

Student Guard - Overseas Health Insurance Plan



WITH YOU ALWAYS

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 named 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.

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized.

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 and are shown with an initial capital letter. 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

- 1. Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
- 2. Any one illness** - means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home/Physician where treatment may have been taken.
- 3. Cashless service/facility** - means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

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4. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
5. **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.
6. **Day** - means a period of 24 consecutive hours.
7. **Deductible** - is a cost sharing requirement that provides that the Insurer will not be liable for a specified US Dollar amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.

8. **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.

Such facility is only applicable in Annual trip Policies.

9. **Hospital** - means any institution established for In-patient care and day care treatment of sickness and/or injuries and which has been registered as a Hospital with the local authorities OR 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 comply with all minimum criteria as under:
 - a. has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - b. has qualified nursing staff under its employment round the clock,

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- c. has qualified Medical Practitioner(s) in charge round the clock,
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 10. Hospitalisation or Hospitalised** - means admission in a Hospital for a minimum of 24 consecutive hours In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hour.
- 11. 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.
- 12. Inpatient/Inpatient Care** - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 13. Medical Expenses** - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 14. Medically Necessary** - means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. is required for the medical management of the illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 15. Reasonable and Customary Charges** - means the charges for

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services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

- 16. Subrogation** - means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

ii. Specific Definitions

- 1. Age** - means completed years as at the Effective Date.
- 2. Assistance Company** - as designated in the Policy schedule.
- 3. Common Carrier** - means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
- 4. Day** - means a period of 24 consecutive hours.
- 5. Disclosure to information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 6. Disease/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.
 - i. 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.
 - ii. Chronic Condition - is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - b. it needs ongoing or long-term control or relief of symptoms
 - c. it requires your rehabilitation or for you to be specially trained to cope with it
 - d. it continues indefinitely

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e. it comes back or is likely to come back.

7. **Emergency or Emergency Care** - means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious impairment of the Insured Person's health.
8. **IRDA of India** - means Insurance Regulatory and Development Authority of India.
9. **Immediate Family Member** - means an Insured Person's legal spouse; siblings; siblings-in-law; parents; parents-in-law; legal guardian, legal child(ren); step-parents; who reside in India.
10. **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 and any subsequent period for which the Policy may be renewed.
11. **Insured Person** - means the Insured Person between Age 16 years to Age 35 years who resides permanently in India, named in the Policy Schedule as being eligible to become insured under this Policy and for whom an individual Proposal Form for insurance has been received and approved by Us.
12. **Insured Journey** - means any journey undertaken within Policy period and which commences when the passenger boards the aircraft for onward overseas journey and terminates when he disembarks on return to India or the Policy Expiration date whichever is earlier.
13. **Medical Advise** - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
14. **Nervous Disorder** - would mean any disorder of the nervous system which would require the insured to incur Covered Medical Expenses as defined in the policy.
15. **Notification of Claim** - is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
16. **Physician/Medical Practitioner** - means a person who holds a

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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, or a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

The attending Physician/Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or (c) anyone who is living in the same household as the Insured.

17. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, papers or riders.
18. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
19. **Pre-existing Condition** - means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to commencement of the first Policy issued by the Insurer.
20. **Proposal Form** - means the basis of this Policy and is deemed to be attached and which forms a part of this Policy.
21. **Professional Sports** - means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.
22. **Renewal** - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
23. **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.

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24. **Serious Injury or Sickness** - means Injury or Sickness certified as being dangerous to life by a legally qualified Physician.
25. **Sickness** - means illness first manifested and contracted, and commencing after the Effective Date of the Policy Schedule.
26. **Sound Natural Teeth** - means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.
27. **An Act of Terrorism** - means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
28. **Traveling Companion** - means up to two (2) named person(s) who is/are booked to accompany You on the Trip.
29. **Trip** - means any journey during the Insured Period which starts and finishes in India and involves a destination(s) outside India;
30. **Tuition** - means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.
31. **Unproven/Experimental** - treatment is a treatment, including but not limited to drug experimental therapy, which is not based on established medical practice.
32. **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.
33. **We, Us, Our** - means Tata AIG General Insurance Company Limited.

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

Benefits Covered under this Policy

Section 1: ACCIDENTAL DEATH AND DISMEMBERMENT

(Including Felonious Assault)

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

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

Table of Losses

Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

“Loss” with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints respectively;
- (b) eye means entire and irrecoverable loss of sight;
- (c) thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- (d) speech means the total and irrecoverable loss of speech.

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- (e) hearing means entire and irrecoverable loss of hearing of both ears.

Definitions:

Felonious Assault - means any willful or unlawful use of force upon You that is a felony or a misdemeanor in the jurisdiction in which it occurs and which results in bodily harm to You.

Limitation

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule to this Policy.

Exposure

For the purposes of the Accidental Death and Dismemberment benefits above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring during the Trip will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life if while on a Trip Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the 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. an act of an Immediate Family Member or Travelling Companion;

Section 2: ACCIDENT & SICKNESS MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the

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Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred overseas by You up to the maximum stated in the Policy Schedule for the treatment of an Injury or Sickness sustained by You while this Policy is in effect. Any medical services or series of services with a cost greater than \$ US 1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such services are authorized in advance by the Assistance Company.

Limitations

1. In no event will benefits continue to be provided by Us for any Covered Medical Expenses incurred after the Expiration Date of the Policy or Your return to India whichever is earlier. No benefits are payable for outpatient Covered Medical Expenses incurred after the Expiration date of the Policy.

However if, You are still confined in a Hospital overseas after the Expiration Date of the Policy, and Emergency Medical Evacuation is not appropriate or recommended by the Assistance Company, and continued treatment overseas as an Inpatient in a Hospital is Medically Necessary, we will continue to provide the benefits for Covered Medical Expenses incurred to the earlier of your Hospital Discharge or 60 Days after the Expiration Date of the Policy.

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.

Definition:

Covered Medical Expenses - means expenses incurred overseas by You for services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service following an Emergency;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural

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Teeth subject to the per tooth and per occurrence limits shown in the Policy Schedule.

Exclusion

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

1. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
2. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
3. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
4. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
5. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
6. the diagnosis and treatment of acne; or
7. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
8. organ transplants that are considered experimental in nature; or
9. well child care including exams and immunizations; or
10. expenses which are not exclusively medical in nature; or
11. any expenses incurred in India unless authorized and approved by Us in advance; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. rest cures; or
15. services and supplies related to the diagnosis or treatment of

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infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; This however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician; or

16. medical expenses covered under any workers' compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose.
18. Any non medical expenses (list enclosed – Annexure I)

Special Extensions

Not with standing the above, the Policy has following extensions as specifically provided in the schedule of benefits.

- 1) Only 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 subject to waiting period of 10 months from the effective date of Policy.
- 2) Medical expenses related to treatment for mental and nervous disorders, including alcoholism and drug dependency are covered subject to maximum amount as provided in the schedule of benefits under Plan B, Plan Ultimate, Ultimate Plus, Supreme Plan.
- 3) Medical Expenses related to Cancer Screening and mammographic examination on recommendation from a physician is covered subject to maximum amount as provided in the schedule of benefits. Expenses would be paid for the Reasonable and customary charges incurred for these test. Any tests done as a part of preventive health check-up are not included under this benefit.
- 4) 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

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medically stable or is relieved from acute pain.

- 5) For ongoing physiotherapy to treat a disablement due to an accident as described in Hazard, unless this is recommended in writing by the treating registered medical practitioner, upto the amount as stated in the policy schedule.
- 6) Childcare benefits – We will pay upto the maximum amount as provided in the schedule of benefits, if the child is in between the age of 7 days - 90 days, and is hospitalized for 2 days or more for any ailment.

Section 3 : SICKNESS DENTAL RELIEF

We will pay benefits for the Reasonable and Customary Charges, subject to the Deductible, shown in the Policy Schedule, actually incurred if as a result of sudden acute pain, which occurs without warning to one or more of Your Sound Natural Teeth requiring Immediate Dental Treatment during the course of an overseas Insured Journey. Dental benefits will be provided for Medically Necessary filling of the tooth or surgical treatment, services, or supplies, subject to the per tooth and per occurrence limits shown in the Policy Schedule. Dental benefits shall be limited to treatment sustained to Sound Natural Teeth. Covered emergency dental expenses are those incurred overseas during the Insured Journey within 30 Days of date of the first treatment.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule to this Policy.

Definition:

Immediate Dental Treatment - means treatment commencing within 24 hours or reasonable time of the sudden acute pain first occurring.

Exclusion:

In addition to the Exclusions listed in this Policy, this coverage section shall not cover Immediate Dental Treatment in the Republic of India.

Section 4 : ASSISTANCE

Assistance Company will provide the following services as described below.

Medical Assistance - As soon as the Assistance Company is notified of a medical emergency resulting from Your Accident or Sickness, the Assistance Company will contact the medical facility or location

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where You are located and confer with the Physician at that location to determine the best course of action to be taken. If possible and if appropriate, Your family Physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Assistance Company will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to,

recommending or securing the availability of services of a local Physician and arranging Hospital confinement of You where, in its discretion, deems such confinement appropriate.

Medical Evacuation - When, in the opinion of the Assistance Company's medical panel, it is judged medically appropriate to move You to another location for treatment or return You to India, the Assistance Company will arrange the evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of Your condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Assistance Company.

Repatriation - the Assistance Company agrees to make the necessary arrangements for the return of Your remains to India in the event You die while this policy is in effect as to You.

Legal Assistance - If You are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to You, Assistance Company will, if required, provide You with the name of an attorney who can represent You in any necessary legal matters.

Lost Luggage or Lost Passport - If You, outside India, notify the Assistance Company that Your luggage or passport has been lost, the Assistance Company will endeavor to assist You by contacting the appropriate authorities involved and providing direction for replacement.

General Assistance - the Assistance Company will serve as a central point for translation and communication for You during emergencies. The Assistance Company agrees to provide to You advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel

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problems. In addition, the Assistance Company will provide insurance coordination, verifying coverage of You, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation to ease claim filing when You return to India.

Pre-Departure Services - prior to Your departure, upon request the Assistance Company will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and State Department and private service warnings about travel to certain locations. The Assistance Company will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.), subject to receiving reasonable notice of this request.

Emergency Travel Agency - the Assistance Company agrees to provide You with 24 hour travel agency service for airline and hotel reservations. The Assistance Company will also arrange payment for Your airline tickets and other travel services, using Your credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by the Assistance Company for You.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the Assistance Company shall act in a medical or legal capacity on behalf of You only. The Assistance Company assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You shall not have any recourse to the Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

You are responsible for the cost of services arranged by the Assistance Company for You. The Assistance Company will access this Policy and/or other insurance Policy benefits to which You may be entitled, and/or Your credit cards or other forms of financial guarantees provided by you, in order to facilitate payment for such services.

Section 5 : EMERGENCY MEDICAL EVACUATION

We will pay the Reasonable and Customary Charges up to the maximum shown in the Policy Schedule for covered expenses incurred if Injury or Sickness results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by the Assistance Company or a Physician

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who certifies that the severity or the nature of Your Injury or Sickness warrants Your Emergency Evacuation.

Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) arranged and authorized in advance by the Assistance Company.

Definitions:

Emergency Evacuation - means: (a) Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local Hospital, Your medical condition warrants Transportation to the country where the Trip commenced to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Transportation - means any land, water or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Section 6 : CONTINUING TREATMENT (FOLLOWING MEDICAL EVACUATION TO YOUR COUNTRY OF ORIGIN)

Following your repatriation to your Country of Origin and provided your claim under section 2 Medical Expenses has been accepted by us, we will also pay for your continuing Medical Expenses which relate to the same injury or Sickness for which a valid claim has been paid under section 2 Medical Expenses, upto the amount shown in the table of benefits, provided any costs covered under this section are incurred within 60 days from the date of your return to your Country of origin.

Section 7 : REPATRIATION OF REMAINS

We will pay benefits up to the amount stated in the Policy Schedule for covered expenses reasonably incurred to return Your body to India if You die during a Trip. Benefits will not exceed the maximum shown in

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the Policy Schedule. All Repatriation of Remains arrangements must be approved in advance by Assistance Company.

Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

Section 8 : BAGGAGE LOSS (Common Carrier)

We will pay benefits if Your Checked Baggage, which is in the care, custody and control of a Common Carrier, is lost due to theft or due to misdirection by a Common Carrier while You are a ticketed passenger on the Common Carrier during the Trip.

We will reimburse You, subject to the Deductible and up to the maximum shown in the Policy Schedule, for the cost of replacement of the entire baggage and its contents. All claims must be verified by the Common Carrier and a PIR (Property Irregularity Report) is issued confirming the loss.

The maximum amount to be reimbursed per bag is 50%, and the maximum value per article contained in any bag is 10%, of the amount stated in the Policy Schedule. There is also a combined maximum limit of 10% of the amount stated in the Policy Schedule for the following: jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitations:

Benefits for Baggage Loss will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.

Benefits for Baggage Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Exclusions:

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

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1. excluded classes of property: animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with a Common Carrier), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, money, securities such as credit cards, debit cards, checks, traveler checks, membership cards, tickets or documents, business good or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables;
2. loss to property insured under any other insurance Policy, or otherwise reimbursed by a Common Carrier;
3. loss of Your baggage sent in advance or souvenirs and articles mailed or shipped separately.
4. Any loss of checked in baggage amounting to a damage / partial loss or not amounting to permanent loss.

Section 9 : BAGGAGE DELAY

We will reimburse You for the expense of necessary personal effects, up to the maximum stated in the Policy Schedule, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than the Deductible shown on the Policy from the time You arrive at the destination stated on Your ticket.

You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitation:

If upon further investigation it is later determined that Your baggage checked with the Common Carrier has been lost, any amount claimed and paid to You under the Baggage Delay Policy Section will be deducted

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G.K. Marg, Lower Parel, Mumbai – 400013

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Email: customersupport@tataaig.com

Website: www.tataaig.com • IRDA of India Registration No: 108

• CIN:U85110MH2000PLC128425 • UIN: TATTIOP23096V032223

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from any payment due to You under the Baggage Loss (Common Carrier) Section as applicable.

Exclusion:

In addition to the Exclusions listed in this Policy, this coverage section shall not cover any Delay of checked in baggage on the return to India.

Section 10 : LOSS OF PASSPORT

We will reimburse You, subject to any Deductible, if You lose Your passport and incur necessary and reasonable expenses in connection with obtaining a duplicate or new passport up to the maximum stated in the Policy Schedule. The Deductible if any, shall apply to each insured event and shall be borne by You.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. loss or damage to passport due to delay or from confiscation or detention by customs, police or other authority;
2. theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. loss or theft of passport left unattended by You unless located in a locked hotel room or apartment and an appropriate sized safety deposit box was not available.

Section 11 : PERSONAL LIABILITY

Property Damage:

If a claim is made or a suit is brought against You for Property Damage caused by an Occurrence to which this coverage applies, We will pay up to the amount stated in the Policy Schedule, subject to any applicable Deductible, for Our limit of liability for the damages for which You are legally liable.

Medical Payments to Others:

We will pay the necessary medical expenses that are incurred or medically ascertained within one year from the date of an Accident causing Bodily Injury. Medical expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to You or regular residents of Your household. As to others, this

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coverage applies only if the Bodily Injury is caused by Your activities.

Definitions:

Business - means trade, profession or occupation.

Occurrence - means an Accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, during the Trip, in Bodily Injury or Property Damage.

Property Damage - means destruction of or loss of use of tangible property.

Residence Premises - means the dwelling where You reside.

Bodily Injury - means bodily harm, Sickness or Disease, including required care, loss of services and death that results.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. liability which is expected by or intended for You; or
2. liability arising out of or in connection with a Business engaged in by You. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business; or
3. liability arising out of the rental or holding for rental of any part of any premises by You; or
4. liability arising out of the rendering of or failure to render professional services; or
5. liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by You; or
6. liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft; or
7. liability arising out of the transmission of a communicable Disease by You; or
8. liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or
9. liability arising out of the use, sale, manufacture, delivery,

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transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization; or

10. liability under any contract or agreement; or
11. Property Damage to property owned by You; or
12. Property Damage to property rented to, occupied, or used by or in the care of You; or
13. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by You under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
14. Suits or legal actions arising from Your Immediate Family Member, or Traveling Companion or Immediate Family Member of a Traveling Companion against You.

Section 12 :-Study Interruption

In the event of Hospitalization of the insured person of more than one consecutive month from either a covered Injury or Sickness or in the case of Terminal Sickness or in the case of a medical repatriation or in case of the death of an immediate family member, which prohibits the Insured Person from continuing his/her studies for the remaining part of a school semester for which Tuition has been paid, the Company shall reimburse the Insured Person the Tuition fees which has already been advanced to the educational institution, up to the amount stated in the Policy Schedule.

In the event of a claim, only the figures shown on an official invoice (s) from the educational institution for payment of said Tuition fees, shall be used for calculating any reimbursement paid by the company It cannot exceed the maximum amount stated in the Schedule of Benefits under this policy.

Exclusions

With respect to this Section of Study Interruption, this Policy does not cover any loss, fatal or non-fatal, directly or indirectly, in whole or in part, caused by or resulting from:

- a) Routine physical check-up and/or any related thereto;
- b) A trip, the purpose of which was to obtain medical care

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- c) Cosmetic or plastic surgery except as a result of an accident
- d) Elective surgery
- e) Any mental and nervous disorders rest cures or stress of any kind
- f) Alcoholism or drug addiction, or use of any drug or narcotic agent
- g) Any treatment provided by a family member
- h) The commission of a felony offence
- i) Specific named hazards, hand gliding, mountaineering rock climbing, sky diving, professional or amateur racing and piloting an aircraft
- j) Treatment paid for or furnished under any other individual or group Policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.

Section 13: Sponsor Protection

Sponsor protection benefit is added to the core benefits with the following maximum limits:

The Term “Sponsor” as used in the Policy shall mean any individual responsible for paying the Tuition fees of the student of his full-time study in a registered educational institution outside of his home country.

The term “Educational Institution”: shall mean any school, vocational institute, polytechnic, college, university or institute or higher learning which is duly licensed to provide educational services by trained services by trained or qualified teacher and where the Insured Person is registered as a full-time student.

Provision

In the event of injury to the Insured Person’s Sponsor as stated in the Enrolment Form resulting in Death or Permanent Disablement as defined in this Policy, 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.

N.B. An insured person cannot claim under Part D (Study interruption, Sponsor Protection) for the same event.

Section 14 : Compassion visit

In the event the Insured Person is Hospitalized for more than Seven

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(7) consecutive days, and his medical condition forbids his repatriation and no adult member of his immediate family is present, the Assistance Company, will provide a round trip economy class air ticket, or first class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital.

Additionally, the company will refund for the costs of the stay, of the immediate family member, upto the amount stated in the policy schedule. In any event the Company's total liability for round trip transport and for daily allowances (accommodation, meals and transportation) shall not exceed the maximum amount stated in the Policy Schedule, under this Policy.

In the event of death, or hospitalisation of the Insured Person's parent(s) spouse/child for more than Seven (7) consecutive days due to injury or sickness, as defined in the Policy, Assistance Company, will provide a round trip economy class air ticket, or first class railway ticket, to allow the Insured at his bedside of his parent's(s)/spouse/child. In any event, the Company's total liability for round-trip transport shall not exceed the maximum amount stated in the Schedule of Benefits, under the Policy.

Section 15 : BAIL BOND

We will pay bail bond costs You incur, as a result of false arrest or wrongful detention by any government or foreign power up to the amount stated in the Policy Schedule.

Section 16 : HIJACK CASH BENEFIT

We will pay You a distress allowance as shown in the Policy Schedule for every 24 hour period during which any Common Carrier in which You are traveling has been Hijacked, where as a direct

consequence, Your Trip has been disrupted up to a maximum amount stated in the Policy Schedule subject to any applicable Deductible.

Definition:

Hijacked - means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which You are traveling as a passenger.

Section 17 : MISSED CONNECTIONS/MISSED DEPARTURE

We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your

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onward / return journey, subject to the maximum shown in the Policy Schedule, if the missed connection / departure is due to a Covered Hazard during the course of an Insured Journey.

The deductible excess in respect of this benefit will be applicable if any, and shall be of an amount as specified in the Schedule to this Policy.

Covered Hazards: Delay in Scheduled Common Carrier failing to get You to Your destination in time due to

1. Inclement Weather; or
2. Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your return journey; or
3. Equipment Failure of a Common Carrier.

You may claim only Trip Delay or Missed departure / missed connection, not both

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities in the respective countries.

Reasonable Additional Expense - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge.

Specific Exclusions:

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

1. Expenses that you would have incurred during the normal course of your trip.
2. Missed connections due to an Covered Hazard which was made public or known to You prior to the purchase of this Policy.
3. Your failure to allow sufficient time to get to the departure point.

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4. Claims not supported by a written report from the appropriate authorities.

Claims that are not justifiable given the circumstances, for example; the fear of a probable event which did not take place but led to missed connections.

Section 18 : TRIP DELAY

We will reimburse Reasonable Additional Expenses for Trip Delay, subject to the maximum shown in the Policy Schedule, if Your Trip is delayed for more than 12 hours due to a Covered Hazard.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule to this Policy.

Covered Hazards:

1. delay of a Common Carrier caused by Inclement Weather; or
2. delay due to a Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your Trip; or
3. delay caused by Equipment Failure of a Common Carrier.

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities in the respective countries.

Reasonable Additional Expense - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge.

Exclusion:

In addition to the Exclusions listed in this Policy this coverage section shall not cover any delay due to an insured Covered Hazard which was made public or known to You prior to the purchase of this Policy.

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Section 19 : Fraudulent Charges (Payment Card Security)

I. What We Cover

If your payment card as specified in the schedule is lost or stolen, we will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card, up to 12 hours prior to your first reporting the event to your payment card issuer(s).

II. Coverage Exclusions

We will not pay for any expenses or loss for:

1. Charges made on your lost or stolen payment card more than 12 hours prior to your first reporting the event to your payment card issuer(s);
2. Charges made on your payment card if your payment card has not been lost or stolen;
3. Cash advances made with your lost or stolen payment card;
4. Charges incurred by a resident of your household, or by a person entrusted with your payment card / sim card.

III. Coverage Conditions

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

IV. Duties After An Accident or Loss

In the event of a covered loss:

1. You shall call us at 1800119966 or provide written intimation to make a claim and obtain the proper forms and instructions within 24 hours from discovering an unauthorized charge was made on your lost or stolen payment card;
2. You shall complete and return any documents including but not limited to claim forms, police reports, demands, notices,

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and any other documents we may ask you to provide;

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

Specific Exclusion:

We will not cover the following:

- A. Losses that do not occur within the policy period;
- B. Losses that result from or related to business pursuits including your work or profession;
- C. Losses caused by illegal acts;
- D. Losses that you have intentionally caused;
- E. Losses that result from the direct actions of a relative, or actions that a relative knew of or planned.
- F. Losses due to the order of any government, public authority, or customers' officials.
- G. Terrorism Exclusion Warranty

Not with standing any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

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

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

If the Company alleges that by reason of this exclusion, any loss,

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damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

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

Exclusions

i. Specific 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. 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
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
3. Any claim of Insured Person arising from:
 - a) suicide or attempted suicide
 - b) wilful self-inflicted illness or injury except injury in self-defence or to save life; or
4. sexually transmitted conditions; or
5. mental or nervous disorder – unless specified in Special Extensions sub section of Section 2 : ACCIDENT & SICKNESS MEDICAL EXPENSE, anxiety, stress or depression;; or
6. serving in any branch of the Naval, Military or Air Forces of any country, whether in peace or War
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
8. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or

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9. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or
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
11. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
13. External congenital anomalies or any complications or conditions arising therefrom; or
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.
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
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;
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
18. any loss, injury, damage or legal liability directly or indirectly by:

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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.
20. Any non medical expenses (list enclosed – Annexure I)

General Terms and Clauses

i. Specific Terms and Clauses

1. Effective Date: (For Single Trip/For Annual Trip Insurance) : Your Policy will start on the Effective Date & hour as specified on the Policy Schedule or date and time of departure from India, whichever is later, provided total premium has been paid and realised by Us.
2. Expiration Date:

(i) Single Trip Insurance: Your Policy will terminate on the last day for which premium has been paid or on return to India whichever is earlier.

(ii) Annual Trip Insurance: This Policy will terminate on the Expiration Date shown in the Policy Schedule for which the premium has been paid or on return to India whichever is earlier.

As an exception, the Policy shall not be treated as terminated for the Insured Person visiting India. The coverage in such cases shall cease during this time period the Insured Person is in India. However, it will commence again only when the Insured Person is back at the original destination overseas as declared in the Proposal form. Such visit is restricted to maximum 2 trips during the year, each trip not exceeding 30 days.

Further, However We may cancel this Policy at any time on grounds of mis-representation, 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 cancellations shall be effective in the event of your non-cooperation. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. If you cancel the Annual Trip Policy, the premium

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shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred and/or no travel has happened up to the date of cancellation. In the event a claim has occurred and/or travel has happened there shall be no return of premium.

Short rate table:

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 scales.

3. **Renewal Conditions:** This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Proposal Form and Schedule, whichever is earlier.

(i) **Single Trip Insurance:** 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 Rs. 350/- by Us.

(ii) **Annual Trip Insurance:** 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 Rs. 350/- by Us.

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.

4. **Territory:** This Policy applies to incidents anywhere in the world outside India unless limited by Us through endorsement or specifically restricted in the Policy, Policy schedule or as given in the General exclusion to this Policy.

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- 5. Multiple policies:** In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount

Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

- 6. 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.

7. Claim Procedure:

- (i) 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. If Your property covered under this Policy is lost or damaged, You must:

- (a) notify us as soon as possible;

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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** (Senior Citizen)

Email: customersupport@tataaig.com

Website: www.tataaig.com • IRDA of India Registration No: 108

• CIN:U85110MH2000PLC128425 • UIN: TATTIOP23096V032223

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- (b) take immediate steps to protect, save and/or recover the covered property;
 - (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
 - (d) notify the police or other appropriate authority in the case of robbery or theft within 24 hours.
- (ii) Any medical services or series of services with a cost greater than \$ US 1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such services are authorized in advance by the Assistance Company.
- (iii) **Claim Forms:** We, upon receipt of a notice of claim, will furnish You/Your representative with such forms as We may require for filing proofs of loss.
- (iv) **Time for Filing Claim Forms and Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days from the date of intimation to Us. 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.
- You shall obtain and furnish Us with all original bills, receipts and any other documentation upon which a claim is based and shall also give Us in a timely fashion such additional documentation, information and assistance as We may require in dealing with the claim.
- (v) **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 from the date of intimation to Us. Such documentation will include but is not limited to the following:

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- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii. Original Bills & Receipts including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of treatment taken.
- iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv. A precise diagnosis of the treatment for which a claim is made.
- v. A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii. Any other document as requested by Claims Department which is relevant to the coverage under the policy.

(vi) 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.

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- 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)

(vii) Payment of Claim: All claims under this Policy that are payable to the You shall be paid in Indian currency.

- 8. Medical Examination:** We, at Our own expense, shall have the right and opportunity to examine You through Our appointed agents whose details will be notified to You when and as often as We may reasonably require during the pendency of a claim hereunder, and also 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.
- 9. Legal Actions:** Without prejudice to Uniform Provision 8 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 or any Insured Person 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.
- 10. Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
- 11. Reasonable Care and Assistance:** You must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You must also make every effort to get back any property which has been lost.

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In addition, You must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

- 12. Settlement of Loss:** Claims for damage and/or destruction shall be paid within a reasonable time when proof of the damage and/or destruction is presented to us. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to us.
- 13. Valuation:** We will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.
- 14. 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 and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably require of You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.
- 15. Dispute Resolution Clause and Procedure:**

This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:

- (a) Nature of Coverage:** This Policy is not a general health insurance policy. Coverage for medical expenses in Part D: Coverage of this Policy is intended for Your use in the event of a sudden and unexpected Sickness or Accident arising when You are outside the Republic of India.
- (b) Pre-existing Exclusion:** This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-existing Condition.
- (c) Prior Consultation:** Any medical services or series of services with a cost greater than \$1, shall not be covered by this

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Policy unless You consult with the Assistance Company in the manner set out in the conditions of this Policy.

- (d) **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 8, above and otherwise by the Indian courts.

16. Extension of The Policy: We may in Our sole and absolute discretion extend a Short Term Policy once during the Insured's Journey, provided that:

- We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Insured Journey.
- We receive Your request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
- The Insured Person has not made a claim before We receive Your request for extension of the Policy.
- We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.

17. Free Look Period:

- (a) Single Trip Insurance – Free look period is not applicable.
- (b) Annual Trip Insurance - 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.

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18. 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 Travel insurance policy available with us.

Other Terms and Conditions

A. Valid Account

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

B. Excess of Other Insurance Coverage

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

D. Governing Law

This Policy shall be governed by the law of India.

E. Policy Period

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

F. Concealment or Fraud

If You or anyone acting on Your behalf put forward any claim under this Policy knowing the same to be false or fraudulent, as regards amount or otherwise, this Policy shall be void in its entirety and be of no effect whatsoever and all claims that You may have made for an indemnity under it shall be forfeited.

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

- H. **Duties After an Accident or Loss** We have no duty to provide

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coverage under this policy unless there has been full compliance with the duties that are detailed in each coverages section. You are required to cooperate with us in investigating, evaluating and settling a claim.

Coverage limitations:

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

Hazard H 1

Scope of Coverage

24-HOUR PROTECTION

(Insured Journey Only)

During the course of an Insured Journey, unless specifically restricted in the Policy

Hazard H 2 COMMON CARRIER

We will pay the Principal Sum shown in the Policy Schedule or the Schedule of Benefits if Injury to You results in loss of life while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any Common Carrier provided that, this Hazard shall not apply while You are riding in or on, or boarding or alighting from, any civilian aircraft that does not hold current a valid Airworthiness Certificate and is piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.

The term "Airworthiness" certificate used in this Hazard shall mean the standard Airworthiness Certificate issued by the aviation agency or the governmental authority having jurisdiction over civil aviation in the country of its registry.

This Hazard shall not apply while such Insured Person is riding in any civilian aircraft while it is being used for any Specialized Aviation Activity(ies), other than as expressly described herein, unless previously consented to in writing by Us.

Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact our Assistance Company – Europ

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Assistance India through:

For excluding the Americas Policies:

Call: +91 - 022 68227600

Email - EA.TATAclaims@europ-assistance.in

For the Americas Policies

Please call: +1-833-440-1575 (Toll free within US and Canada)

Email - tata.aig@europ-assistance.in

While in India, contact at below numbers for any claim related assistance - 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:

Mumbai - 66939500, Delhi - 66603500, Bangalore - 66272829,

Pune - 66014156, Chennai - 66841050, Hyderabad - 66629882, Ahmedabad - 66610201

Email: general.claims@tataaig.com

Write to:

A&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

Redressal of Grievance

In case of any grievance the Insured Person may contact through

Website: www.tataaig.com

Call us 24x7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com

Write to us at: Customer Support, Tata AIG General Insurance Company Limited

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

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.

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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. 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/>

SN	Centre	Address & Contact
1	Ahmedabad	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
2	Bengaluru	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
3	Bhopal	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in

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SN	Centre	Address & Contact
5	Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
6	Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in
7	New Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
8	Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
9	Hyderabad	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
10	Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in

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SN	Centre	Address & Contact
11	Ernakulam	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
13	Lucknow	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
14	Mumbai	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/ 27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in
15	Noida	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in

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SN	Centre	Address & Contact
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

List of excluded expenses (non-medical) under indemnity policy are uploaded on our website. Please login to <https://www.tataaig.com/downloads/Others/Annexure-I-List of Optional Items>

Grievance Redressal Procedure:

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

Schedule of Benefits

Part 1

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

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

Part 2

Coverages	Ultimate	Ultimate Plus	Supreme
Accidental Death and Dismemberment (AD & D)	25,000	30,000	50,000
Felonious Assault (AD & D)	25,000	25,000	25,000
Accident & Sickness Medical Expenses	250,000	500,000	500,000
	100	100	100
Child Care Benefits	1,000	1,250	1,500
Coverage for Pre-Existing Conditions under A&S**	2,500	5,000	5,000
Maternity Benefit (Only Inpatient Treatment including 1 month Post Natal Cover) - Waiting Period - 10 Months	2,000	2,500	3,000
Ambulance Charges	250	500	500
Treatment for Mental and Nervous Disorders: Including Alcoholism and Drug Dependency.	1,000	2,000	2,500
Cancer Screening and Mammography Examinations	1,500	2,500	3,000

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Coverages	Ultimate	Ultimate Plus	Supreme
Physiotherapy	500	500	500
Sickness Dental Expense	400	500	500
	100	100	100
Assistance	Included	Included	Included
Emergency Evacuation	15,000	25,000	25,000
Continuing Treatment (Following Medical Repatriation to your Country of Origin)**	NA	NA	20,000
Repatriation of Remains	7,500	10,000	10,000
Baggage Loss* (Common Carrier)	2,000	2,500	2,500
Baggage Delay* (After 12 Hours Only)	150	250	250
Loss of Passport	250	250	250
	30	30	30
Personal Liability	500,000	500,000	500,000
	200	200	200
Study Interruption	15,000	25,000	25,000
Sponsor Protection	20,000	25,000	25,000
Compassionate Visit (2-Way Visit)	7,500	10,000	10,000
Bail Bond	5,000	5,000	5,000
Hijack Cash Benefit	"100 per day (Max 500)"	"100 per day (Max 500)"	"100 per day (Max 500)"
	1 Day	1 Day	1 Day
Missed Connection/Missed Departure	750	1,000	1,000
	75	100	100
Trip Delay	"10 per 12 hr (Max 100)"	"10 per 12 hr (Max 100)"	"10 per 12 hr (Max 100)"
	12 Hrs	12 Hrs	12 Hrs
Fraudulent Charges (Payment Card Security)	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

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

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 the 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

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** (Senior Citizen)

Email: customersupport@tataaig.com

Website: www.tataaig.com • IRDA of India Registration No: 108

• CIN:U85110MH2000PLC128425 • UIN: TATTIOP23096V032223