

Customer Information Sheet

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																																								
Product Name	SAKHI - TATA AIG MATERNAL CARE MICRO INSURANCE PRODUCT																																									
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>INPATIENT HOSPITAL CASH BENEFIT</u></p> <p>We will pay the fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance in the event the insured person is hospitalized as an Inpatient due to below listed maternal complications during the policy period.</p> <p>Maternal complications include:</p> <p>i. Medical Complications</p> <table border="1"> <thead> <tr> <th>Condition complicating pregnancy and requiring medical management</th> <th>Benefit Amount Payable (Rs.)</th> </tr> </thead> <tbody> <tr> <td colspan="2">Major</td> </tr> <tr> <td>Disseminated Intravascular Coagulation</td> <td>100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Septic Shock</td> <td>100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td colspan="2">Intermediate</td> </tr> <tr> <td>Eclampsia</td> <td>50% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Embolism (pulmonary/amniotic)</td> <td>30% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td colspan="2">Minor</td> </tr> <tr> <td>Pre-Eclampsia</td> <td>25% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Rheumatic Heart Disease</td> <td>25% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Epilepsy</td> <td>25% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Post-partum renal failure</td> <td>20% of Inpatient Hospitalization Benefit sum insured</td> </tr> </tbody> </table> <p>ii. Surgical Complications</p> <table border="1"> <thead> <tr> <th>Maternal Complications requiring surgical intervention</th> <th>Benefit Amount Payable (Rs.)</th> </tr> </thead> <tbody> <tr> <td colspan="2">Major</td> </tr> <tr> <td>Hysterectomy</td> <td>100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Ectopic pregnancy</td> <td>100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td colspan="2">Intermediate</td> </tr> <tr> <td>Post-Partum Haemorrhage</td> <td>100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Abruptio Placentae (premature separation of placenta)</td> <td>50% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td>Placenta Previa (low lying placenta,)</td> <td>50% of Inpatient Hospitalization Benefit sum insured</td> </tr> </tbody> </table>	Condition complicating pregnancy and requiring medical management	Benefit Amount Payable (Rs.)	Major		Disseminated Intravascular Coagulation	100% of Inpatient Hospitalization Benefit sum insured	Septic Shock	100% of Inpatient Hospitalization Benefit sum insured	Intermediate		Eclampsia	50% of Inpatient Hospitalization Benefit sum insured	Embolism (pulmonary/amniotic)	30% of Inpatient Hospitalization Benefit sum insured	Minor		Pre-Eclampsia	25% of Inpatient Hospitalization Benefit sum insured	Rheumatic Heart Disease	25% of Inpatient Hospitalization Benefit sum insured	Epilepsy	25% of Inpatient Hospitalization Benefit sum insured	Post-partum renal failure	20% of Inpatient Hospitalization Benefit sum insured	Maternal Complications requiring surgical intervention	Benefit Amount Payable (Rs.)	Major		Hysterectomy	100% of Inpatient Hospitalization Benefit sum insured	Ectopic pregnancy	100% of Inpatient Hospitalization Benefit sum insured	Intermediate		Post-Partum Haemorrhage	100% of Inpatient Hospitalization Benefit sum insured	Abruptio Placentae (premature separation of placenta)	50% of Inpatient Hospitalization Benefit sum insured	Placenta Previa (low lying placenta,)	50% of Inpatient Hospitalization Benefit sum insured	Section 2
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Uterine Rupture	50% of Inpatient Hospitalization Benefit sum insured
Inversion of Uterus	50% of Inpatient Hospitalization Benefit sum insured
Minor	
Obstructed labour	30% of Inpatient Hospitalization Benefit sum insured
Tear of bladder or rectum	30% of Inpatient Hospitalization Benefit sum insured

Additional 10% of Inpatient Hospitalization Benefit Sum insured would be payable in case of birth of girl child.

2. INSTITUTIONAL DELIVERY BENEFIT

In case where child is delivered in a hospital (i.e. institutional delivery), we will pay fixed benefit amount of Rs.1000 per delivery (in case of girl child – Rs. 2000 per delivery) irrespective of the number of children- Single, twins or more, taken birth during the delivery.

This benefit is over and above the base sum insured

3. FAMILY TRANSPORTATION BENEFIT

In the event where the insured person needs to travel to a hospital for delivery of child where such hospital is located at least 10 Kms away from the insured person's place of residence and for the return journey, we would pay Rs.500 per delivery (in case of girl child Rs. 1500 per delivery).

4. Intensive Care Unit (ICU) Daily Cash Benefit

In the event where the insured person is admitted in ICU due to listed maternal complications as mentioned under inpatient hospitalization benefit, we will pay fixed benefit amount of Rs. 500 per day up to 10 days of hospitalization subject to a deductible of 4 days.

This benefit is over and above the base sum insured

5. High Risk Pregnancy Check-up Benefit

In the event where the insured person requires out-patient consultations, we would pay Rs. 200 per consultation and upto maximum of 5 such consultations for below listed maternity complications:

- I. Pre-eclampsia
- II. Eclampsia
- III. Gestational Diabetes
- IV. Cardiac disease
- V. Epilepsy
- VI. Intra-uterine growth retardation
- VII. Elderly primi (> 30 years)

This benefit is over and above the base sum insured

6. Congenital Anomalies

In the event of maternity event happening within the policy period and the delivered child is diagnosed with any congenital anomalies (internal or external) within the policy period, we would pay a fixed benefit of Rs. 2000 per child.

This benefit is over and above the base sum insured.

Limitations

- Upon payment of claim for 2 deliveries under this policy, the Certificate of Insurance shall automatically cease to exist.
- In the event of more than 1 claim during the policy year under Inpatient Hospitalization Benefit, our maximum liability shall be restricted to 100% of the sum insured.

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.

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. Medical Exclusions

We will not make any payment for any claim in respect of any Insured Person, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

Section 3

	<ul style="list-style-type: none"> i. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services. ii. Any non-allopathic treatment iii. Claim for any other maternal complications other than the ones listed under the Inpatient hospitalization benefit iv. Claims related to normal or caesarean delivery except in condition institutional delivery & Family Transportation Benefit v. Cost of antenatal health checkups related to maternal conditions other than the ones listed under the benefit High Risk Pregnancy Check up benefit <p>2. Non-Medical Exclusions</p> <ul style="list-style-type: none"> i. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us. ii. All expenses incurred by the Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified that the Claim incurred at such Hospital/institution shall not be payable (except claims related to life-threatening maternal complications as listed under Inpatient Hospitalization Benefit). The updated list of such Hospitals can be obtained through the Company's website or Call Center. 	
Waiting Period	<ul style="list-style-type: none"> • We are not liable for any claim arising due to a condition for which consultation, investigation, treatment or admission started within 90 days from policy commencement date, unless explicitly stated otherwise. • In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force 	Section 3
Payment basis	<ul style="list-style-type: none"> • Reimbursement of covered expenses up to specified limit. • Payout of lump sum benefit amount or payment of covered expenses up to specified limit 	
Loss Sharing	<ul style="list-style-type: none"> • 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"> 1. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 2. 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. <p>Coverage is not available during the grace period.</p>	Section 4
Renewal Benefits	<ul style="list-style-type: none"> • Not applicable 	
Free Look Period	<ul style="list-style-type: none"> • You have a period of 15 days from the date of receipt of the Policy /Certificate of Insurance 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/Certificate of insurance stating the reasons for cancellation. • You will be refunded the premium paid by You after adjusting the stamp duty charges and proportionate risk premium. • You can cancel Your Policy/Certificate of insurance 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
Cancellation	<p>The Policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as defined in the Policy</p> <p>The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.</p>	Section 4
How to Claim	<ul style="list-style-type: none"> • INTIMATION & ASSISTANCE: <ul style="list-style-type: none"> o You can notify a claim by sending an SMS CLAIMS to 5616181 or by calling our 24x7 toll free helpline 1800-266-7780. Please use the Claim Intimation Form for intimation of a claim o You can even write to us at general.claims@tataaig.com and scan documents may be submitted at paclaim.support@tataaig.com to initiate claim processing 	Section 5

	<ul style="list-style-type: none"> • DOCUMENT SUBMISSION: <ul style="list-style-type: none"> o Please submit all documents to the Corporate Office at the address given below: Accident & Health Claims Department (Sakhi Policy) Tata-AIG General Insurance Co. Ltd. A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi, Malad (E) Mumbai 400 097 • Please send a duly signed claim form and all the information / documents mentioned below to TATA AIG within 15 days 	
Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> • Company Officials: <ul style="list-style-type: none"> o If you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1800-266-7780 or 022-66939500 (toll) or you may email to the customer service desk at customersupport@tataaig.com • IRDAI: <ul style="list-style-type: none"> o In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number 155255 (or) 1800 4254 732 or send email to complaints@irda.gov.in • Ombudsman: <ul style="list-style-type: none"> o Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com). 	Section 6
Insured's Rights	<ul style="list-style-type: none"> • Free-look period (as mentioned above) o Please write to us: customersupport@tataaig.com 	Section 4
Insured's Obligations	<ul style="list-style-type: none"> • 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. 	

Legal Disclaimer Note: 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

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | Email: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425

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