



WITH YOU ALWAYS

TATA AIG CANCELLATION GUARD POLICY

UIN: TATTGDP23180V012223

POLICY WORDINGS

Tata AIG General Insurance Co. Ltd.

Registered Office:

Peninsula Business Park, Tower A, 15th Floor,

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

24x7 Toll Free No: 1800 266 7780

or 1800 22 9966 (For Senior Citizens)

Email: customersupport@tataaig.com

Website: www.tataaig.com

IRDA of India Registration No: 108

CIN:U85110MH2000PLC128425

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SECTION 1 – PREAMBLE

Tata AIG General Insurance Company Limited (**The Company**) will provide the insurance described in this Policy and any endorsements to the Policy, detailed in **the Policy Schedule / Certificate of Insurance** and in reliance upon the statements contained in the Proposal/enrolment form which shall be the basis of this Policy and are deemed to be incorporated herein in consideration of receipt of all premium payments in full and prior to commencement of risk and in compliance with all applicable provisions of this Policy.

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

SECTION 2 – DEFINITIONS

The terms defined below in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

i. Standard Definitions

1. **Accident/Accidental:** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

ii. Specific Definitions

2. **Age:** means the age of the **Insured Person** on his completed birthday as per the English calendar, regardless of the actual time of birth at the time of Policy inception.
3. **Certificate of Insurance:** means certificate attached to and forming part of this Policy mentioning the details of the **Insured Person** who is covered, along with the Coverages and **Sum Insured**, the **Cover Period** and the limits and condition, to which the Coverages under the Policy are subject to, including any annexure and/or endorsements.
4. **Common Carrier:** means Scheduled Airline, which is operating under a valid license from the relevant authority for the Transportation of fare paying passengers.
5. **Cover Period:** means the time defined within the Cover Start Date and End Date, during which a Cover is in effect for a named **Insured**

Person as specified in the **Certificate of Insurance**.

6. **Insured Person:** means the Individual who is a traveler under the travel **Ticket** which has been declared and covered under this **Policy / Certificate of Insurance**.
7. **IRDAI:** means Insurance Regulatory and Development Authority of India.
8. **Flight / Airline Ticket / Ticket:** means the specific flight **Ticket** which has been covered under the Policy identified by its PNR no: as mentioned in the **Policy Schedule / Certificate of Insurance**.
9. **Policy:** means the contract of insurance including but not limited to **Policy Schedule, Certificate of Insurance**, Endorsements, Policy Wordings, Extensions and Add On covers wherever opted for.
10. **Policyholder:** means the Person(s) or the entity named in the **Policy Schedule**.
11. **Policy Period End Date:** means the date on which the policy period expires.
12. **Policy Period Start Date:** means the date on which the policy period commences.
13. **Policy Schedule:** means Schedule attached to and forming part of this **Policy** mentioning the details of the **Insured Persons** who are covered along with the Coverages and **Sum Insured**, the **Policy Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
14. **Scheduled Airline:** means any civilian aircraft operated by a civilian scheduled air carrier transport under license issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specific times or regular flights operated by such carrier.
15. **Sum Insured:** as specified against each Coverage in the **Policy Schedule / Certificate of Insurance** to this **Policy**, which represents the maximum liability of **the Company** for any and all Claims made during **Cover Period** under that Coverage.
16. **Supplier:** means one who provides **Ticket** services.

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17. **Ticket Cancellation:** It refers to the scenario wherein the **Flight /Airline Ticket / Ticket** is cancelled by or on behalf of the **Insured Person**.
 18. **Ticket Rescheduling:** It refers to the scenario wherein the **Flight /Airline Ticket/Ticket** is rescheduled and the alternate flight is booked in the same transaction by or on behalf of the **Insured Person**.
 19. **The Company:** means Tata AIG General Insurance Company Ltd.
 20. **You:** means the **Policy Holder** and/or **Insured Person** who is named in the **Policy Schedule / Certificate of Insurance**.
2. Any claim of **Insured Person** arising from:
 - a. suicide or attempted suicide.
 - b. Wilful self-inflicted illness or injury except injury in self-defence or to save life.
 3. 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.

Mandatory Base Cover 2:

Minimum one of the following coverage is applicable as opted:

2. Ticket Cancellation

The Company will pay the non-refundable amount up to the **Sum Insured**, as specified in the **Policy Schedule/ Certificate of Insurance**, in the event of **Ticket** being cancelled, prior to the commencement of journey as specified in the **Policy Schedule/ Certificate of Insurance** We will cover only one Cancellation of **Flight Ticket** post which the **Certificate of Insurance** shall stand terminated with no further liability for the **Insurance Company**

3. Ticket Rescheduling

The Company will pay the additional amount incurred up to the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, in the event **Ticket** is rescheduled, prior to the commencement of journey as specified in the **Policy Schedule/Certificate of Insurance**. We will cover only one Rescheduling of **Flight Ticket** post which the **Certificate of Insurance** shall stand terminated with no further liability for the **Insurance Company**

SECTION 3 – COVERAGES UNDER THE POLICY

Mandatory Base Cover 1:

1. Accidental Death - Common Carrier

The Company will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of **Insured Person** caused by an **Accident**. Accidental injury must occur while **Insured Person** is travelling in or boarding or alighting from the **Common Carrier** as a fare paying passenger under the **Insured Ticket**. The death must occur within 12 (Twelve) months from the date of the **Accident**.

Once claimed then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

Disappearance:

The Company will pay the benefit for Loss of Life if **Insured Person's** body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking or as a result of any Acts of God of a **Common Carrier** in which the **Insured Person** is fare paying passenger under the **Insured Ticket**, in which case it shall be deemed, subject to all other terms and provisions of the **Policy**, that the **Insured Person** shall have suffered loss of life within the meaning of the **Policy**.

Exclusions Specific to Mandatory Base Cover 1

In addition to Section 4 – Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or **Scheduled Airline**.

SECTION 4 – EXCLUSIONS

I. SPECIFIC EXCLUSIONS:-

The Company will not be liable to make any payment for any Claim under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. If the **Policy** is not purchased simultaneously in the same financial transaction on which the **Insured Person** made payment for booking the **Ticket**.
2. In case of **Ticket** Rescheduling if the

destination city and the airline/carrier is not same as originally booked travel **Ticket** which was rescheduled.

3. Claim pertaining to any benefit not purchased simultaneously in the same financial transaction on which the **Insured Person** made payment for booking the **Ticket**.
4. Any **Ticket** which is Cancelled or Rescheduled as a consequence of Pandemics, Epidemics, Lockdown or Quarantine period as declared by the respective Authority from time to time and/ or when the **Common Carrier** is grounded off or not operating, unless such declaration was not known to the Public before the **Insured Person** booked the **Ticket**
5. In case of Rescheduled tickets preponed by more than 10 days and postponed by more than 90 days
6. Laws, Regulations or orders, issued or made by any Government or Public Authority.
7. Losses due to war or any act of war, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, Chemical and biological weapons,
8. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
9. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel
10. Ticket Cancellation or Rescheduling amount withheld by the airline/OTA in the form of credit shell with certain time validity.

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|---|
| <ul style="list-style-type: none"> • Claim form duly completed and signed • Copy of cancelled cheque/NEFT form • Copy of Death Certificate with cause of death • Attested Postmortem report / Coroner's report • Attested copy of FIR/ Police Inquest report / Police Panchanama, where applicable. • Copy of Ticket & Boarding Pass with original scheduled itinerary |
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| Ticket Cancellation and Ticket Rescheduling |
| <ul style="list-style-type: none"> • Claims Form duly completed and signed by the Insured Person • Copy of cancelled cheque/NEFT form • Original Booking /Ticket Confirmation • Email/message from customer when first time they informed about the cancellation/ rescheduling of booking • Confirmation of Cancellation or Rescheduling of booking • Details / supporting documents of amount refunded by common carrier |

SECTION 5 – CLAIM PROCEDURE AND DOCUMENTS

A. Intimation & Assistance

You can notify a **Claim** by sending an SMS **CLAIMS** to **5616181** or by calling **The Company's** 24x7 toll free helpline **1800-266-7780**. Please use the **Claim** Intimation Form for intimation of a **Claim**

You can even write to **The Company** at general.claims@tataaig.com to initiate **Claim** processing

Coverage and Documents required
Accidental Death - Common Carrier

B. 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 fifteen (15) days after an actual or potential loss begins.

For details on the Claims procedures and requirements or any assistance during the process, **The Company** may be contacted at **The Company** call centre on the toll free number specified in the Schedule or through **The Company** website.

C. Scrutiny of Claim Documents

The Company shall scrutinize the Claim and accompanying documents. During Claim processing, if the Claims are found deficient in documents, **the Company** shall intimate the same to the Policyholder / **Insured Person**

D. Other Claims Requirements:

- If any Claim is not made within the time period set out above, **The Company** condones such Cancellation on merits only where the Cancellation has been proved to be for reasons beyond the claimant's control.
- **The Company** representatives must be given all cooperation in investigating the Claim in order to assess **The Company's** liability and quantum in respect of such Claim.

E. 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 Policyholders 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 Policyholders 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 Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

Section 6 – GENERAL TERMS AND CONDITIONS

A. Condition Precedent:

- Condition Precedent means a **Policy** term or condition upon which **the Company's** liability under the **Policy** is conditional upon.
- The fulfillment of the terms and conditions of this **Policy** (including the payment of premium) in so far as they relate to anything to be done or complied with by **Policyholder** or any **Insured Person** shall be conditions precedent to **The Company's** liability.

B. Entire contract:

- This **Policy**, its Schedule / **Certificate of Insurance**, 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.
- This **Policy** and the 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. Fraud:

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 **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or an **Insured Person**.

D. Contribution

If, at the time of the happening of any loss covered by this Policy there shall be subsisting any other insurance of any nature whatsoever covering the same risk whether effected by **You** or not, then **the Company** shall not be liable to pay or contribute more than its rateable proportion of any loss or any claim.

E. Mis-representation or non-disclosure of material facts:

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 **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or any **Insured Person**, and **Certificate of Insurance** shall be void ab-initio without any premium refund.

F. Notices:

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

Any **Insured Person**, then it shall be sent to **Policyholder / Insured Person** at **Policyholder / Insured Person's** address specified in the **Policy Schedule / Certificate of Insurance and Policyholder / Insured Person** shall act for all **Insured Person** for these purposes.

No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **The Company's** behalf unless **the Company** have expressly stated to the contrary in writing.

G. Electronic Transactions:

The **Insured Person** agrees to comply with all the terms and conditions of electronic transactions as **The Company** shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centers, tele

service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this **Policy** and Claim related details, shall constitute legally binding when done in compliance with **The Company's** terms for such facilities.

H. Cancellation/Termination of the Policy:

The **Insured Person** may cancel the Policy, however there would be no refund of premium for the same

The Group Policyholder may cancel the Policy upon 15 days notice. In such case '**Certificate of Insurance**' issued prior to the date of cancellation of the Policy shall continue till Cover End Date and there shall be no refund for such **Certificate of Insurance**. However there shall be no further acceptance of risk or issuance of **Certificate of Insurance** under the Group Policy.

In the likelihood of this policy being withdrawn in future, we will intimate **You** about the same 3 months prior to expiry of the policy. You will have the option to migrate to any Travel insurance policy available with us.

I. Reasonable Care:

The **Policyholder/ Insured Person** shall take all reasonable steps to safeguard the interests against contingency that may give rise to a Claim.

J. 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 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** has disputed or not accepted liability under or in respect of the **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.

SECTION 7: GRIEVANCE LODGEMENT STAGE

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.

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.

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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, 1st 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. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are 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, 5th 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.

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SN	Centre	Address & Contact	Jurisdiction
9	Hyderabad	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	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, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. 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, 7th 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, 6th 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, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/ 27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

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SN	Centre	Address & Contact	Jurisdiction
15	Noida	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	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 Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Grievance Redressal Procedure:

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