

Policy Wordings

Preamble:

TATA AIG General Insurance Company Limited (We, Our or Us) will provide the Insurance Cover, described in this Policy and any endorsements there to, for the Insured Period as defined in the Policy Schedule. The statements contained in the Proposal Form signed by the Policyholder shall be the basis of this Policy. The Policy is only valid on payment of the requisite premium when due.

Commencement of risk Cover under the Policy is subject to receipt of premium by TATA AIG General Insurance Company Limited. The Insurance provided under this Policy is only with respect to such and so many of the benefits up to the Sum Insured as mentioned in the Policy Schedule. The Insurance Cover is governed by and subject to, the terms, conditions and exclusions of this Policy.

While this **Policy** is in force, We will pay the **Insured Person** the benefits as detailed below, for events described, if it occurs during the **Policy Period**. Each Benefit is subject to its **Sum Insured**, as per limits mentioned in the Policy Schedule.

Section I: Definitions

We use certain words in this **Policy** and **Policy Schedule**, which have a specific meaning and are shown below. They have this meaning wherever they appear in the **Policy** or **Policy Schedule** and are shown with an initial capital letter or in bold letters. 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 other genders, and vice-versa in both cases.

Definitions:

i. Standard Definitions:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Coma of Specified Severity** means:
A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - No response to external stimuli continuously for at least 96 hours;
 - Life support measures are necessary to sustain life; and
 - Permanent Neurological Deficit which must be assessed at least 30 Days after the onset of the Coma.
 - The condition has to be confirmed by a Specialist Medical Practitioner.
 - Coma resulting directly from alcohol or drug abuse is excluded.
3. **Cashless 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 Provider by the **Company** to the extent Pre-Authorisation is approved.

4. **Condition Precedent** means a **Policy** Term or condition upon which the **Company's** liability under the Policy is conditional upon.
5. **Emergency Care** means management for an 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 long-term impairment of the **Insured Person's** health.
6. **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. The **Grace Period** for payment of premium is thirty days.
7. **Hospital** means any institution established for In-Patient Care and Day Care Treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56 (1) and the said act or complies with all minimum criteria as under:
 - a. Has qualified nursing staff under its employment round the clock;
 - b. Has at least 10 In-Patient beds in towns having a population of less than 10,00,000 and at least 15 In-Patient beds in all other places;
 - 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 authorised personnel;
8. **Hospitalisation** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-Patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
9. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a. **Acute Condition** - Acute Condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. **Chronic Condition** - A Chronic Condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. It needs ongoing or long-term monitoring through consultations, examinations, Check-Ups, and/or tests.
 - ii. It needs ongoing or long-term control or relief of symptoms.
 - iii. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
 - iv. It continues indefinitely.
 - v. It recurs or is likely to recur.

10. **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**.
11. **In-Patient Care** means treatment for which the **Insured Person** has to stay in a hospital for more than 24 hours for a Covered event.
12. **Medical Advice** means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow-up prescription.
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 Treatment** 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. **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. The registered practitioner should not be the **Insured** or an **Immediate family member**.
16. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA (Third-Party Administrator) through any of the recognised modes of communication.
17. **Out-Patient (OPD) Treatment** means the one in which the Insured visits a clinic/**Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured** is not admitted as a Day Care or In-Patient.
18. **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.

ii. Specific Definitions:

1. **Acts of God** - Cyclone, Tornadoes, earthquakes, extraordinarily high tides, violent winds and floods.
2. **Age** means the completed age of the **Insured Person** on his/her most recent birthday as per the English calendar, regardless of the actual time of birth.

3. **Adventure Sports** means any sport or activity, which is potentially dangerous to the **Insured Person** whether he is trained or not. Such sport/activity includes but is not limited to the below:
 - i. **Sky Sports:** Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking.
 - ii. **Mountain Sports:** Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering.
 - iii. **Water Sports:** Deep Sea Fishing, Kite Surfing, Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving, Swimming with Dolphins, Diving with Whales, Wakeboarding, Surfing, white water rafting, Snorkeling, Waterskiing.
 - iv. **Racing Sports:** Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawnmower racing, Snowmobile racing, Truck racing, Off Road 4x4.
 - v. **Earth Sport:** Land Windsurfing, Zorbing, Sand Boarding.
4. **Assistance Service Provider** means the providers Empanelled and engaged by Us for arranging/providing services for benefits under this **Policy**.
5. **Blindness:**
 - a. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
 - b. The blindness is evidenced by:
 1. Corrected visual acuity being 3/60 or less in both eyes or;
 2. The field of vision being less than 10 degrees in both eyes.
 - c. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
6. **Classification of Insured Person:** The **Insured Persons** will be classified under 3 categories viz: **Self**, **Dependent/Earning Spouse** and **Dependent Children**. **Self** will be any individual who is the primary **Insured** within the **Age** group of 18-70 years. **Spouse** will be the legal **Spouse** of self between the **Age** group of 18-70 years. **Dependent Children** will be Covered up to the **Age** of 25 years.
7. **Closed Fracture** is a fracture where the broken bone(s) do(es) not penetrate & comes out of the skin.
8. **Common Carrier** means any civilian land, water conveyance or Scheduled Airline operated under a valid license for the transportation of passengers for hire.
9. **Deafness:** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means the "loss of hearing to the extent that the loss is greater than 90 Decibels across all frequencies of hearing" in both ears.
10. **Deductible** means a cost sharing requirement under a Health Insurance Policy that provides that the Company will not be liable for a specified rupee amount in or number of weeks which

will apply before any benefits are payable by the Insurer. The Deductible is applicable per event under the Policy.

11. **Dependent(s)** means the persons named in the **Policy Schedule** who are **Insured Person's**:
 - a. **Spouse** The Primary **Insured Person's** legally married Spouse as long as he/she continues to be married to the Primary **Insured Person**.
 - b. **Children** The Primary **Insured Person's** children. Children including adopted and step children of the **Insured Person** as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households between **Ages** three (3) months and twenty five (25) years.
12. **Dismemberment** means actual severance of the body part.
13. **Hazard:** Such Insurance as is afforded to an **Insured Person** to which this **Hazard** applies, shall apply only to Injury sustained by such **Insured Person** 24 Hours a Day, 7 Days a week anywhere in the world.
Such Insurance includes such Injury sustained while the **Insured Person** is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorising him to pilot such aircraft. This **Hazard** shall not apply while such **Insured Person** is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.
14. **Immediate Family Member** means an **Insured Person's Spouse**; children; parents; mother-in-law; father-in-law; legal guardian, step-parents.
15. **Limb:** Means an arm at or above the wrist or a leg at or above the ankle.
16. **Loss of Limbs:** The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.
17. **Loss of Speech:**
 - a. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
 - b. All psychiatric related causes are excluded.
18. **Nominee** means person nominated by the **Insured Person** to receive the Insurance Benefits under this **Policy** payable on the death of the **Insured Person** and as mentioned in the **Policy Schedule**.
19. **Open Fracture** is a fracture where the broken bone(s) penetrate(s) & comes out of the skin.
20. **Pet Care Centre** means an indoor kennel which provides boarding and grooming services.
21. **Permanent** means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

22. **Permanent Partial Disability** means the **Insured Person** has suffered a **Permanent** loss of physical function or loss of use of a body part, substantiated by a diagnosis from a **Physician/Medical Practitioner**.
23. **Physiotherapy** means any form of physical or Mechanical Therapy; Diathermy; Ultra-Sonic Therapy; Heat Treatment in any form; manipulation or massage administered by a **Medical Practitioner** for treatment of Injury.
24. **Policy** means the contract of Insurance including but not limited to **Policy Schedule**, Endorsements and Policy Wording.
25. **Policy Period** means the period commencing on the Effective date of the **Policy** and terminating on the expiration date of the **Policy** as stated in the **Policy Schedule** and any subsequent period for which the **Policy** may be extended.
26. **Policy Year** means a period of twelve months beginning from the start date of the **Policy Period** and ending on the last day of such twelve-month period. For the purpose of subsequent years, **Policy Year** shall mean a period of twelve months commencing after the end of the previous **Policy Year** and lapsing on the last day of such twelve-month period, till the **Policy Period** as specified in the **Policy Schedule**.
27. **Professional Sports** means a sports in which the **Insured Person's** annual income from sports or its allied services is in excess of 50%.
28. **Policy Schedule** means this Schedule and parts thereof, and any other annexure(s) appended, attached and/or forming part of this Policy.
29. **Proposal and Declaration Form** means any initial or subsequent Proposal/Declaration made by the Policyholder/**Insured Person** and is deemed to be attached and which forms a part of this Policy.
30. **Sum Insured** means the sum shown in the **Policy Schedule** which represents **Our** maximum liability for any and all benefits claimed for, during each Policy Year.
31. **Temporary Total Disability** means disability which completely incapacitates the **Insured Person** from engaging in any employment or Occupation of any description whatsoever which the **Insured Person** was capable of performing at the time of the **Accident**.
32. **Tuition Expenses** means Actual Expenses related to Tuition fees of (exclusive of room and board) charged by the institution for enrollment during that year.
33. **Usual Place of Residence** means the place where the **Insured Person** usually lives in India as mentioned in the **Policy Schedule**.
34. **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.
35. **We/Us/Our/Company** means TATA AIG General Insurance Company Limited.

36. **You/Your/Yourself/Insured/Insured Person** means the Policyholder and/or **Insured Person(s)** who is named in the Policy Schedule.

Section II: Base Benefits

Benefits Covered Under the Policy:

It is compulsory to opt for all base benefits under Section II:

B1. Accidental Death:

a. What We Cover:

We will pay the **Sum Insured** as specified in the **Policy Schedule**, including any Escalation Benefits in case of death of the **Insured Person**, directly and independently resulting from an **Accident** within the **Policy Period**. The loss must be within twelve (12) months from the date of the **Accident** which caused **Injury**.

Disappearance:

We will pay the **Sum Insured** as specified in the **Policy Schedule** including any Escalation Benefits to the **Insured Person's Nominee** or legal representative if **Insured Person's** body cannot be located within twelve (12) months immediately after the forced landing, stranding, sinking or wrecking of a conveyance in which the **Insured Person** was a passenger or any **Acts of God** event during the **Policy Period**. If, at any time, after the payment of the **Sum Insured** payable under this Benefit, it is discovered that the **Insured Person** is still alive, all payments shall be reimbursed in full to **Us**.

b. Specific conditions applicable to this benefit:

- Once a claim has been accepted and 100% of the **Sum Insured** paid under this Benefit then Cover under this **Policy** shall immediately and automatically cease in respect of that **Insured Person**.
- We will pay the **Sum Insured** less any other amount paid or payable under Permanent Partial Disability (B3), and/or Temporary Total Disability – **Accident Only** (B4) of this **Policy** for the same **Accident**.

B2. Permanent Total Disability:

a. What We Cover:

We will pay the **Sum Insured** as specified in the **Policy Schedule** including any Escalation Benefit if **Injury to You** results in **You** suffering **Permanent Total Disability**. The **Injury** must occur within the **Policy Period** as mentioned in the Policy Schedule and the **Permanent Total Disability** as defined below should result within twelve (12) months from the date of **Accident** which caused the **Injury**.

We will pay provided such **Permanent Total Disability** is certified by a **Medical Practitioner** and has continued for a period of 365 days and is total, continuous and **Permanent** at the end of this period. This clause is however not applicable for immediate **Dismemberment** cases.

For the purpose of this Cover, **Permanent Total Disability** shall mean either of the following:

- Loss of sight of both eyes.
- Loss by Physical Separation or ability to use both hands or both feet.
- Loss by Physical Separation or ability to use one hand and one foot.
- Loss of sight of one eye and the Physical Separation of or the loss of ability to use either one hand or one foot.

With respect to the above, Loss means Physical Separation of the body part, or the total loss of functional use provided this has continued for at least twelve (12) months from the onset of such disablement and provided further that **We** are satisfied based on a written confirmation by a **Medical Practitioner** at the expiry of the twelve (12) months that there is no reasonable medical hope of improvement.

b. Specific conditions applicable to this benefit:

- Once a claim has been accepted and **Sum Insured** as specified in the **Policy Schedule** including any Escalation Benefit paid under this Benefit then Cover under this **Policy** shall immediately and automatically cease in respect of that **Insured Person**.
- **We** will pay the **Sum Insured** less any other amount paid or payable under Permanent Partial Disability (B3) and/or Temporary Total Disability – **Accident Only** (B4) Covers of this **Policy** as the result of the same **Accident** under this **Policy**.

Section III: Optional Benefits

As opted by Insured and as specified in the Policy Schedule.

B3. Permanent Partial Disability:

a. What We Cover:

If You have opted for this benefit, and as a result of **Injury** due to an **Accident** occurring during the **Policy Period**, You suffer a **Permanent Partial Disability** within twelve (12) months from the date of the **Accident**, provided such disability has continued for a period of 12 consecutive months and is continuous and **Permanent**, at the end of this period, **We** will pay a percentage of the **Sum Insured** as specified in the **Policy Schedule** if **Injury** to You results in one of the losses shown in the Table below less any other amount paid or payable under Temporary Total Disablement (B4) Cover of this **Policy** as the result of the same **Accident**.

b. Specific conditions applicable to this benefit:

- i. When more than one form of disability as mentioned in the scale below results from the same **Accident**, **We** will add the percentages mentioned against the respective Nature of Loss/Disability in the table below to arrive at the cumulative percentage of the **Sum Insured** that will be payable. However, **We** will not pay more than 100% of the **Sum Insured** shown in the **Policy Schedule**.
- ii. Once a Claim has been accepted and 100% **Sum Insured** has been paid under this benefit then Cover under this **Policy** shall immediately and automatically cease in respect to that **Insured Person**.
- iii. If a claim in respect of a whole member (any organ, organ system or a **Limb**) also encompasses some or all of its parts, Our liability to make payment under this Benefit shall be limited to the member only and not for any of its parts or constituents.

Sr. No.	Nature of Loss/Disability	% of Permanent Partial Disability Sum Insured
1	Loss of one entire hand	75%
2	Loss of one entire leg	75%
3	Loss of one eye	50%
4	Loss of hearing of both ears	75%
5	Loss of hearing of one ear	25%
6	Loss of all toes	25%
7	Loss of great toe-one phalanx	5%
8	Any other toe	2%
9	Loss of four fingers and thumb of one hand	30%
10	Loss of thumb one phalanx	10%
11	Loss of index finger only	10%
12	Loss of any other finger excluding index	5%
13	Loss of sense of smell	5%
14	Loss of sense of taste	5%
15	Any other permanent partial disability	Percentage as assessed by the independent Medical Practitioner as appointed by the Company .

“Loss” with regard to:

1. Toe, finger, thumb means actual complete severance from the foot or hand;
2. Hearing means entire and irrecoverable loss of hearing.

B4. Temporary Total Disability – Accident Only:

a. What We Cover:

If **You** have opted for this benefit, and **You** sustain an **Accidental Bodily Injury** during the **Policy Period**, which is the sole and direct cause of a Temporary Disablement and which completely prevents **You** from performing each and every duty pertaining to your employment or occupation on a temporary basis, then **We** will pay a weekly benefit amount as opted by the **Insured Person** and specified in the **Policy Schedule** during a period of continuous **Temporary Total Disability** of an **Insured Person**.

b. Specific conditions applicable to this benefit:

1. Such period of disability commences within the **Policy Period** mentioned in the **Policy Schedule** after the date of the **Accident** causing such **Injury**; and
2. The **Temporary Total Disability** should be certified by a **Medical Practitioner** and supporting documents/reports with respect to clinical examination, radiological scanning and/or imaging and/or neurological fallout tests etc. are submitted to **Us** within 30 days of **Accidental Injury**.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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 IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • Accident Super Guard Plus UIN:TATPAIP26058V012526

3. We will pay **Insured Person's** base weekly income or weekly benefit amount as mentioned in the **Policy Schedule**, whichever is lower.
4. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
5. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks as opted by You and mentioned in Your **Policy Schedule** for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
6. You shall notify Us immediately on resuming occupation/employment. Our liability for **Temporary Total Disability** will be up to the date of resuming occupation/employment. However, the maximum period for which such amount shall be payable for any one such period of disability shall be up to the number of weeks as opted by the **Insured Person** and mentioned on the **Policy Schedule**, not in any case exceeding a maximum of 104 weeks ad **Sum Insured** for this benefit.
7. The Company's liability to make payment under this Cover shall commence only upon completion of the period of **Deductible** of number of weeks from the date of commencement of **Temporary Total Disability** as specified in the **Policy Schedule**.
8. We will pay the **Sum Insured** less any other amount paid or payable under **Permanent Partial Disability (B3) Cover** of this **Policy** as the result of the same **Accident** under this **Policy**.
9. We shall not be liable to pay a claim under this benefit if injury sustained is not detectable by means of clinical examination, radiological scanning and imaging and/or neurological fall out testing.
10. We will not pay for sprain, pain or hairline fractures of any kind.
11. All claims under this benefit will need to be mandatorily intimated to Us within 14 days from the date of Accidental **Injury** leading to a claim under this benefit.
12. We may waive off this condition in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.
13. In case of Multiple Policies, Our maximum aggregate liability under this benefit per **Insured Person** shall be restricted to highest weekly benefit amount under any one **Policy** based on Insured Person's income eligibility.
14. For the purpose of this benefit, "week" is a period of seven consecutive calendar days.
15. In the event of **Temporary Total Disability**, We at our own expense shall have the right and opportunity to examine **Insured Person** through our Authorised Medical Practitioner as often as We may reasonably require during the pendency of claim.

B5. Out-Patient Medical Expenses (Road Traffic Accident):

a. Specific definitions applicable to this Cover:

Road Traffic Accident means an **Accident** involving at least one vehicle on a road open to public traffic in which at least one person is injured or killed.

b. What We Cover:

If **You** have opted for this benefit and an **Insured Person** sustains bodily **Injury** due to **Road Traffic Accident** leading to **Burns** and/or **Fracture** during the **Policy Period**, We shall reimburse the actual expenses incurred up to the **Sum Insured** as specified in the **Policy Schedule** for consultation with **Medical Practitioner**, diagnostic tests, and pharmacy for allopathic **Out-Patient Treatment**.

c. Specific conditions applicable to this benefit:

Items as mentioned in the Annexure (I) shall not be payable.

B6. In-Patient Hospitalisation Expenses (Accident):

a. What We Cover:

If **You** have opted for this benefit and an **Insured Person** suffers an **Injury** due to an **Accident** during the **Policy Period** that requires **Hospitalisation** for **Medically Necessary Treatment** as defined in the **Policy**, then We will reimburse the **Medical Expenses** incurred up to the **Sum Insured** as specified in the **Policy Schedule**.

Medical Expenses will mean:

- **Hospitalisation** expenses for **Medically necessary treatment** including: Room rent, boarding and nursing expenses;
- Intensive Care Unit Charges;
- **Emergency Room Services**;
- **Medical Practitioner's** fees including fees of specialists and anaesthetists treating the **Insured Person**;
- Anesthesia, blood transfusion related charges, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and other allowable consumables, prescribed by the treating **Medical Practitioner**;
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a **Surgical Procedure**

If **We** have accepted **Your** claim under In-Patient Hospitalisation (Accident) (B6), then **We** will also pay for the below arising out of the same **Injury** due to an **Accident** during the **Policy Period**.

- **Pre-Hospitalisation Expense:** We will reimburse the actual expenses incurred for **Pre-Hospitalisation** consultations, diagnostic tests, investigations and medicines incurred up to 01 day before the date of admission in the hospital for the same **Accident** for which **We** have accepted a claim under In-Patient Hospitalisation (Accident) (B6).
- **Post-Hospitalisation Expense:** We will reimburse the actual post **Hospitalisation** medical expenses incurred for a maximum period of up to 90 days from the date of discharge from the **Hospital** for the same **Accident** for which **We** have accepted a claim under In-Patient Hospitalisation Expenses (Accident) (B6).

b. Specific exclusions applicable to this benefit:

- i. Any treatment of any disease, sickness or **Illness**;
- ii. Services, supplies, or treatment, including any period of **Hospital** confinement, which were not recommended, approved, and certified as **Medically Necessary** by a **Medical Practitioner**;
- iii. 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;
- iv. Elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a Covered **Accident** while **this Policy** is in effect;
- v. Dental care, except as a result of **Injury** caused by **Accident** to Sound Natural Teeth while **this Policy** is in effect;
- vi. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;
- vii. Deviated septum, including sub mucous resection and/or other surgical correction thereof;
- viii. Organ transplants that are considered experimental in nature;
- ix. Expenses which are not exclusively medical in nature;
- x. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless **Injury** has caused impairment of vision or hearing;
- xi. Treatment provided in a government **Hospital** or services for which no charge is normally made;
- xii. **Medical Expenses** incurred as the result of alcohol and/or drug abuse, addiction or overdose;
- xiii. Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.
- xiv. Any **Non-Medical Expenses** as per Annexure I

B7. Coma Benefit (Accident):

a. What We Cover:

If **You** have opted for this benefit and during the **Policy Period** an **Insured Person** sustains bodily Injury due to an **Accident** which directly and independently of all other causes results

him being in **Coma of Specified Severity**, then **We** will pay the **Sum Insured** as specified in the **Policy Schedule**.

Once a claim has been accepted and full **Sum Insured** as specified in the **Policy Schedule** is paid under this Benefit, then there is no further Coverage under the **Policy**, including renewals shall immediately and automatically cease in respect of that **Insured Person**.

B8. Child Education Benefit:

a. Specific definitions applicable to this benefit:

- **Institution** means any educational or training institution recognised by the appropriate Authority/Government of the respective state or country.

b. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death Benefit (B1) or Permanent Total Disability (B2) for Proposer, then **We** will reimburse the actual cost up to the **Sum Insured** as specified in the **Policy Schedule** towards education expenses of **Dependent Children** for four consecutive years. The benefit is payable for two eldest **Dependent Children** up to the **Age** of tWenty five (25) years.

c. Specific conditions applicable to this benefit:

- **We** shall reimburse the actual cost up to the maximum **Sum Insured** limit as mentioned in the **Policy** to the **Dependent Child**. In case the **Child** is minor, then the amount shall be payable to the legal guardian of the **Dependent Child**.
- **We** shall reimburse any payment due and made towards **Tuition** fees on/after the date of **Accident**. If part tuition fee has been paid for the year, **We** will reimburse for the remaining year after the date of **Accident** on pro-rata basis.
- **We** shall reimburse any payment due and made towards **Tuition** fees within 4 consecutive years from the date of **Accident** or Accidental Death (B1) and/or Permanent Total Disability (B2) whichever is later.

B9. Loan Shield:

a. Specific definitions applicable to this benefit:

- **Bank/Financial Institution** shall have the same meaning assigned to the term under Section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-banking Financial Company as defined under Section 45 I of the Reserve Bank of India Act, 1934.
- **Loan** means the sum of money lent at interest or otherwise to the **Insured Person** by any **Bank/Financial Institution** as identified by the Loan Account Number/Details referred to in the **Policy Schedule**.
- **Principal Outstanding** means the principal amount of the **Loan** outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event(s). For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the 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**.

b. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death (B1) of the **Insured Person** (on whose name **Loan** is taken), then **We** will in addition pay the **Principal Outstanding** amount as on the date of **Accident** towards **Insured Person's Loan** Account(s) as specified in the **Policy Schedule** up to the **Sum Insured** as specified in the **Policy Schedule**.

c. Specific conditions applicable to this benefit:

1. The amount payable under this benefit shall not include any arrears, penalties or penal interest.
2. The loan has to be in the name of the **Insured Person** and from a **Bank/Financial Institution**.
3. Loans from Credit Societies, Money lenders or similar unorganised lending institutions are excluded.
4. Claim will be payable only to the **Nominee/legal heir** of the **Insured Person** and not to any **Bank/Financial Institution**.
5. The Cover for the **Insured Person** shall terminate immediately in the event of admissible claim and settlement of benefit under this Cover.
6. Claim will be payable to the **Bank/Financial Institution** financing the Loan upon consent of the **Insured Person** in the **Proposal** and/or **Declaration Form**. In case of such consent by the **Insured Person**, Special condition (4) will not be applicable.
7. In an event if the **Loan** is transferred from one **Bank/Financial Institution** to another then the **Insured Person** must inform **Us** in written with new Loan Sanction Letter.
8. In case of **Loan** foreclose during the **Policy Period** no refund shall be provided.

B10. Emergency Road Ambulance:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted any claim in this **Policy** under Cover Accidental Death (B1), Permanent Total Disability (B2), Permanent Partial Disability (B3) if opted, Temporary Total Disability - **Accident Only** (B4) if opted or In-Patient Hospitalisation Expenses (Accident) (B6) if opted, then **We** will reimburse for expenses incurred up to the maximum **Sum Insured** as specified in the **Policy Schedule** for transfer of the **Insured Person** by road from the site of **Accident** to the nearest **Hospital** or from one **Hospital** to another **Hospital** with better medical facilities in a registered ambulance provided that the treating **Medical Practitioner** recommends such transfer of the **Insured Person**.

B11. Emergency Air Ambulance:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted any claim in this **Policy** under Accidental Death (B1), Permanent Total Disability (B2), Permanent Partial Disability (B3) if opted, Temporary Total Disability - **Accident Only** (B4) if opted or In-Patient Hospitalisation Expenses (Accident) (B6) if opted, then **We** will reimburse for expenses incurred up to the **Sum Insured** as specified in the

Policy Schedule for transfer of the **Insured Person** by an Air Ambulance from the site of **Accident** to the nearest **Hospital** or from one **Hospital** to another **Hospital** with better medical facilities provided that the treating **Medical Practitioner** recommends such transfer of the **Insured Person**.

B12. Cost of External Prosthetics:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted any claim under Permanent Total Disability (B2), Permanent Partial Disability (B3) if opted, or In-Patient Hospitalisation Expenses (Accident) (B6) if opted then **We** will reimburse the actual expenses up to the **Sum Insured** as specified in the **Policy Schedule** towards purchase of medically necessary prosthetic devices (artificial devices replacing body parts such as artificial **Limb** or eyes), orthopedic braces and durable medical aid equipment such as wheelchair, crutches, walkers for the **Insured Person** provided the same is recommended by treating **Medical Practitioner**.

Any expenses incurred on spectacles, contact lenses, hearing aids, blood pressure and blood sugar monitoring devices are not Covered under this benefit.

B13. Fractures:

a. What We Cover:

If **You** have opted this benefit and during the **Policy Period** an **Insured Person** sustains bodily **Injury** which directly and independently of all other causes results in a fracture and/or dislocation mentioned in the table below, then **We** will pay the percentage of the **Sum Insured** as mentioned in the table below.

b. Specific Conditions applicable to this benefit:

- i. If an **Insured Person** suffers a fracture and/or dislocation not mentioned in the table below, then **We** will assess the fracture with an independent medical advisor and pay the amount as assessed by independent medical advisor.
- ii. If an **Injury** results in more than one list of fracture/dislocation as per table below, Our Liability shall not exceed the **Sum Insured**.

List of Fractures/Dislocation:

A. Hip or Pelvis (Excluding Thigh or Coccyx):

	Loss	% of Sum Insured for Fracture as specified in Policy Schedule
1.	Multiple Fractures, atleast one Open Compound and one complete involving 2 different bones	100%
2.	Multiple Fractures, atleast one Open Compound	50%
3.	Multiple Fractures, atleast one Closed Compound	30%
4.	Multiple Fractures, atleast one Complete Fracture	20%
5.	At least one Complete Fracture	10%

B. Thigh or Heel:

1.	Multiple Fractures, atleast one Open Compound and one complete involving 2 different bones	80%
2.	Multiple Fractures, atleast one Open Compound	40%
3.	Multiple Fractures, atleast one Closed Compound	25%
4.	Multiple Fractures, atleast one Complete Fracture	15%
5.	At least one Complete Fracture	7%

C. Lower Leg, clavicle, Ankle, Elbows, Upper or Lower Arm (including wrist but excluding Colles - type Fractures):

1.	Multiple Fractures, atleast one Open Compound and one complete involving 2 different bones	60%
2.	Multiple Fractures, atleast one Open Compound	35%
3.	Multiple Fractures, atleast one Closed Compound	20%
4.	Multiple Fractures, atleast one Complete Fracture	10%
5.	At least one Complete Fracture	5%

D. Skull:

1.	Multiple Fractures, of the skull needing surgical intervention	50%
2.	Multiple Fractures, of the skull not needing surgical intervention	25%

E. Colles - type Fracture of the Lower Arm:

1.	Open Compound Fracture	30%
2.	Closed Compound Fracture	15%

F. Shoulder Blade, Knee Cap, Sternum, Hand (excluding Fingers and Wrist), Foot (excluding Toes or Heel):

1.	Open Compound Fracture	30%
2.	Closed Compound Fracture	15%

G. Spinal Column (Vertebrae but excluding Coccyx):

1.	All Compression Fractures	45%
2.	All spinous, transverse process of Pedicle Fractures	40%
3.	Fracture leading to permanent neurological damage	35%
4.	All other Vertebral Fractures	15%

H. Loss % of Sum Insured for Fracture/Burns:

1.	Multiple Fractures, atleast one Open Compound and one complete involving 2 different bones	100%
2.	Multiple Fractures, atleast one Open Compound	50%
3.	Multiple Fractures, atleast one Closed Compound	30%
4.	Multiple Fractures, atleast one Complete Fracture	20%
5.	At least one Complete Fracture	10%

I. Lower Jaw:

1.	Multiple Fractures, at least one Open Compound	20%
2.	Multiple Fractures, at least one Closed Compound	12%
3.	Multiple Fractures, at least one complete	7%
4.	All other Fractures	3%

J. Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe or Toes, Finger or Fingers:

1.	Multiple Fractures, at least one Open Compound	15%
2.	Multiple Fractures, at least one Closed Compound	10%
3.	Multiple Fractures, at least one complete	7%
4.	All other Fractures	3%

K. Dislocations requiring Surgery under Anesthesia*:

1.	Spine or back, diagnosed by X-Ray (excluding slipped disc)	25%
2.	Hip	25%
3.	Knee	20%
4.	Wrist or Elbow	15%
5.	Ankle, shoulder blade or collarbone	10%
6.	Fingers, toes or jaw	5%

*limit of one payment for each of (1) to (6) in any twelve consecutive months.

L. Internal Injuries:

1.	Internal injuries resulting in open abdominal or thoracic surgery excluding hernia	30%
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c. Specific Exclusions Applicable to this Benefit:

- We will not pay for hairline fractures of any kind.

B14. Burns:

a. What We Cover:

If **You** have opted this benefit and have sustained second-degree burns and/or third-degree burns directly and independently due to an **Accident** during the **Policy Period**, then **We** will pay the percentage of the **Sum Insured** as specified in the table below:

Burns - 2nd or 3rd degree burns on:

Sr. No.	Description of Extent of Burns	Amount Payable (% of Sum Insured as specified in the Policy Schedule)
1.	At least 27% of Body Surface	100%
2.	At least 18% of Body Surface	50%
3.	At least 9% of Body Surface	25%
4.	At least 4.5% of Body Surface	10%

b. Specific Exclusions applicable to this benefit:

- i. Only thermal, electrical and chemical burns are Covered.
- ii. A **Medical Practitioner** has confirmed the diagnosis of the burn and the percentage of surface area in writing.
- iii. If an Injury results in more than one of the "Description of Extent to Burns" above, then Our Liability shall not exceed the **Sum Insured**.

B15. Family Transportation Benefit:

a. What We Cover:

If **You** have opted for this benefit and We have accepted **Your** claim under Permanent Total Disability (B2), Permanent Partial Disability (B3) if opted, or In-Patient Hospitalisation Expenses (Accident) (B6) if opted, where You are confined to a **Hospital** outside 150 kms of Your **Usual Place of Residence** as mentioned in the **Policy Schedule**, We will reimburse the actual expenses incurred up to the **Sum Insured** as specified in the **Policy Schedule** for to and fro transportation of one **Immediate Family Member** to the **Hospital** by the most direct route by a **Common Carrier**.

b. Specific Conditions applicable to this benefit:

- **Hospitalisation** has occurred within 24 hours of **Accident**.
- The attending physician has advised in writing the requirement of personal attendance of an **Immediate Family Member**.

B16. Repatriation of Mortal Remains:

a. What We Cover:

If **You** have opted for this benefit and We have accepted **Your** claim under Accidental Death (B1), We will pay fixed **Sum Insured** as specified in the **Policy Schedule** for transporting the mortal remains of the **Insured Person** from the **Hospital**, or from the place of **Accident** (in case **Insured Person** is not hospitalised) to the residence, or, cremation ground, or, burial ground.

- If the distance is less than or equal to 100 kms, amount payable will be lower of:
 - i. 1% of **Sum Insured** or
 - ii. ₹25,000/-
 - If the distance is more than 100 kms, amount payable will be lower of:
 - i. 1% of **Sum Insured** or
 - ii. ₹1,00,000/-
- b. Specific Conditions applicable to this benefit:**
- Death of the **Insured Person** must occur outside the city of residence as mentioned in the **Policy Schedule**.

B17. Home Alteration and Vehicle Modification:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted Your claim under Permanent Total Disability (B2) or Permanent Partial Disability (B3) if opted, **We** will reimburse the actual expenses incurred up to the **Sum Insured** as specified in the **Policy Schedule** towards making suitable modifications to **Insured Person's** residence and/or vehicle which shall be certified by a **Medical Practitioner** to be necessary and directly required as a result of the **Accident** for which **We** have accepted the claim.

b. Specific Conditions applicable to this benefit:

- Residence eligible for modification will be as mentioned in the **Policy Schedule**.
- Modifications to maximum one motor vehicle owned or leased by the **Insured Person** that are necessary to make the vehicle accessible to and/or drivable by the **Insured Person**.
- Such modifications to residence and/or vehicle must be carried out in India only.

B18. Premium Benefit:

a. What We Cover:

If **You** have opted for this Cover and **We** have accepted claim under Accidental Death (B1) for Proposer then, **We** will bear an amount up to the **Sum Insured** as specified in the **Policy Schedule** towards Renewal Premium for 3 consecutive Policy Year of the **Policy** (for **Dependent Spouse** and/or **Dependent Children** if Covered under the **Policy**). In case **Sum Insured** under the existing **Policy** exceeds ₹10 Lakhs for **Dependent Spouse** and/or **Dependent Children** then premium will be paid for **Sum Insured** ₹10 Lakhs only.

b. Specific conditions applicable to the Cover:

- For multi tenure Policies, proportionate yearly premium will be waived.
- Benefit will be applicable only for surviving **Insured Members** in the **Policy** as on date of **Accident**.
- Coverage benefits and **Sum Insured** under the **Renewal Policies** for 3 consecutive **Policy Years** shall remain unchanged.

B19. Special Child Care Benefit:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted claim under Accidental Death (B1) or Permanent Total Disability (B2) for Proposer, then **We** will pay the **Sum Insured** as specified in the **Policy Schedule** irrespective of number of such surviving children to cater to the needs of surviving **Child(ren)** with specific disabilities mentioned below. The benefit is payable for surviving **Child(ren)** with 40% or more disability as per Disability Certificate issued under the Rights of Persons with Disabilities Act, 2016.

Covered Disabilities as per the Rights of Persons with Disabilities Act, 2016:

- Blindness
- Muscular Dystrophy
- Hearing Impairment (Deaf and Hard of Hearing)
- Locomotor Disability
- Intellectual Disability
- Cerebral Palsy

b. Specific conditions applicable to this Cover:

- Benefit will be paid to the legal guardian of the child(ren).
- Such Covered disability/disabilities should be certified by a **Medical Practitioner** and supporting documents/reports with respect to clinical examination, radiological scanning and/or imaging and/or neurological fallout tests etc. are submitted to **Us** within 30 days of accidental **Injury**.
- Surviving Child(ren) may or may not be an **Insured Person** under this **Policy**.

B20. Surviving Child Benefit:

a. Specific definitions applicable to this Cover:

Orphan means an individual under the **Age** of 18 years whose biological parents have legally deceased. The child has not acquired another parent, such as step-parent or legal adoptive parent.

b. What We Cover:

If **You** have opted for this benefit and **We** have accepted claim under Accidental Death (B1) for Proposer while Proposer's **Spouse** (may or may not be an **Insured Person** under this **Policy**) is also deceased on or before the date of **Accident** which caused the death of the Proposer, and as a consequence the **Dependent Child(ren)** becomes an **Orphan**, **We** will pay the **Sum Insured** as specified in the **Policy Schedule** irrespective of the number of **Dependent Child(ren)**.

c. Specific Conditions applicable to this benefit:

- **Sum Insured** will be paid to the legal guardian of the child(ren).
- **Dependent Child(ren)** may or may not be an **Insured Person** under this **Policy**.

B21. Physiotherapy Benefit:

a. What We Cover:

If **You** have opted for this Benefit and **We** have accepted Your claim under Out-Patient Medical Expenses (Road Traffic Accident) (B5) and/or In-Patient Hospitalisation Expense (Accident) (B6), then **We** will reimburse the actual expenses incurred up to the **Sum Insured** as specified in the **Policy Schedule** towards **Physiotherapy** session, including home **Physiotherapy** as advised by treating **Medical Practitioner**.

B22. Funeral Benefit:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted **Your** claim under Accidental Death (B1), then **We** will pay the **Sum Insured** as specified in the **Policy Schedule** towards funeral, cremation or burial expenses of that **Insured Person**.

B23. Bereavement and Trauma Counselling Benefit:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death (B1) and if **Your Immediate family member(s)** have been advised Professional Counselling Sessions by a certified clinical psychologist for the psychological upliftment or Psychotherapy, then **We** will reimburse the expenses incurred up to the **Sum Insured** as specified in the **Policy Schedule**.

b. Specific Conditions applicable to this benefit:

- Benefit should be to be availed within 6 months from the date of Accidental Death.

B24. Marriage Expense for Children:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death (B1) for the Proposer, **We** will pay the **Sum Insured** as specified in the **Policy Schedule** towards the Marriage Expenses for **Your** unmarried **Dependent** Child of legally marriageable **Age**, irrespective of whether the **Dependent** Child is an **Insured Person** under this **Policy** or not. Our maximum liability under this benefit for all **Dependent** Children, irrespective of the number of **Dependent** Children shall be limited to the **Sum Insured** as specified in the **Policy Schedule**.

b. Specific Conditions applicable to this benefit:

- Child is above the legal **Age** of marriage and is unmarried as on the date of **Accident**.
- Child should get married within 5 years of the date of Accidental Death.

B25. Public (Common Carrier) Benefit:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted Your claim under Accidental Death (B1) due to an Accidental **Injury** caused during the **Policy Period** while travelling in a **Common Carrier**, then **We** will pay an additional 100% of Accidental Death (B1) **Sum Insured** as specified in the **Policy Schedule**.

b. Specific Conditions applicable to this benefit:

- Valid evidence of travel in **Common Carrier** such as travel ticket / boarding pass / trip details through mobile application of travel aggregator needs to be submitted in event of a claim under this benefit.

B26. Adventure Sports:

a. What We Cover:

If **You** have opted for this benefit and **You** sustain Accidental Bodily **Injury** during the **Policy Period** whilst engaging in **Adventure Sports** in a non-professional capacity only for leisure and under the supervision of trained professional and this is the sole and direct cause of a claim under Accidental Death (B1) or Permanent Total Disability (B2) or Permanent Partial Disability (B3) within 365 days of Accidental **Injury**, then **We** will pay the **Sum Insured** specified in the **Policy Schedule** for Accidental Death (B1) or Permanent Total Disability (B2) or Permanent Partial Disability (B3) if opted.

b. Specific Conditions applicable to this benefit:

- If **You** have opted for this benefit, General Exclusion No. 7.e Stands deleted.
- If **We** have accepted a claim under this benefit, then Cover under Accidental Death (B1) or Permanent Total Disability (B2) or Permanent Partial Disability (B3) if opted under this **Policy** shall terminate.

B27. Parental Care:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death (B1) for the Proposer, then **We** will pay the **Sum Insured** as specified in the **Policy Schedule** towards the care of legal surviving parents of the **Insured Person**.

b. Specific Conditions applicable to this Cover:

- We will pay the **Sum Insured** as specified in the **Policy Schedule** irrespective of number of surviving parents.

B28. Pet Care:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted Your claim under Accidental Death (B1) for the Proposer, **We** will reimburse actual expenses incurred up to the **Sum Insured** specified in the **Policy Schedule** towards the care of one adopted pet of the **Insured Person** at a **Pet Care Center**.

b. Specific Conditions applicable to this Cover:

- Coverage will be applicable for Cat (Felis Catus) & dog (Canis Familiaris) only.
- Valid adoption papers are available for the pet as on date of **Policy** Issuance.
- The **Pet Care Center** should be registered with local authorities.

B29. Prolonged Hospitalisation Benefit:

a. What We Cover:

If **You** have opted for this benefit and in the event the **Insured Person** is hospitalised for a continuous period exceeding 7 days for an **Injury** suffered during the **Policy Period**, then **We** will pay the **Sum Insured** as specified in the **Policy Schedule**.

This benefit will be triggered provided that the Claim is admissible under In-Patient Hospitalisation Expenses (Accident) (B6) of this **Policy** and will be paid once during the **Policy Period**.

B30. Restore Benefit:

a. What We Cover:

If **You** have opted for this benefit, **We** will restore the full Sum Insured for In-Patient Hospitalisation (Accident) upon complete utilisation of **Your** In-Patient Hospitalisation Expenses (Accident) (B6) **Sum Insured** as specified in the **Policy Schedule** during the **Policy Year**.

a. The Restore **Sum Insured** will only be applied once for the **Insured Person** during a **Policy Year** in which the **Injury** has occurred and claim has been paid; In case of multi-year Policy, this benefit shall be applicable annually.

b. If the Restore **Sum Insured** is not utilised in a **Policy Year**, it shall not be carried forward to any subsequent **Policy Year**.

c. Our maximum liability in case of any Single In-Patient Hospitalisation (Accident) claim under the Policy, will not exceed the In-Patient Hospitalisation(Accident) **Sum Insured**.

B31. Hospitalisation Daily Cash (Accident):

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under In-Patient Hospitalisation Expenses (Accident) (B6), **We** will pay the **Sum Insured** up to a maximum period subject to **Deductible** as specified in the **Policy Schedule** for each continuous and completed period of 24 hours that the **Insured Person** is hospitalised. We will not make payment for the first 48 hours of Hospitalisation specified in the **Policy Schedule**.

B32. EMI Protect:

a. Specific definitions applicable to this Cover:

- EMI: EMI or EMI amount means and includes the amount of monthly payment required for the Proposer to repay the **Loan(s)** (including any interest) specified in the **Policy Schedule** set forth in the amortisation chart/loan agreement (including any amendments thereto) between the Bank and the Insured Person prior to the date of occurrence of an **Accident** leading to an accepted claim under Accidental Death benefit (B1), Permanent Total Disability (B2) and/or Permanent Partial Disability (B3) if opted by **Us** under this **Policy**. For avoidance of doubt, it is clarified that any monthly payments that are overdue for payment prior to the to the date of occurrence of an **Accident** leading to an accepted claim under Accidental Death benefit (B1), Permanent Total Disability (B2) and/or Permanent Partial Disability (B3) if opted by **Us** under this **Policy**, will not be considered, and for the purpose of this **Policy**, such payments shall be deemed as paid by the Proposer.

- **Loan:** Means the sum of money lent at interest or otherwise to the **Insured Person** by any **Bank/Financial Institution** as identified by the Loan Account Number referred to in the **Policy Schedule**.

b. What we Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death (B1), Permanent Total Disability (B2) and/or Permanent Partial Disability (B3) if opted of the Proposer where such **Injury** results in completely and permanently (in case of Permanent Total Disability B2) or partially and permanently (in case of Permanent Partial Disability B3) if opted , then **We** will pay a fixed amount equal to the **Insured Person's EMI** which is due towards outstanding of **Loan** up to the **Sum Insured** as mentioned in the **Policy Schedule** on a monthly basis for the number of months as specified in the **Policy Schedule**.

This benefit is applicable only once in the **Insured Person's** lifetime.

c. Specific Conditions applicable to this Benefit:

1. The amount payable under this benefit shall not include any arrears, penalties or penal interest.
2. Payments under this Benefit shall stop when **We** are satisfied that the **Insured Person** can engage in his/her Occupation again or when **We** have made payments for a maximum period of 3 months (3 EMIs) beginning from the date the **Insured Person** suffered the **Injury** solely and directly due to the **Accident** where total payment made does not exceed the maximum limit specified in the **Policy Schedule**, whichever is earlier.
3. The loan has to be in the name of the **Insured Person** and from a **Bank/Financial Institution**.
4. Loans from Credit Societies, Money lenders or similar unorganised lending institutions are excluded.
5. Claim will be payable only to the **Nominee/legal heir** of the **Insured Person** and not to any financial institute.
6. The Cover for the **Insured Person** shall terminate immediately in the event of admissible claim and settlement of benefit under this Cover.
7. Claim will be payable to the **Bank/Financial Institution** financing the **Loan** upon consent of the **Insured Person** in the **Proposal and Declaration Form**. In case of such consent by the **Insured Person**, special condition clause 5 will not be applicable.
8. In an event if the **Loan** is transferred from one **Bank/Financial Institution** to another then the **Insured Person** must inform **Us** in written with new Loan Sanction Letter.
9. In case of **Loan** foreclose during the **Policy Period** no refund shall be provided.

B33. Transportation of Imported Medicines:

a. What We Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death Benefit (B1), Permanent Total Disability (B2) or Permanent Partial Disability (B3) if opted, then **We** will reimburse the actual expenses incurred on freight charges for importing of medically necessary medicines to India up to the **Sum Insured** as specified in the **Policy Schedule**.

b. Specific Conditions applicable to this Benefit:

- i. Such imported medicines, formulation or any alternatives are not available in India.
- ii. Such imported medicines are prescribed by the treating **Medical Practitioner** and are necessary for medical or surgical treatment of the **Insured Person** in a **Hospital** following the **Accident** which was solely and independently the cause of a claim under Accidental Death Benefit (B1), Permanent Total Disability (B2) or Permanent Partial Disability (B3) if opted of the **Insured Person**.

c. Specific Exclusions applicable to this Benefit:

- i. Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

B34. Accident Inconvenience Bundle:

Definitions specific to this Section:

- **Trip:** Means a **Round Trip** or a **One-Way Trip** within the geographical boundaries of India but outside the municipal limit of the city where **Insured Person** resides (as per declared address in **Proposal Form**), and which commences when the **Insured Person** first boards a **Common Carrier** to initiate the journey during the **Policy Period** to reach the Place of Destination.
- **Scheduled Airline:** Means any civilian aircraft operated by a civilian scheduled air carrier transport under license 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 specific times or regular flights operated by such carrier.

i. Trip Cancellation:

a. Specific Definitions applicable for this Cover:

- **Covered Expenses** means Non-Refundable travel ticket cost.

b. What We Cover:

We will reimburse **Covered Expenses** in the event of cancellation of **Insured Person's Trip** prior to commencement of such **Trip** due to:

1. **Accident** during the **Policy Period** requiring **Hospitalisation** of the **Insured Person**, **Insured Person's Dependent Spouse** and/or **Dependent Child(ren)** Covered under the **Policy** and subject to admissible claim under the **Policy** for In-Patient Accidental Hospitalisation Expenses Cover (B6).

ii. Trip Interruption:

a. Specific definitions applicable for this Cover:

1. Covered Expenses means:

- a. Non-refundable travel costs and/or Non-refundable accommodation costs.
- b. Additional accommodation necessarily incurred at the place of interruption and/or travel expenses (excluding telephone costs, meals and beverages) necessarily incurred by the **Insured Person** to return by the most direct and economical route possible to his place of destination, where **Insured Person** had started the **Trip**.

b. What We Cover:

We will reimburse the **Covered Expenses** following shortening and/or alteration of the **Trip**, due to:

1. **Accident** during the **Policy Period** requiring **Hospitalisation** of the **Insured Person** or **Insured Person's Dependent Spouse** and/or **Dependent Child(ren)** during the **Trip** and subject to admissible claim under the **Policy** for In-Patient Hospitalisation Expenses (Accident) (B6).

iii. Missed Domestic Flight/Connection:

a. Specific Definitions applicable for this Cover:

1. **Covered Expenses:** Non-refundable travel ticket costs (excluding cash discount, cashback, discount coupon, airline miles or similar accrued benefits, if any).

b. What We Cover:

We will reimburse **Covered Expenses** up to the **Sum Insured** mentioned in the **Policy Schedule**, if **You** miss any domestic flight whilst on a **Trip** due to:

1. **Accident** of the vehicle which **You** used immediately prior to reaching airport.

c. Specific Conditions applicable to this Benefit:

- It is a **Condition Precedent** that the missed domestic flight/connection should be solely due to the reasons as mentioned above and the time gap between the scheduled arrival of the vehicle at the airport or the previous flight and scheduled departure of the missed flight/connection should be more than three (3) hours.
- Claim must be admissible under Cover Out-Patient Accidental Expenses (Road Accident) (B5) or In-Patient Hospitalisation Expenses (Accident) (B6) of the **Policy**.

iv. Accommodation Extension:

a. What we Cover:

We will reimburse **You** reasonable expenses up to the **Sum Insured** mentioned in the **Policy Schedule** for lodging and boarding incurred by **You**, if **You** are unable to travel on the scheduled date of departure due to the following reason, and therefore would be required to postpone the date of departure to another date:

1. If **You** or **Your Dependent Spouse** and/or **Dependent Children** Covered under the **Policy** sustain **Injury** due to an accident during the **Policy Period** which directly and

independently of all other causes results in a Hospitalisation whilst on a **Trip** within India.

b. Specific conditions applicable to this benefit:

- Claim for Hospitalisation must be admissible under In-Patient Hospitalisation Expenses (Accident) (B6) of the Policy.
- **Insured Person** and his Eligible Family Member would be required to stay in an accommodation facility from the scheduled date of departure until the revised date of departure.
- Subject to the above conditions, the expenses payable under this benefit will be the reasonable expenses incurred towards the cost of lodging and boarding of the **Insured Person** and his **Dependent Spouse** and/or **Dependent Children** only from the scheduled date of departure until the revised date of departure or the expiry of seven Days from the date of discharge of the **Insured Person** from the **Hospital**, whichever is earlier. The expenses payable by **Us** shall be limited to the cost of lodging and boarding incurred for a similar or lower cost of accommodation that the **Insured Person** was staying at whilst on the **Trip**.

B35. Personal Effects Benefit:

a. Specific definitions applicable for this Cover:

Portable equipment: Means Mobile Phone, Laptop, Smart Watch, Tablet and Camera.

b. What we Cover:

If **You** have opted for this benefit and **We** have accepted a claim under Accidental Death (B1), Permanent Total Disability (B2), Permanent Partial Disability (B3) if opted, **Temporary Total Disability- Accident Only** (B4) if opted, Out-patient Medical Expenses (Road Traffic Accident) (B5) if opted or In-Patient Hospitalisation expenses (Accident) (B6) if opted, **We** will reimburse **You** up to the **Sum Insured** as mentioned in the **Policy Schedule** in case any of the listed **Portable equipment** belonging to **You** is physically damaged at the **Accident** location as a result of an **Accident** during the **Policy Period**.

c. Specific conditions applicable to this benefit:

- i. Claim amount payable will be towards the repair cost of physical damage or replacement cost in case of irreparable physical damage. In any case the total amount paid for all claims under this benefit shall not exceed the limits as mentioned in the **Policy Schedule**.
- ii. Any payment will be subject to deductible (applicable on every claim) as specified in the Policy Schedule

d. Specific exclusions applicable to this benefit:

- i. Any loss not reported to the police within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- ii. Loss of Equipment, not present at the scene of Accident.
- iii. Any Loss or misuse of Data.

B36. Global Hospitalisation (Accident):

a. Specific definitions applicable for this Cover:

- **Overseas Trip:** Means a **Round Trip** or a **One-Way Trip** outside the geographical boundaries of India, and which commences when the **Insured Person** first boards a **Common Carrier** to initiate the journey during the **Policy Period** to reach the place of Destination.

b. What we Cover:

If You have opted for this benefit and an **Insured Person** suffers an **Injury** due to an **Accident** whilst on an **Overseas Trip** during the **Policy Period** that requires **Hospitalisation** for necessary medical treatment, then **We** will reimburse the **Medical Expenses** incurred up to the **Sum Insured** as specified in the **Policy Schedule**.

For the purpose of this Cover, **Medical Expenses** will mean:

- **Hospitalisation** expenses for necessary medical treatment including Room rent, boarding and nursing expenses
- Intensive Care Unit Charges
- **Emergency Room Services;**
- Medical Practitioner's fees including fees of specialists and anaesthetists treating the **Insured Person;**
- Anesthesia, blood transfusion related charges, oxygen, operation theatre charges, surgical appliances;
- Medicines, drugs and other allowable consumables, prescribed by the treating **Medical Practitioner;**
- Diagnostic procedures;
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

c. Specific conditions applicable to this benefit:

The payment of claim under this benefit will be in Indian Rupees based on the rate of exchange published by Reserve Bank of India (RBI), as on the date of invoice and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate for the next day published by RBI shall be considered for conversion.

- Any claim shall not be admissible under this Cover where any of the **Insured Person's** Residence Status changes anytime during the **Policy Period** to:
 - i. Non-Resident Indian (NRI); or
 - ii. Overseas Citizen of India (OCI)

d. Specific exclusions applicable to this benefit:

- Any treatment of any Disease, Sickness or **Illness;**
- Services, supplies, or treatment, including any period of hospital confinement, which were not recommended, approved, and certified as medically necessary by a **Medical Practitioner;**

- 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;
- Elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a Covered **Accident** while this **Policy** is in effect;
- Dental care, except as a result of **Injury** caused by **Accident** to Sound Natural Teeth while this **Policy** is in effect;
- Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails;
- Deviated Septum, including Sub Mucous Resection and/or other surgical correction thereof;
- Organ transplants that are considered experimental in nature;
- Expenses which are not exclusively medical in nature;
- Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless **Injury** has caused impairment of vision or hearing;
- Treatment provided in an hospital or services for which no charge is normally made;
- Medical Expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose;
- Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

B37. Value Added Service:

In addition to the benefits specified in this **Policy**, **We** will be providing the following Value Added Services if specified in the **Policy Schedule**. The **Insured Person** can choose to opt for any of the below Value added service or any combination thereof. **We** may only provide assistance services to fix appointments and help facilitate the below mentioned services through **Our** vendor network basis additional **Premium** paid by You as per the plan benefits opted and in force for **You**.

In order to avail Value Added Service(s), please contact the **Assistance Service Provider (ASP)** specified in the **Policy Schedule**.

1. **Academy Sessions for Dependent Children (TATA Academy):** **We/Our** Empanelled **ASP** will arrange for academic sessions for the Dependent Child/ren of the **Insured Person** for one academic year in case of a claim has been accepted for **Accidental Death (B1)** of the **Insured Person** under this **Policy**.

The cost of such Academic Session(s) will be borne by the legal guardian/surviving parent of the Dependent Children.

2. **Family financial counselling:** If a claim has been accepted for Accidental Death (B1) of an **Insured Person** under this **Policy**, then **We/Our** Empanelled **ASP** will arrange for consultation from a financial professional to counsel the deceased person's family on financial planning.

The cost of such counselling session(s) will be borne by the **Insured Person's** family.

3. **Student Assistance Program:** If a claim has been accepted for Accidental Death of an **Insured Person** under this **Policy**, then **We/Our** Empanelled **ASP** will arrange for counselling sessions for the Dependent Child(ren) of the **Insured Person** for career counselling, academic counselling and mental wellbeing.

The cost of such assistance program will be borne by the legal guardian/surviving parent of the Dependent Children.

4. **Disability Management:** If a claim has been accepted under Permanent Total Disability (B2) or Permanent Partial Disability (B3) of an **Insured Person** under this **Policy**, then **We/Our** Empanelled **ASP** will arrange for consultation with Health Care Professional to support **Insured Person** during the disability period and/or to enhance the work-space skills of the **Insured Person** unable to carry out day to day activities due to difficulties in sitting, hand movements and related problems, caused due to disability.

The consultation fees will be borne by the **Insured Person**.

5. **Home Assessment & Alteration (in case of Accident):** If an **Insured Person** is hospitalised post an Accidental **Injury** and post discharge from the **Hospital**, is required to use a wheelchair/ambulatory support then **We/Our** Empanelled Service Provider will arrange for a home assessment to evaluate and recommend the modifications required in home to suit the mobility needs for **Insured Person's** disability.

The cost of such assessment will be borne by the **Insured Person**.

6. **Emergency Accident Assistance Service:**

In the event **Insured Person** suffers an **Injury** due to an accident during the **Policy Period**, then **We/Our** Empanelled Service Provider will arrange for the below mentioned Emergency Services as a part of Emergency Assistance Service to the **Insured Person**.

- a. First Aid Services – On the Spot of **Accident**.
- b. Ambulance Service / Transportation to **Hospital**.
- c. Tele/Video Consultation – On the Spot of **Accident**.
- d. Resuscitation Aid – On the Spot of **Accident**.
- e. Assistance for appointment booking at **Hospital**.
- f. Assistance to coordinate with Insurance for claim processing.
- g. Accommodation assistance after first aid services, if required.
- h. Location alert to an **Immediate Family Member** in case of an **Accident**.
- i. Assistance in case of Medical Legal Case.
- j. Emergency Medical Payments assistance - Arrangement of Cash Advancement.
- k. Investigation / Diagnostic Test Assistance – Arranging Emergency Diagnostics Logistics.
- l. Emergency Pharmacy Delivery.
- m. Assistance in Repatriation of Mortal Remains.

7. Funeral Assistance Services:

We/Our Empanelled Service Provider will arrange Funeral Assistance Service to the **Immediate Family Members** of the deceased **Insured Person** to assist them in making necessary arrangements for the funeral of **Insured Person** in the event of the **Insured Person's** death due to **Accident** during the **Policy Period**.

8. Legal Assistance Services:

We/Our Empanelled Service Provider will arrange for consultation from a legal professional to assist on legal advice required by the **Insured Person's** surviving family in case of an unfortunate death for which claim is admissible under the **Policy**.

9. Second Opinion Services:

We/Our Empanelled Service Provider will arrange for consultation for second opinion from a **Medical Practitioner** in case of an **Accident** during the **Policy Period** leads to Insured Person suffering from Permanent Total Disablement, Permanent Partial Disablement, **Temporary Total Disability**, Burns or Coma.

Disclaimer of Liability Pertaining to Value Added Services Under the Policy:

- Availing the Value Added Services under this **Policy** is purely upon the **Insured's** sole discretion and risk.
- For services that are provided through Empanelled Assistance Service Providers, we are acting as a facilitator; hence would not be liable for any incremental costs or the services. Any additional services availed, or expenses incurred on such services or benefits which are other than those Covered under this **Policy** and explicitly excluded by this Policy, shall not be Covered under this **Policy** and all expenses incurred shall be borne by the **Insured Person**.

We shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which **Insured Person** claims to have suffered, sustained or incurred, by way of and/or on account of the benefit.

- The **Insured Person** is free to choose whether or not to act on the recommendation after seeking any consultation.
- Any advice, recommendations or suggestions made by any service professional shall be solely based on the information and documentation provided by the **Insured Person** to such service professional. We shall not be liable towards any loss or damage (immediate or consequential) arising out of or in relation to any opinion, advice, consultation, actual or alleged errors, omissions and/or any misrepresentations made by the service professional from whom **We** have availed services or taken benefit or for any consequence of any act or omission in reliance thereon.
- Above mentioned services are non-portable, annual contracts, independent of **Policy** contract and not life long renewable. The Services provided may be added / deleted / modified at our discretion and the same shall be intimated to the **Insured Person** at least 15 days prior to the effective date of change.
- Provision of these services is subject to availability as per the duration specified by **Us** / the Empanelled Service Provider.

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Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
 24*7 Customer Support No.: 022 6489 8282/1800 267 1955 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
 IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • Accident Super Guard Plus UIN:TATPAIP26058V012526

- **We** reserve the right to change any Service Provider during the currency of the **Policy** or at **Renewal**. The same shall be intimated to the **Insured Person** at least 15 days prior to the effective date of change. During such change, all the credits earned by the **Insured Person** shall be transferred to the New Service Provider.
- In case We or the Assistance Service Provider fails to provide any of the services as mentioned in this **Policy** in whole or in part due to Force Majeure, non-availability of Services, change in law, rule or regulations which affects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which affects the services, then the Assistance Services' suspended, curtailed or limited performance shall not constitute Breach of Contract and the **Company** or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.
- In case the Services are availed, the **Insured Person** will be required to provide the details as sought by the Assistance Service Provider in order to establish authenticity and validity prior to availing such services.

General Exclusions:

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, in respect of:

1. Any **Injury, Illness, Disability** or any complications arising therefrom that has occurred prior to the commencement of **Policy Period** whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
2. If the **Accident** affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
3. Dental treatment or surgery of any kind unless as a result of Accidental Bodily to natural teeth and also requiring **Hospitalisation**.
4. Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or the radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof.
5. Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof.
6. **War** or any act of **war**, invasion, act of foreign enemy, **war** like operations (whether **war** be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials.
7. Participation in:
 - a. Naval, military or any air force operation or any other such institution or operation.
 - b. Hazardous activity.
 - c. Underground mines, explosives magazines, hydro or thermal power projects.
 - d. Professional or **Adventure sports** without expert supervision of trained professional; or/and
 - e. **Adventure sports** with expert supervision of trained professional.
 - f. Arising or resulting from the **Insured Person** committing breach of law with criminal intent including but not limited to actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion;

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8. Participation in any **Professional sports** (including but not limited to **Adventure sports**) or any bodily contact sport or potentially dangerous sport for which **You** are untrained.
9. Any claim of **Insured Person** arising from:
 - a. Suicide or attempted suicide,
 - b. Wilful/Self-Inflicted **Injury** except **Injury** in self-defence or to save life; or
10. 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.
11. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
12. Through deliberate or intentional, unlawful or criminal act, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion.
13. Infections except pyogenic infections which shall occur through an Accidental cut or wound.
14. Medical or surgical treatment except as necessary solely and directly as a result of an **Accident**.
15. In case of any change in the Occupation class from the date of Proposal or during the **Policy Period**, and such change in Occupation class falls under our declined Occupation.
16. If the **Insured Person's Nominee**/Legal heir is involved directly or in abetment of the murder/assault of **Insured Person**.
17. Arising or resulting from the **Insured Person** committing any breach of law with criminal intent.
18. Mosquito bite, insect bite and resultant diseases are excluded under the **Policy**, where the mosquito or insect is a known carrier or host.
19. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy.
20. Investigation & Evaluation: Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
21. Any loss, damage, cost or expense of whatsoever nature 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.

General Terms and Clauses:

i. Specific Terms and Conditions:

1. Disclosure of Information:

The **Policy** shall be void and all premium paid thereon shall be forfeited to the Company in the event of established fraud, misrepresentation or non-disclosure of any material fact by the Policyholder.

(Explanation: "Material Facts" for the purpose of this **Policy** shall mean all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability:

The terms and conditions of the Policy must be fulfilled by the **Insured Person** for the Company to make any payment for claim(s) arising under the Policy.

3. Complete Discharge:

Any payment to the Policyholder, **Insured Person** or his/her Nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company may revise or modify the terms of the **Policy** including the premium rates. The **Insured Person** shall be notified three months before the changes are effected.

5. Nomination:

The Policyholder is required at the inception of the **Policy** to make a nomination for the purpose of payment of claims under the **Policy** in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the **Policy** is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the **Policy Schedule/Endorsement** (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the **Policy**.

ii. Specific Terms and Conditions:

1. Conditions Precedent to the Contract:

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

No change in this **Policy** shall be valid until approved by **our** authorised officer and such approval is endorsed. No agent, Insurance Intermediary has authority to change this **Policy** or to waive any of the provisions of this **Policy**.

b. **Consideration:** Upfront Premium payment is applicable at the beginning of the **Policy** inception

c. **Effective Date:** The **Policy** takes effect on the Effective Date and time as stated in the **Policy Schedule**. All subsequent Insured Periods shall begin and end at midnight.

2. Geographical Limits:

I. Worldwide Coverage will be applicable for the following benefits:

- Section II: Base Benefits B1. Accidental Death.
- Section II: Base Benefits B2. Permanent Total Disability.
- Section II. Optional Benefits B3. Permanent Partial Disability.
- Section II: Optional Benefits B4. Temporary Total Disability – Accident Only
- Section III. Optional Benefits B7. Coma Benefit (Accident).
- Section III: Optional Benefits B13. Fractures.
- Section III: Optional Benefits B14. Burns.
- Section III: Optional Benefit B36. Global hospitalization(Accident) –(Worldwide excluding India)

II. Following benefits will be applicable within India Only:

- Section III: Optional Benefits B5. Outpatient Medical Expenses (Road Traffic Accidents).

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- Section III: Optional Benefits B6. In-Patient Hospitalisation Expenses (Accident).
- Section III: Optional Benefits B10. Emergency Road Ambulance.
- Section III: Optional Benefits B11. Emergency Air Ambulance.
- Section III: Optional Benefits B15. Family Transportation.

3. Conditions for Renewal of the Contract:

- The **Policy** is renewable unless the **Insured Person** or any one acting on behalf of an **Insured Person** has acted in a fraudulent manner or non-disclosure or any misrepresentation in relation to this **Policy** or **Renewal** of the **Policy** poses a moral hazard.
- The **Policy** may be renewed by upfront payment of the total premium specified by **Us**, which premium shall be at **Our** premium rate in force at the time of **Renewal**. **Renewal** premium is subject to change. Change of plans within same product is permissible only at the time of **Renewal**.
- Grace Period** of 30 days for renewing the **Policy** is provided under this **Policy**. However, Coverage would not be available for the period for which no premium has been received. In case any Accidental **Injury** or Disability is contracted during the **Grace Period**, such **Injury** or disability shall not be Covered upon subsequent **Renewals**.
- Unless renewed as herein provided, this **Policy** shall terminate at the expiration of the period for which premium has been paid.
- Sum Insured Enhancement: Sum Insured** can be enhanced at the time of **Renewal** basis **Our** underwriting guidelines. However, the acceptance of request/quantum of increase shall be as per underwriting guidelines of the **Company**.
- There will be no extra loadings based on **Your** individual claim.
- Escalation Benefit – **Sum Insured** (Excluding Escalation benefit) will be increased by 10% as escalation benefit and can be opted for every continuous **Renewal** incase no claim has been reported under Accidental Death (B1), Permanent Total Disability (B2) or Permanent Partial Disability benefit (B3) if opted. The maximum escalation benefit would be 50% of base **Sum Insured**.
 - This is an annual benefit applicable to each **Insured** member and would be applicable annually in case of long-term Policies.
 - If a claim is made in the expiring **Policy Year** and is notified to **Us** after the acceptance of **Renewal** premium any awarded Escalation Benefit / No Claim for the **Policy Year** for which **We** have accepted **Renewal** premium shall be withdrawn.

4. Conditions applicable during the contract:

- Expiration Date:** This **Policy** will terminate on the earliest of the following dates:
 - Expiration Date shown in the **Policy Schedule**.
 - The date **You** or **We** cancel the **Policy**.
- Cancellation Clause:**
 - The **Policy** shall terminate on the earliest of the following dates:

- A. The date the **Insured Person** is no longer eligible within the **Classification of Insured Person(s)** described in the **Policy Wordings**. However **Dependent Children** will be eligible for Insurance till the **Renewal** date of the **Policy**. For such cases, during the **Renewal** of the **Policy**, he will be eligible to be Covered under an individual **Policy**. The date **You** or **We** cancel the **Policy**.
- ii. **We** may cancel this **Policy** at any time on grounds of mis-representation, established fraud, non-disclosure of material facts by giving **You** 15 Days' notice delivered to **You**, or mailed to **Your** last address as appears in Our records. In the event of cancellation for mis-representation, established fraud, non-disclosure of material facts, the **Policy** shall stand cancelled ab-initio and there will be no refund of premium.
- iii. **You** may cancel the **Policy** by giving **Us** 7 Days' notice, and in such an event, the Company shall refund proportionate premium for unexpired **Policy Period**, provided no claim has been reported under this Policy up to the date of cancellation if otherwise there shall be no refund of premium.
- iv. Notwithstanding anything contained herein above or otherwise, no refunds of premium shall be made in respect of the **Insured** where any claim has been admitted by the **Company** or has been lodged with the **Company**.
- c. **Free Look Period** - **You** have a period of 30 days from the date of receipt of the **Policy** document to review the terms and conditions of this **Policy**. If **You** have any objections to any of the terms and conditions, **You** have the option of cancelling the **Policy** stating the reasons for cancellation and **You** will be refunded the premium paid by **You** after adjusting the amounts spent on any medical check-up, 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**.
- d. In the likelihood of this **Policy** being withdrawn in future, **We** will intimate **You** about the same 3 months prior to expiry of the **Policy**. **You** will have the option to migrate to similar personal accident Insurance **Policy** available with **Us** at the time of **Renewal** with all the accrued continuity benefits.
5. **Periodic Claims Payment:** If **We** have an accepted claim under Accidental Death (B1) or Permanent Total Disability (B2) Benefits of this **Policy**, **We** shall pay the **Sum Insured** as a lumpsum or in monthly installments for the number of months as opted by **You** in the **Proposal Form** and as specified in the **Policy Schedule**.
- **You** can opt for a monthly payout period of 60 or 120 months.
 - **We** will pay 3% interest per annum on the remaining **Sum Insured** amount. Interest amount will be paid along with the monthly **Sum Insured** installment.

- Monthly installments and interest will be payable to the **Insured Person / Nominee** (in case of death of the **Insured Person**) as appearing in the **Policy Schedule / Legal Heir** (as applicable)

6. Assignment of Indemnities:

If opted, it is hereby declared and agreed that:

- From the Inception of the **Policy Period**, the monies payable by the **Company** to the **Insured Person** and all rights, title, benefits and interest of the **Insured Person** under this **Policy** stand assigned in favour of the "**Bank/Financial Institution**" as named in the **Policy Schedule**.
- Upon any monies becoming payable under this **Policy**, the same shall be paid by the **Company** to the "**Bank/Financial Institution**" as named in **Policy Schedule** without any reference/notice to the **Insured Person**, but not exceeding the **Sum Insured** limit as mentioned in the **Policy Schedule**;
- Upon receipt of such monies in the manner as aforesaid by the Bank/Financial Institution as named in the **Policy Schedule**, the **Insured Person** shall completely discharge the **Company** from all liability under the **Policy** and shall be binding on the **Insured Person** and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.
- That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the **Company** and the **Insured Person** or any of them arising under or in connection with this **Policy**, if made by the Financier shall be valid and binding on all parties Insured hereunder but not so as to impair rights of the Financier to reCover the full amount of any claim it may have on Other Parties **Insured** hereunder.

7. Conditions when a claim arises Claim Procedure and Payment:

- Intimation & Assistance:** You can notify a claim by calling our 24*7 Customer Support No.: **022 6489 8282/1800 267 1955** (For Senior Citizens) Or email us at general.claims@tataaig.com. You can also notify a claim on website/Single Page Application <https://www.tataaig.com/claims-process>.

ii. Claim Notification:

- It is a **Condition precedent** to **Our** liability hereunder that notice of claim must be given by **You** to **Us** in writing or email or through call in **Our** Toll-Free number as mentioned in the **Policy Schedule**.
- In respect of all claims payable hereunder, the **Company** may affect settlement either in the form of **Cashless** treatment facility or by reimbursement of the amount of claim to the **Insured Person** as opted by the **Insured Person**.

iii. Procedure for Cashless service:

Applicable only for Optional Benefit In-Patient Hospitalisation Expenses (Accident) (B6).

- In order to avail of **Cashless** treatment, the following procedure must be followed by You:
 - Prior to taking treatment and/or incurring In-Patient Accidental **Medical Expenses** at a **Hospital**, **You** must call **Our** designated TPA (Third-Party Administrator)/Us and request Pre-Authorisation.

- b. For any emergency **Hospitalisation**, our designated TPA (Third-Party Administrator)/**We** must be informed no later than 24 hours of the start of Your **Hospitalisation**/treatment.
- c. For any planned Accidental **Hospitalisation**, our designated TPA (Third-Party Administrator)/**We** must be informed at-least 48 hours prior to the start of Your **Hospitalisation**/treatment.
- d. Our designated TPA (Third-Party Administrator)/**We** will check Your Coverage as per the eligibility and send an authorisation letter to the provider. **You** have to provide the ID card issued to **You** along with any other information or documentation that is requested by the TPA (Third-Party Administrator)/**Us** to the **Hospital**.
- e. In case of deficiency in the documents sent to TPA (Third-Party Administrator)/**Us** for **Cashless** authorisation, the same shall be communicated to the **Hospital** by TPA (Third-Party Administrator)/**Us**.
- f. In case the ailment/treatment is not Covered under the **Policy** or **Cashless** is rejected due to insufficient documents submitted, a rejection letter would be sent to the **Hospital**.
- g. We/TPA (Third-Party Administrator) will respond within timelines as prescribed by the IRDAI under the Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/2024 and its subsequent amendments thereof.
- h. Rejection of **Cashless** in no way indicates rejection of the claim. **You** are required to submit the claim along with required documents for **Us** to decide on the admissibility of the claim.
- i. If the **Cashless** is approved, the original bills and evidence of treatment in respect of the same shall be left with the **Hospital**.
- j. Pre-Authorisation does not guarantee that all costs and expenses will be Covered. **We** reserve the right to review each claim for In-Patient Hospitalisation Expenses (Accident) (B6) and accordingly Coverage will be determined according to the terms and conditions of this **Policy**.

iv. Claim documentation:

Completed Claim Forms and written evidence of loss must be furnished to **Us** as per the stipulated timelines and in the manner prescribed in the applicable regulations / guidelines issued by the IRDAI. 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 **Insured Person** has to submit the following documents for making a claim with **Us**.

Accidental Death:

- Duly completed Claim Form.
- **Nominee**-Attested copy of Death Certificate.

- **Nominee**-Attested copy of Post Mortem Report, wherever applicable and conducted.
- **Nominee**-Attested copy of FIR, if filed/ Panchanama, if conducted.
- **Nominee**-Attested copy of Death Summary or all Medical records, if treated in **Hospital**.
- **Nominee**-Attested copy of newspaper cutting, if any.
- **Nominee**-Attested copy of KYC documents with NEFT details of **Nominee** and CKYC form (attached).

Permanent Partial Disability / Permanent Total Disability / Temporary Total Disability – Accident Only:

- Duly completed Claim Form,
- Competent medical authority / Doctor like Civil Surgeon, confirming the Disability percentage / period and prognosis for (Permanent Total Disability, Permanent Partial Disability and **Temporary Total Disability**).
- Employer leave/absence certificate confirming leave period for **Temporary Total Disability** only along with proof of occupation/employment resuming date, if salaried
- **Temporary Total Disability** certified by a **Medical Practitioner** and supporting documents/reports with respect to clinical examination, radiological scanning and/or imaging and/or neurological fallout tests.
- **Temporary Total Disability** – Based on declared income: Insured Person's (salaried) last 3 month's salary Slips (at the time of accident).
- **Temporary Total Disability** – Based on declared income: **Insured Person's** (Self-employed) filed income tax return for the previous financial year to the financial year in which accidental **Injury** directly and independently resulted in the **Temporary Total Disability** has occurred.
- Self-attested copy of FIR, if filed / Panchnama, if conducted.
- Self-attested copy of Discharge Summary or all Medical records Self-attested copy of newspaper cutting, if any.
- Self-attested copy of KYC documents with NEFT details of **Nominee** and KYC form.

In-Patient Hospitalisation Expenses (Accident)/ Out-Patient expenses (Accident):

- Duly completed Claim Form Original Bills and Original Receipts.
- Self-Attested copy of Medical records/discharge card, if hospitalised.
- Self-Attested copy of FIR, if filed / Panchnama, if conducted.
- Self-Attested copy of KYC documents with NEFT details of **Nominee/Insured**.

Coma Benefit:

- Duly completed Claim Form.
- Copies of all the medical records including discharge summary, follow up Medical Records, Laboratory Reports & Diagnostic Reports like X-Ray, CT scan, MRI report, etc.
- Medical certificate from treating doctor giving the details of neurological status & prognosis after 30 days from date of loss.

Child Education Benefit:

- Duly completed Claim Form
- Self-Attested copy of admission form with identity card for child/children at the time of date of loss & fees paid receipt.
- Self-Attested copy of Birth Certificate or any other valid document establishing **Age**.
- Self-Attested copy of Family card or Ration card reflecting the name of child/children.
- Self-Attested copy of KYC documents with NEFT details of child with account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)

Loan Shield:

- Duly completed Claim Form.
- Copy of Loan sanction letter and regular EMI paid details with Principal loan outstanding details as on date of loss.

Emergency Road Ambulance:

- Duly completed Claim Form.
- Original bills and receipts for cost of Ambulance to the **Hospital**.

Emergency Air Ambulance:

- Duly completed Claim Form.
- Copy of recommendation letter from treating **Medical Practitioner** for use of Air Ambulance.
- Original bills and receipts for cost of Air Ambulance to the **Hospital**.

Cost of Prosthetics:

- Duly completed Claim Form.
- Copy of recommendation letter from treating **Medical Practitioner** for use of Prosthetics.
- Original bills and receipts for cost of Prosthetics.

Fracture/Burns:

- Duly completed Claim Form.
- FIR / Medico Legal Report or related Police Records.
- Fractures / Dislocation / Burns.
- Copies of all the Medical Records including discharge summary, follow up Medical Records, Laboratory Reports & Diagnostic Reports like X-Ray, CT scan, MRI report, etc.

Family Transport Benefit:

- Duly completed Claim Form.
- Copy of recommendation letter from treating **Medical Practitioner** for requirement of attendance.
- Original bills and receipts for expenses incurred for travelling to the **Hospital** by **Common Carrier** like train, bus, etc.

Repatriation of Mortal Remains:

- Duly completed Claim Form.
- Original bills and receipts for Embalming, Cremation, Coffins & Transportation.

Home Alteration and Vehicle Modification:

- Duly completed Claim Form.
- Copy of recommendation letter from treating **Medical Practitioner** for wheelchair or any other support.
- Original bills and receipts for expenses incurred for Home / Vehicle Alteration / Modification.

Special Child Care Benefit:

- Duly completed Claim Form.
- Copy of disability certificate of surviving child(ren).

Surviving Child Benefit:

- Duly completed Claim Form.
- **Nominee**-Attested copy of Death Certificate of biological parents.

Physiotherapy Benefit:

- Duly completed Claim Form.
- Copy of Discharge summary.
- Copy of recommendation letter from treating **Medical Practitioner** for Physiotherapy.
- Original Bills and payment receipts for Physiotherapy expenses.

Funeral Benefit:

- Duly completed Claim Form.

Bereavement and Trauma Counselling Benefit:

- Duly completed Claim Form.
- Copy of consultation / reference letter from treating **Medical Practitioner** for Psychological Assistance.
- Original bills and receipts for Psychological Assistance with consultation notes.

Marriage Expense for Children:

- Duly completed Claim Form.
- Proof of marriage with copy of Marriage Registration Certificate.

Public (Common Carrier) Benefit:

- Duly completed Claim Form.
- Copy of valid ticket showing that **Insured** was riding as a bonafide passenger.

Adventure Sports:

- Duly completed Claim Form.
- Original declaration from **Insured Person** that he was not involved in Professional Sport.

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Parental Care:

- Duly completed Claim Form.
- Surviving certificate of either parents of the Proposer as on date of loss of the Proposer.

Pet Care:

- Duly completed Claim Form.
- Valid adoption paper of pet.
- Original bills and receipt for expenses toward **Pet Care Center**.

Prolonged Hospitalisation Benefit:

- Duly completed Claim Form.
- Complete discharge summary.

Hospitalisation Daily Cash (Accidental):

- Duly completed Claim Form.
- Self-attested copy of discharge card Self-attested copy of Lab Reports.
- Self-attested copy of KYC documents with NEFT details of **Nominee**.

Transportation of Imported Medicines:

- Duly completed Claim Form.
- Original bills and receipts of expenses incurred in transportation of Imported Medicine.
- Copy of recommendation/prescription by the treating **Medical Practitioner** for such Imported Medicines.

Accident Inconvenience:

Trip Cancellation:

- Claim Form duly completed and signed by the **Insured Person**.
- Copy of cancelled cheque/NEFT form.
- Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
- Medical records / Death certificate of **Insured**, companion or **Immediate Family Member**.
- Details / Supporting documents of amount refunded by Common Carrier.
- Copy of Ticket and copies of Correspondence with the Airline related to Trip Cancellation.

Trip Interruption:

- Claim Form duly filled and signed by **Insured Person**.
- Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
- Copy of cancelled cheque/NEFT Form.
- Details of Circumstances leading to Trip Interruption along with supporting documents.
- Details / Supporting documents of amount refunded by **Common Carrier** and Accommodation.
- Bills and receipts of additional expenses towards accommodation and Travel during the interruption period.
- Copy of Medical Records/discharge summary in case of Hospitalisation / treating doctor's report and prescription, if applicable;

Missed Domestic Flight/Connection:

- Duly completed Claim Form Original Bills and Original Receipts.
- Copy of cancelled cheque/NEFT Form.
- Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
- Copy of new Ticket & Boarding Pass.
- Copies of Correspondence with the Airline authorities certifying the reason for Missed Connection.
- Details / Supporting documents of amount refunded by **Common Carrier** for the original scheduled ticket.
- Invoices / tickets of Additional travel expenses, if any to reach the next scheduled destination.
- Copy of Medical Records/discharge summary in case of Hospitalisation / treating doctor's report and prescription, if applicable.

Accommodation Extension:

- Duly completed Claim Form Original Bills and Original Receipts.
- Copy of Medical records/discharge summary in case of Hospitalisation / treating doctor's report and prescription, if applicable;
- Original bills/receipts;
- Copy of diagnostic reports / pathological / radiological reports, if any;
- Details / Supporting documents of amount charged by Accommodation;
- Details of original itinerary and revised itinerary supported by relevant documents including travel tickets and accommodation booking details;

Personal Effects Cover:

- Duly completed Claim Form Original Bills and Original Receipts of **Portable equipment**
- Same as Accidental Death, Permanent Total Disability, Permanent Partial Disability, **Temporary Total Disability**, Accidental In-Patient and Out-Patient Expenses.
- Original Repair bills and receipt;
- Original Invoice of the portable equipment evidencing purchase in the name of the **Insured Person**.
- First information report copy.

Global Hospitalisation Cover (Accident):

- Duly completed Claim Form Original Bills and Original Receipts.
- Self-attested copy of Medical Records/Discharge Card, if hospitalised.
- Self-attested copy of FIR, if filed / Panchnama, if conducted.
- Self-attested copy of KYC documents with NEFT details of Nominee/Insured.
- Copy of ticket, boarding pass and stamped VISA along original scheduled itinerary and date of booking.

This is a General Check-list of documents, The **Company** reserves the right to call for additional documents wherever required.

Kindly submit all the requested documents at the address mentioned below:

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

8. Change of Occupation:

You will give **Us** notice of any change in the business or Occupation, within 30 days of such change and **We** will issue an endorsement to this effect subject to receipt of any additional commensurate premium in case of a change to a higher risk class or reduced Sum Insured.

If at the time a claim arises under this **Policy** the **Insured Person** has changed his Occupation without **Us** being notified and the new Occupation falls in higher risk class, then **Our** maximum liability will be limited to the amount that would have been payable for the premium paid and the new risk class (Occupation). However, in cases where the new Occupation falls in lower risk class, then **We** would refund the differential premium.

9. Change in Income:

You will give **Us** notice of any change in income within 30 days of such change and **We** will issue an endorsement to this effect.

- In case of any increase in income of the **Insured Person** during the **Policy Period**, **We** may enhance the Accidental Death (B1)/Permanent Total Disability (B2)/Permanent Partial Disability (B3) if opted/**Temporary Total Disability – Accident Only** (B4) if opted **Sum Insured** in proportion to the increase in income of the **Insured Person** subject to receipt of any additional commensurate premium.
- In case of any decrease in income of the **Insured Person** during the **Policy Period**, **We** reserve the right to reduce Accidental Death (B1)/Permanent Total Disability (B2)/Permanent Partial Disability (B3) if opted/**Temporary Total Disability – Accident Only** (B4) if opted **Sum Insured** in proportion to the decrease in income of the **Insured Person** and in such cases **We** would refund the differential premium.

10. Notices

- Any notice, direction or instruction under this **Policy** shall be in writing and if it is to:
 - Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.
 - Us, it shall be delivered to **Our** address specified in the Schedule to this **Policy**. No Insurance 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.

11. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

12. Multiple Policies (applicable only for In-Patient Hospitalisation Expenses (Accident) – (B6) Benefit):

- i. 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**.
- ii. **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**.
- iii. 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 and we will assist the Insured Person in facilitating the same.

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** The clause is applicable for claims under In-Patient Hospitalisation Expenses (Accident) (B6).

Grievance Redressal:

At TATA AIG, We strive to provide the best service to our customers. If You're not satisfied and wish to lodge a complaint, please call our 24*7 Customer Support No.: **022 6489 8282/1800 267 1955** (For Senior Citizens), or email Us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If You do not receive a response or are not satisfied with the resolution, please contact Us at manager.customersupport@tataaig.com.

Escalation Level 2

If You still need assistance, reach out to the Head of Customer Services at head.customerservices@tataaig.com. We will provide Our final response within the regulatory TAT.

If You're still not satisfied after this process, You may approach the Insurance Ombudsman of concerned jurisdiction. You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: <https://bimabharosa.irdai.gov.in/>

For updated list of the name and address of the Insurance Ombudsman of competent jurisdiction please follow the link -<https://www.cioins.co.in/Ombudsman>

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](https://www.tataaig.com/downloads/Others/Annexure-I-List of Optional Items)



WITH YOU ALWAYS

Accident Super Guard Plus

Grievance Redressal Procedure:

As per Regulation 25 of IRDAI (Protection of Policyholders Interests, Operations and Allied Matters of the Insurers) Regulation, 2024 and any other amendments henceforth.

Prohibition of Rebates – Section 41 of 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 prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be liable for a penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, available on our website www.tataaig.com before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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24*7 Customer Support No.: 022 6489 8282/1800 267 1955 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • Accident Super Guard Plus UIN:TATPAIP26058V012526