



WITH YOU ALWAYS

CLAIM FORM – TATA AIG SMART MUTLI ASSURE POLICY

For claim-related assistance, notification of claim and submission of claim-related documents, kindly contact us through-

- **Website:** www.tataaig.com/downloads
- **Toll Free No.:** 1800 266 7780/ For Senior Citizens: 1800 22 9966
- **Courier Claim Documents to:**
Tata AIG General Insurance Company Limited,
8th Floor, Romell Tech Park, Cama Industrial Estate,
Western Express Highway,
Goregaon(E), Mumbai,
Maharashtra - 400063.

The issue of this form does not constitute admission of liability.

Please keep in mind:

- i] Inform Company of the loss without any delay, keeping in mind the timelines specified in the Policy.
- ii] Please do not delay dispatch of this form for unavailable information, which can be sent later.
- iii] If space is not sufficient in any of the column, please attach separate sheet (s).

Claim No: _____ Policy No: _____
 Policy Period: From _____ To _____

Details of Insured:

1. Name: [Grid for Name]

2. Address: [Grid for Address] PIN: [Grid for PIN]

3. Contact Information:
 Phone: Mobile [Grid] STD Code: [Grid] Number: [Grid]
 Email: [Grid]

Details of Claimant:

1. Name: [Grid for Name]

2. Address: [Grid for Address] PIN: [Grid for PIN]

3. Contact Information:
 Phone: Mobile [Grid] STD Code: [Grid] Number: [Grid]
 Email: [Grid]

Certificate No.:	Customer ID:
Estimated Loss Amount:	

Coverage under which loss is claimed (please tick as applicable)

Cover Name	Claim Details	Please tick
Claim Under: Home Building and Home Contents	Loss Details – Date of Loss: [D][D][M][M][Y][Y][Y][Y]	Time of Loss: _____ AM/PM

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15th Floor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013,
 Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email:
customersupport@tataaig.com | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN:
 U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

Lost Wallet Coverage	Intimation to Card Issuer: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	How was the information of loss (of cards/theft/burglary/etc.) received? <hr/> <hr/>									
D	D	M	M	Y	Y	Y	Y												
Unauthorized Fund Transfer and Forgery Protection	Intimation to Company: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Were there any witnesses (if relevant), kindly share their names, addresses and phone numbers: <hr/> <hr/>									
D	D	M	M	Y	Y	Y	Y												
Personal Accident																			
Loss of Income (Involuntary)	Name of the Employer: <hr/>	Date of Joining: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y									
	D	D	M	M	Y	Y	Y	Y											
	Designation & Department with Employer: <hr/>	Cause of Loss of Job/Employment: <hr/>																	
	Contact details of Existing Employer's Human Resource (HR) personnel – Designation, Name mobile, email id, address: <hr/> <hr/> <hr/>	Date of Loss of Job of Insured: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Date of Loss of Job of Insureds' Spouse: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <i>(if applicable)</i>	D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
Details of Loan Account no. & Financier: <hr/> <hr/>	Outstanding EMI amount: <hr/>																		
Loss of Income (Commercial Vehicle)	Date of Accident/Theft: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Date of Claim Intimation to the Insured: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

	<p>Date of Intimation to Police in case of Theft: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Attach FIR or any police complaint with an acknowledgement)</p>	<p>Date of Vehicle reported at Repairer: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Attach copy of Repair Order)</p>	
	<p>Date of Repair Invoice: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Attach Repairer GST Invoice & Claim Settlement Letter/ Email from Insurer)</p>		
Loss of Income (Disability & Critical illness)	<p>Date of Illness Diagnosed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Date of Claim Intimation to the Insured: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
	<p>Brief Note on Disability & Critical Illness occurred –</p> <hr/> <hr/> <hr/>		
Garage Cash (Private Vehicles)	<p>Date of Claim Intimation to the Insured: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Date of Vehicle Surveyor: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Attach copy of Approved Estimate by the Insurance Surveyor)</p>	
	<p>Date of Vehicle reported at Repair: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Attach Vehicle Repair Order)</p>	<p>Date of Repair Invoice: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(Attach Repairer GST Invoice & Claim Settlement Letter)</p>	
Terrorism Cover (Applicable only if Home Building and Home Contents cover is opted)	<p>Date of Loss: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Date of Claim Intimation to the Insured: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
	<p>Brief Note on Occurred Incident –</p> <hr/> <hr/>		

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

	—										
Temporary Resettlement Expenses Cover (Applicable only if Home Building and Home Contents cover is opted)	Address of Alternate Accommodation:										

	—										
	Claim amount for –										
	Cost of Transportation/Packaging/Unpackaging –	Cost of Emergency Purchase –									
	_____	_____									
	—										
Personal Liability Cover (Applicable only if Home Building and Home Contents cover is opted)	Brief Note on how the Loss occurred -										

	Please provide details of injury/property damaged -										

	Have you received a legal notice? If Yes, please provide a furnished copy -										

Accidental Damage - General Contents (Applicable only if Home Building and Home Contents cover is opted)	Make/Model:	Date of Loss:									
	_____	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	
	D	D	M	M	Y	Y	Y	Y			

	Estimated Loss Amount:	Cause of Loss:									
	_____	_____									
	A brief note on how the loss occurred/Incident Note:										

Accidental and Liquid Damage (Portable electrical and electronic devices) (Applicable only if Home Building and	IMEI/Serial No.:	Date of Loss:	Make/Model:								
	_____	<table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	_____
	D	D	M	M	Y	Y	Y	Y			
Estimated Loss Amount:	Cause of Loss:										
	_____	_____									
	A brief note on how the loss occurred/Incident Note:										

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

Home Contents cover is opted)	<hr/> <hr/> <hr/>										
Brokerage Expenses (Applicable only if Home Building and Home Contents cover is opted)	Estimated Expense Amount: <hr/> <hr/> <hr/>										
Burglary & Theft (Applicable only if Home Building and Home Contents cover is opted)	Brief Note on how the Loss occurred - <hr/> <hr/> <hr/> List of Claimed Item <hr/> <hr/> <hr/> Estimated Loss - <hr/> <hr/> <hr/>										
Breakdown of Domestic, Electric and Electronic Appliances Cover (Applicable only if Home Building and Home Contents cover is opted)	Make/Model: <hr/> <hr/> <hr/>	Date of Loss: <table border="1" data-bbox="874 1128 1137 1167"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y				
	Estimated Loss Amount: <hr/>	Cause of Loss: <hr/>									
	A brief note on how the loss occurred/Incident Note: <hr/> <hr/> <hr/>										
Delay in Salary Payment	Name of Existing Employer: <hr/>	Date of Joining: <table border="1" data-bbox="874 1576 1137 1615"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y				
	Designation & Department with the Employer: <hr/>	Date of Credit Salary: <table border="1" data-bbox="874 1666 1137 1704"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y				
	Contact details of Existing Employer's Human Resource (HR) personnel – Designation,	Details of Loan Account Ni. & Financier: <hr/> <hr/>									

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

	Name, mobile, email id, address: _____ _____ _____ _____	_____ _____																		
	Outstanding EMI amount: _____ —	EMI Due Date: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y													
Rescinding of Offer Letter	Name of Existing Employer: _____	Name of Prospective Employer: _____																		
	Designation & Department with the Employer: _____	Date of Offer Letter from Prospective Employer: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y										
	D	D	M	M	Y	Y	Y	Y												
	Contact details of Existing Employer's Human Resource (HR) personnel – Designation, Name, mobile, email id, address: _____ _____ _____ _____	Contact details of Prospective Employer's Human Resource (HR) personnel – Designation, Name, mobile, email id, address: _____ _____ _____ _____																		
	Date of Resignation with Existing Financier: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Date of Offer Letter from Prospective Employer: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
	D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y													
Details of Loan Account No. & Financier: _____ _____																				
EMI Due Date: <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	EMI Amount: _____ —											
D	D	M	M	Y	Y	Y	Y													
Vacation Cancellation Cover	Date of Departure:	Date of Trip Cancellation:																		
	Reason for Trip Cancellation: _____																			

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

	<p>_____</p> <p>_____</p>									
	<p>Details of Loan Account No. & Financier:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>EMI Amount:</p> <p>_____</p>								
		<p>EMI Due Date:</p> <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
FIR	<p>Has the Fire/Loss been reported to fire brigade and/or Police? Yes No</p> <p>FIR No.: _____ Fire Brigade Report No.: _____</p> <p>If No, please give reasons:</p> <p>_____</p> <p>_____</p> <p>Was the premise occupied at the time of loss? Yes No</p> <p>If No, since when was it unoccupied?</p> <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			

Claim Submission Details:

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

- 1. Immediate notice to Us**
 - a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
 - b. You can give notice to any of Our offices or call-centres.
 - c. You must state in this notice
 - i. the Policy Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. details of loss or damage under any Optional Cover or Add-ons,
 - ix. submit photographs of loss or physical damage, wherever possible.

- 2. Steps to prevent loss and damage**
 - a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425



WITH YOU ALWAYS

- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.
- 3. Immediate notice to Authorities**
 - a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or riot strikes, malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
 - b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.
- 4. Submit Claim:**
 - a. Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
 - b. We shall not be liable for any loss or damage where delay on Your part has resulted into increase in the amount of assessed loss. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.
- 5. Establish Loss:**
 - a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
 - b. When We request,
 - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.
 - iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- 6. Fraudulent Claim**

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Certificate of Insurance: in such a case, You will lose all benefits under this Certificate of Insurance and Premium that You have paid, and

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013, Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email: **customersupport@tataaig.com** | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN: U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425

iii. We can also inform the police, and start legal proceedings against You.

7. Other Insurance

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy. Contribution shall not be applicable in case of multiple policies involving Bank or other lending financial entity, offering coverage to the same risk.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies. Contribution clause shall not be applicable in case of multiple policies involving Bank or other lending financing entity, offering coverage to the same risk.
- d. We will ensure that Our actions do not impose any liability on You.

8. Recovery action by Us

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
 - i. without seeking Your consent,
 - ii. in Your name, and
 - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- c. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd. Office: 15thFloor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai- 400013,
Maharashtra, India | Toll Free No. **1800 266 7780 OR 1800 229966 (For Senior Citizens)** | Email:
customersupport@tataaig.com | IRDA of India Registration No: 108 | Website: **www.tataaig.com** | CIN:
U85110MH2000PLC128425 | UIN: IRDAN108RPMS0009V01202425