

Tata AIG - ANTYODAYA SHRAMIK SURAKSHA YOJANA POLICY WORDINGS

Preamble

Tata AIG General Insurance Company Limited (**The Company**) 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/Declaration form signed by the **Policy Holder** shall be the basis of this **Policy** and are deemed to be incorporated herein. The **Policy** is valid only on payment of the requisite premium when due and upon receipt by **The Company**.

The insurance provided under this **Policy** is 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**.

Definitions

Terms with a specific meaning are defined below and have this meaning wherever they appear with an initial capital letter.

i. Standard Definitions

- **Accident** means a sudden, unforeseen and involuntary event, caused by external, visible and violent means.
- **Condition Precedent** means a **Policy** term or condition upon which the Insurer's liability under the **Policy** is conditional upon.
- **Deductible** means a cost-sharing requirement under a health insurance **Policy** that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of **Hospital** cash policies which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the **Sum Insured**.
- **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.
- **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- **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 attending Physician will not be (a) an **Insured Person** or (b) Close Member of the Family
- **Pre-existing disease** -means any condition, ailment or **Injury** or disease
 - a) That is/are diagnosed by a Physician within 48 months prior to the effective date of the **Policy** issued by the Insurer or its reinstatement; or
 - b) For which **Medical Advice** or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the **Policy** issued by the Insurer; or its reinstatement.

ii. Specific Definitions

- **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.
- **Certificate of Insurance** means the document issued by **The Company** detailing the effective date, **Insured Person(s)**, benefits, sums insured, **Deductible** , premium and more generally all special condition(s) and or endorsement(s).
- **Claim** A demand made by the **Policy Holder /Insured Person** or on his behalf, for payment under any benefit as covered under the **Policy /Cover**
- **Compensation** means **Sum Insured** , Total **Sum Insured** or percentage of the **Sum Insured** , as appropriate.
- **Cover Period** is the period commencing from the **Cover Period** Start Date and ending on the **Cover Period** End Date and as specifically appearing in the Certificate of Insurance against the **Insured Person** during which this Insurance **Policy** Coverage is valid for that specific **Insured Person**
- **Cover** means an Insurance contract whether in the form of a **Policy** or a **Certificate of Insurance**
- **Cover Period End Date** is the date on which the **Cover Period** expires, as specifically appearing in the Certificate of Insurance
- **Cover Period Start Date** is the date on which the **Cover Period** commences, as specifically appearing in the Certificate of Insurance
- **Day** means a period of 24 consecutive hours
- **Dependents** means the persons named in the **Policy Schedule/Certificate of Insurance** who are **Insured Person's**:
 - **Spouse** is The Primary **Insured Person's** legally married Spouse as long as he/she continues to be married to the Primary **Insured Person**.
 - **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 eighteen (18) years or up to twenty five (25) years if attending as a full time student with an **Institution**, who are unmarried.
- **Dismemberment** with regard to this **Policy** refers to actual severance i.e. entire and irrecoverable loss
- **Eligible Child / Children:** means that Child / Children who is a full time student in any **Institution** or Child / Children reaches **Age** 25 whichever comes first.
- **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
- **Hazardous Activity** means not limited to Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, participating in Motor rallies or engaging in Hazardous Activities.
- **Institution** means any accredited Institution that provides education or training, including but not limited to, any state university private college or trade school
- **Insured Person** means Labourer / Workman registered in E-shram Portal of Ministry of Labour and Employment, Govt of India having unique Shramik Identity card (connected to Adhar Card of the labourer) and also is an account holder of India Post Payment Bank Ltd.

- **Permanent** means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement
- **Permanent Partial Disability** means the **Insured Person** has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician
- **Permanent Total Disability** means the **Insured Person** are unable to engage in each and every occupation or employment for compensation or profit for which the **Insured Person** are reasonably qualified by education, training or experience for the rest of **Insured Person's** life. If at the time of loss the **Insured Person** is unemployed, Permanent Total Disability shall mean **Injury** due to **Accident** leading to functional loss and the total and permanent inability to perform all of the usual and customary duties and activities of a person of like **Age** and sex.
- **Physician** 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 attending Physician will not be (a) an **Insured Person** or (b) Close Member of the Family
- **Policy Period** is the period commencing from the **Policy Period** Start Date and ending on the **Policy Period** End Date and as specifically appearing in the **Policy** Schedule
- **Policy Period End Date** is the date on which the **Policy Period** expires, as specifically appearing in the **Policy** Schedule.
- **Policy Period Start Date** is the date on which the **Policy Period** commences, as specifically appearing in the **Policy** Schedule.
- **Policy Holder** means the person or entity named in the **Policy** Schedule as the **Policy Holder**.
- **Professional Sports** mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport which would remunerate a player in excess of 50% of the **Insured Person's** annual income as a means of their livelihood.
- **Proposal and Declaration Form** means any initial or subsequent Proposal / Declaration made by the **Policy Holder / Insured Person** and is deemed to be attached and which forms a part of this **Policy**.
- **Policy Schedule** means schedule and parts thereof, and any other annexure(s) appended, attached and / or forming part of this **Policy**
- **Sum Insured** means the sum shown in the **Policy Schedule / Certificate of Insurance** which represents **The Company** 's maximum liability for any and all benefits claimed for during each **Policy Period**.
- **The Company** means TATA AIG General Insurance Company Limited.

Benefits covered under the Policy

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to pay the **Insured Person / Nominee / Policy Holder** as per the Coverages mentioned below, during the **Policy Period**. The **Policy Schedule / Certificate of Insurance** will specify which Coverages are in force for the **Insured Person** during the **Policy / Cover Period**

This **Policy** provides **Policy Holder** an option of any one or more of the below mandatory Coverage :

1. Accidental Death (B1)
2. Accidental Dismemberment (B2)
3. Permanent Total Disability (B3)
4. Permanent Partial Disability (B4)

B1. ACCIDENTAL DEATH

The Company will pay the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for Death of **Insured Person**, directly and independently resulting from an **Accident** within the **Policy / Cover Period** . The loss must be within twelve (12) months from the date of the **Accident** which caused **Injury**.

The Company will pay, the **Sum Insured** less any other amount paid/payable under Permanent Partial Disability (B4) section (if opted) of this **Policy**,

B2. ACCIDENTAL DISMEMBERMENT

The Company will pay a specified percentage of the **Sum Insured** shown in the **Policy Schedule/ Certificate of Insurance** if **Injury to Insured Person** within the **Policy / Cover Period** because of an **Accident** directly and independently resulting in one of the losses shown in the “Table of Losses– Table (A)” below. The **loss** must occur within 12 Months from the date of the **Accident** which caused **Injury**.

The Company will pay, the **Sum Insured** less any other amount paid/payable under Permanent Partial Disability (B4) section (if opted) of this **Policy**,

Table of Losses - Table (A)

Nature of Losses	Percentage (%) of Sum Insured
1. Both Hands or Both Feet	100%
2. Sight of Both Eyes	100%
3. One Hand and One Foot	100%
4. Loss of sight of one eye and the physical separation of either one hand or one foot	100%

“Loss” with Regard to:

1. Hand or Foot means actual severance through or above the wrist or ankle joints respectively;
2. Eye means entire and irrecoverable loss of sight;

B3. PERMANENT TOTAL DISABILITY

The Company will pay the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**, for **Injury** within the **Policy / Cover Period** because of an **Accident**, directly and independently resulting in **Permanent Total Disability** within twelve (12) months of the date of **Accident** provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period.

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

- Loss of sight of both eyes
- Loss of ability to use both hands or both feet
- Loss of ability to use one hand and one foot
- Loss of sight of one eye and loss of ability to use either one hand or one foot

The Company will pay, the **Sum Insured** less any other amount paid/payable under Permanent Partial Disability (B4) section of this **Policy**

B4. PERMANENT PARTIAL DISABILITY

The Company will pay a specified percentage of the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** for **Injury** to the **Insured Person(s)** which is total, continuous and permanent within the **Policy / Cover Period**, because of an **Accident** which directly and independently resulting in Permanent Partial Disability as mentioned in Table of Losses (Table B) within twelve (12) months of the date of **Accident**.

If the **Insured Person** suffers more than one of the below mentioned loss as a result of the same accident, **the Company** will add the percentages of each disability together. However, **the Company** will not pay more than 100% of the **Sum Insured** stated in the **Policy Schedule/ Certificate of Insurance**.

Table of Losses- (Table B)

Nature of Losses	Percentage (%) Sum Insured
1. Either Hand or Foot	50%
2. Sight of One Eye	50%
3. Thumb and Index Finger of Same Hand	25%
4. Loss of toes - all	20%
5. Great Toes -Both	5%
6. Great Toe - One	2%
7. other than great toe, if more than one toe lost, each	1%
8. Loss of hearing – both ears	75%
9. Loss of hearing – one ear	30%
10. Loss of four fingers and thumb of one hand	40%
11. Loss of four fingers	35%

12. Loss of thumb – Both	25%
13. Loss of one thumb	10%
14. Loss of index finger	10%
15. Loss of middle finger	6%
16. Loss of ring finger	5%
17. Loss of little finger	4%
18. Loss of metacarpals third, fourth or fifth (additional)	4%
19. Any other Permanent Partial Disablement	(Percentage as assessed by the Company's Panel Doctor)

“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.

Exclusions

i. Specific 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 that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
2. Any Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom.
3. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
4. Any **Claim of Insured Person** arising from:
 - a. suicide or attempted suicide (whether sane or insane) or intentionally self-inflicted **Injury or Illness** ;
 5. being under the influence of intoxicating liquor or drugs or other intoxicants
6. Any natural death not limited to sickness, **Illness**, disease and any claim arising out of any **Illness**, complication or ailment not arising out of **Injury**(as defined in the Policy)
7. If the beneficiary is involved directly or in abetment of the murder/assault of **Insured Person**.
8. Arising or resulting from the **Insured Person** committing any breach of law with criminal intent.
9. Mosquito bite, insect bite and resultant diseases are excluded under the Policy
10. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy.
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. Investigation & Evaluation- Code- Excl04:- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

13. 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;
14. Participation in
 - a. Naval, military or any air force operation
 - b. **Hazardous activity.**
 - c. professional or Adventure sports without expert supervision of trained professional
 - d. actual or attempted felony, riot, crime, misdemeanor(excluding traffic violations) or civil commotion
 - e. Arising or resulting from the **Insured Person(s)** 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;
15. War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel
16. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;
17. Death, Injury or Disablement of the **Insured Person** directly involved in underground mines, explosives magazines , hydro or thermal power projects

General Terms and Clauses

i. Specific Terms and Clauses

A. Condition Precedent:

- i. **Condition Precedent** means a **Policy** term or condition upon which **the Company's** liability under the **Policy** is conditional upon.
- ii. The fulfillment of the terms and conditions of this **Policy** (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by **Policy Holder** or any **Insured Person** shall be conditions precedent to **The Company's** liability.
- iii. The premium for the **Policy** will remain the same for the **Policy /Cover Period** as mentioned in the **Schedule**.

B. Entire Contract:

- i. This **Policy**, its Schedule, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this **Policy** shall be valid unless approved by **the Company** and such approval be endorsed hereon.
- ii. This **Policy** and the **Policy Schedule/Certificate of insurance** shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy** or of the **Schedule** shall bear such meaning wherever it may appear.

C. As per Master Guidelines on Anti-Money Laundering/ Counter Financing of Terrorism (AML/CFT), 2022 (Ref: IRDAI/IID/GDL/MISC/160/8/2022) issued by IRDAI, the Master Policyholders under the group insurance shall maintain the details of all the individual members covered, which shall also be made available to the insurer as and when required.

D. Fraud:

- i. **The Company** will not be liable to pay under the **Policy** if any **Claim** is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by **Policy Holder** or any **Insured Person** or anyone acting on behalf of **Policy Holder** or an **Insured Person**.
 - ii. In the event of fraud done by a primary member/his dependents, the Coverage in respect of that **Insured Person** and his dependents shall be terminated and there shall be no refund of **Insured Person's** premium. Subsequent to this, such **Insured Person** shall not be covered even during renewals.
- E. Mis-representation or non-disclosure of material facts:**
- i. **The Company** will not be liable to pay under the **Policy** if any Mis-representation or non-disclosure of material facts is noted at the time of **Claim** or otherwise, whether by **Policy Holder** or any **Insured Person** or anyone acting on behalf of **Policy Holder** or any **Insured Person**, and **Certificate of Insurance** shall be void ab-initio without any premium refund.
- F. Other Insurance:**
- i. The clause is applicable for claims under Accidental Medical Expenses (B5).
 - ii. If at the time when any **Claim** is made under this **Policy**, the **Insured Person** has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any **Claim** (in part or in whole) being made under this **Policy**, then the **Insured Person** shall have the right to require a settlement of such **Claim** in terms of any of **Insured Person's** policies.
 - iii. The insurer so chosen by the **Insured Person** shall settle the claim, as long as the **Claim** is within the limits of and according to terms of the chosen **Policy**.
 - iv. Provided further that, If the amount to be claimed under the **Policy** chosen by **Insured Person**, exceeds the **Sum Insured** under a single **Policy** after considering the **Deductible**, the **Insured Person** shall have the right to choose the insurers by whom **Claim** is to be settled.
 - v. The **Insured Person** has also have the right to prefer claims under the **Policy** chosen by the **Insured Person** for amounts disallowed under the earlier chosen **Policy(ies)** even if the **Sum Insured** is not exhausted
- G. Renewal conditions :**
- The **Policy** may be renewed with **The Company's** consent. The benefits under the **Policy** or/and the terms and conditions of the **Policy**, including premium rate may be subject to change. **The Company** , however, is not bound to give notice that it is due for renewal. Unless renewed as herein provided, this **Policy** shall terminate at the expiration of the **Policy / Cover Period** for which premium has been paid / received.
- H. Withdrawal:**
- i. In the likelihood of this product being withdrawn in future, **the Company** will intimate **Policy Holder / Insured Person** about the same 3 months prior to expiry of the **Policy**.
 - ii. **Policy Holder / Insured Person** will have the option to migrate to similar health insurance product available with **the Company** at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the **Policy** has been maintained without a break as per portability guidelines issued by IRDAI.
- I. Notices:**
- Any notice, direction or instruction under this **Policy** shall be in writing and if it is to:
- i. Any **Insured Person**, then it shall be sent to **Policy Holder / Insured Person** at **Policy Holder / Insured Person's** address specified in the Schedule to this **Policy Schedule /**

Certificate of Insurance and Policy Holder / Insured Person shall act for all **Insured Persons** for these purposes.

- ii. **The Company** , it shall be delivered to **The Company 's** address specified in the **Policy Schedule / Certificate of Insurance**. No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on **The Company 's** behalf unless **the Company** have expressly stated to the contrary in writing.

J. Termination:

- i. In the event of 100% Sum Insured being paid or claim under any of the following is paid or payable under:
 - B1-Accidental Death,
 - B2- Accidental Dismemberment,
 - B3- Permanent Total Disability,
 - B4- Permanent Partial Disability
 the policy will cease from the date of admissibility of claim
- ii. **Policy Holder / Insured Person** may terminate this **Policy Schedule / Certificate of Insurance** at any time by giving **The Company** written notice, and the **Policy Schedule /Certificate of Insurance** shall terminate when such written notice is received.
- iii. In case of Group **Policy**, each **Certificate of Insurance** will get terminated on the earliest of the following dates:
 - a. The date **Policy Holder / Insured Person** or **The Company** cancel the **Certificate of Insurance**
 - b. The member opts out of the scheme

If no **Claim** has been made under the **Policy/Certificate of Insurance**, then We will refund premium in accordance with the short rate table below:

Short rate table:

Length of time Policy in force	Refund percentage
Up to 1 Month	85.00%
>1 month & Up to 3 Months	70.00%
>3 months & Up to 6 Months	50.00%
>6 months & Up to 12 Months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the **Insured Person** where any **Claim** has been admitted by **The Company** or has been lodged with **The Company** .

- iv. **The Company** may at any time terminate this **Policy /Certificate of insurance** on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by **Insured Person** or any **Insured Person** or anyone acting on **Insured Person's** behalf or on behalf of an **Insured Person** by sending an endorsement to **Insured Person** address shown in the **Schedule** to this **Policy**.
- v. In the event of termination of this **Policy/Certificate of insurance** on grounds of misrepresentation, fraud, non-disclosure of material facts, the **Policy** shall stand cancelled ab-initio and there will be no refund of premium.

- vi. In the event the **Policy/Certificate of insurance** is terminated on grounds of non-cooperation of the **Insured Person** the premium shall be computed in accordance with Our short rate table for the period the **Policy** has been in force, upon 15 days notice by sending an endorsement to **Insured Person** address shown in the Schedule provided no **Claim** has occurred up to the date of termination. In the event a **Claim** has occurred in which case there shall be no return of premium.
- K. Reasonable Care:**
The **Policy Holder / Insured Person** shall take all reasonable steps to safeguard the interests against any **Injury** that may give rise to a Claim.
- L. Material Change:**
The **Policy Holder** shall immediately notify **The Company** in writing of any material change in the risk on account of change in occupation / business at his own expense and **The Company** may adjust the scope of cover and/or premium, if necessary, accordingly.
- M. Records to be maintained:**
The **Policy Holder / Insured Person** shall keep an accurate record containing all relevant medical records and shall allow **The Company** or its representative(s) to inspect such records. The **Policy Holder / Insured Person** shall furnish such information as **The Company** may require under this **Policy** at any time during the **Policy Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all Claims under this **Policy**.
- N. Policy Review period**
The **Insured Person** shall be allowed policy review period of fifteen (15) days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.
If the **Insured Person** has not made any **Claim** during the policy review period, the **Insured Person** shall be entitled to
- i. a refund of the premium paid less any expenses incurred by **the Company** on medical examination of the **Insured Person** and the stamp duty charges or
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the **Insured Person**, a deduction towards the proportionate risk premium for period of cover or
 - iii. Where only a part of the insurance Coverage has commenced, such proportionate premium commensurate with the insurance Coverage during such period;
- O. Arbitration:**
- If any dispute or difference shall arise as to the quantum to be paid by the **Policy** , (liability being otherwise admitted), such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 , as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016)

- It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if **The Company** have disputed or not accepted liability under or in respect of this **Policy**.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained

Other terms and Conditions

Claims Procedure and Claims Payment

Intimation & Assistance

Insured Person can notify a **Claim** by sending an SMS **CLAIMS** to **5616181** or by calling **The Company** 's 24x7 toll free helpline **1800-266-7780** or 1800 229966 (only for senior citizen **Policy** holders). Please use the **Claim** Intimation Form for intimation of a claim.

Insured Person can even write to **The Company** at general.claims@tataaig.com and scanned documents may be submitted at paclaim.support@tataaig.com to initiate **Claim** processing.

- Please provide the following information at the time of intimation of claim
 - **Policy Schedule/Certificate of Insurance**
 - Name of Injured person
 - Date & Time of Loss, Location of accident
 - Nature of **Injury** / Accident
 - **Policy** Coverage under which **Claim** is preferred
 - Name of **Hospital** / doctor where treatment taken
 - Name / Location of police station, if case is reported with police
 - E-mail ID & mobile/ telephone no. of **Insured Person** / Contact Person
- Please send a duly signed **Claim** form and all the information / documents mentioned below to **The Company** within One (1) month of the date of loss / **Injury**.

A. Claim Notification

It is a **Condition Precedent** to **The Company** 's liability hereunder that notice of **Claim** must be given by the **Insured Person** to **The Company** within seven (7) **Days** after an actual or potential loss begins or as soon as reasonably possible and in any event no later than One (1) month after an actual or potential loss begins. Failure to furnish such intimation within the time required shall not invalidate nor reduce any **Claim** if the **Insured Person** can satisfy **The Company** that it was not reasonably possible for the **Insured Person** to give intimation / documents within such time. **The Company** may relax these timelines only in special circumstances and for the reasons beyond the control of the **Insured Person**.

B. Claim Documentation

Accidental Death	Permanent Total Disability / Accidental Dismemberment / Permanent Partial Disability
1. Claim form with Attending Doctor's report.	1. Claim form with Attending Doctor's report.
2. Copy of Death Certificate	2. Copy of Disability Certificate from the Competent Authorized Doctor or Civil Surgeon / physician showing the percentage (%) of disability
3. Copy of Post Mortem report	
4. Copy of First Information Report and Panchanama, if filed and	

<p>available</p> <ol style="list-style-type: none"> 5. In case of Road Accident /Drowning / Lightning / Electric Shock / Murder/ – Copy of Spot / Inquest Pachamama – - First Information Report & Electricity Board report in case of electrocution. 6. In case of Accident due to Poisonous /reptile substance – Viscera Report, Forensic Lab Report 7. Copy of Admission/ discharge card with complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.), if admitted. 8. Copy of newspaper cutting, if any. 9. Copy of first consultation papers, MLC , Admission/ discharge card with complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.), if admitted. 10. Original CKYC form with attested copy of KYC documents and Cancelled cheque with Latest Passport size photograph. (if Nominee payment) 	<ol style="list-style-type: none"> 3. Copy of Admission/ discharge card with complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.) 4. Copy of First Information Report and Panchanama, if filed and available 5. In case of Road Accident/Drowning / Lightning / Electric Shock / Murder/ - First Information Report& Electricity Board report in case of electrocution. 6. In case of Accident due to Poisonous substance – Viscera Report, Forensic Lab Report 7. Copy of first consultation papers, MLC, IPD papers, Admission/ discharge card with complete medical records including Investigation/ Lab reports (X-Ray, MRI etc.) 8. Complete Photograph of insured showing disabled / dismembered body part. . Any complete photograph of insured prior to Policy Inception. 9. Original CKYC form with attested copy of KYC documents and Cancelled cheque with Latest Passport size photograph.
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Other appropriate Documents based on the **Claim** details

Please submit all documents to the Corporate Office at the address given 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

C. Assignment of Indemnities

Amount payable under the **Policy**, if any, in case of **Insured Person's** loss of life is payable to :

- by default to the **Nominee** declared by **Insured Person** provided such **Nominee** survives **Insured Person** by thirty Days; otherwise, amount is payable to **Insured Person's** Legal Heir , or
- In case the nominee is Minor, the benefit will be given to the joint Account of the Legal Guardian and the Minor Child., or
- **Assignee**, a person or **Financial Institution** to whom a right or liability is legally transferred.

Any payment **The Company** make in good faith pursuant to this provision shall fully discharge **The Company** to the extent of the payment.

For the purpose of avoidance of doubt it is clarified that if the Insured is a minor, the **Insured Person's** guardian shall appoint the **Nominee**

D. Consent of Nominee

Consent of the **Nominee**, if any, shall not be a pre-requisite for any change of **Nominee** or to any other changes in this **Policy**.

E. Change of Nominee

No change of **Nominee** under this **Policy** shall bind **the Company** , unless consent thereto is formally endorsed thereon by **The Company's** authorized officer.

F. Claims Payment

The Company shall make the payment of **Claim** that has been admitted as payable by **The Company** under the **Policy** within 30 days of submission of all necessary documents and information and any other additional information required for the settlement of the Claim.

All Claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of **Policy Holder's** Interests) Regulations, 2017.

In case of delay in payment of any **Claim** that has been admitted as payable by **The Company** under the **Policy**, beyond the time period as prescribed under IRDAI (Protection of **Policy Holder's** Interests) Regulations, 2017, **The Company** shall pay interest at a rate which is 2% above the bank rate

However, where the circumstances of a **Claim** warrant an investigation in the opinion of **The Company** , it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, **The Company** shall settle or reject the **Claim** within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days, **The Company** shall be liable to pay interest to the **Policy Holder** at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which **Claim** has fallen due)

G. Complete discharge

Payment made by **The Company** to the **Policy Holder** / adult **Insured Person** or the **Nominee** or to the **Hospital**, as the case may be, of any **Medical Expenses** or **Compensation** or benefit under the **Policy** shall in all cases be complete and construe as an effectual discharge in favour of **The Company** .

Redressal of Grievance

In case of any grievance the **Insured Person** may contact through:

Website: www.tataaig.com

Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com

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

7th and 8th Floor, Romell Tech

Park, Cama Industrial Estate,

Western Express Highway,

Goregaon(E), Mumbai,

Maharashtra 400063

Visit the Servicing Branch mentioned in the policy document

The **Insured Person** may also approach the grievance cell at any of **The Company's** branches with details of grievance.

Nodal Officer : Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

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

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme.

List of Insurance Ombudsman

SN	Centre	Address & Contact	Jurisdiction
1	AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD — 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
2	BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1 st Phase, Bengaluru — 560 078. Tel.: 080 — 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
3	BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal — 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
4	BHUBANESWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar —751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
5	CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17- D, Chandigarh — 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai — 600 018.	Tamil Nadu, Puducherry Town and Karaikal (which are

		Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	part of Puducherry).
7	DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi — 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8	GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati — 781001(ASSAM). Tel.: 0361 — 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	HYDERABAD	Office of the Insurance Ombudsman, 6-2 46, 1 st floor, "Moin Court ". Lane Opp. Saleem Function Palace, A C Guards, Lakdi - Ka - Pool, Hyderabad - 500004 Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur 302 005 Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
11	ERNAKULAM	Office of the Insurance Ombudsman, 2 nd Floor. Pulinat Bldg., Opp Cochin Shipyard, M. G. Road, Ernakulam - 682015 Tel.: 0484 - 2358759 / 2359338 Email. bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7 th Floor, 4, C.R. Avenue, Kolkata - 700 072 Tel.: 033 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
13	LUCKNOW	Office of the Insurance Ombudsman, 6 th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow 226 001 Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang,

			Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
14	MUMBAI	Office of the Insurance Ombudsman, 3 rd Floor, Jeevan Seva Annexe, S V Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
15	NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P -201301. Tel.: 0120 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA	Office of the Insurance Ombudsman, 2 nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001 Tel.: 0612 -2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
17	PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, CTS. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune — 411 030. Tel. 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

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

Grievance Redressal Procedure:

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

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published 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.

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

TATA AIG - ANTYODAYA SHRAMIK SURAKSHA YOJANA OPTIONAL ADD ON COVERS

Tata AIG - Antyodaya Shramik Suraksha Yojana – Optional Add on Cover can only be opted along with the base covers under the **Policy** and cannot be opted in isolation or as a separate product. The Add-on covers are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in addition to the Policy Terms and Conditions and Exclusions. These Add-on Covers shall be available only if the same are specifically mentioned in the **Policy Schedule / Certificate of Insurance**.

The insurance provided under these Add On covers are only with respect to such and so many of the coverages as are indicated by a specific amount set opposite in the **Policy Schedule/Certificate of Insurance**.

B5. ACCIDENTAL MEDICAL EXPENSES

DEFINITIONS SPECIFIC TO THIS COVERAGE

- **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:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. 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;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- **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.
- **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.
- **Medically Necessary Treatment** means any treatment, tests, medication, or stay in **Hospital** or part of a stay in **Hospital** which:
 - is required for the medical management of the illness or **Injury** suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a *medical practitioner*;
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

COVERAGE

The Company will reimburse for **Injury** due to an **Accident** to the **Insured Person** within the **Policy / Cover Period** which results in **Hospitalisation** for **Medically Necessary Treatment** up to the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** subject otherwise to all other terms, conditions and exclusions of the **Policy**.

- Hospitalization for medically necessary treatment includes: Room rent, boarding and nursing expenses
- Intensive Care unit Charges

- **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.

EXCLUSIONS SPECIFIC TO THIS COVERAGE

- 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 Physician;
- 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. the diagnosis and treatment of acne;
- viii. deviated septum, including sub mucous resection and/or other surgical correction thereof;
- ix. organ transplants that are considered experimental in nature;
- x. child care including medical exams and immunizations;
- xi. expenses which are not exclusively medical in nature;
- xii. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless **Injury** has caused impairment of vision or hearing;
- xiii. treatment provided in a government **Hospital** or services for which no charge is normally made;
- xiv. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices;
- xv. **Medical Expenses** incurred as the result of alcohol and/or drug abuse, addiction or overdose;
- xvi. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome
- xvii. Any non **Medical Expenses** (list enclosed – Annexure I)

CLAIM DOCUMENTATION SPECIFIC TO THIS COVERAGE

1. **Claim** form with Attending Doctor's report
2. Copy of First Information Report and Panchanama MLC if filed and available
3. Copy of Discharge card / summary, diagnostic test reports, etc
4. Original Bills and receipts for **Medical Expenses** .

5. Copy of first consultation papers, MLC, IPD papers, Discharge card / summary, diagnostic test reports, etc.
6. Other appropriate Documents based on the Claim details

B6. PROLONGED HOSPITALISATION BENEFIT

We will pay a fixed amount as mentioned in the **Policy Schedule/Certificate of Insurance**, in the event the **Insured Person** is hospitalized for an **Injury** for a continuous period exceeding 7 days

This benefit will be triggered provided that the **Claim** is admissible under Accidental Medical Expenses(B5) of this **Policy** and will be paid once during the **Policy /Cover Period** .

B7. FUNERAL EXPENSES

The **Company** will pay the **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** towards funeral costs if an **Insured Person** sustains **Injury** which results into valid **Claim** under Accidental Death (B1) during the **Policy /Cover Period**

B8. REPATRIATION OF MORTAL REMAINS

The **Company** will reimburse up to the **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** towards transportation of the mortal remains of the **Insured Person** from the place of Death to residence of **Insured Person** if an **Insured Person** sustains **Injury** which results into valid **Claim** under Accidental Death (B1) during the **Policy /Cover**

Covered expenses include but are not limited to, necessary expenses for

- i. Embalming
- ii. Coffins
- iii. Transportation

CLAIM DOCUMENTATION SPECIFIC TO THIS COVERAGE :

1. **Claim** form
2. Original bills and receipts for Embalming, Cremation, Coffins & Transportation
3. Other appropriate Documents based on the Claim details

B9. COMA

DEFINITIONS SPECIFIC TO THIS COVERAGE :

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:

- ii. no response to external stimuli continuously for at least 96 hours;
 - iii. life support measures are necessary to sustain life; and
 - iv. Permanent Neurological Deficit which must be assessed at least 30 **Day** s 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.

COVERAGE :

The Company will pay **Sum Insured** as mentioned in the **Policy Schedule/ Certificate of Insurance** for an **Injury** due to an **Accident** which results in **Coma of specified severity** from the date of **Injury** during the **Policy / Cover Period** . This Benefit will be paid once during the **Policy /Cover Period** .

CLAIM DOCUMENTATION SPECIFIC TO THIS COVERAGE :

1. **Claim** Form
2. Copies of all the medical records first consultation papers, MLC, discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc
3. Medical certificate from treating doctor giving the details of neurological status & prognosis after 30 days from date of loss
4. Other appropriate Documents based on the Claim details

B10. EDUCATION BENEFIT

COVERAGE :

The Company will reimburse up to **Sum Insured** as stated in the **Policy Schedule/ Certificate of Insurance**, towards Education Fees of maximum of two **Eligible Child / Children** subject to valid **Claim** under Accidental Death(B1). In case the Dependent Child is a minor, the benefit will be given to the joint Account of the Legal Guardian and the Minor Child.

EXCLUSIONS SPECIFIC TO THIS COVERAGE :

Dependent Children who enroll as a full time student after the **Claim of Insured Person** becomes permanently ineligible for the benefit.

CLAIM DOCUMENTATION SPECIFIC TO THIS COVERAGE :

1. **Claim** form
2. Copy of admission form with identity card and fee payment receipt for child/children at the time of date of loss.
3. Copy of Birth Certificate or any other valid document establishing age.
4. Copy of Family card or Ration card reflecting the name of child/children
5. Copy of cancelled cheque or First (1st) page of bank passbook giving the details of child / joint account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)
6. Other appropriate Documents based on the Claim details