

## 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 Policy Schedule and in reliance upon the statements contained in the Proposal, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

## Definitions

We use 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

**Accident, Accidental** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

**Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

**Congenital Anomaly** - means a condition(s) which is present since birth, and which is

abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.
- b) **External Congenital Anomaly** - which is in the visible and accessible parts of the body.

**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.

**Hospital** - means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out

- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

**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.

**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.

**Pre-existing Disease** - means any condition, ailment or injury or disease

- a) That is/are diagnosed by a Physician within 48 months prior to the effective date of the Policy issued by the Insurer or its reinstatement; or
- b) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the Policy issued by the Insurer; or its reinstatement.

## ii. Specific Definitions

**Age** - means completed years as at the Effective Date.

**Airworthiness Certificate** - means the standard

Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in India.

**Certificate of Insurance** - means the document issued by Us detailing the effective date, installment date, Insured Person(s), benefits, sums insured, premium and more generally all special condition(s) and or endorsement(s).

**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.

**IRDAI** - means Insurance Regulatory Development Authority of India.

**Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.

- a) **Acute Condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b) **Chronic Condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests

- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back.

**Insured Period(s)** - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

**Insured Person** - means the Insured Person between Age 18 and 70, named 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 Us.

**Medical Advise** - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

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

**Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.

**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.

**Professional Sports** - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their

liveliness.

**Proposal 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.

**Scheduled Airline** - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

**War** - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

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

**You/Your/Yourself** - means the Insured Person(s) who is detailed in the Policy Schedule.

## Benefits Covered under the Policy

### Coverage C-1

#### Accidental Death

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury. We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other

amount paid or payable under: Accidental Dismemberment, or Dismemberment or Permanent Total Disability sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

### Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

### Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
  - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

### Coverage C-2

#### Accidental Dismemberment And Paralysis (Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within

365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

### Table of Losses

| Loss of: |                                          | % of Principal Sum |
|----------|------------------------------------------|--------------------|
| 1.       | Both Hands or Both Feet                  | 100%               |
| 2.       | Sight of Both Eyes                       | 100%               |
| 3.       | One Hand and One Foot                    | 100%               |
| 4.       | Either Hand or Foot and Sight of One Eye | 100%               |
| 5.       | Speech and Hearing in Both Ears          | 100%               |
| 6.       | Either Hand or Foot                      | 50%                |
| 7.       | Sight of One Eye                         | 50%                |
| 8.       | Speech or Hearing in Both Ears           | 50%                |
| 9.       | Hearing in One Ear                       | 25%                |
| 10.      | Thumb and Index Finger of Same Hand      | 25%                |
| 11.      | Quadriplegia                             | 100%               |
| 12.      | Paraplegia                               | 50 %               |
| 13.      | Hemiplegia                               | 50%                |
| 14.      | Uniplegia                                | 25%                |

“Loss” with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;

2. eye means entire and irrecoverable loss of sight;
  3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
  4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;
  5. Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs. Paraplegia means the complete and irreversible paralysis of both lower limbs. Hemiplegia means the complete and irreversible paralysis of upper and lower limbs of the same side of the body. Uniplegia means the complete and irreversible paralysis of one Limb. Limb: means entire arm or leg.
- (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

## Coverage C-3

### Section: Permanent Total Disability

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

### Definitions:

**Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

**Permanent Total Disability** - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

### Exclusions

#### i. Specific Exclusions

### Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

### Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
  - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;

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. suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness, or sexually transmitted conditions, nervous disorder, anxiety, stress or depression; or
2. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the circumstances described in a Hazard; or
3. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
4. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
5. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or
6. War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
7. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
8. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
9. congenital anomalies or any complications or conditions arising therefrom; or
10. 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 You are untrained; or
11. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
12. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; or
13. Any Pre- existing disease.

## General Terms and Clauses

### i. Specific Terms and Clauses

1. **Entire Contract - Changes:** This Policy, together with the Proposal Form, as well as any forms, riders and papers hereto, constitutes the entire contract of insurance.

6 No change in this Policy shall be valid until

#### Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013

• 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 UIN: TATPAIP21205V022021

approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

**2. Consideration:** The premium payable under each Certificate of Insurance issued under this Policy is payable in installments :

- a) in the case of annually paid premium  
– before the beginning of each 12 monthly period when the annual premium installment is due, or
- b) in the case of installment premiums  
– before the beginning of each such period when the premium installment is due.

**3. Effective Date:**

The Policy will start on the date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid & realized by Us.

However Your coverage under this Policy begins on the latest of :

- 1) the Policy Effective date & hour as stated above; or
- 2) the date on which the premium is paid when due.

**4. Renewal Conditions:**

While the entry age under this policy is upto 70 Years, the Policy is ordinarily renewable for life unless the Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.

The Policy may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal.

A grace period of 30 days from the premium due date is allowed where you can still pay your premium and continue your 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. be terminated.

We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

We may extend the renewal automatically if opted for by You in the Proposal Form.

We will not apply any additional loading on your policy premium at renewal based on your claims experience.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will only change if you change the sum insured or change

the plan.

## 5. Expiration Date:

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.

Further However We may cancel this Policy at any time on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

### Short rate table:

| Cancellation   | Annually                 |
|----------------|--------------------------|
| Up to 1 month  | 25 % OF annual Premium   |
| Up to 3 months | 37.5 % OF annual Premium |
| Up to 4 months | 50 % OF annual Premium   |
| Up to 6 months | 62.5 % OF annual Premium |

|                |                          |
|----------------|--------------------------|
| Up to 8 months | 87.5 % OF annual Premium |
| Above 8 months | 100 % OF annual Premium  |

These are retention scale.

6. **Territory:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.
7. **Concealment or Fraud:** The entire Policy will be void if, whether before or after a loss, You have, related to this insurance,
  - (a) intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance;
  - (b) engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
  - (c) made false statements.
8. **Claim Procedure:**
  - a) **Notice of Claim/loss:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than 30 Days after an actual or potential loss begins.
  - b) **Claim Forms:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require 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 Us 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 You can satisfy us that it was not reasonably possible for You 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:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our 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                                                                   |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. Claims form                                                                     | 1. Claims form                                                                      |
| 2. Original Death Certificate                                                      | 2. Attending Doctor's Report                                                        |
| 3. Original/ Attested Post Mortem Reprot, if conducted                             | 3. Original Disability Certificate from the Doctor                                  |
| 4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable | 4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.) |

|                                                                                 |                                         |
|---------------------------------------------------------------------------------|-----------------------------------------|
| 5. Complete medical records including Death Summary, in case of hospitalization | 5. FIR, Police report, where applicable |
| 6. KYC Documents                                                                | 6. KYC Documents                        |

**e) Time of Payment of Claim:**

- i. 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.
- ii. 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.
- iii. 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 Your nominee shall be paid in Indian currency.

## 9. 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 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 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.

- 10. Assignment of Indemnities:** Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the nominee declared by You provided such nominee survives you; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.
- 11. Consent of Nominee:** Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this Policy.
- 12. Change of Nominee:** No change of nominee under this Policy shall bind Us, unless consent thereto is formally endorsed thereon by Our authorized officer.
- 13. Medical Examination:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.
- 14. Legal Actions:** Without prejudice to Uniform Provision 9 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has

been furnished in accordance with the requirements of this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

- 15. Misstatement of Age:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.
- 16. Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
- 17. Other Interest:** No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.
- 18. Subrogation:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or

You shall execute and deliver instruments and papers to us and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably require You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.

- 19. Dispute Resolution Clause and Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part Choice of Law. This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision, 9 and 14 above and otherwise by the Indian courts.
- 20. Change of Occupation:** If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation. Declaration of change of occupation is available on Our website.
- 21. Free Look Period:** You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded

the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

22. 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 any Individual personal accident insurance policy available with us at the time of renewal

## Other Terms and Conditions

### Postponement of Effective Date

No insurance provided by this Policy shall become effective if You are hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates.

### Scope of Coverage

#### 24 - Hour Protection

#### (Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

### Description of Hazards

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircraft's aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

### Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

### Redressal of Grievance

In case of any grievance the Insured Person may contact through

Website: [www.tataaig.com](http://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](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

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](mailto:manager.customersupport@tataaig.com).

[tataaig.com](http://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/>

| 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.<br>Tel.: 079 - 25501201/02/05/06<br>Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>                                           | 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.<br>Tel.: 080 - 26652048 / 26652049<br>Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a> | Karnataka                                        |
| BHOPAL                  | Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003.<br>Tel.: 0755 - 2769201 / 2769202<br>Fax: 0755 - 2769203<br>Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>  | Madhya Pradesh, Chattisgarh                      |
| BHUBANESHWAR            | Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009.<br>Tel.: 0674 - 2596461 / 2596455<br>Fax: 0674 - 2596429<br>Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>                                                         | Orissa                                           |

| Office of the Ombudsman | Address & Contact details                                                                                                                                                                                                                          | Jurisdiction of Office Union Territory, District                                                                                                     |
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| CHANDIGARH              | Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468<br>Fax: 0172 - 2708274<br>Email: bimalokpal.chandigarh@cioins.co.in       | Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh |
| CHENNAI                 | Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453,<br>Anna Salai, Teynampet, CHENNAI – 600 018.<br>Tel.: 044 - 24333668 / 24335284<br>Fax: 044 - 24333664<br>Email: bimalokpal.chennai@cioins.co.in                        | Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry)                                                                               |
| DELHI                   | Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road, New Delhi – 110 002.<br>Tel.: 011 - 23232481/23213504<br>Email: bimalokpal.delhi@cioins.co.in                                                         | Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh                                                                  |
| GUWAHATI                | Office of the Insurance Ombudsman,<br>Jeevan Nivesh, 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001(ASSAM).<br>Tel.: 0361 - 2632204 / 2602205<br>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.<br>Tel.: 040 - 23312122<br>Fax: 040 - 23376599<br>Email: bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.                                                                               |
| JAIPUR                  | Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.<br>Tel.: 0141 - 2740363<br>Email: bimalokpal.jaipur@cioins.co.in                                                                   | Rajasthan                                                                                                                                            |

| Office of the Ombudsman | Address & Contact details                                                                                                                                                                                                             | Jurisdiction of Office Union Territory, District                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| ERNAKULAM               | Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338<br>Fax: 0484 - 2359336<br>Email: bimalokpal.ernakulam@cioins.co.in     | Kerala, Lakshadweep, Mahe - a part of Pondicherry                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| KOLKATA                 | Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor,<br>4, C.R. Avenue,<br>KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br>Fax : 033 - 22124341<br>Email: bimalokpal.kolkata@cioins.co.in                | West Bengal, Sikkim, Andaman & Nicobar Islands                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| LUCKNOW                 | Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>Lucknow - 226 001.<br>Tel.: 0522 - 2231330 / 2231331<br>Fax: 0522 - 2231310<br>Email: bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh :<br>Lalitpur, Jhansi, Mahoba, Hamirpur,<br>Banda, Chitrakoot, Allahabad,<br>Mirzapur, Sonbhadra, Fatehpur,<br>Pratapgarh, Jaunpur, Varanasi,<br>Gazipur, Jalaun, Kanpur, Lucknow,<br>Unnao, Sitapur, Lakhimpur,<br>Bahraich, Barabanki, Raebareli,<br>Sravasti, Gonda, Faizabad, Amethi,<br>Kaushambi, Balrampur, Basti,<br>Ambedkarnagar, Sultanpur,<br>Maharajgang, Santkabirnagar,<br>Azamgarh, Kushinagar, Gorkhpur,<br>Deoria, Mau, Ghazipur, Chandauli,<br>Ballia, Sidharathnagar |
| MUMBAI                  | Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 - 26106552 / 26106960<br>Fax: 022 - 26106052<br>Email: bimalokpal.mumbai@cioins.co.in            | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Office of the Ombudsman | Address & Contact details                                                                                                                                                                                                   | Jurisdiction of Office Union Territory, District                                                                                                                                                                                                                                                                                                                                                |
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| NOIDA                   | Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace 4th Floor, Main Road,<br>Naya Bans, Sector 15,<br>Distt: Gautam Buddh Nagar, U.P-201301.<br>Tel.: 0120-2514252 / 2514253<br>Email: bimalokpal.noida@cioins.co.in | State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| PATNA                   | Office of the Insurance Ombudsman,<br>1st Floor, Kalpana Arcade Building,,<br>Bazar Samiti Road, Bahadurpur,<br>Patna 800 006.<br>Tel.: 0612-2680952<br>Email: bimalokpal.patna@cioins.co.in                                | Bihar, Jharkhand                                                                                                                                                                                                                                                                                                                                                                                |
| PUNE                    | Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road, Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020-41312555<br>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.

## 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.