

Customer Information Sheet

Title	Description	Refer To Policy Clause Number																																												
<b>Product Name</b>	<b>SAKHI - TATA AIG MATERNAL CARE</b>																																													
What am I covered for:	<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" data-bbox="411 629 1177 1386"> <thead> <tr> <th data-bbox="411 629 794 736">Condition complicating pregnancy and requiring medical management</th> <th data-bbox="794 629 1177 736">Benefit Amount Payable (Rs.)</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="411 736 1177 775"><b>Major</b></td> </tr> <tr> <td data-bbox="411 775 794 853">Disseminated Intravascular Coagulation</td> <td data-bbox="794 775 1177 853">100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 853 794 913">Septic Shock</td> <td data-bbox="794 853 1177 913">100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td colspan="2" data-bbox="411 913 1177 952"><b>Intermediate</b></td> </tr> <tr> <td data-bbox="411 952 794 1012">Eclampsia</td> <td data-bbox="794 952 1177 1012">50% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1012 794 1075">Embolism (pulmonary/amniotic)</td> <td data-bbox="794 1012 1177 1075">30% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td colspan="2" data-bbox="411 1075 1177 1113"><b>Minor</b></td> </tr> <tr> <td data-bbox="411 1113 794 1173">Pre-Eclampsia</td> <td data-bbox="794 1113 1177 1173">25% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1173 794 1234">Rheumatic Heart Disease</td> <td data-bbox="794 1173 1177 1234">25% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1234 794 1294">Epilepsy</td> <td data-bbox="794 1234 1177 1294">25% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1294 794 1386">Post-partum renal failure</td> <td data-bbox="794 1294 1177 1386">20% of Inpatient Hospitalization Benefit sum insured</td> </tr> </tbody> </table> <p>ii. Surgical Complications</p> <table border="1" data-bbox="411 1447 1177 2069"> <thead> <tr> <th data-bbox="411 1447 794 1507">Maternal Complications requiring surgical intervention</th> <th data-bbox="794 1447 1177 1507">Benefit Amount Payable (Rs.)</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="411 1507 1177 1545"><b>Major</b></td> </tr> <tr> <td data-bbox="411 1545 794 1606">Hysterectomy</td> <td data-bbox="794 1545 1177 1606">100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1606 794 1666">Ectopic pregnancy</td> <td data-bbox="794 1606 1177 1666">100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td colspan="2" data-bbox="411 1666 1177 1704"><b>Intermediate</b></td> </tr> <tr> <td data-bbox="411 1704 794 1765">Post-Partum Haemorrhage</td> <td data-bbox="794 1704 1177 1765">100% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1765 794 1825">Abruptio Placentae (premature separation of placenta)</td> <td data-bbox="794 1765 1177 1825">50% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1825 794 1886">Placenta Previa (low lying placenta,)</td> <td data-bbox="794 1825 1177 1886">50% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1886 794 1946">Uterine Rupture</td> <td data-bbox="794 1886 1177 1946">50% of Inpatient Hospitalization Benefit sum insured</td> </tr> <tr> <td data-bbox="411 1946 794 2007">Inversion of Uterus</td> <td data-bbox="794 1946 1177 2007">50% of Inpatient Hospitalization Benefit sum insured</td> </tr> </tbody> </table>	Condition complicating pregnancy and requiring medical management	Benefit Amount Payable (Rs.)	<b>Major</b>		Disseminated Intravascular Coagulation	100% of Inpatient Hospitalization Benefit sum insured	Septic Shock	100% of Inpatient Hospitalization Benefit sum insured	<b>Intermediate</b>		Eclampsia	50% of Inpatient Hospitalization Benefit sum insured	Embolism (pulmonary/amniotic)	30% of Inpatient Hospitalization Benefit sum insured	<b>Minor</b>		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.)	<b>Major</b>		Hysterectomy	100% of Inpatient Hospitalization Benefit sum insured	Ectopic pregnancy	100% of Inpatient Hospitalization Benefit sum insured	<b>Intermediate</b>		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	Uterine Rupture	50% of Inpatient Hospitalization Benefit sum insured	Inversion of Uterus	50% of Inpatient Hospitalization Benefit sum insured	Section 2
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<b>Minor</b>	
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:

- 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

Section 3

	<p>iv. Claims related to normal or caesarean delivery except in condition institutional delivery &amp; Family Transportation Benefit</p> <p>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> <p><b>2. Non-Medical Exclusions</b></p> <p>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.</p> <p>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.</p>	
Waiting Period	<ul style="list-style-type: none"> <li>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.</li> <li>In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force</li> </ul>	Section 3
Payment basis	<ul style="list-style-type: none"> <li>Reimbursement of covered expenses up to specified limit.</li> <li>Payout of lump sum benefit amount or payment of covered expenses up to specified limit</li> </ul>	
Loss Sharing	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	
Renewal Conditions	<ul style="list-style-type: none"> <li>The Policy is ordinarily renewable lifelong unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.</li> <li>The Policy/Certificate of Insurance may be renewed by upfront payment of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.</li> <li>The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the Policy or within the grace period of 30 days from the expiry of the Policy. Grace Period of 30 days for renewing the Policy/Certificate of Insurance is provided under this Policy. If the renewal is made within the grace period, continuity of benefits will be allowed. We will not be liable to pay for any claim under this policy that occurs during the grace Period.</li> <li>We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.</li> <li>Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You at least 3 months in advance.</li> </ul>	Section 4
Renewal Benefits	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	
Free Look Period	<ul style="list-style-type: none"> <li>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.</li> <li>You will be refunded the premium paid by You after adjusting the stamp duty charges and proportionate risk premium.</li> <li>You can cancel Your Policy/Certificate of insurance only if You have not made any claims under the Policy.</li> <li>All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.</li> <li>Free look provision is not applicable and available at the time of renewal of the Policy.</li> </ul>	Section 4
Cancellation	<ul style="list-style-type: none"> <li>In the event of termination of this Policy/Certificate of insurance on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In case policy is cancelled by us on the grounds of non-cooperation or you cancel the policy by giving 15 days notice then you will be refunded balance premium after retaining premium for the period policy was in force on short period rate basis. No refund of premium will be allowed if claim has been made on the policy.</li> </ul>	Section 4

How to Claim	<ul style="list-style-type: none"> <li>• INTIMATION &amp; ASSISTANCE: <ul style="list-style-type: none"> <li>o You can notify a claim by sending an SMS <b>CLAIMS</b> to <b>5616181</b> or by calling our 24x7 toll free helpline <b>1800-266-7780</b>. Please use the Claim Intimation Form for intimation of a claim</li> <li>o You can even write to us at <a href="mailto:general.claims@tataaig.com">general.claims@tataaig.com</a> and scan documents may be submitted at <a href="mailto:paclaim.support@tataaig.com">paclaim.support@tataaig.com</a> to initiate claim processing</li> </ul> </li> <li>• DOCUMENT SUBMISSION: <ul style="list-style-type: none"> <li>o Please submit all documents to the Corporate Office at the address given below:  <b>Accident &amp; Health Claims Department (Sakhi Policy)</b>  Tata-AIG General Insurance Co. Ltd.  A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi, Malad (E)  Mumbai 400 097</li> </ul> </li> <li>• Please send a duly signed claim form and all the information / documents mentioned below to TATA AIG within 15 days</li> </ul>	Section 5
Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> <li>• <b>Company Officials:</b> <ul style="list-style-type: none"> <li>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 <b>1800-266-7780</b> or 022-66939500 (tolled) or you may email to the customer service desk at <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a></li> </ul> </li> <li>• <b>IRDAI:</b> <ul style="list-style-type: none"> <li>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 <b>155255 (or) 1800 4254 732</b> or send email to <a href="mailto:complaints@irda.gov.in">complaints@irda.gov.in</a></li> </ul> </li> <li>• <b>Ombudsman:</b> <ul style="list-style-type: none"> <li>o Details as mentioned in the policy wordings or alternatively please refer our web-site (<a href="http://www.tataaig.com">www.tataaig.com</a>).</li> </ul> </li> </ul>	Section 6
Insured's Rights	<ul style="list-style-type: none"> <li>• Free-look period (as mentioned above)</li> <li>• Policy is ordinarily lifelong renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium</li> <li>• <b>Option to migrate:</b> <ul style="list-style-type: none"> <li>o In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India.</li> </ul> </li> <li>• <b>Portability:</b> <ul style="list-style-type: none"> <li>o You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India.</li> <li>o Please write to us: <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a></li> </ul> </li> </ul>	Section 4
Insured's Obligations	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	

**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) Fax: 022-6693 8170 Email: [customersupport@tataaig.com](mailto:customersupport@tataaig.com)

Website: [www.tataaig.com](http://www.tataaig.com) IRDA of India Registration No.: 108 CIN: U85110MH2000PLC128425

SAKHI - TATA AIG MATERNAL CARE UIN: TATHLGP20031V011920