. **Pregnancy Exclusion Clause:** The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly from pregnancy or in consequence thereof.

GENERAL CONDITIONS

1. **Accidental** death shall not be presumed by reason only of the disappearance of the Insured Person.
2. The Insured shall give immediate notice in writing to the Company of any change of occupation or name of any Insured Person or of any disease physical defect or infirmity with which any Insured Person becomes affected or of any other circumstances which may materially alter or affect the risk and the Company shall not be liable in respect of any claim directly or indirectly arising from any such alteration of circumstance until it shall expressly agree thereto in writing.
3. If the Insured shall make any claim knowing the same to be false or fraudulent as regards amount or otherwise this Policy shall become void and all claims thereunder shall be forfeited.
4. This Policy shall not be assigned except with the consent of the Company verified by endorsement thereon.
5. No waiver of any of the terms provisions exclusions conditions and endorsements of this Policy shall be valid unless made in writing signed by a person duly authorized by the Company so to do.
6. The Insurer may cancel the policy by sending 7 days' notice by recorded delivery to the insured at the insured's last known address on the grounds of fraud. In such an event, the Company will return a pro-rata portion of the premium for the unexpired part of the Insurance.

The Policy may also be cancelled by you by notice in writing to the Company. In such event, provided there is no claim under the Policy during the period of Insurance, the Company will refund the premium on a pro-rata portion for the unexpired portion of the Policy. No refund of premium shall be allowed if a claim has been made during the policy period.

In the event of cancellation of this Insurance, the liability of the Insurer shall cease outright on the date of cancellation, except in respect of any circumstances or claims notified which remain unsettled on the date of cancellation or are likely to be notified later, as per the terms and conditions of the Policy, which occurred during the currency of the Insurance.

It is hereby expressly agreed and declared that any claim arising under this Policy, which is under dispute must be brought by the Insured through appropriate legal proceedings within 12 calendar months from the date the claim arises.

7. The Policy may be renewed with "Insurer's" consent. The benefits under the Policy or/and the terms and conditions of the Policy, including premium rate are subject to change.
8. **Arbitration Clause:** The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996

DEFINITIONS

In this Insurance:

1. **POLICY SCHEDULE** means the **Policy Schedule** attached to and forming part of Policy

2. **AIRCRAFT** shall be deemed to mean fixed or rotor wing **Aircraft**, amphibious **Aircraft** and sea planes.
3. **ACCIDENT** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
4. **BODILY INJURY** means identifiable physical INJURY which
 - a. is caused by an **Accident**, and
 - b. solely and independently of any other cause, except sickness or disease directly resulting from, or medical or surgical treatment rendered necessary by such INJURY, occasions the death or disablement of the Insured Person within twelve months from the date of the **Accident**.
5. **INJURY** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a MEDICAL PRACTITIONER.
6. **TEMPORARY TOTAL DISABLEMENT** means temporarily disablement which entirely prevents the Insured Person from attending to their business or occupation.
7. **TEMPORARY PARTIAL DISABLEMENT** means temporarily disablement which prevents the Insured Person from attending to a substantial part of their business or occupation.
8. **PERMANENT TOTAL DISABLEMENT** means disablement which entirely prevents the Insured Person from attending to any business or occupation for which they are reasonably suited by training, education or experience and which lasts twelve months and at the end of that period is beyond hope of improvement.
9. **PERMANENT PARTIAL DISDABLEMENT** means disablement which is permanent in nature and which prevents the insured person from attending substantial part of their business or occupation
10. **LOSS OF A LIMB** means permanent loss by physical separation of a hand at or above the wrist or of a foot at or above the ankle and includes permanent total and irrecoverable loss of use of hand, arm or leg.
11. **MEDICAL PRACTITIONER** means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of its license.
12. **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.
13. **TERRORISM** means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of Terrorism.

CLAIM PROCEDURE

- A. **Notice of claim:** Immediate notice shall be given to the Company of any **accident** irrespective of whether a claim will be made under this Policy or not. Such notice shall briefly state the estimated extent and nature of the **Injury** sustained by the Insured Person. The Insured shall thereafter forward to the Company as soon as practicable full particulars of the **accident** in writing and shall cause the injured person to place himself as early as possible under the care of a duly qualified **Medical Practitioner**. In the event of the death of the Insured Person notice of such death shall be sent to the Company immediately. The Company shall have the right to appoint a medical officer for the purpose of conducting medical examination of the Insured Person and of any alleged Injury within the meaning of this Policy, as and when reasonably required on behalf of the Company.
- B. **Claim Forms:** The Company upon receipt of a notice of claim, will furnish the Insured Person with such forms as the Company may require for filing proofs of loss.
- C. **Time For Filing Claim Forms and Evidence:** Completed claim forms and documentary evidence of loss must be furnished to the Company as soon as practicable after the date of such loss.
- D. **Supporting Documentation & Examination:** The Insured Person or someone claiming on insured person's behalf shall provide the Company with all documentation, medical records and information. The Company may request to establish the circumstances of the claim, its quantum or our liability for the claim at the earliest of such loss. Such documentation will include but is not limited to the following:

Death Claims

1. Claim form
2. Original Death Certificate
3. Original/Attested Post Mortem Report, if conducted
4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.
5. Complete medical records including Death Summary, in case of hospitalization
6. KYC Documents

Disability Claims

1. Claim form
2. Attending Doctor's Report
3. Original Disability Certificate from the Doctor
4. Complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.)
5. FIR, Police report, where applicable
6. KYC Documents

E. **Time of Payment of Claim:**

- a) The Company shall settle or reject a claim, as the case may be, within the regulatory TAT from the date of receipt of last necessary document.
- b) 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.
- c) 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 the regulatory TAT from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within the regulatory TAT from the date of receipt of last necessary document.

d) In case of delay beyond stipulated regulatory TAT, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

F. **Payment of Claim:** All claims under this Policy that are payable to the Insured person or the Policyholder shall be paid in Indian currency.

CUSTOMER GRIEVANCE REDRESSAL PROCEDURE

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

Call us 24x7 Customer Support No.: **022 6489 8282**

Email us at customersupport@tataaig.com

Write to us at: Tata AIG General Insurance Co. Ltd.,
7th and 8th Floor, Romell Tech Park, Cama Industrial
Estate, Western Express Highway, Goregaon(E),
Mumbai, Maharashtra 400063
Visit the Servicing Branch mentioned in the policy document

Nodal Officer:

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch. After investigating the grievance internally and subsequent closure, we will send our response within the regulatory TAT from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1:

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within the regulatory TAT from the date of receipt of your complaint.

Escalation Level 2:

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within the regulatory TAT from the date of receipt of your complaint.

Within the regulatory TAT of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

Sl. No.	Location	Address	E-mail	Landline Nos.
1	AHMEDABAD	Jeevan Prakash, 6th floor, Near S.V.College, Relief Road, Tilak Marg, Ahmedabad-380 001, Gujarat	bimalokpal.ahmedabad@cioins.co.in	079-25501201 / 079-25501202
2	BENGALURU	Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, No. 19/19, 24th Main Rd, J.P. Nagar, Bengaluru-560 078	bimalokpal.bengaluru@cioins.co.in	080-26652048 / 080-26652049

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3	BHOPAL	LIC of India, 1st Floor, South Wing, Jeevan Shikha, Opp. Gayatri Mandir, 60-B, Hoshangabad Road, Bhopal – 462 011	bimalokpal.bhopal@cioins.co.in	0755-2769201 / 0755-2769202 / 0755-2769203
4	BHUBANESWAR	62, Forest Park, Bhubaneswar, PIN -751 009	bimalokpal.bhubaneswar@cioins.co.in	0674-2596455 / 0674-2596003 / 0674-2596461
5	CHANDIGARH	Jeevan Deep, Ground Floor, LIC of India Bldg, SCO-22/23, sector 17-A, Chandigarh-160017	bimalokpal.chandigarh@cioins.co.in	0172-2706196 / 0172-2706468
6	CHENNAI	Fatima Akhtar Court, 4th flr, 453 (old 312), Anna Salai, Teynampet, Chennai 600018	bimalokpal.chennai@cioins.co.in	044-24333678 / 044-24333664
7	DELHI	2/2 A, 1st Floor, Universal Ins. Building, Asaf Ali Road, New Delhi- 110 002	bimalokpal.delhi@cioins.co.in	011-23232481 / 011-23232486
8	GUWAHATI	Jeevan Nivesh Bldg, 5th Floor, near Pan Bazar, S. S. Road, Guwahati-781001	bimalokpal.guwahati@cioins.co.in	0361-2632204 / 0361-2632205
9	HYDERABAD	6-2-46, 1st Floor, Moin Court Lane Opp. Hyderabad Showroom, A. C. Guards, Lakdi-ka-pool, Hyderabad 500 004	bimalokpal.hyderabad@cioins.co.in	040-23312122 / 040-23376599 / 040-23326068
10	JAIPUR	Jeevan Nidhi I, Ground Floor, Bhawani Singh Road, Ambedkar Circle, Jaipur - 302 005	bimalokpal.jaipur@cioins.co.in	0141-2740363
11	KOCHI	2nd Floor, LIC Bldg, Jeevan Prakash, M.G. Road, Ernakulam, Kochi- 682 011	bimalokpal.ernakulam@cioins.co.in	0484-2358759
12	KOLKATA	7th Floor of Hindustan Building (Annex), 4, C R Avenue, Kolkata-700 072	bimalokpal.kolkata@cioins.co.in	033-22124339 / 033-22124340
13	LUCKNOW	Jeevan Bhavan, Phase II, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow- 226 001	bimalokpal.lucknow@cioins.co.in	0522-2231330 / 0522-2231310
14	MUMBAI	3rd Floor, Jeevan Seva Annex, S.V. Road, Santacruz West, Mumbai-400 054	bimalokpal.mumbai@cioins.co.in	022-26106552 / 022-26106928
15	NOIDA	Bhagwan Sahai Palace, 4th flr, Main Road, Naya Bans, Sector 15, Noida-201301, Dist. G.B.Nagar, Uttar Pradesh	bimalokpal.noida@cioins.co.in	0120-2514250 / 0120-2514252
16	PATNA	2nd Floor, Lalit Bhawan, Bailey Road, Patna	bimalokpal.patna@cioins.co.in	0612-2547068

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17	PUNE	3rd Floor, Jeevan Darshan -LIC of India Bldg, Nr. Keatkar Natya, Narayan Peth, Pune-411 030	bimalokpal.pune@ci oins.co.in	020-24421475
18	THANE	3rd Floor, Janmabhoomi Bhavan, Above New Chintamani Building, Vasant Vihar, Wagle Estate, Thane (West) Thane - 400604	bimalokpal.thane@ci oins.co.in	022-20812668 / 022- 20812669

The updated details of the Insurance Ombudsman offices are also available at the IRDAI website www.irda.gov.in, or on the website of Governing Body of Insurance Council www.cioins.co.in.

This Policy is subject to IRDAI (Protection of Policyholders' Interests and Allied matters), 2024

Section 41 of the Insurance Act, 1938 as amended by The 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.

Disclaimer:

Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer Policy wordings carefully, before concluding a sale.

Commencement of risk cover under the Policy is subject to receipt of payable premium by Tata AIG General Insurance Company Limited as per Section 64VB of the Insurance Act, 1938

Optional Endorsements:

ENDORSEMENT 1
TWENTY-FOUR HOUR COVERAGE

This endorsement, effective DD/MM/YYYY, forms a part of the **Policy** issued to Insured by Tata AIG General Insurance Company Limited

It is hereby understood and agreed that coverage under the **Policy** is extended on a 24 hour basis including whilst flying in any **Aircraft** as passenger (including mounting / dismounting).

It is further agreed that Death arising from Disappearance shall include Act of God perils and while travelling in any mode of conveyance other than **Aircraft**.

In addition to the general exclusion listed in this **Policy**, the coverage under this endorsement shall be subject to following exclusion:

Participation in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing or rallies, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air, on snow or ice, participation in any professional Sports, any bodily contact sport or any other Hazardous or potentially dangerous sport.

Subject otherwise to **Policy** terms, conditions and exclusions.

ENDORSEMENT 2
MEDICAL EXPENSES

This endorsement, effective DD/MM/YYYY, forms a part of the **Policy** issued to Insured by Tata AIG General Insurance Company Limited

It is hereby understood and agreed that We will pay, unless otherwise specified in the **Policy Schedule** of the **Policy**, medical expenses incurred both on outpatient and inpatient basis within twelve months of the date of an **Accident** in respect of accidental **Bodily Injury** sustained by an Insured Person during the period of this Insurance, up to 10% of Capital Sum Insured for each Insured Person. The Company will pay medical expenses only if there is an admissible claim under the **Policy**.

However, if in respect of such Medical Expenses the Insured or the Insured Person shall recover any payment under any other Insurance. The Insurers hereon shall only be liable for the difference between such recovery and the total cost of Medical Expenses incurred, not exceeding the limit expressed above.

Medical Expenses for this cover means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or **Medical Practitioner** in the same locality would have charged for the same medical treatment.

Medical Expenses shall include –

- o Room rent, boarding expenses
- o Nursing
- o Intensive care unit
- o Consultation fees
- o Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- o Medicines, drugs and consumables,
- o Diagnostic procedures,
- o The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- o Physiotherapy expenses as recommended by the treating Doctor

Exclusions:

In addition to the General Exclusions listed in this *Policy* this coverage section shall not cover:

- i. treatment of any disease, sickness or Illness.
- ii. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified by a **Medical Practitioner**;
- iii. elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a covered **Accident**.
- iv. dental care, except as a result of **Injury** caused by **Accident** to Sound Natural Teeth.
- v. any non-medical expenses (list enclosed in Section 6 - Annexure);
- vi. medical expenses paid under any workers' compensation or any other Policy. Such paid amount will be deducted from the amount payable under this Policy and balance amount will be payable upto the sum insured.
- vii. medical expenses incurred as the result of influence of usage / abuse of alcohol and/or drug, addiction or overdose;
- viii. maternity expenses, treatment arising from or traceable to pregnancy except miscarriage and pre-mature birth as a result of an **Accident**.
- ix. Any non – allopathic treatment - Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatments.

Subject otherwise to **Policy** terms, conditions and exclusions.

ENDORSEMENT 3
LEGAL EXPENSES

This endorsement, effective DD/MM/YYYY, forms a part of the **Policy** issued to Insured by Tata AIG General Insurance Company Limited

It is understood and agreed that We will pay expenses incurred with our consent up to an amount of Rs. 20,000, unless otherwise specifically stated in the **Policy Schedule** of the policy, for attending any Court of enquiry or legal or other proceedings in connection with an event, which in the opinion of the Insurance Company might give rise to a claim under this insurance,

Subject otherwise to **Policy** terms, conditions and exclusions.

ENDORSEMENT 4
TEST FLIGHTS

This endorsement, effective DD/MM/YYYY, forms a part of the **Policy** issued to Insured by Tata AIG General Insurance Company Limited

It is understood and agreed that coverage is extended to cover pilots operating the **Aircraft** for the purpose of a test flight for the award, renewal or continuation of the certificate of airworthiness, provided always that pilot is approved by, employed by or contracted to the aviation authority having jurisdiction over the **Aircraft** for the purpose of such test flight.

Subject otherwise to Policy terms, conditions and exclusions.

ENDORSEMENT 5
UNLICENSED GROUND LANDING

This endorsement, effective DD/MM/YYYY, forms a part of the **Policy** issued to Insured by Tata AIG General Insurance Company Limited

It is understood and agreed that this Policy is extended to cover any claim while landing and taking off of the **Aircraft** on landing grounds other than licensed airfields.

Provided always that

- a. the Insured and/or the pilot conducting the flight has obtained the permission of the owner or tenant of the land,
- b. the Insured and/or the pilot conducting the flight has ascertained the suitability of the landing ground and has enquired from the landowner/tenant or from their authorised representative the condition of the landing ground at the expected time of arrival,
- c. the pilot conducting the flight has surveyed the landing ground by flypast or overflight immediately prior to landing.

In the event of a claim being made under this **Policy** in respect of an **Accident** occurring during the use of such landing ground the onus of proving that (a) (b) and (c) above had been complied with shall rest entirely on the Insured.

Subject otherwise to **Policy** terms, conditions and exclusions.

ENDORSEMENT 6
TERRORISM COVERAGE

This endorsement, effective DD/MM/YYYY, forms a part of the **Policy** issued to Insured by Tata AIG General Insurance Company Limited

It is understood and agreed that this **Policy** is extended to cover claim(s) in any way caused or contributed to by an act of Terrorism.

Subject otherwise to Policy terms, conditions and exclusions.