

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 Master policy/ Policy Schedule / Certificate, which shall be the basis notification from Government of India regarding Pradhan Mantri Suraksha Bima Yojana and subject to the terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed.

Definitions

The Company uses certain words in this Policy and Policy 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 Policy 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. **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.
4. **Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and

visible and evident means which is verified and certified by a Medical Practitioner / Physician.

5. **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.

ii. Specific Definitions

6. **Age** - means completed years as at the Effective Date.
7. **Break in policy** - means 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.
8. **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.
9. **Certificate of Insurance** - means the document issued by Us detailing the effective date & hour, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).
10. **Hazardous** - means a situation that poses a level of threat to life & health.
11. **IRDA of India** - means Insurance Regulatory and Development Authority.
12. **Insured / Insured Person / You/ Your** - means the Person and his/her eligible Spouse and/or Eligible Children detailed 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 the Company.
13. **Loss of Use** - means loss of, by physical

severance, or total and permanent loss of the effective use of the part of the body due to an Injury.

- 14. Master Policy** – means the Policy issued to the participating bank to cover all saving account

holder enrolled for Pradhan Mantri Suraksha Bima Yojana.

- 15. Physician/ Medical Practitioner** - means a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license..Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

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

- 17. Physical Separation** - means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.

- 18. Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

- 19. 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.

- o **Master Policy holder** – means the participating bank through which saving bank account holders are enrolled in the Scheme.

- o **Certificate of Insurance holder** – means Insured person who is saving bank account holder of the participating bank & enrolled in the Scheme.

- 20. Enrollment 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.

- 21. Scheme** - Pradhan Mantri Suraksha Bima Yojana.

- 22. We/Our/Us/ Company** - means Tata AIG General Insurance Company Limited.

Benefits covered under the policy

If the Insured shall sustain any bodily injury within the Policy Period, resulting solely and directly from Accident then the Company shall pay to the insured the sum hereinafter set forth:-

	Table of Benefits*	Sum Insured
1.	Death	Rs. 200,000
	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or one foot	Rs. 200,000
2.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or one foot	Rs. 100,000
*The total amount that can be claimed under the policy is maximum Rs. 200,000 only.		

EXCLUSION

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:

ii. Specific Exclusions

1. Compensation under more than one of

- the sub-clauses (1), (2), (3) in respect of same injury or disablement of the Insured Person. In the event of a claim which may aggravate to increased disability/ death within 12 calendar months of the occurrence then our liability will be limited to higher of the two and in any event not exceeding the Capital Sum Insured.
2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person.
 3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
 4. Payment of compensation in respect of death, injury or disablement of the Insured arising or resulting from the insured committing any breach of the law with criminal intent.
 5. Any claim of Insured Person arising from:
 - a. suicide or attempted suicide
 - b. wilful self-inflicted illness or injury except injury in self-defence or to save life; or
 6. Being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication
 7. Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all kings, princes and people of whatsoever nation, condition or quality.
 8. Payment of compensation in respect of death of /or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.
 9. Participation in winter sports*, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained.
- (* winter sports means snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice)
- (# professional sports means Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated)
- Provided also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.

General Terms and Clauses

i. Specific Terms and Clauses

1. Eligibility / Enrollment

- a) Savings bank account holders of participating banks aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme
- b) Joining subsequently on payment of full annual premium may be possible on specified terms
- c) Individuals who exit the scheme at any point may re-join the scheme in future years through this modality
- d) New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing
- e) In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only.
- f) The cover shall be for the one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31st May of every year, extendable up to 31st August
- g) Applicants May give an indefinite / longer option for enrollment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience.
- a) Certificate of Insurance will be renewed subject to renewal of Master Policy & premium is paid in full as per renewal premium rates before Certificate Policy expiry date or within grace period.
- b) The Policy is renewable unless the Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy, subject to payment of full renewal premium.
- c) This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.
- d) The Policy may be renewed with the consent of the Company by paying the total premium in advance which premium shall be the premium rate in force at the time of renewal.
- e) A grace period of 30 days from the premium due date is allowed where the Insured can still pay the premium and continue the 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. there will be Break in policy.
- f) The Company, however, is not bound to give notice that the Policy is due for renewal.
- g) Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

2. Terms of Renewal

3. Termination of cover

The accident cover for the member shall

terminate on any of the following events and no benefit will be payable there under:

- a) On attaining age 70 years (age nearest birthday).
- b) Closure of account with the Bank or insufficiency of balance to keep the insurance in force.
- c) In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one only and the premium shall be liable to be forfeited.
- d) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, such members will be treated as New Entrants as specified in the Eligibility Section.
- e) During the ceased period, the risk cover will be suspended and reinstatement of risk cover will be at Our sole discretion
- f) If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by Insured or any one acting on Insured's behalf to obtain any benefit under the Policy or if the loss or damage be occasioned by the wilful act, or with the connivance of Insured's or anyone acting on Insured's behalf, then policy shall be void and all benefits under this Policy shall be forfeited.
- g) This insurance may be terminated at any time at the request of the Policyholder, in which case the We will retain the premium

- h) The Company may cancel this Policy at any time on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured or anyone acting on insured's behalf or on behalf of an insured Person by giving a 15 Days notice delivered, or mailed to the latest address as appearing in the records of the company, stating when such cancellation shall be effective. In the event of cancellation for misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio & all benefits under this Policy shall be forfeited and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured full premium shall be retained.

4. Policy & Premium

- a) Bank will be the Master policy holder on behalf of the participating subscribers/ Certificate of Insurance holders.
- b) Premium will be deduct the premium amount in the same month when the Auto Debit option is given, preferably in May of every year, and remit the amount due to the insurance company in that month itself.
- c) For cases where auto debit takes place after date of commencement, the cover shall commence from the first day of the month following the auto debit.

Other Terms and Conditions

CLAIM PROCEDURE:

- a) **NOTICE OF CLAIM/LOSS:** Upon the happening of any event which may give rise to a claim under this policy the Insured shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the Insured should within seven

days after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claims.

b) CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish the Insured with such forms as may be required for filing proofs of loss.

c) TIME FOR FILING CLAIM FORMS AND EVIDENCE: Completed claim forms and written evidence of loss must be furnished to the Company within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured can satisfy the Company that it was not reasonably possible to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

d) SUPPORTING DOCUMENTATION & EXAMINATION: The Insured or someone claiming on behalf of the Insured shall provide the Company with all documentation, medical records and information which may be requested to establish the circumstances of the claim, its quantum or the Company liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:

Death Claims	Disability Claims
<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 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.)
<ol style="list-style-type: none"> 5. Complete medical records including Death Summary, in case of hospitalization 6. Any other document requested by the Company in view of claim 7. KYC Documents 	<ol style="list-style-type: none"> 5. FIR, Police report, where applicable 6. Any other document requested by the Company in view of claim 7. KYC Documents

e) TIME OF PAYMENT OF CLAIM:

- 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.
- 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.
- 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)

- f) **PAYMENT OF CLAIM:** All claims under this Policy that are payable to the Insured or the Policyholder shall be paid in Indian currency.
- g) Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the insured person on the occasion of any alleged injury when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to arrange for a post-mortem examination of the body of the insured and such evidence as the Company may from time to time require (including a post-mortem examination, if conducted) shall be furnished within the space of fourteen days after demand in writing.
6. If any dispute or difference shall arise as to the quantum of claim 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 referable to arbitration as herein before provided, if the Company has denied, 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.

7. **TERRITORY:** This Policy applies to incidents anywhere in the world unless limited by the Company through endorsement or specifically restricted in the Policy.
8. **FREE LOOK PERIOD:** The Insured 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 there are any objections to any of the terms and conditions, Insured have the option of cancelling the Policy stating the reasons for cancellation and the premium paid would be refunded after adjusting the amounts spent on stamp duty charges and proportionate risk premium. Insured can cancel the Policy only if no claims have been made under the Policy. All the rights of Insured 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.

9. In the likelihood of this policy being withdrawn in future, the Company will intimate the Insured about the same 3 months prior to expiry of the policy. Insured will have the option to migrate to any Individual personal accident insurance policy available with the Company at the time of renewal.

10. **Limitation** - In no case whatsoever shall the Company be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Redressal of Grievance

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

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

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/>

SN	Centre	Address & Contact
1	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
2	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
3	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 Email: bimalokpal.bhopal@cioins.co.in
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
5	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 Email: bimalokpal.chandigarh@cioins.co.in
6	Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in
7	New 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
8	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

SN	Centre	Address & Contact
9	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 Email: bimalokpal.hyderabad@cioins.co.in
10	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
11	Ernakulam	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
13	Lucknow	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
14	Mumbai	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/ 27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in
15	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
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in

SN	Centre	Address & Contact
17	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

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.