

This Policy provides key information about your policy. You are also advised to go through your policy document.

| S. No. | Title                                     | Description  | Refer to Policy Clause Number     |
|--------|---|--|-----------------------------------|
| 1.     | Name of the Insurance Product / Policy    | Student Guard - Overseas Health Insurance Plan   |                                   |
| 2.     | Policy Number                             | << Policy Number >>  |                                   |
| 3.     | Type of Insurance Product/Policy          | Both Indemnity and Benefit   |                                   |
| 4.     | Sum Insured                               | Sum Insured Basis: Individual Sum Insured<br>Sum Insured Amount: As per Sum Insured mentioned in Policy schedule and plan opted from Annexure  |                                   |
| 5.     | Policy Coverage (What the Policy Covers?) | <p><b>Section 1: Accidental Death and Dismemberment (Including Felonious Assault)</b> - coverage for Death and Dismemberment arising due to an Accident or due to felonious assault while the insured is abroad.</p> <p><b>Section 2: Accident &amp; Sickness Medical Expenses</b> - provides coverage for medical expenses incurred towards the treatment due to accidental injuries/ sickness.</p> <p><b>Special Extensions –</b></p> <ul style="list-style-type: none"> <li><b>Coverage for Pre-existing Conditions</b> - Medical expenses due to Pre-existing Condition in case of Life-threatening unforeseen emergency subject to maximum amount as provided in the schedule of benefits; In such event, measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain</li> <li><b>Maternity Benefit</b> - Coverage is towards Inpatient Medical expenses related to pregnancy and termination of pregnancy as a result of physician's advice to terminate pregnancy due to medical reasons and not due to insured person's choice to terminate pregnancy, subject to waiting period of 10 months from the effective date of Policy.</li> </ul> | Benefits covered under the Policy |

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|  |  | <ul style="list-style-type: none"> <li>• <b>Childcare benefits</b> - Coverage is towards the hospitalization of a child who is in between the age of 7 days - 90 days, and is hospitalized for 2 days or more for any ailment.</li> <li>• <b>Treatment for mental and nervous disorders, including alcoholism and drug dependency</b></li> <li>• <b>Cancer screening and mammography examinations</b> - Coverage is towards reasonable and customary charges incurred for the Cancer Screening and mammographic examination which are done on recommendation of a physician. Any tests done as a part of preventive health check-up are not included under this benefit.</li> <li>• <b>Physiotherapy</b> - Coverage is for the ongoing physiotherapy to treat a disablement due to an accident unless this is recommended in writing by the treating registered medical practitioner.</li> </ul> <p><b>Section 3: Sickness Dental Relief</b> - provides coverage for the medical expenses incurred whilst overseas towards the treatment of sudden acute pain of Sound natural tooth which requires immediate dental treatment. Coverage of such expenses is limited to within 30 Days of date of the first treatment.</p> <p><b>Section 4: Assistance</b> – Medical Assistance, Medical Evacuation, Repatriation, Legal Assistance, Lost Luggage or Lost Passport, General Assistance, Pre-Departure Services, Emergency Travel Agency.</p> <p><b>Section 5: Emergency Medical Evacuation</b> - Medical evacuation of insured to nearest hospital or back to India for medical treatment subject to the certification by treating Physician that the severity or the nature of the Injury or Sickness warrants Emergency Evacuation.</p> <p><b>Section 6: Continuing Treatment (following Medical Evacuation to your Country of Origin)</b> - coverage for continuing medical treatment following the repatriation to country of origin provided claim under section 2 (ACCIDENT &amp; SICKNESS MEDICAL EXPENSE) is accepted. Coverage is applicable for 60 days from the date of your return to your Country of origin up to the amount shown in the table of benefits.</p> <p><b>Section 7: Repatriation of Remains</b> - covers cost of repatriating mortal remains of the insured to India.</p> <p><b>Section 8: Baggage Loss (Common Carrier)</b> - covers loss, in the case of permanent loss of an entire</p> |  |
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piece of Checked Baggage, held in the care, custody and control of a Common Carrier, due to theft or due to misdirection by a Common Carrier or due to non-delivery at its destination while insured is a ticketed passenger on the Common Carrier

**Section 9: Baggage Delay** - We will reimburse You for the expense of necessary personal effects, if Your Checked Baggage is delayed or misdirected by a Common Carrier from the time You arrive at the destination stated on Your ticket.

**Section 10: Loss of Passport** - coverage for necessary and reasonable expenses for obtaining a duplicate or new passport.

**Section 11: Personal Liability** - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident.

**Section 12: Study Interruption** - provides reimbursement of un used tuition fees if Insured suffers any of the following condition and is not able to continue his/her studies for the remaining part of a school semester for which Tuition has been paid.

- insured is hospitalized for more than one consecutive month for covered Injury / sickness or
- in case of terminal illness or
- in case medical repatriation or
- in case of death of immediate family member

**Section 13: Sponsor Protection** - In the event of injury to the Insured Person's Sponsor resulting in Death or Permanent Disablement, the Company shall reimburse the insured person the Tuition Fee incurred for the remaining period of this education upto the maximum limit stated in the Schedule of benefits.

**Section 14: Compassion Visit** -

- (a) Visit by Immediate Family Member If you are hospitalized for more than seven (7) consecutive days, we will cover the cost of a round trip economy class air ticket and accommodation expenses for an immediate family member to be at your bedside.
- (b) Visit by Student In the event of death or hospitalization of your parents(s)/ spouse/ child(ren) for more than Seven (7) consecutive days, we will cover the cost of a round-trip economy class air ticket if you are required to visit your home country.

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|    |  | <p><b>Section 15: Bail Bond</b> - covers bail bond cost as a result of false arrest or wrongful detention by any government or foreign power up to the amount stated in the Policy Schedule.</p> <p><b>Section 16: Hijack Cash Benefit</b> - distress allowance if insured's common carrier has been hijacked.</p> <p><b>Section 17: Missed Connections/Missed Departure</b> - We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your onward/ return journey.</p> <p><b>Section 18: Trip Delay</b> - coverage for additional expenses if insured trip is delayed for more than 12 hours due to inclement weather, strike with common carrier or equipment failure of the common carrier.</p> <p><b>Section 19: Fraudulent Charges (Payment Card Security)</b> - we will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card.</p>  |            |
| 6. | Exclusions<br>(what the policy does not cover) | <p>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:</p> <ol style="list-style-type: none"> <li>1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or</li> <li>2. expenses related to Pre-existing Condition or any complication arising there from unless due to life threatening unforeseen emergency subject to maximum amount shown in the table of benefits; or</li> <li>3. Any claim of Insured Person arising from: <ol style="list-style-type: none"> <li>a) suicide or attempted suicide</li> <li>b) willful self-inflicted illness or injury except injury in self-defense or to save life; or</li> </ol> </li> <li>4. sexually transmitted conditions; or</li> <li>5. mental or nervous disorder – unless specified in Special Extensions sub section of Section 2: ACCIDENT &amp; SICKNESS MEDICAL EXPENSE, anxiety, stress or depression; or</li> <li>6. serving in any branch of the Naval, Military or Air Forces of any country, whether in peace or War</li> </ol> | Exclusions |

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|  |  | <ol style="list-style-type: none"> <li>7. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.; or</li> <li>8. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or</li> <li>9. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or</li> <li>10. any loss arising out of 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</li> <li>11. ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or</li> <li>12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</li> <li>13. External congenital anomalies or any complications or conditions arising therefrom; or</li> <li>14. 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. This exclusion does not apply to injuries resulting from inter collegiate sports.</li> <li>15. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, except for those expenses specified in Special Extensions section, or</li> </ol> |  |
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|    |  | <p>16. 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;</p> <p>17. any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo; or</p> <p>18. any loss, injury, damage or legal liability directly or indirectly by:</p> <p>Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons. 19. Any Unproven/Experimental treatment, non-allopathic treatment, including but not limited to Ayurvedic, Homeopath or naturopathy treatments.</p> <p>20. Any non-medical expenses (list enclosed – Annexure I)</p> |                                   |
| 7. | Waiting Period   | Waiting period of 10 months from the effective date of Policy for Inpatient Medical expenses related to pregnancy, termination of pregnancy and termination of pregnancy as a result of physician's advice to terminate pregnancy due to medical reasons and not due to insured person's choice to terminate pregnancy Extensions Point 1)  | Benefits covered under the Policy |
| 8. | <p>Financial Limits of Coverage</p> <ul style="list-style-type: none"> <li>• Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</li> <li>• Deductible (It is a specified amount:</li> <li>- Up to which an insurance company will not pay any claim, and</li> </ul> | As per Sum Insured mentioned in Policy schedule and plan opted from Annexure  | General Terms and Clauses         |

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|    | - Which will be deducted from total claim amount (if claim amount is more than the specified amount) |  |                           |
| 9. | Claims/Claims Procedure  | <p><b>Turn Around Time (TAT)</b> for claims settlement:</p> <p>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 <b>30 days</b> from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within <b>45 days</b> from the date of receipt of last necessary document</p> <p><b>For Excluding Americas Policies:</b><br/> Call: +91 – 22 68227600<br/> Email - EA.TATAclaims@europ-assistance.in</p> <p><b>While In India:</b> Toll Free No 1800 119966 from BSNL/MTNL Landline or 1800 22 9966 (only for senior citizen policy holders) Call these local helpline numbers in your respective cities from any other line:<br/> Mumbai - 66939500, Delhi – 66603500, Bangalore – 66272829, Pune – 66014156, Chennai – 66841050, Hyderabad – 66629882, Ahmedabad - 66610201</p> <p><b>Email:</b> general.claims@tataaig.com</p> <p>Write to: A&amp;H Claims Department, TATA AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063</p> <p><b>Visit the Website:</b> www.tataaig.com</p> <ul style="list-style-type: none"> <li>Claims for which prior intimation has not been given to the Assistance Companies must be lodged with TATA AIG within 30 days. However, it is advisable to register a claim abroad by informing the assistance companies on the applicable numbers (refer the policy certificate or the numbers as given above for the same).</li> </ul> <p>Please note that issuance of claim reference number and claim form is not an admission of liability for any claim</p> <p><b>Claim form Website link - <a href="https://www.tataaig.com/downloads">https://www.tataaig.com/downloads</a></b></p> | General Terms and Clauses |
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| 10. | Policy Servicing       | <p><b>Company Officials:</b></p> <ul style="list-style-type: none"> <li>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 Senior Citizen No. <b>1800 22 9966</b> (toll free) or you may email to the customer service desk at <b>customersupport@tataaig.com</b></li> </ul>  | Redressal of Grievance    |
| 11. | Grievances/ Complaints | <ul style="list-style-type: none"> <li><b>IRDAI:</b> <ul style="list-style-type: none"> <li>In case of no reply from Us within 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 <b>complaints@irdai.gov.in</b></li> </ul> </li> <li><b>Ombudsman:</b> <ul style="list-style-type: none"> <li>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>   | Redressal of Grievance    |
| 12. | Things to remember     | <p><b>Free Look Period:</b></p> <p>(a) <b>Single Trip Insurance</b> - Free look period is not applicable.</p> <p>(b) <b>Annual Trip Insurance</b> - 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 provided no trip has been commenced. 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.</p> <p><b>Renewal Conditions:</b></p> <p>(i) <b>The Single Trip Insurance</b> - The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of ₹ 350/- by Us.</p> | General Terms and Clauses |



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|     |                   | <p>(ii) <b>Annual Trip Insurance</b> - The Annual Trip Insurance 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. • Cancellation of the Policy may be done prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of ₹ 350/- by Us</p> <ul style="list-style-type: none"> <li>• Cancellation of the Policy may be done prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of ₹ 350/- by Us</li> <li>• The policy shall be ordinarily renewable upon payment of premium unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or due to non- cooperation by the Insured or any misrepresentation under or in relation to this policy or poses a moral hazard.</li> <li>• Grace period in payment up to 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</li> <li>• We may extend the renewal automatically if opted by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms and paid the premium</li> </ul> |                           |
| 13. | Your Obligations: | <ul style="list-style-type: none"> <li>• Please disclose all condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy.</li> </ul>  | General Terms and Clauses |

## Annexure

| Coverages  | "SI" in US \$ | Plan A   | Plan B   | Ultimate | Ultimate Plus | Supreme  |
|--|---------------|----------|----------|----------|---------------|----------|
| Accidental Death and Dismemberment   |               | 10,000   | 25,000   | 25,000   | 30,000        | 50,000   |
| Felonious Assault (AD & D)   |               | 5,000    | 5,000    | 25,000   | 25,000        | 25,000   |
| Accident & Sickness Medical Expenses   |               | 50,000   | 100,000  | 250,000  | 500,000       | 500,000  |
|  | Deductible    | 100      | 100      | 100      | 100           | 100      |
| Child Care Benefits  |               | 250      | 500      | 1,000    | 1,250         | 1,500    |
| Coverage for Pre-Existing Conditions under A&S**   |               | 500      | 1,000    | 2,500    | 5,000         | 5,000    |
| Maternity Benefit (Only Inpatient Treatment including 1 month Post Natal Cover) - Waiting Period - 10 Months |               | 500      | 1,000    | 2,000    | 2,500         | 3,000    |
| Ambulance Charges  |               | 250      | 250      | 250      | 500           | 500      |
| Treatment for Mental and Nervous Disorders: Including Alcoholism and Drug Dependency                         |               | -        | 500      | 1,000    | 2,000         | 2,500    |
| Cancer Screening and Mammography Examinations  |               | 250      | 500      | 1,500    | 2,500         | 3,000    |
| Physiotherapy  |               | 500      | 500      | 500      | 500           | 500      |
| Sickness Dental Relief   |               | 250      | 300      | 400      | 500           | 500      |
|  | Deductible    | 100      | 100      | 100      | 100           | 100      |
| Assistance   |               | Included | Included | Included | Included      | Included |
| Emergency Medical Evacuation   |               | 5,000    | 10,000   | 15,000   | 25,000        | 25,000   |
| Continuing Treatment (Following Medical Evacuation to your Country of Origin)##                              |               | NA       | NA       | NA       | NA            | 20,000   |

| Coverages                                  | "SI" in US \$ | Plan A                 | Plan B                 | Ultimate               | Ultimate Plus          | Supreme                |
|--|---------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Repatriation of Remains                    |               | 2,500                  | 5,000                  | 7,500                  | 10,000                 | 10,000                 |
| Baggage Loss* (Common Carrier)             |               | 500                    | 1,000                  | 2,000                  | 2,500                  | 2,500                  |
| Baggage Delay* (After 12 hours only)       |               | -                      | 50                     | 150                    | 250                    | 250                    |
|  | Deductible    | -                      | 12 Hours               | 12 Hours               | 12 Hours               | 12 Hours               |
| Loss of Passport                           |               | 250                    | 250                    | 250                    | 250                    | 250                    |
|  | Deductible    | 30                     | 30                     | 30                     | 30                     | 30                     |
| Personal Liability                         |               | 100,000                | 100,000                | 500,000                | 500,000                | 500,000                |
|  | Deductible    | 200                    | 200                    | 200                    | 200                    | 200                    |
| Study Interruption                         |               | 7,500                  | 7,500                  | 15,000                 | 25,000                 | 25,000                 |
| Sponsor Protection                         |               | 10,000                 | 10,000                 | 20,000                 | 25,000                 | 25,000                 |
| Compassion Visit ( 2-Way Visit)            |               | 1,500                  | 5,000                  | 7,500                  | 10,000                 | 10,000                 |
| Bail Bond                                  |               | 500                    | 1,000                  | 5,000                  | 5,000                  | 5,000                  |
| Hijack Cash Benefit                        |               | 100 per day (Max 500)  | 100 per day (Max 500)  | 100 per day (Max 500)  | 100 per day (Max 500)  | 100 per day (Max 500)  |
|  | Deductible    | 1 Day                  | 1 Day                  | 1 Day                  | 1 Day                  | 1 Day                  |
| Missed Connection/Missed Departure         |               | 250                    | 500                    | 750                    | 1,000                  | 1,000                  |
|  | Deductible    | 25                     | 50                     | 75                     | 100                    | 100                    |
| Trip Delay                                 |               | 10 per 12 hr (Max 100) | 10 per 12 hr (Max 100) | 10 per 12 hr (Max 100) | 10 per 12 hr (Max 100) | 10 per 12 hr (Max 100) |
|  | Deductible    | 12 Hrs                 | 12 Hrs                 | 12 Hrs                 | 12 Hrs                 | 12 Hrs                 |
| Fraudulent Charges (Payment Card Security) |               | 500                    | 1,000                  | 1,500                  | 2,000                  | 2,000                  |

#Reimbursement of purchase of necessary personal effect, due to baggage delay overseas

\*The maximum amount to be reimbursed per bag is 50% and the maximum value per article contained in any bag is 10%

\*\*Pre-existing condition is covered only in case of life-threatening unforeseen emergency

##Coverage is applicable within 60 days from the date of your return to your country of origin

#### **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) | E-mail: customersupport@tataaig.com | Website: www.tataaig.com

IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425 | Student Guard - Overseas Health Insurance Plan UIN: TATTIOP23096V032223