

**Note:** The Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail. Below mentioned details in this information sheet must be read in conjunction with this certificate of insurance

Title	Description	Refer To Policy Clause Number																																				
<b>Product Name</b>	<b>Group Credit Secure Plus</b>																																					
What am I covered for:	<p>Description of only those Benefits shall be applicable as mentioned on the Policy Schedule/Certificate of Insurance</p> <p>1. <u>CRITICAL ILLNESS BENEFIT- CATEGORY A</u></p> <p>This Policy provides the base sum insured as a lump sum amount as stated in the policy schedule/certificate of insurance if the insured person is diagnosed to be suffering from or undergoing the surgical procedures for the first time from any of the below listed Critical Illness/s.</p> <table border="1" data-bbox="411 689 1177 1070"> <thead> <tr> <th>Sl.No.</th> <th>Critical Illness</th> </tr> </thead> <tbody> <tr><td>1</td><td>Cancer of specified severity</td></tr> <tr><td>2</td><td>End Stage Renal Failure requiring dialysis</td></tr> <tr><td>3</td><td>Multiple Sclerosis with persistent symptoms</td></tr> <tr><td>4</td><td>Major organ/bone marrow Transplant</td></tr> <tr><td>5</td><td>Open Heart Valve Replacement/Repair</td></tr> <tr><td>6</td><td>Open chest Coronary Artery Bypass Graft</td></tr> <tr><td>7</td><td>Stroke resulting in permanent symptoms</td></tr> <tr><td>8</td><td>Permanent Paralysis of Limbs</td></tr> <tr><td>9</td><td>Myocardial Infarction (First Heart Attack of specific severity)</td></tr> </tbody> </table> <p>2. <u>ACCIDENTAL DEATH</u></p> <p>We will pay the base sum insured as stated in the policy schedule/Certificate of insurance if an accident results in loss of your life during the policy period.</p> <p>3. <u>PERMANENT TOTAL DISABILITY</u></p> <p>We will pay the base sum insured as stated in the policy schedule/Certificate of insurance if Injury to You results in You suffering with Permanent Total Disability i.e. loss of both eyes, both hands or both feet or one hand or one foot, one hand and one foot or irrevocable loss of sight of one eye</p> <p>4. <u>EDUCATION BENEFIT</u></p> <p>We will pay a specified amount as stated in the policy schedule/Certificate of insurance if You suffer either Accidental Death or Permanent Total Disability. We will pay the benefit to Your Eligible Child at the time of such Accidental Death or Permanent Total Disability.</p> <p>Irrespective of number of children, we will pay the maximum amount as mentioned in the policy schedule.</p> <p>5. <u>ADD ON COVER FOR ADDITIONAL CRITICAL ILLNESS – CATEGORY B</u></p> <p>In addition to the critical illnesses mentioned under Critical Illness section of this policy, referred as Category A, we will also cover the following critical illnesses. A lump-sum amount will be paid as mentioned in the policy schedule/certificate of insurance if You are diagnosed to be suffering from or undergoing the surgical procedures for the first time from any of the below listed Critical Illness/s:</p> <table border="1" data-bbox="411 1832 1177 2136"> <thead> <tr> <th>Sl.No.</th> <th>Additional Critical Illness</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;"><b>Category B</b></td> </tr> <tr><td>C10</td><td>Blindness</td></tr> <tr><td>C11</td><td>Third Degree Burns</td></tr> <tr><td>C12</td><td>Creutzfeldt Jakob Disease</td></tr> <tr><td>C13</td><td>Primary Pulmonary Hypertension</td></tr> <tr><td>C14</td><td>Motor Neuron Disease with permanent symptoms</td></tr> <tr><td>C15</td><td>Progressive Scleroderma</td></tr> </tbody> </table>	Sl.No.	Critical Illness	1	Cancer of specified severity	2	End Stage Renal Failure requiring dialysis	3	Multiple Sclerosis with persistent symptoms	4	Major organ/bone marrow Transplant	5	Open Heart Valve Replacement/Repair	6	Open chest Coronary Artery Bypass Graft	7	Stroke resulting in permanent symptoms	8	Permanent Paralysis of Limbs	9	Myocardial Infarction (First Heart Attack of specific severity)	Sl.No.	Additional Critical Illness	<b>Category B</b>		C10	Blindness	C11	Third Degree Burns	C12	Creutzfeldt Jakob Disease	C13	Primary Pulmonary Hypertension	C14	Motor Neuron Disease with permanent symptoms	C15	Progressive Scleroderma	<p>Section 2</p> <p>Section 2</p> <p>Section 2</p> <p>Section 2</p> <p>Section E1</p>
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6. ADD ON COVER FOR ADDITIONAL CRITICAL ILLNESS – CATEGORY C

Section E2

In addition to the critical illnesses mentioned under Critical Illness section of this policy, referred as Category B, we will also cover the following critical illnesses. A lump-sum amount will be paid as mentioned in the policy schedule/certificate of insurance if You are diagnosed to be suffering from or undergoing the surgical procedures for the first time from any of the below listed Critical Illness/s:

Category C (CI listed under Category B and)	
C16	End Stage Lung Failure
C17	End stage Liver Failure
C18	Benign Brain Tumor
C19	Aorta Graft Surgery
C20	Fulminant Hepatitis

7. ADD ON COVER FOR ACCIDENTAL DISMEMBERMENT AND PARALYSIS

Section E3

We will pay a specified percentage of the Accidental Dismemberment Sum Insured mentioned in the Policy Schedule/certificate of insurance if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 365 consecutive days and is total, continuous and permanent at the end of this period, as the result of the same Accident. This waiting period of 365 days is not applicable for severance or amputation cases.

In the event, if more than one loss results from any one Accident, the highest would be paid.

**Table of Losses**

Nature of Loss	% of Accidental Death Sum
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%
Quadriplegia (paralysis of all four limbs)	100%
Paraplegia (paralysis of lower half of the body with involvement of both lower limbs)	50%
Hemiplegia (paralysis of one side of the body including one upper & one lower limb)	50%
Uniplegia (paralysis of any one limb)	25%

8. ADD ON COVER FOR PERMANENT PARTIAL DISABILITY

Section E3

We will pay a percentage of the Sum insured mentioned in the Policy Schedule, when you suffer permanent partial disability as a result of injury from the accident occurring within 365 days from the date of accident.

Such disability should have continued for a period of 365 consecutive days and is permanent at the end of this period. This period of 365 days is not applicable for severance or amputation cases.

**Table of Losses**

Nature of Loss	% of Accidental Death Sum Insured
1. Loss of an arm above elbow joint	75%
2. Loss of an arm beneath the elbow joint	65%
3. Loss of a hand at the wrist	40%

Nature of Loss	% of Accidental Death Sum Insured
4. Loss of four fingers and thumb of one hand	30%
5. Loss of four fingers	20%
6. Loss of Thumb	10%
7. Loss of Index Finger only	10%
8. Loss of middle finger only	5%
9. Loss of ring finger only	5%
10. Loss of little finger only	4%
11. Loss of leg above mid- thigh	50%
12. Loss of leg upto mid thigh	50%
13. Loss of a leg above mid calf	40%
14. Loss of a foot at the ankle	30%
15. Loss of all Toes	25%
16. Loss of Great Toe only	5%
17. Other than great Toe, if more than one toe lost, each	1%
18. Loss of an eye	50%
19. Loss of hearing of one ear	25%
20. Loss of hearing of both ears	50%
21. Loss of sense of smell	5%
22. Loss of sense of Taste	5%

9. ADD ON COVER FOR ACCIDENTAL MEDICAL EXPENSES (MEDEX)

We will reimburse the Medical Expenses upto limit specified in policy schedule, incurred for the in-patient treatment as a result of an accident during the policy period. The scope of the coverage is extended for outpatient treatment upto the limit mentioned in the policy schedule.

This benefit is over and above the base Sum Insured.

Section E3

10. ADD ON COVER FOR HOSPITAL DAILY CASH

We will pay a per day benefit amount as stated in the policy schedule, if any insured person suffers an accident during the Policy Period that requires the insured person's hospitalization as an inpatient. This benefit will be subject to below limits under the policy:

- i. Maximum benefit of 10 days for each hospitalization incident
- ii. Maximum benefit of 60 days per Policy year (annual). Where the policy period is more than 1 year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward.
- iii. This benefit would trigger only when we have admitted the claim under Accidental Medical Expenses.

This benefit is over and above the base Sum Insured.

Section E3

11. ADD ON COVER FOR COMA BENEFIT

We will pay a onetime benefit, as mentioned in the policy schedule, if an Insured Person suffers an accident during the policy period and this is the sole and direct cause of being in a Comatose State causing permanent neurological deficit within 30 days from the date of injury. This benefit will be subject to the following conditions:

The state of unconsciousness should correspond to a Glasgow Coma Scale (GCS) score of 3 (No motor response, No verbal response, No eye opening).

This benefit is over and above the base Sum Insured.

Section E3

12. ADD ON COVER FOR FUNERAL BENEFITS AND REPATRIATION OF REMAINS

We will pay fixed amount towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence if we have accepted a claim under Accidental Death benefit of this policy.

This benefit is over and above the base Sum Insured.

Section E3

	<p>13. <u>ADD ON COVER FOR HOUSE ALTERATION AND VEHICLE MODIFICATION BENEFIT</u></p> <p>We will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing loss(es) mentioned below, up to the maximum amount stated in the Policy Schedule or actuals , whichever is lower, for all such losses caused by the same Accident.</p> <p>If an Insured Person:</p> <ol style="list-style-type: none"> <li>I. suffers one of the following Injuries listed under the Permanent Total Disability or Accidental Dismemberment and Paralysis Coverage Section of the Policy is payable while this Policy is in effect; and,</li> <li>II. did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and</li> <li>III. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;</li> </ol> <p>This benefit is over and above the base Sum Insured.</p> <p>14. <u>ADD ON COVER FOR AMBULANCE COST</u></p> <p>We will reimburse for expenses incurred up to the maximum amount stated in the Policy Schedule or actuals , whichever is lower, for transfer of the Insured Person by road from the site of accident to the nearest hospital or from one hospital to another hospital in a registered ambulance only if we have accepted claim under Accidental Death, Permanent Total Disability, Accidental Dismemberment and Paralysis, Permanent Partial Disability or Accidental Medical Expenses under this policy</p> <p>This benefit is over and above the base Sum Insured.</p> <p>15. <u>ADD ON COVER FOR AIR AMBULANCE</u></p> <p>We will also reimburse for expenses incurred up to the maximum amount stated in the Policy Schedule or actuals , whichever is lower, for transfer of the Insured Person by an air ambulance from the site of accident to the nearest hospital or from one hospital to another hospital if we have accepted claim under sections Accidental Death, Permanent Total Disability, Accidental Dismemberment and Paralysis, Permanent Partial Disability or Accidental Medical Expenses under this policy.</p> <p>This benefit is over and above the base Sum Insured.</p> <p>16. <u>ADD ON COVER FOR COST OF CRUTCHES/WHEEL CHAIR</u></p> <p>We will pay the amount towards cost of crutches/wheel chair necessitated due to disability if we have accepted a claim under Permanent Total Disability or Accidental Dismemberment and Paralysis or Permanent Partial Disability. The amount payable would be as mentioned in the policy schedule or actuals, whichever is lower.</p> <p>This benefit is over and above the base Sum Insured.</p> <p>17. <u>ADD ON COVER FOR COST OF ARTIFICIAL LIMBS</u></p> <p>We will reimburse the amount towards cost of artificial limbs necessitated due to disability If we have accepted a claim under Permanent Total Disability or Accidental Dismemberment and Paralysis or Permanent Partial Disability. The amount payable would be as mentioned in the policy schedule or actuals, whichever is lower.</p> <p>This benefit is over and above the base Sum Insured.</p> <p>18. <u>ADD ON COVER FOR INCLUSION OF INVOLUNTARY LOSS OF JOB COVER (Due to Disability or Critical Illness)</u></p> <p>We will pay 3 EMI's falling due in respect of the Loan (Loan account number as stated in Schedule of this Policy) after the commencement of Loss of Job till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of 3 EMI's or sum insured as stated in the policy schedule (which is lower).</p> <p>19. <u>ADD ON COVER FOR INCLUSION OF MONTHLY EMI(EQUATED MONTHLY INSTALLMENT) BENEFIT</u></p> <p>We will pay the monthly EMI equivalent for every completed continuous 30 days of such hospitalization maximum upto 3 months if the insured person is hospitalized due to accident during the policy period.</p>	<p>Section E3</p> <p>Section E3</p> <p>Section E3</p> <p>Section E3</p> <p>Section E3</p> <p>Section E4</p> <p>Section E5</p>
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20. **ADD ON COVER FOR HOME (Bharat Griha Raksha)**

The Bharat Griha Raksha gives insurance cover to Your Home Building. Under this policy, We agree to pay You for the loss You suffer when unexpected events cause physical loss, damage or destruction of the building of Your home.

This Policy offers Home Building Cover for the building structure of Your home.

Name of Cover	Your Loss	We Pay
Home Building Cover	Building is damaged	Cost of repairs, Architect's, Surveyor's, Consulting Engineer's fees, Costs of clearing debris, Loss of Rent and Rent for Alternative Accommodation.
	Building is completely destroyed (Total Loss)	Cost of Construction

**Covered Perils-**

We cover physical loss or damage, or destruction caused to the Insured Property by

1. Fire
2. Explosion or Implosion
3. Lightning
4. Earthquake, Volcanic Eruption or other convulsions of nature
5. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation
6. Subsidence of the land on which Your Home Building stands Landslide, Rockslide
7. Bush Fire, Forest Fire, Jungle Fire
8. Impact Damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)
9. Missile testing operations
10. Riot, Strike, Malicious Damages
11. Acts of Terrorism (Coverage as per Terrorism Clause attached)
12. Bursting or overflowing of water tanks, apparatus and pipes.
13. Leakage from automatic sprinkler installations

Section E6

What are the major exclusions in the policy:

Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.

We will neither be liable nor make any payment for any claim in respect of any Insured Person, which is caused by, arising from or in any way attributable to any of the following exclusions:

1. Any Pre-existing Condition, any complication arising from it, or
2. Any Critical Illness or covered Disease/Illness/Sickness of which, the signs or symptoms first occurred prior to or within ninety (90) days following the first risk inception date. This 90 days period shall not be applicable on renewals to the extent of sum insured under the previous policy, or
3. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed, or
4. Intentional self- Injury, suicide,
5. Sexually transmitted conditions,
6. Arising or resulting from the insured person(s) committing any breach of law with criminal intent; or
7. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
8. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or

Section 3

	<p>9. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or</p> <p>10. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or</p> <p>11. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</p> <p>12. Arising out of or resulting directly caused by or, resulting from or in connection with any act of terrorism.</p> <p>13. External congenital anomalies/defects (known or unknown) or any complications or conditions arising there from; or</p> <p>14. 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 Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or</p> <p>15. Any Critical Illness/Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.</p> <p><u>Exclusions for Home (Bharat Griha Raksha):</u></p> <p><u>We do not cover any loss or damage, or destruction caused to the Insured Property by:</u></p> <ol style="list-style-type: none"> <li><u>burning of Insured Property by order of any Public Authority.</u></li> <li><u>normal cracking, settlement or bedding down of new structures.</u></li> <li><u>the settlement or movement of made up ground.</u></li> <li><u>coastal or river erosion.</u></li> <li><u>defective design or workmanship or use of defective materials, or</u></li> <li><u>demolition, construction, structural alterations or repair of any property, or groundworks or excavations.</u></li> <li><u>pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.</u></li> <li><u>temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or</u></li> <li><u>temporary or permanent dispossession of Your Home by unlawful occupation by any person.</u></li> <li><u>Exclusions and Excess as per Terrorism Clause attached.</u></li> <li><u>repairs or alterations in Your Home or the building in which Your Home is located.</u></li> <li><u>repairs, removal or extension of any sprinkler installation, or</u></li> <li><u>defects in the construction known to You.</u></li> </ol>	Section E6
Waiting Period	90 days from the first inception of the Policy with Us for Critical Illness and Involuntary Loss of Job benefit Section.	Section 2 (b), 3 (2) and E4(c)(d)
Payment basis	All benefits under this Policy are payable on Indemnity/and or Benefit basis except for the benefits mentioned under Add on cover <u>for Home ( Bharat Griha Raksha)</u> in which it shall be as per the conditions of Bharat Griha Raksha.	
Loss Sharing	Not applicable	
Renewal Conditions	<p>The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <ol style="list-style-type: none"> <li>Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy.</li> </ol> <p>Coverage is not available during the grace period.</p>	Section 4(ii), E

Renewal Benefits	Not applicable	
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 any medical check-up, 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.	Section 4(ii), (D)
Cancellation	This policy would be cancelled by us on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 15 days notice. No refund of premium will be allowed if policy is cancelled on the grounds of misrepresentation, fraud, or non-disclosure of material facts. In case policy is cancelled by us on the grounds of non-cooperation or you cancel the policy by giving 15 days notice then you will be refunded balance premium after retaining premium for the period policy was in force on short period rate basis. No refund of premium will be allowed if claim has been made on the policy. If a Policy/Certificate of insurance is cancelled then all the additional Covers shall automatically stand cancelled from the cancellation effective date, however the refund of premium for Home (Bharat Griha Raksha) shall be as per the applicable short period scales for Bharat Griha Raksha.	Section 4(ii), (C)
How to Claim	<p>INTIMATION &amp; ASSISTANCE:</p> <ul style="list-style-type: none"> <li>o You can notify a claim by sending an SMS <b>CLAIMS</b> to <b>5616181</b> or by calling our 24x7 toll free helpline <b>1800-266-7780</b>. Please use the Claim Intimation Form for intimation of a claim</li> <li>o <a href="mailto:general.claims@tataaig.com">You can even write to us at general.claims@tataaig.com</a> and <a href="mailto:paclaim.support@tataaig.com">scan documents may be submitted at paclaim.support@tataaig.com</a> to initiate claim processing</li> </ul> <p>DOCUMENT SUBMISSION:</p> <ul style="list-style-type: none"> <li>o Please submit all documents to the Corporate Office at the address given below:  <b>Accident &amp; Health Claims Department</b>  Tata-AIG General Insurance Co. Ltd.  A-501,5Th Floor, Bldg No -4, Infinity Park,  Dindoshi, Malad (E)  Mumbai 400 097</li> </ul> <p>Please send a duly signed claim form and all the information / documents mentioned below to TATA AIG within 15 days</p>	Section (5)
Policy Servicing/Grievances/Complaints	<p>In case of any grievance the Insured Person may contact through</p> <ul style="list-style-type: none"> <li>• Website: <a href="http://www.tataaig.com">www.tataaig.com</a></li> <li>• Call us 24X 7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a></li> <li>• Write to us at: Customer Support, Tata AIG General Insurance Company Limited</li> </ul> <p>A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097</p> <p>Visit the Servicing Branch mentioned in the policy document</p> <p>The insured person may also approach the grievance cell at any of the Company's branches with details of grievance.</p> <p>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 <a href="mailto:manager.customersupport@tataaig.com">manager.customersupport@tataaig.com</a>. For updated details of grievance officer, kindly refer the link (<a href="https://www.tataaig.com/grievance-redressal-policy">https://www.tataaig.com/grievance-redressal-policy</a>).</p> <p>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.</p>	Section (4)

Insured's Rights	Free-look period (as mentioned above)	Section 4
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy.	
<b>Legal Disclaimer Note:</b> The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.		

## Tata AIG General Insurance Company Limited

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