

Preamble

We will provide the insurance cover detailed in the Policy to the Insured Persons up to the Sum Insured subject to:

- i. The terms, conditions and exclusions of this Policy,
- ii. Statements in the proposal/enrolment form and information disclosed to Us by You or on Your behalf and on behalf of all persons to be insured which is incorporated into the Policy and is the basis of it.

Commencement of risk cover under the policy is subject to receipt of premium by Us.

Our liability at any time shall not exceed the maximum sum insured applicable for the benefit as specified in Your policy schedule or Certificate of insurance.

In case of any other sum insured and coverage restrictions, the same shall be clearly specified in Your Policy schedule/Certificate of Insurance.

Section 1 – Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

i. Standard Definitions

1. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Grace Period

1. 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 pertaining to waiting periods and coverage of pre-existing diseases (PED). Coverage is not available for the period for which no premium is received. The grace period for payment of premium shall be thirty days.

3. Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

4. Medical Practitioner

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

5. Pre-Existing Disease (PED)

Pre-existing Disease (PED) means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or its reinstatement or
- b. For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months Prior

1

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REG-IMP-V1-300924

to the date of commencement of the policy issued by the insurer or its reinstatement.

6. Renewal

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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

3. Insured Event

Insured Event means any event specifically mentioned as covered under this Policy and which is in accordance with the Policy Terms and Conditions.

4. Permanent Partial Disablement or PPD

Permanent Partial Disablement means bodily injury of such nature as permanently reduces the earning capacity of the Insured/ Insured Person in any employment, which he was capable of undertaking at the time of accident described as given below.

ii. Specific Definitions (Definitions other than as mentioned under Section 1 (i))

above)

1. EMI or EMI Amount

EMI means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

i. Sight of one eye ii. One hand or One foot

iii. Loss of toes-all iv. Loss of Toes Great - both phalanges v. Loss of Toes Great - one phalanges

vi. Loss of Toes Other than great, if more than one toe lost, each vii. Loss of hearing-both ears

viii. Loss of hearing--one ear ix. Loss of speech

x. Loss of four fingers and thumb of one hand

xi. Loss of four fingers xii. Loss of thumb --

both phalanges xiii. Loss of thumb - one

phalanx xiv. Loss of index finger--three phalanges

2. Hazardous or Potentially dangerous Sport

Hazardous or potentially dangerous sport shall mean those sports / activities which involves speed, height, a high level of physical exertion etc. and holds high degree of risk.

xv. Loss of middle finger--three phalange xvi.

Loss of ring finger--three phalanges xvii.

Loss of little finger--three phalanges

xviii. Loss of metacarpals--first or second, third, fourth or fifth

- 5. Permanent Total Disablement or PTD**
- Permanent Total Disablement means bodily injury, which permanently, totally and absolutely prevents Insured/Insured Person from engaging in any kind of occupation whatsoever described as given below:
- i. Loss of sight of both eyes
 - ii. Physical separation of two entire hands or two entire feet
 - iii. Loss of one entire hand and one entire foot
 - iv. Loss of sight of one eye and such loss of one entire hand or one entire foot
 - v. Complete loss of hearing of both ears and complete loss of speech
 - vi. Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye
 - vii. Complete loss of speech and loss of one limb/loss of sight of one eye
- The term "Loss" used with reference to hand/foot means loss by physical severance of such hand/foot.
- 6. Policyholder**
- The Policyholder shall be the Employer who has taken the group insurance policy as a service benefit for his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.
- 7. Policy Period**
- Policy period means the period between the inception date and the expiry date of the Policy/Certificate of Insurance as specified in the Schedule to this Policy/ Certificate of Insurance or the date of cancellation of this policy/Certificate of Insurance, whichever is earlier.
- 8. Professional Sports**
- Professional Sports means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.
- 9. Temporary Total Disablement or TTD**
- Temporary Total Disablement means disablement, which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.
- 10. We/Us/Our/Company**
- We/Us/Our/Company means TATA AIG General Insurance Company Limited.
- 11. Winter Sports**
- Winter Sports shall mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice.
- 12. You/Your/Yourself**
- Means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule/Certificate of Insurance.
- Section 2 – Benefits**

In consideration of payment of the premium and receipt thereof by the Company and subject to the

3

terms, conditions and deductible of this Policy, the Company will pay the benefit sum insured as specified on the policy schedule/certificate of insurance, during the policy term; if You suffer a loss due to coverage mentioned under following Sections:

B1: Personal Accident

B1.1. Accidental Death:

If an Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident, then We will pay to Insured person's beneficiary or legal representative the benefit Sum Insured specified in the Policy Schedule/ Certificate of insurance.

B1.2. Disappearance

We will pay the benefit for Loss of Life occurring within policy period if Insured person's 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, subject to all other terms and provisions of the Policy.

Specific Exclusions applicable to Section B1

- i. Intentional self- Injury, suicide,
- ii. Arising or resulting from the Insured person(s) committing any breach of law with criminal intent; or
- iii. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens by the Insured person unless properly prescribed by a Physician and taken as prescribed; or
- iv. 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

- v. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or
- vi. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
- vii. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or viii. Caused due to act of terrorism;

- ix. 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 Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained.

B2: Resignation from Employment:

We will pay the Sum Insured as stated in Policy Schedule/Certificate of Insurance if you suffer Loss of Income during the Period of Insurance due to your resignation from the employment arising out of accidental bodily injury sustained resulting into any of the following:

- i. Permanent Total Disablement ii. Permanent Partial Disablement
 - iii. Temporary Total Disablement
- Specific Exclusions applicable to Section B2**
- No Claims are payable under the Policy in case of following:
- i. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
 - ii. Any Loss of Income due to Resignation for reasons other than mentioned under Benefits Section B2 or due to illness/disease;
 - iii. The Company shall not be liable to make any payment under this Policy in connection with or in respect of unemployment at the time of inception of the Period of Insurance or arising within the first 90 days of inception of the Period of Insurance;
 - iv. Any unemployment from a job under which no salary or any remuneration is provided to the Insured;
 - v. Any loss of Income due to retirement whether voluntary or otherwise;
 - vi. Any Resignation due to nonconfirmation of employment after or during such period under which the Insured was under probation;
 - vii. If accidental Injury is direct or indirect result of carrying out the duties of your occupation, If your occupation involves;
 - a. Working above 10 meters from ground
 - b. Working underground
 - c. Working offshore
 - d. Underwater diving
 - e. Working with explosives
 - f. Employment in armed forces
 - viii. Claims due to self-inflicted injury, being under the influence of alcohol or drugs;
 - ix. Claims due to any accidental Injury/ disability or its related complications that occurred prior to Period of insurance;
 - x. Claims arising directly due to 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 Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained.
- Limitations applicable to Benefits Section**
- i. In the event of more than one claim is/are lodged under the Section 2

5

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 REG-IMP-V1-300924

(Benefits) of this policy, We shall only pay for only one claim under Section B2 (Resignation from Employment).

- ii. Upon payment of the claim under the Section B2 (Resignation from Employment) of this policy, the cover would cease to continue due to all aspects (except Section B1). However, the coverage for Section B1 (Personal Accident) of this policy shall continue till the expiry of the policy.

Section 3 – Exclusions Specific Exclusions

The Company shall not liable to make any payment under this policy in connection with or in respect of:

1. Self Employed Person;
2. Claim arising or resulting from the Insured person committing any breach of law with criminal intent;
3. Claim arising due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints.

Section 4 – General Terms and Clauses

i. Standard General Terms and Clauses

1. Redressal of Grievance

In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24x7 Customer Support No. 022 6489 8282 or Email us at customersupport@tataaig.com

Courier: 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.

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

<https://www.tataaig.com/grievance-redressal-policy> 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 Bima Bharosa Portal - <https://bimabharosa.irdai.gov.in/>

Escalation Level 1

For lack of a response or if the resolution still does not meet Your expectations, You can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, We will send Our response within a period of 8 days from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet Your expectations, You can write to the Head - Customer Services at head.customerservices@tataaig.com Within 30 days of lodging a complaint with Us, if You do not get a satisfactory response from Us and You wish to pursue other avenues for redressal of grievances,

6

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You may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

3. Insured Person
Only those persons named as an Insured Person in the Certificate of Insurance shall be covered under this Policy.

ii. Specific terms and clauses (terms and clauses other than those mentioned under Section 4 (i) above) 1. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

ii. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break.

4. Entire Contract

i. This Policy, its Schedule, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this policy shall be valid unless approved by Us and such approval be endorsed hereon.

ii. This Policy and the policy Schedule/ Certificate of Insurance shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear.

2. Condition Precedent

i. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

ii. The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

iii. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

iv. No change in this Policy shall be valid unless a valid endorsement is passed in the policy.

5. Fraud

i. We will not be liable to pay under the policy if any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person.

ii. In the event of fraud done by the insured person, the certificate of insurance shall be terminated ab initio without any premium refund.

6. Mis-representation, or non-disclosure of material facts

We will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of claim or otherwise, whether by You or any Insured Person or

7

anyone acting on behalf of You or an Insured Person, & policy schedule/ certificate of insurance shall be void ab-initio without any premium refund.

7. Renewal conditions

i. The Policy is ordinarily renewable lifelong unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.

ii. The Policy/Certificate of Insurance may be renewed upon payment of premium which is due and specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.

iii. Your premium will also change if You change the plan.

iv. The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the Policy or within the grace period of 30 days from the expiry of the Policy. Grace Period of 30 days for renewing the Policy/Certificate of Insurance

is provided under this Policy. If the renewal is made within the grace period, continuity of benefits will be allowed. We will not be liable to pay for any claim under this policy that occur during the grace Period. Grace period at the time of renewal is applicable for all policies

irrespective of premium payment frequency.

v. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

vi. Any revision / modification in the product will be intimated to You at least 3 months in advance.

8. Option to Migrate

We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:

i. Insured Person has been Insured with Us under this Policy.

ii. This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he /she is at the end of specified exit age and certainly at the time of renewal only.

iii. Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy/ has been maintained without a break.

9. Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i. The Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy.

ii. Us, it shall be delivered to Our address specified in the Schedule to this Policy/ Certificate of Insurance. No insurance

8

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agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

10. Termination

- i. You may terminate this Policy / Certificate of Insurance at any time by giving Us written notice, and the Policy/ Certificate of Insurance shall terminate when such written notice is received.
- ii. In case of master policy, each Certificate of Insurance will get terminated on the earliest of the following dates:
 - a. The date You or We cancel the Certificate of Insurance
 - b. The member opts out of the scheme/group
 - iii. If no claim has been made under the Policy/Certificate of Insurance, then We will refund proportionate premium for unexpired policy period. We may at any time terminate this Policy /Certificate of insurance on grounds of established fraud, misrepresentation, or non-disclosure of material facts by You or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy.
 - iv. In the event of termination of this Policy/Certificate of Insurance on grounds of established fraud, mis-representation, or non-disclosure of material facts, the policy shall stand cancelled abinitio and there will be no refund of premium.

- v. In the event the policy/Certificate of insurance is terminated on grounds of non-cooperation of the Insured Person the premium shall be refunded on pro-rata basis, upon 15 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

11. Free Look Period

- i. You have a period of 30 days from the date of receipt of the Policy /Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy/Certificate of insurance stating the reasons for cancellation.
- ii. You will be refunded the premium paid by You after adjusting the stamp duty charges and proportionate risk premium.
- iii. You can cancel Your Policy/Certificate of insurance only if You have not made any claims under the Policy.
- iv. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.
- v. Free look provision is not applicable and available at the time of renewal of the Policy.

Section 5 – Claims Procedure and Claims Payment

A. Intimation & Assistance

You can notify a claim by sending an SMS CLAIMS to 5616181 or by calling our 24x7 Customer Support No. 022 6489 8282. Please use the Claim Intimation Form for intimation of a claim

You can even write to us at general.claims@tataaig.com and scan documents may be submitted at paclaim.support@tataaig.com to initiate claim processing

- Do keep your policy/certificate number and also keep a set of copy of claim documents with you
- Please quote your policy/certificate number and Claim Number in all your correspondences
- Please provide the following information at the time of intimation of claim
 - Name of Insured person
 - Date & Time of Loss
 - Nature of injury /accident
 - Name of hospital / doctor where treatment taken (if applicable)
 - E-mail ID & mobile/ telephone no. of insured
- Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. The Company will examine and relax this time limit mentioned herein depending upon the merits of the case.

B. Claim Notification

It is a condition precedent to Our liability hereunder that written notice of claim must be given by

You to Us within seven (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. 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.

We 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 Person.

C. Supporting Documentation & Examination

- i. We may require documentation/ medical records and information. We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or occurrence of the insured event.
- ii. 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.
- iii. We 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 Person.
- iv. Such documentation will include the following:

Our claim form -duly completed and signed for on behalf of the Insured Person.

Applicable to Section B1 (Personal Accident):

1. Original \Attested copy of Death Certificate
 2. In the event of disappearance where death certificate is not issued, we would require missing compliant report filed with the police authorities or police inquest/ investigation report.
 3. Copy of death summary, all previous medical records, if hospitalised / treatment given.
 4. Legal heir/succession certificate , if required
 5. PM report (wherever applicable and conducted)
 6. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
6. Medical Certificate from Medical Practitioner
 7. Proof of Accident/Injury/ treatment papers
 8. Medical Practitioner's prescription advising drugs / diagnostic tests / first consultation letter and subsequent prescriptions
 9. Pathological / Radiological / Diagnostic test reports
 10. First Information Report/ Final Police Report/MLC, if applicable
- v. For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact Us through:
Website : www.tataaig.com
- Customer Support No. 022 6489 8282/ For Senior Citizens: 1800 267 1955
 - Courier:

Applicable to Section B2:

1. Salary Slips
2. Proof of Loss of Income/Form 26AS
3. Appointment/Confirmation letter from the employer at the time of Claim
4. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
5. Resignation letter of employee

**Accident & Health Claims
Department (Tata AIG Personal Accident
& Loss of Job policy)**

Tata AIG General Insurance Co.
Ltd.

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

We at our own expense, shall have the right and opportunity to examine insured persons through independent Medical Practitioner whose details will be notified to insured person when and as often as We may reasonably

11

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require during the pendency of a claim hereunder. In case of forced resignations, We shall have the right to carry out investigations to establish authenticity of such claims.

iii. In the event of Your death, We will make payment to the Nominee (as named in the Certificate of Insurance).

iv. We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document

v. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days from the date of receipt of last necessary document.

vi. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

ii. We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.

vii. All claims will be settled in accordance

with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2024.

Annexure A NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

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: binalokpal.ahmedabad@ciains.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: binalokpal.bengaluru@ciains.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
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

SN	Centre	Address & Contact
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

13

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India
24x7 Customer Support No. 022 6489 8282 or 1800 267 1955 (Senior Citizen) • Visit us at www.tataaig.com IRDA of India

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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
11	Ernakulam	Office of the Insurance Ombudsman, 2nd Floor, Pullinat 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 Buddha Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in

SN	Centre	Address & Contact
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14

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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
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