

Prospectus

Suitability:

- This Policy Covers persons in the age group 18 years onwards (Dependent children between 3 months and 25 years can be Insured only when both parents are getting Insured). The maximum entry age is 70 years.
- The Policy will be issued for a period 1/2/3/4/5 years.
- This Policy offers coverage on individual basis and can be issued to an individual and/or family.
- The family includes Self, Dependent/Earning Spouse and Dependent Children.
- Accidental Death benefit Sum Insured for Dependents would be up to a specified percentage of Self Accidental Death Sum Insured based on underwriting guidelines.
- There is no limit for number of children to be covered under this Policy.

Key Benefits:

- Accident Insurance Cover:** Covers Accidental Death, Disability and other benefits related to accident as mentioned in Salient features below.
- Renewal:** We offer you renewal for your Policy provided premium is paid without any break. Your premiums will be basis Sum Insured, plan, tenure and occupation and there will be no extra loadings based on your individual claim.
- Escalation Benefits:** 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). The maximum escalation benefit would be 50% of Sum Insured.

Salient Features:

Base Benefits:

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

B1. Accidental Death:

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.

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.

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- We will pay the Sum Insured less any other amount paid or payable under Permanent Partial Disability (B3) if opted, and/or Temporary Total Disability – Accident Only (B4) if opted of this Policy for the same Accident.

B2. Permanent Total Disability:

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 loss of ability to use both hands or both feet.
- Loss by Physical Separation or loss of 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.

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) if opted and/or Temporary Total Disability - Accident Only (B4) if opted 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:

If you have opted for this benefit, and If 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) if opted cover of this Policy as the result of the same Accident.

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	Percentage (%) 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.

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“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.
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 and 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):

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.

Specific conditions applicable to this benefit:

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

B6. In-Patient Hospitalisation Expenses (Accident):

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.

If We have accepted Your claim under In-Patient Hospitalisation Expenses (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 Expenses (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)

B7. Coma Benefit (Accident):

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 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:

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.

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:

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.

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) above 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 foreclosure during the Policy Period no refund shall be provided.

B10. Emergency Road Ambulance:

If You have opted for this benefit and We have accepted any claim in this Policy under cover Accident 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 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:

If You have opted for this benefit and We have accepted any claim under this Policy under Accident 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:

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:

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.

Specific Conditions applicable to this benefit:

Any expenses incurred on spectacles, contact lenses, hearing aids, blood pressure and blood sugar monitoring devices are not covered under 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:

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%

Specific Conditions 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 "Descriptions of extent to burns" above, then Our Liability shall not exceed the Sum Insured.

B15. Family Transportation Benefit:

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.

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:

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:
 - 1% of Sum Insured or
 - ₹25,000/-
- If the distance is more than 100 kms, amount payable will be lower of:
 - 1% of Sum Insured or
 - ₹1,00,000/-

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:

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.

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:

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.

Specific Conditions applicable to this benefit:

- 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

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:

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

Specific Conditions applicable to this benefit:

- 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:

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).

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:

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

B22. Funeral Benefit:

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:

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.

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:

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. 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.

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:

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.

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:

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) if opted 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.

Adventure sports covered are listed a below:

- **Sky Sports:** Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking.
- **Mountain Sports:** Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering.
- **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.
- **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.
- **Earth Sport:** Land Windsurfing, Zorbing, Sand Boarding.

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:

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.

Specific Conditions applicable to this benefit:

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

B28. Pet Care:

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.

Specific Conditions applicable to this benefit:

- 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:

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:

If You have opted for Restore 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):

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:

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) prevents the Insured Person from performing each and every duty pertaining to his/her Occupation or employment, 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.

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 above 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 foreclosure during the Policy Period no refund shall be provided.

B33. Transportation of Imported medicines:

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.

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.

B34. Accident Inconvenience bundle:

If You have opted for this benefit:

i. Trip Cancellation:

We will reimburse Covered Expenses (as detailed in the Terms & Conditions) 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 Hospitalisation Expenses (Accident) (B6).

ii. Trip Interruption:

We will reimburse the Covered Expenses (as detailed in the Terms & Conditions) 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:

We will reimburse Covered Expenses (as detailed in the Terms & Conditions) 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.
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 Medical Expenses (Road Traffic Accident) (B5) or In-Patient Hospitalisation Expenses (Accident) (B6) of the Policy.

iv. Accommodation Extension:

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.
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:

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, In-Patient Hospitalisation Expenses (Accident) (B6) if opted or, Out-Patient Medical Accidental Expenses (Road Traffic Accident) (B5) 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.

Specific Conditions applicable to this benefit:

1. 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.
2. Any payment will be subject to deductible (applicable on every claim) as specified in the Policy Schedule.

B36. Global Hospitalisation (Accident):

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.

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.
 - Non-Resident Indian (NRI); or
 - Overseas Citizen of India (OCI)

B 37. 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) if opted 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.
- 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.

Sum Insured options:

Sum Insured offering would be based on Individual's Income eligibility and/or Risk Classification.

1. **Risk Class A:** Persons engaged primarily in administrative or managing functions (desk job)

Few Indicative examples: Accountant, doctor, teacher, and banker etc.

2. **Risk Class B:** Persons engaged in supervision of manual labour or regular on-road travel. Occupation with minimum exposure to hazard with superintending or work travel duties.

Few indicative Examples: Builders, Contractors, Medical Representative, Engineers engaged in superintending functions only etc

3. **Risk Class C:** Persons with occupational hazards such as industrial workers, skilled and semi-skilled workers.

Few indicative Examples: Garage or motor mechanic, machine operator, veterinary doctor etc.

4. **Risk Class D:** Referral Risk

Persons with occupational hazards, such as industrial workers using heavy machinery or un-skilled laborers

Few indicative Examples: Persons working in explosives industry, Quarry/mine workers, high tension electric supply, athletes, delivery personnel, oil rig workers, Blasting tunnelling workers, Circus/Fair etc

5. **Risk Class E:** Persons not engaged in any occupation for livelihood or gainful income source but have documented passive income/asset/property owners.

6. **Risk Class F:** Persons not engaged in any occupation for livelihood with zero income

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

In case of risk Class F, maximum Accidental Death Sum Insured offered will be up to ₹15 Lakhs.

Parameters for Loading and Discount:

Risk Class	(Discount)/Loading
Risk Class A	-25%
Risk Class B	10%
Risk Class C	70%
Risk Class D	Min :70% Max: As per UW decision
Risk Class E	-15%
Risk Class F	-25%

Occupation Type	(Discount)/Loading
Salaried	-5.00%
Self Employed	10.00%

Family Discount [^]	10%
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Employee Discount*	10%
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Online Discount*	10%
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Long Term Discount	Percentage
Up To 1.5 Years	0%
1.5 Years to 2.5 Years	5%
2.5 Years to 3.5 Years	7.5%
3.5 Years to 4.5 Years	10%
4.5 Years to 5 Years	14%

*Please Note that Employee Discount and Online discount cannot be availed together.

[^]Applicable for two or more members in One Policy.

Note: All discounts/loadings are multiplicative in nature. Maximum cumulative discount not to exceed 50%.

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General Exclusions:

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

1. Any Injury, Illness or disability or any complication 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 Injury 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;
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 Person 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.

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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. Standard 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 Hospitalisation (Accident) – (Worldwide excluding India)

II. Following benefits will be applicable within India Only:

- Section III: Optional Benefits B5. Out-Patient Medical Expenses (Road Traffic Accident).
- 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:

- a. 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 of material facts or any misrepresentation in relation to this Policy or Renewal of the Policy poses a moral hazard.
- b. 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.
- c. 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.
- d. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.
- e. 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.
- f. There will be no extra loadings based on Your individual claim.
- g. 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 for the Policy Year for which we have accepted Renewal Premium shall be withdrawn.

4. Conditions applicable during the contract:

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

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b. Cancellation Clause:

- i. 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:

i. **Intimation & Assistance:** You can notify a claim by sending an SMS CLAIMS to **5616181** or 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 Our Customer Care 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
 - 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.
 - 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 authorization 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.

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.

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10. Notices:

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

- a. 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.
- b. 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: HYPERLINK <https://bimabharosa.irdai.gov>

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 the Policy are uploaded on our website. Please login to <https://www.tataaig.com/downloads/Others/Annexure-I-List of Optional Items>

Grievance Redressal Procedure:

As per Regulation 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 the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

Note: Please Refer to Schedule of Benefits

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

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