



WITH YOU ALWAYS

# PERSONAL EXTENDED PROTECTION POLICY

UIN: IRDAN108P0002V02201314

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## POLICY WORDINGS

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### Tata AIG General Insurance Co. Ltd.

Registered Office:

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IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

**Whereas the Insured** by a proposal and declaration which shall form the basis of this contract, has applied to Tata-AIG General Insurance Company Ltd. (hereinafter called the Company) and having paid the full Premium mentioned in the schedule as consideration for the insurance, **The Company Agrees**, (Subject to the Terms, Conditions and Exclusions contained herein or endorsed or otherwise expressed hereon) to pay the Insured, if the insured shall sustain loss, damage or liability during the period of insurance stated herein, the amount of benefits specified herein or liability incurred but not exceeding in any one period of insurance in respect of each of the several items specified herein the sum set opposite thereto respectively.

## POLICY DEFINITIONS

*This section is applicable to all coverage sections of the policy.*

- A. You and Your** means:
- The "named insured" shown in the Declaration page; and
  - The legally married spouse or dependent children under age 21 (twenty-one), living with **you** in **your** home.
- B. We, Us, and Our** means the Tata AIG General Insurance Company Ltd.
- C. Relative** means **your** legally married spouse, parent, step-parent, parent in-law, grandparent, child, stepchild, legally adopted child, grandchild, brother, brother in-law, sister, sister in-law, son in-law, daughter in-law, uncle, aunt, niece, nephew, and first cousin.
- D. Policy period** means the period of time **you** are covered by this insurance from the effective date to the expiration date.
- E. Money** means currency, coins and bank notes in current use and having a face value.
- F. Payment card** means an **ATM** card, credit card, charge card, prepaid card or debit card issued by a qualified financial institution for personal use only.
- G. SIM card** means the Subscriber Identity Module (SIM) card that is delivered together with a subscription contract or pay-as-you-go contract used for the operating of mobile phones.
- H. ATM** means automatic teller machine.
- I. Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without **your** assistance, consent or co-operation.
- J. Cheque(s)** means any bank draft drawn against deposited funds to pay a specific sum to a specified payee on demand other than drafts with a stamped signature.
- K. Residence** means the place that is shown as the "insured mailing address" on the Policy Schedule.
- L. Business** means:
- A trade, profession or occupation engaged in on a full-time, part-time or occasional basis; or
  - Any other activity engaged in for money or other compensation.
- M. Minimum Premium** means the amount of Rs.50.
- N. Short Period Rates** means

Period	% of annual premium
Not exceeding 1 month	1/4 <sup>th</sup> of annual rate
Exceeding 1 month but not exceeding 3 month	1/2 of the annual rate
Exceeding 3 month but not exceeding 6 month	3/4 <sup>th</sup> of annual rate
Exceeding 6 month	Full annual rate

## COVERAGES

### A. PERSONAL IDENTITY PROTECTION

*This section is applicable only to coverage section A of the policy.*

Coverage Definitions

- Identity Theft** means the unauthorized and/or illegal use of **your** personal information such as **your** name to open **credit accounts** and/or bank accounts that **you** did not authorize.
- Credit Accounts** means any credit arrangements from a qualified financial institution for personal use, such as credit card account, car/home loan account.
- Suit** means a civil proceeding seeking monetary damages as a result of **identity theft**, or a criminal proceeding in which **you** are charged with illegal acts committed by someone else while engaged in the theft of **your** identity
- Robbery** means the unlawful taking of **money** or other property from **your** care and custody by one who has caused or threatened **you** with bodily harm and has committed an illegal or violent act.
- Bodily injury** means bodily harm, sickness or disease, including required care, loss of services and death that result.
- Replacement cost** means the amount it would cost to replace an item of similar specifications at current prices.
- Personal Papers** means identification documents issued by **your** country, state including but not limited to **your** driver's license and passport.
- Transportation tickets** means the tickets purchased for bus, subway or other type of public or private transportation.
- Unauthorised charges** means those charges which are incurred on the payment card / sim card after the physical loss of the payment card / sim card and without the knowledge or consent of the payment card / sim card holder as per provisions, terms and conditions of payment card issuer / mobile service provider."

#### 1. Identity theft

##### I. What We Cover

**We** will pay for **your** expenses resulting from **your** efforts to resolve **your identity theft**, and expenses can be submitted up to 12 months after **you** make a claim. The following expenses are covered:

- Legal Expenses – **We** will reimburse **you** for attorney and court fees incurred by **you** for:
  - Defending any **suit** brought against **you** by a creditor or collection agency or someone acting on their behalf as a result of the **identity theft**;
  - Removing any civil or criminal judgment wrongfully entered against **you** as a result of the **identity theft**;
  - Challenging the accuracy or completeness of any information in **your** consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of **identity theft**.
- Lost Wages - **We** will reimburse **you** for time taken from work solely as a result of **your** efforts to correct **your** financial records that have been altered due to **identity theft**. Payment of lost wages includes compensation for whole or partial unpaid workdays. **You** must take these unpaid days within 12 months of making a claim.
- Obligation to pay - If any **credit accounts** and or bank accounts were opened in **your** name without **your**

authorization, **we** will pay for **your** actual loss from the unauthorized account. **We** will pay for **your** legal obligation to pay a creditor when the account was created as part of **your identity theft**.

4. Miscellaneous Expenses – **We** will reimburse the following expenses:
  - a. The cost of re-filing applications for **credit accounts** or banking accounts that are rejected solely because the lender received incorrect information as a result of **identity theft**;
  - b. The cost of notarizing documents related to **your identity theft**, long distance telephone calls, and certified mail reasonably incurred as a result of **your** efforts to report an **identity theft** or to correct **your** financial and credit records that have been altered as a result of **your identity theft**;
  - c. The cost of contesting the accuracy or completeness of any information contained in **your** credit history as a result of **your identity theft**;
  - d. The cost of a maximum of 4 (four) credit reports from an entity approved by **us**. The credit reports shall be requested when **you** make a claim.

## II. Coverage Exclusions

**We** will not pay for any expenses or loss as a result of:

1. Monetary losses other than those provided under “What We Cover”.
2. Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
3. Requesting credit reports before the discovery of your **identity theft**;
4. Taking time from self-employment or workdays that will be paid by your employer in order to correct **your** financial records that have been altered due to **identity theft**.

## III. Coverage Conditions

1. The fraudulent account must have been opened in **your** name without **your** authorization.
2. Any false charge or withdrawal from the unauthorized opened account must be verified by **your** financial institution.
3. Coverage for false charges is limited to the amount **you** are held liable for by the financial institution.
4. **We** will be permitted to inspect **your** financial records.
5. **You** will cooperate with **us** and help **us** to enforce any legal rights **you** or **we** may have in relation to **your identity theft**; this may include **your** attendance at depositions, hearings and trials, and giving evidence as necessary to resolve **your identity theft**.
6. **You** will only have to pay one deductible per **identity theft** occurrence during the **policy period**.

## IV. Duties After An Accident or Loss

In the event of a covered loss **you** shall:

1. Call us at 18002667780 or provide written intimation to make a claim within 15 days of discovering the **identity theft** to obtain proper forms and instructions;
2. File a police report within 24 hours of discovering the **identity theft**;

3. Notify **your** bank(s) or credit account issuer(s) of the **identity theft** within 6 hours of discovering the **identity theft**;
4. Complete and return any claims forms including an authorization for **us** to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim;
5. Provide proof that it was necessary to take time away from **your** work if **you** make a claim for lost wages. **We** will ask **you** to submit proof from **your** employer that **you** took unpaid days off, and **you** must have this information notarized;
6. Send **us** copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;
7. Take all reasonable and prudent action to prevent further damage to **your** identity.

## 2. Fraudulent charge

### I. What We Cover

If **your payment card / sim card** as specified in the schedule is **lost or stolen**, **we** will reimburse the unauthorized charges that **you** are responsible for on **your lost or stolen payment card / sim card**, up to ..... days / hours prior to **your** first reporting the event to **your payment card issuer(s) / mobile telephone service provider** and ..... days post reporting of the event to **your payment card issuer / mobile telephone service provider**.

### II. Coverage Exclusions

**We** will not pay for any expenses or loss for:

1. Charges made on **your lost or stolen payment card / sim card** more than .....days / hours prior to **your** first reporting the event to **your payment card issuer(s) / mobile telephone service provider** and ..... days post reporting of the event to **your payment card issuer / mobile telephone service provider**;
2. Charges made on **your payment card / sim card** if **your payment card / sim card** has not been lost or stolen;
3. Cash advances made with **your lost or stolen payment card**;
4. Charges incurred by a resident of **your** household, or by a person entrusted with **your payment card / sim card**.
5. Any liability arising out of **lost or stolen sim card** except as provided under “What We Cover”

### III. Coverage Conditions

1. **We** will only pay for unauthorized charges for which **you** are responsible under the terms and conditions of **your payment card / sim card**.
2. **You** must report the loss or theft of **your payment card / sim card** to the issuer(s) within 3 hours after discovering **your lost or stolen payment card / sim card** event.
3. **You** must comply with all terms and conditions by which **your payment card /sim card** is issued.

### IV. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall call **us** at 1800119966 or provide written intimation to make a claim and obtain the proper forms and instructions within 24 hours from discovering an unauthorized charge was made on **your lost or stolen payment card / sim card**;

2. **You** shall complete and return any documents including but not limited to claim forms, police reports, demands, notices, and any other documents **we** may ask **you** to provide;
  3. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.
- 3. ATM assault and robbery**
- I. What **We** Cover
    1. **ATM Robbery** – **We** will reimburse **you** for the **money you** withdrew from any **ATM** around the world using **your payment card** against a **robbery** event that occurs within 15 minutes of the withdrawal of the **money**.
    2. **Bodily Injury** – **We** will reimburse **you** for reasonable emergency first aid charges for bodily injury during a **robbery** that is covered by **our** ATM assault and robbery coverage.
  - II. Coverage Exclusions

**We** will not pay for any:

    1. damages and/or liabilities to any third parties;
    2. damages or losses to anything other than the **money you** withdrew from **your** account;
    3. damages and/or liabilities that happened before or after the covered **robbery** period;
    4. charges for emergency first aid to anyone other than **you**.
  - III. Coverage Condition

**You** must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.
  - IV. Duties After An Accident or Loss

In the event of a covered loss:

    1. **You** shall contact **us** at 1800119966 or provide written intimation within 24 hours from the **robbery** to obtain a claim form and instructions;
    2. **You** shall complete, sign and return the form with the appropriate documents which include but are not limited to medical bills, police reports, and any other documents **we** may ask **you** to provide;
    3. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.
    4. File a police report within 24 hours of happening of the incident.
- 4. Lost wallet coverage**
- I. What **We** Cover

**We** will cover **you** for the following when **your** wallet is **lost or stolen**:

    1. **Replacement costs** for the **lost or stolen** wallet not exceeding Rs.1000 as well as the **personal papers** and **payment cards** that were in the wallet;
    2. Application fees for applying for new **personal papers** and/or **payment cards**.
    3. Money, cheques up to Rs.500 provided there is valid claim under 1 and 2 above.
  - II. Coverage Exclusions

**We** will not cover:

    1. **transportation tickets**, or other similar items that were in the **lost or stolen** wallet other than **your personal papers** and **payment cards**;
2. losses that are caused by any events other than **lost or stolen**, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;
  3. accidental damage to **your** wallet and items inside;
  4. any fraudulent/unauthorized charges on the **lost or stolen payment cards**;
  5. any **identity theft** related costs that are caused by **lost or stolen personal papers** or **payment cards**.
- III. Coverage Condition
- You** must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.
- IV. Duties After An Accident or Loss
- In the event of a covered loss:
1. **You** shall contact **us** at 1800119966 or provide written intimation within 24 hours from the discovery of the incident to obtain a claim form and instructions;
  2. **You** must file a police report within 6 hours from the discovery of the incident;
  3. **You** shall complete, sign and return the form with the appropriate documents which include but are not limited to receipts, police reports, and any other documents **we** may ask **you** to provide;
  4. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.
- B. TRAVELING PROTECTION**
- This section is applicable only to coverage section B of the policy.*
- Coverage Definitions
1. **Trip** means any travel with a distance that is greater than 50 miles or 80 kilometers from your Residence.
  2. **Passenger fare(s)** means the fare **you** paid to travel by a common carrier, and only includes a taxi for hire, bus, train, airplane, or ship.
  3. **Travel time** means the time period from when **you** leave **your** place of **residence** to commence the **trip** to the time of return to **your** place of **residence** on completion of **your** **trip**. In respect of a one-way **trip** only, it will end at the time the common carrier **you** took arrives at its destination.
  4. **Bodily injury** means bodily harm, sickness or disease, including required care, loss of services and death that results.
  5. **Property damage** means physical damage to, destruction of, or loss of use of tangible property.
  6. **Luggage** means **your** suitcases, hand-luggage and their contents, provided they contain clothing and personal effects **you** take on **your** **trip**, or clothing and personal effects **you** acquire during **your** **trip**.
  7. **Personal Papers** means identification documents issued by **your** country, state or province including but not limited to **your** driver's license and passport.
  8. **Burglary** means the taking of **your** property by a person or persons who illegally entered the premises using force or violence of which there shall be visible signs of entry.
  9. **Replacement cost** means the amount it would cost to replace an item of similar specifications at current prices.

10. **Theft** means an act of directly or indirectly and illegally permanently depriving you and/or your family of the possession of the contents by any person by violent or forceful means or otherwise.

11. **Personal effects** means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.

## 1. Trip liability coverage

### I. What We Cover

We will pay **your** liability in respect of accidental **bodily injury** and **property damages** to third parties during **your trip travel time** when the cost of the **passenger fare(s)** are charged to **your payment card** or paid otherwise while the insurance is effective.

### II. Coverage Exclusions

We will not pay for any **bodily injury** or **property damage** loss that:

1. occurred during a **travel time** that is longer than 31 days;
2. occurred while operating or due to ownership of any motorcars or motor-driven machines, sailing or motor boats, and/or aircraft;
3. arises out of a communicable disease that **you** transmit;
4. occurred because **you** have used alcohol, illegal drugs or narcotics, and medicines which have not been prescribed by a doctor;
5. arises out of competing or participating in competitive/dangerous sports including but not limited to mountaineering, boxing, polo, parachuting, gliding, and/or underwater diving using personal breathing apparatus;
6. **you** assume under any agreement contract;
7. occurred to **you** and/or **your relatives**;
8. arises out of **your** participation in demonstrations, strikes, riots, illegal acts or acts of terrorism.
9. arises out of any business pursuits, professional services performed during trip travel time.
10. arises out of any criminal, willful, intentional, malicious act or omission

### III. Coverage Conditions

For a covered **trip**, the coverage commences when **you** leave **your** place of **residence** to commence the **trip** and will terminate with whichever of the following occurs first: the time of return to **your** place of **residence** upon completion of **your trip** or the expiry of the policy. In any event coverage will not commence more than 24 hours prior to the booked departure time and will cease 24 hours after **your** actual return time.

In respect of a one-way **trip** only, the coverage will terminate with whichever of the following occurs first: the time a covered common carrier arrives at its destination or the expiry of the policy.

### IV. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall call **us** at 1800119966 or provide written intimation within 7 days from the loss occurrence to make a claim and obtain the proper forms and instructions;
2. **You** shall complete and return any necessary documents including but not limited to claim forms, police reports, demands, notices and any other documents **we** may ask **you** to provide;

3. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.

## 2. Trip effects coverage

### I. What We Cover

When the entire cost of the **passenger fare(s)** of a **trip** are charged to **your payment card** or paid otherwise while the insurance is effective, **we** will cover **you** during the **trip travel time** for:

1. the loss, **theft** or accidental damage to **your** personal **luggage**, personal effects and **personal papers**;
2. the loss, **theft** of **your money** and **cheque(s)**;
3. the reasonable additional travel and accommodation expenses incurred that are necessary to obtain a replacement of **your lost or stolen** passport while abroad.

### II. Coverage Exclusions

We will not pay for any damages or losses that:

1. occurred during a **travel time** that is longer than 31 days;
2. are for any type of commercial and administrative documents, transportation tickets, transport vouchers;
3. occur to prams, buggies, wheelchairs, pedal cycles, motor vehicles, or diving equipment and craft, surfboards or related equipment or fittings of any kind;
4. occur to stamps, spectacles and contact lenses, sunglasses, antiques, furs, tape recorders, cassettes and players, radios, compact discs and players or other personal listening and recording devices, computer and telecommunication equipment of any kind, cellular telephones;
5. occur to firearms, jewelry, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
6. are for breakage of sports equipment whilst in use;
7. are for household goods or anything shipped as freight;
8. are for dentures or bridgework, artificial limbs or hearing aids of any kind;
9. are for items carried on a bus roof rack;
10. are for items that are left unattended in a place to which the general public has access;
11. are for **money** and/or **cheque(s)** left in checked-in luggage;
12. are from normal wear and tear, decay and manufacturing defects;
13. are caused by vermin, insects, termites, mold, wet or dry rot, bacteria or rust;
14. are caused by cleaning, repairs or restoration;
15. are caused by mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure;
16. are caused by leakage of powder or liquid carried within personal effects or **luggage**;
17. are due to or related to a nuclear, biological or chemical event.

### III. Coverage Conditions

1. For a covered **trip**, the coverage commences when **you** leave **your** place of **residence** to commence the **trip** and will terminate with whichever of the following occurs first:

the time of return to **your** place of **residence** on completion of **your trip** or the expiry of the policy. In any event coverage will not commence more than 24 hours prior to the booked departure time and will cease 24 hours after **your** actual return time.

In respect of one way **trip** only, the coverage will terminate with whichever of the following occurs first: the time a covered common carrier arrives at its destination or the expiry of the policy.

2. The **luggage, money, and personal papers** left in an unattended motor vehicle (fitted with an alarm) will be covered as long as the items are in the car trunk at the time of theft.
3. In no event will **we** pay more than the **replacement cost** of the covered item.

#### IV. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall call **us** at 1800119966 or provide written intimation within 7 days of discovering the loss to report the claim and obtain the proper forms and instructions;
2. For theft claims, **you** need to report the incident to an appropriate police authority within 6 hours of discovery;
3. For loss or damage claims, **you** need to report the incident to an appropriate authority within 6 hours of discovery and obtain an official report (and specifically for claims arising against or on common carriers and in hotels);
4. **You** shall complete and return any necessary documents including but not limited to claim forms, police reports, demands, notices, and any other documents **we** may ask **you** to provide;
5. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.

#### 3. Home protection while you are away

##### I. What We Cover

When the entire cost of the **passenger fare(s)** of a **trip** are charged to **your payment card** or paid otherwise while the insurance is effective, **we** will cover the damage, disappearance or destruction of the following items due to **burglary at your residence during your trip travel time**:

1. **your** furniture, clothes, electrical and audio equipment
2. **your money and cheque(s)**

##### II. Coverage Exclusions

**We** will not pay for:

1. losses that occurred when **your travel time** is longer than 31 days;
2. losses to personal effects **you** have carried with **you** during the **trip**;
3. losses to any other items that are not listed under the "What **We** Cover" section;
4. losses that are due to events other than **burglary**, including but not limited to fire, smoke, lightning, wind, water, flood, earthquake, volcanic eruption, tidal wave, landslide, hail, or other acts of god;
5. losses due to or related to a nuclear, biological or chemical event.

##### III. Coverage Conditions

1. For a covered **trip**, the coverage commences when **you** leave **your** place of **residence** to commence the **trip** and

will terminate with whichever of the following occurs first: the time of return to **your** place of **residence** on completion of **your trip** or the expiry of the policy. In any event coverage will not commence more than 24 hours prior to the booked departure time and will cease 24 hours after **your** actual return time.

2. Electrical and audio equipment includes TVs, CD/DVD players, stereo sets, computers, and refrigerators.
3. **You** must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.
4. In no event will **we** pay more than the **replacement cost** of the covered item.

#### IV. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall call **us** at 1800119966 or provide written intimation within 6 hours of discovering the loss to report the claim and obtain the proper forms and instructions;
2. **You** shall call the police within 6 hours of discovering the loss to report the incident and obtain the police report;
3. **You** shall complete and return any necessary documents including but not limited to claim forms, police reports, demands, notices, and any other documents **we** may ask **you** to provide;
4. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.

#### C. PERSONAL CREDIT CARD PROTECTION

*This section is applicable only to coverage section C of the policy.*

Coverage Definitions

1. **A Printed Advertisement** is an advertisement appearing in a newspaper, magazine, store circular, or catalog which states the authorized dealer or store name, item (including model number), and lower price as well as the applicable dates.
2. **Break-in** means to enter someone's property illegally by actual force or violence of which there shall be visible marks made at the place of such entry by electricity or chemicals as well as by tools or explosives, usually with the intent to steal or commit a violent act.
3. **Vehicle** means **your** car, truck, jeep, motorcycle, recreational vehicle, or camper.
4. **Trip** means any travel with a distance that is greater than 50 miles or 80 kilometers from Your Residence.

#### 1. Price protection

##### I. What We Cover

**We** will reimburse **you** for the difference between the price **you** paid with **your payment card** or paid otherwise for an item and a lower printed advertised price for the same item (same brand, make, model name and/or number).

##### II. Coverage Exclusions

**We** will not pay for:

1. any item with an original purchase price less than Rs.2500;
2. cash, travelers' **cheque(s)**, transportation tickets, show tickets, securities and other negotiable instruments, bullion, stamps, lottery tickets or tickets to events, admission or entertainment;
3. art, antiques, firearms, and collectable items;

4. furs, jewelry, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
5. any perishable item including food, beverages, tobacco and fuel;
6. pharmaceutical and other medical products, optical products and medical equipment;
7. customized/personalized, unique and one-of-a-kind items;
8. any items acquired illegally;
9. living animals and plants;
10. any motor vehicles including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;
11. land, permanent structures and fixtures (including but not limited to buildings, homes, dwellings, and building and home improvements);
12. any services you may purchase (including but not limited to the performance or rendering of labor or maintenance, repair or installation of products, goods or property, or professional advice of any kind);
13. Internet purchases or advertisements;
14. products purchased by a person not resident in India;
15. shipping and/or transportation costs or price differences due to shipping, handling costs and sales tax;
16. the price difference from an advertisement outside of India or in a Duty Free zone;
17. used, antique, recycled, previously owned, rebuilt, or remanufactured items, whether or not you knew the item was used, antique, recycled, previously owned, rebuilt, or remanufactured;
18. items advertised in or as result of "limited quantity," "going out-of-business sales," "cash only" or "close out" advertisements, items shown on price lists or price quotes, cost savings as a result of package offer, manufacturer's coupons, employees discount, or free items, or where the advertised price includes bonus or free offers, special financing, installation or rebate, or one-of-a-kind or other limited offers;
19. any price difference found with an item sold as a special deal available only to the members of specific organizations or anywhere not open to the public, such as clubs and associations, other than those available with **your payment card**;
20. items purchased for resale, professional, or commercial use;
21. items advertised with rebate, redeemable manufacturer's coupon, or any refund of any sort, in which case **your** purchase price will be determined by taking into account any such rebate or refund.

### III. Coverage Conditions

1. The lower price must be on a **printed advertisement**.
2. The **printed advertisement** must be published within 30 days of **your** purchase.
3. **You** must contact **us** about the claim within 7 days of printed advertisement.
4. Claim payment on any claim will not include merchant's credit, discount and/or manufacturer's rebates, and shipping and handling fees.

5. In no event will **we** pay more than the actual amount charged for the item.

### IV. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall contact **us** at 1800119966 or provide written intimation within 24 hrs. of discovery of loss to obtain a claim form and instructions;
2. **You** shall complete, sign and return the claim form with following documents and any other documents **we** may ask **you** to provide:
  - a. An original receipt
  - b. The **printed advertisement** proving the difference in price between **your** item and the same, lower priced item;
3. The claims form and accompanying documents must be returned to **us** within 3 days from making original claim.

### 2. Purchase protection

#### I. What We Cover

**We** will cover items that **you** purchase with **your payment card** or otherwise from loss due to burglary, theft or accidental damage for number of **days** as specified in the Schedule from the date of purchase.

#### II. Coverage Exclusions

**We** will not pay for:

1. items **you** carried with **you** during a **trip**;
2. items that were **lost or stolen** from a vehicle;
3. any motor vehicle including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;
4. permanent household and/or business fixtures
5. travelers **cheque(s)**, cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables and services;
6. art, antiques, firearms, and collectable items;
7. furs, jewelry, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
8. items **you** have rented or leased;
9. used, rebuilt, refurbished, or remanufactured items at the time of purchase;
10. shipping and handling expenses or installation, assembly related costs;
11. items purchased for resale, professional, or commercial use;
12. losses that are caused by vermin, insects, termites, mold, wet or dry rot, bacteria or rust;
13. losses due to mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure;
14. items damaged due to normal wear and tear, inherent product defect or normal course of play (such as, but not limited to sporting or recreational equipment);
15. items that **you** damaged through alteration (including cutting, sawing, and shaping);

16. items left unattended in a place to which the general public has access;
17. losses due to or related to nuclear, biological or chemical event.
18. Items lost, damaged or stolen from a place other than the residence mentioned in the policy schedule.

### III. Coverage Conditions

1. The damage or loss of the items must be within number of days as specified in the Schedule from the purchase date.
2. Items given as gifts are included.
3. **We** will decide whether to have the item repaired or replaced, or to reimburse **you** (cash or credit) up to the amount charged to you not exceeding the original purchase price.
4. If the item is part of a pair or set, **you** will only receive compensation for the value of the stolen or damaged item unless the articles are unusable individually and/or cannot be replaced individually; the theft or damage of an item that is part of a pair or set will be viewed as one occurrence and the coverage limitation still applies.
5. Product rebates, discounts or money received from Price Protection will be deducted from the original cost of the item.
6. For theft claims, **you** must provide an official police report regarding the incident to **us** within the required time frame.

### II. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall contact **us** at 1800119966 or provide written intimation within 24 hours of **your** discovery of the theft or damage to obtain a claim form and instruction;
2. **You** shall complete, sign and return the claim form with the following documents:
  - a. An original receipt
  - b. Other relevant documents **we** may ask **you** to provide, including but not limited to police reports and/or the repair estimate (for damage claim only);
3. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim;
4. For damage claims, **you** may be required to send in the damaged item(s), at **your** expense, for further evaluation of **your** claim.
5. File a police report within 24 hours of the incident.

### 3. Key replacement coverage

#### I. What **We** Cover

1. Key Replacement – **We** will reimburse **you** for the cost of replacing **your residence** and/or **your vehicle** keys which are **lost or stolen**. The covered cost is limited to the money **you** paid to a locksmith to produce a new key.
2. **Break-in** Protection – **We** will reimburse **you** for the cost of replacing **your** locks and keys if **your residence** or **your vehicle** is broken into. The covered costs include the labor cost for replacing the lock.
3. Lock Out Reimbursement – **We** will reimburse **you** for the cost of obtaining a locksmith if **you** are locked out of **your residence** or **your vehicle** due to the loss or theft of **your** keys.

4. Rental Car Reimbursement – **We** will cover the reasonable cost of a rental car if **your vehicle** keys are **lost or stolen** and it will take more than 24 hours to replace them;

#### II. Coverage Exclusions

**We** will not pay for:

1. costs other than those listed in the "What **We** Cover" section;
2. costs associated with **lost or stolen** keys for a **residence** other than **your** primary **residence**;
3. The cost to replace keys to **vehicles** that **you** do not own for personal use;

#### III. Coverage Conditions

For **break-in** protection claims, **you** must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless you are legally incapable of doing so.

#### IV. Duties After An Accident or Loss

In the event of a covered loss:

1. **You** shall call **us** at 1800119966 or provide written intimation within 24 hrs. of discovering the loss to make a claim and obtain the proper forms and instructions;
2. **You** shall file a police report within 24 hours of discovering a covered incident.
3. **You** shall fill out and return any claims forms and accompanying documents including police reports (where necessary), receipts for replacing locks and/or keys, and any other documents **we** may ask **you** to provide;
4. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.

### POLICY EXCLUSIONS

*This section is applicable to all coverage sections of the policy.*

**We** will not cover the following:

- A. Losses that do not occur within the policy period;
- B. Losses that result from or related to **business** pursuits including **your** work or profession;
- C. Losses caused by illegal acts;
- D. Losses that **you** have intentionally caused;
- E. Losses that result from the direct actions of a **relative**, or actions that a **relative** knew of or planned.
- F. Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, riot or the act of any lawfully constituted authority.
- G. Losses due to the order of any government, public authority, or customers' officials.
- H. Losses due to ionising radiations contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
- I. Losses due to the radio active toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- J. Losses due to nuclear weapons material.
- K. Terrorism Exclusion Warranty

Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by,



resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

## POLICY CONDITIONS

*This section is applicable to all coverage sections of the policy.*

### A. 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 **You** and **Us** jointly. If there is no agreement upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

### B. Valid Account

Wherever payment is made by payment card, **Your payment card** account must be valid and in good standing for coverage to apply. Benefits will not be paid if, on the date of occurrence **your payment card** account is in delinquency, collection, or cancellation status.

### C. Excess of Other Insurance Coverage

Coverages provided by this policy are EXCESS; this means that if, at the time of occurrence, **you** have other valid and collectible insurance - such as but not limited to homeowner's or renter's insurance - this policy will only cover that amount not covered by such other insurance, up to the limits of the specific coverage. If the event is covered by more than one of the policy coverages, **we** will only pay the amount from the coverage under which **you** first filed the claim.

### D. Governing Law

This Policy shall be governed by the law of India.

### E. Policy Period

The maximum policy period for this policy is one year. This coverage will continue as long as the premium is paid, except if coverage is otherwise cancelled under this policy.

### F. Concealment or Fraud

*If You or anyone acting on Your behalf put forward any claim under this Policy knowing the same to be false or fraudulent, as regards*

*amount or otherwise, this Policy shall be void in its entirety and be of no effect whatsoever and all claims that You may have made for an indemnity under it shall be forfeited.*

**G. You** must use all reasonable means to avoid future loss at and after the time of loss.

### H. Duties After an Accident or Loss

**We** have no duty to provide coverage under this policy unless there has been full compliance with the duties that are detailed in each coverages section. **You** are required to cooperate with us in investigating, evaluating and settling a claim.

## POLICY DEDUCTIBLE

*This section is applicable to all coverage sections of the policy.*

Subject to the policy limits that apply, **we** will pay only that part of the total of all covered loss that exceeds the deductible amount shown in the Policy Schedule.

## POLICY LIMITATION

*This section is applicable to all coverage sections of the policy.*

For each of the coverage, **we** will pay up to the maximum amount per occurrence and per **policy period** as shown in the Policy Schedule.

## POLICY CANCELLATION/CHANGES

*This section is applicable to all coverage sections of the policy.*

**You** may cancel this policy by giving **us** 15 days written notice and **we** shall then refund a portion of the premium on **short period rates** for the remaining **policy period**, subject to **our** retention of the **minimum premium**. However, if **you** have made any claim on this policy before the cancellation date then no refund of premium will be given.

**We** may cancel this Policy by giving **you** 15 days written notice and **we** shall then refund a pro-rata portion of the premium for the remaining **policy period** unless **you** have made any claim under this Policy, in which case no refund of premium will be due to **you**.

**We** will pay any refund due as soon as practicable, but this is not a condition precedent to the effectiveness of cancellation.

### A. Changes

**You** must notify **us** within 7 days of any change in circumstance which will affect this insurance.

If **we** are advised by **you** of any change in circumstance which will affect this insurance, **we** reserve the right to amend any of the terms or conditions of this insurance following at least 15 days notice to **you** by **us**.

No change or modification of this policy shall be effective except when made by written endorsement signed by **our** authorized representative.

### Fraudulent Charge (card not lost)

It is hereby declared and agreed that if your **payment card** is still in your possession and unauthorized charges are made on **your bank account** and/or **credit account**, through: (i) in-store, (ii) telephone, (iii) **ATM** withdrawals, and/or (iv) on-line purchase(s), using **your payment card** information, **we** will reimburse **you** for the unauthorized charges, for which **you** are responsible, which are incurred up to 7 days prior to **your** first reporting of the event to **your payment card issuer(s)** and 7 days post reporting of the event to **your payment card issuer(s)**.

Our liability shall be limited up to the per occurrence and per **policy period** limits stated on the policy schedule:

### Coverage Exclusions:

1. Costs other than those listed above.

2. Additional losses that occur due to **your** failure to comply with provisions under "Duties after a Loss".
3. Unauthorized **ATM** withdrawals that were made more than 7 days prior to **your** first reporting of the event to **your payment card issuer(s), bank account issuer(s) and/or credits account issuer(s)** and 7 days post reporting of the event to **your payment card issuer(s), bank account issuer(s) and/or credits account issuer(s)**;
4. Unauthorized charges made on **your payment card** if **your payment card** has not been **lost** or the object of **theft** more than 7 days prior to **your** first reporting the event to **your payment card issuer(s) and 7 days post reporting of the event to your payment card issuer(s)**;
5. Charges incurred by a resident of **your** household, or by a person entrusted with **your payment card**;
6. Losses that do not occur during the **policy period**;
7. Losses that result from, or are related to, **business** pursuits including **your** work or profession;
8. Losses caused by **your, or your relatives'**, illegal acts;
9. Losses that **you** have intentionally caused;
10. Losses that result from the intentional actions of a **relative, or** actions that a **relative** knew of or planned;
11. Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, terrorism, riot or the act of any lawfully constituted authority or vandalism of any kind; or
12. Losses due to the order of any government, public authority, or customs' official.

#### Coverage Conditions:

1. **You** must comply with all terms and conditions by which **your payment card(s)** is/are issued.
2. **We** will only pay for unauthorized charges for which **you** are responsible under the terms and conditions of **your payment card(s)**.
3. **You** must submit evidence to **us** that unauthorized charges were made from **your bank account or credit account**.

#### Duties after a Loss:

In the event of a covered loss, **you** shall:

1. Contact **us** at 1800 266 7780 within 24 hours of **your** discovery of a loss, to obtain a claim form and instructions on what to do after a loss;
2. File a police report within 24 hours of discovering unauthorized charges or **ATM** withdrawals;
3. To the extent **your payment card** was not **lost** or the object of **theft**, report the unauthorized charges, or **ATM** withdrawal(s), to the **payment card issuer(s), bank account issuer(s) or credit account issuer(s)**, and to **us**, within 24 hours of **your** discovery of a loss;
4. Complete, sign and return the claim form to **us** with all the following documents, within 3 days of making the original claim:
  - documentation from the **payment card issuer(s)** verifying the unauthorized charges for which **you** are held responsible;
  - an official police report regarding the loss; and
  - all other relevant documents **we** may ask **you** to provide; and

Cooperate with us in investigating, evaluating and settling a claim.

Rest all terms, conditions and exclusions of the policy remains unaltered.

## SECTION - Grievance Lodgment Stage

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 toll free helpline 1800 266 7780

Email us at [customersupport@tataaig.com](mailto: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

#### Nodal Officer

Please visit our website at [www.tataaig.com](http://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 a period of 10 days 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](mailto:manager.customersupport@tataaig.com). After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days 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](mailto:head.customerservices@tataaig.com). After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days 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.

## INSURANCE OMBUDSMAN CENTRES

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 Chhattisgarh.
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.
CHANDIGARH	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

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
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 PuducherryTown 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
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

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
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
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, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

# Personal Extended Protection Policy

UIN: IRDAN108P0002V02201314



WITH YOU ALWAYS

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
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

#### Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

TA/MI/V1.1/Oct21