

Policy Wordings

Definitions

We use certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule and are shown with an initial capital letter. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

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.

Congenital Anomaly - Means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **Internal Congenital Anomaly** - Which is not in the visible and accessible parts of the body.
- **External Congenital Anomaly** - Which is in the visible and accessible parts of the body.

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.

The deductible is applicable per event.

Grace Period - Means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received. The grace period for payment of premium is thirty days.

Such facility is only applicable in Annual Policies.

Hospital - Means any institution established for in-patient care and daycare treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- Has qualified medical practitioner (s) in charge round the clock;

- Has a fully equipped operation theatre of its own where surgical procedures are carried out ;
- Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

Injury - Means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner / Physician.

Inpatient - Inpatient care - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

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 - Means any treatment is defined as 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.

Physician/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 State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or (c) or anyone who is living in the same household as the Insured.

Pre-Existing Disease (PED) means any condition, ailment or injury or disease

- a) That is/are diagnosed by a Physician not more than 36 months prior to the date of commencement 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 not more than 36 months prior to the of commencement of the Policy issued by the Insurer; or its reinstatement.

Reasonable and Customary Charges - Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Subrogation - Means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

ii. Specific Definitions

Act of Terrorism - An act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

Airworthiness Certificate - Means the standard Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Age - Means completed years as at the Effective Date.

Aggregate Limit - Our maximum liability under the Accidental Death and Dismemberment or the Permanent Total Disability or the Loss of Use benefits of this Policy in the aggregate in respect of all claims by or on behalf of all Insured Persons, shall not exceed the maximum aggregate limit stated in the Schedule, and if at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded.

Annual Multi trip Insurance - Means a Trip or Trips of not exceeding 30 days duration each, that You undertake, during the Insured Period as specified on the Policy Schedule. This will include any Sojourn and/ or Personal Deviation during the trip.

Assistance Company - As designated in the Policy schedule.

Business trip - Means a Trip or Trips of not exceeding upto 90 days duration each, that You undertake, while on the Business of the Policy Holder, during the Insured Period as specified on the Policy Schedule.

Common Carrier - Means any civilian Scheduled Railways or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.

Day - Means a period of 24 consecutive hours.

Disease/Illness - Means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.

(a) **Acute Condition** - Is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/injury which leads to full recovery.

(b) **Chronic Condition** - Is defined as a disease, illness, or injury that has one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests,

- It needs ongoing or long-term control or relief of symptoms,
- It requires your rehabilitation or for you to be specially trained to cope with it,
- It continues indefinitely,
- It comes back or is likely to come back.

Eligible Children - Means named dependent children including adopted and step children of the Insured Person between Ages six (6) months and eighteen (18) years (twenty three (23) years if attending as a full time student an accredited Institution of Higher Learning) who are unmarried, who permanently- reside with the Insured Person, and receive the majority of maintenance and support from the Insured Person.

Eligible Family - Means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Children.

Franchise - Means the amount of expenses or the number of Days to be paid or supported by the Insured Person beyond which the Policy benefits become payable retroactively to the first Day as an Inpatient.

IRDAI - Means Insurance Regulatory and Development Authority of India.

Insured Period (s) - Means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

Insured Person - Means the Insured Person up to Age 70 who resides permanently in India, and who is the employee of the policyholder, or the eligible Spouse and/or the Eligible Children and is named in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by Us.

Insured Journey - Means any journey undertaken, during the Insured Period:

- Which commences when the passenger boards the Common Carrier, including Private Vehicle for onward journey and terminates when he disembarks on return to Your usual Town of residence or the contracted date whichever earlier. or,
- Which lasts or is expected to last for 90 Days or less.

The insured journey also includes and covers Sojourn and/or Personal Deviation.

Immediate Family Member - Means an Insured Person's legal spouse; children; parents; mother-in-law; Father-in-law; legal guardian.

Land/Sea Arrangements - Means pre-paid travel arrangements for a scheduled tour, trip or cruise included within the description of covered Trips on the Proposal Form and arranged by a tour operator, travel agent, cruise line or other organization.

Medical Advise - Means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

Policy - Means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, papers or riders.

Policyholder - Means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.

Policy Schedule - Means the Policy Schedule attached to and forming part of the Policy.

Proposal Form - Means the basis of this Policy and is deemed to be attached and which forms a part of this Policy.

Professional Sports - Means a sport, which remunerates a player in excess of 50% of his or her annual income as a means of their livelihood.

Renewal - Means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Scheduled Airline - Means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport 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 specified times, on regular or chartered flights operated by such carrier.

Schedule Railways - Means any Railways operated by Indian Railways, which in accordance therewith operates, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular journeys operated by such carrier.

Serious Injury or Sickness - Means Injury or Sickness certified as being dangerous to life by a legally qualified Physician.

Single Trip Insurance - Means the Trip specified on the Policy Schedule for which the Effective Date and Expiration Date are specified on the Policy Schedule.

Sojourn and/or Personal Deviation - Means non-business travel or activities undertaken While on the Business of the Policyholder but unrelated to furthering the business of the Policyholder.

Sound Natural Teeth - Means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

Spouse - Means Your legal husband or wife, who is between the Ages of 18 and 70 years old, and is living in Your residence.

Traveling Companion - Means up to two (2) named person(s) who is/ are booked to accompany You on the Trip.

Trip - Means any Insured Journey during the Insured Period:

- Which starts and finishes in The usual Town of Residence and involves a destination(s) outside the Municipal limits of the Usual Town of Residence;

- Which lasts or is expected to last for: 90 Days or less if covered under Single Trip Insurance; or 30 Days or less per Trip, if covered under Annual Multi Trip Insurance.

War - Means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We, Us, Our - Means TATA AIG General Insurance Company Limited.

You/Your/Yourself - means the Insured Person(s) who is named in the Policy Schedule.

Benefits Covered under the Policy

Section 1 : Accidental Death and Dismemberment

(Including Loss of Sight or Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You under the circumstances described in the Hazard(H-3) during an Insured Journey while this Policy is in effect results in one of the losses shown in the Table of Losses below The loss must occur within 365 Days from the date of the Accident which caused Injury.

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

“Loss” with regard to:

- Hand or foot means actual severance through or above the wrist or ankle joints respectively;
- Eye means entire and irrecoverable loss of sight;

- (C) Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- (D) Speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.
- (E) Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs. Paraplegia means the complete and irreversible paralysis of both lower limbs. Hemiplegia means the complete and irreversible paralysis of upper and lower limbs of the same side of the body. Uniplegia means the complete and irreversible paralysis of one Limb. Limb: means entire arm or leg.

Exposure

For the purposes of the Accidental Death and Dismemberment benefits above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring during the Trip will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life if while on a Trip Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover:

1. Loss caused directly or indirectly, wholly or partly by:
 - a. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. Medical or surgical treatment except as may be necessary solely as a result of Injury;
2. Any Injury which shall result in hernia.

Section2 : Accidental Death and Dismemberment (common Carrier)

(Including Loss of Sight or Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You under the circumstances described in the Hazard(H-6) during an Insured Journey while this Policy is in effect results in one of the losses shown in the Table of Losses below. Injury must occur while You are riding as a passenger in or on, boarding or alighting from, a Common Carrier. The loss must occur within 365 Days, from the date of the Accident which caused Injury.-

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of	% of Principal Sum
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

“Loss” with regard to:

- (A) Hand or foot means actual severance through or above the wrist or ankle joints;
- (B) Eye means entire and irrecoverable loss of sight;
- (C) Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- (D) Speech or hearing means entire and irrecoverable loss of speech or hearing of both ears.
- (E) Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs. Paraplegia means the complete and irreversible paralysis of both lower limbs. Hemiplegia means the complete and irreversible paralysis of upper and lower limbs of the same side of the body. Uniplegia means the complete and irreversible paralysis of one Limb. Limb: means entire arm or leg

Exposure

For the purposes of the Accidental Death and Dismemberment benefits above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring while You are riding as a passenger in or on, boarding or alighting from, a Common Carrier during the Trip, will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life while on Trip if Your body cannot be located within 365 Days after

the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition the Exclusions listed in this Policy this coverage section shall not cover:

1. Loss caused directly or indirectly, wholly or partly by:
 - a. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. Medical or surgical treatment except as may be necessary solely as a result of Injury;
2. Any Injury which shall result in hernia.

Section 3 : Emergency Accident Medical Reimbursement

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred in the Republic of India by You for medical services which are not due to a Pre-existing Disease up to the maximum amount and benefit period stated in the Policy Schedule, for Immediate Medical Treatment of an Injury sustained by You, under the circumstances described in a Hazard, while this Policy is in effect.

Definitions:

Covered Medical Expenses - means expenses incurred overseas by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) The services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) Anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) A ambulance service;
- (e) Drugs, medicines, and therapeutic services and supplies.

Immediate Medical Treatment - Means treatment commencing within 24 hours of the time and date of the Accidental bodily Injury. Only Covered Medical Expenses are covered.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness.
2. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or

3. Routine physicals or other examinations where there are no objective indications of 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; or
4. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. Dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. The diagnosis and treatment of acne; or
8. Deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. Organ transplants that are considered experimental in nature; or
10. Well child care including exams and immunizations; or
11. Expenses which are not exclusively medical in nature; or
12. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or no Sickness cover has caused impairment of vision or hearing; or
13. Treatment provided in a government Hospital or services for which no charge is normally made; or
14. Rest cures; or
15. 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; or
16. Medical expenses covered under any workers' compensation or similar policy; or
17. Medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome; or
19. Medical expenses incurred outside the Republic of India.

Section 4 : Assistance

Assistance Company will provide the following services as described below.

Medical Assistance - As soon as the Assistance Company is notified of a medical emergency resulting from Your Accident, the Assistance Company will contact the medical facility or location where You are located and confer with the Physician at that location to determine the best course of action to be taken. If possible and if appropriate, Your family Physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Assistance Company will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local Physician and arranging Hospital confinement of You where, in its discretion, deems such confinement appropriate.

Medical Evacuation - When, in the opinion of the Assistance Company's medical panel, it is judged medically appropriate to move You to another location for treatment or return You to Your usual Town of residence, the Assistance Company will arrange the evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of Your condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Assistance Company.

Repatriation - The Assistance Company agrees to make the necessary arrangements for the return of Your remains to Your usual Town of residence in the event You die while this service agreement is in effect as to You.

Legal Assistance - If You are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to You, Assistance Company will, if required, provide You with the name and address of an attorney who can represent You in any necessary legal matters.

Arrangement of Bail Bond - The Assistance Company will also assist the Member by arranging for bail bond on behalf of the Member. The provision of financial guarantee is subject to the Assistance Company first securing payment from the Member through his/her credit card or from funds from the Member's family.

Lost Luggage Assistance - The Assistance Company will assist the Member who has lost his luggage while traveling by contacting the appropriate authorities involved and providing directions for recovery.

Lost Travel Document/Credit Card Assistance - In the event of a lost travel document or credit card, The Assistance Company will assist the Member by providing directions on reporting the loss and requesting for replacement.

Emergency Travel Services - To assist the Member by arranging for emergency tickets, replacements of tickets and arrangement of hotel accommodation when traveling outside the home town or usual Town of residence.

Emergency Message Transmission Assistance - The Assistance Company shall use its best efforts to transmit messages or medical information, upon the Member's request and consent, to the Member's friends, relatives and/or business associates.

Hotel Accommodation Referral - To provide the name, address and telephone number of hotels in major cities Within the Republic of India.

Telephone Medical Advice - When Traveling The Assistance Company will arrange to provide medical advice to the Members over the telephone.

Medical Service Provider Referral - THE ASSISTANCE COMPANY will provide the Member with information about physicians, hospitals, clinics, dentists and dental clinics Within the Republic of India.

Arrangement of Appointments with Doctors - THE ASSISTANCE COMPANY will assist the Member in arranging for appointments with medical service providers, if medically necessary.

Arrangement of Hospital Admission - If the medical condition of the Member, due to an accident, is of such gravity, that hospitalization is needed, THE ASSISTANCE COMPANY will assist the Member to arrange for hospital admission.

Guarantee of Medical Expenses Incurred - During Hospitalization with Insurance, due to an accident, THE ASSISTANCE COMPANY shall assist the Member by guaranteeing on behalf of the Subscriber the medical expenses incurred during his/her hospitalization.

Monitoring of Medical Condition During Hospitalization - When the Member is hospitalized, due to an accident, THE ASSISTANCE COMPANY will monitor the Member's medical condition with the attending Physician.

Arrangement of Compassionate Visit - THE ASSISTANCE COMPANY will arrange for return airfare, train fare for an immediate family Member to visit the Member who, when traveling alone, has been hospitalized, due to an accident, outside the home town or usual Town of residence.

Product & Claims Information Services - THE ASSISTANCE COMPANY will provide information, in accordance with a protocol to be mutually agreed, on general claims procedures and main product features to the Member, when requested and if available. Should THE ASSISTANCE COMPANY not have the information available, THE ASSISTANCE COMPANY will direct the Member to contact the AIG company directly.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the Assistance Company shall act in a medical or legal capacity on behalf of You only. The Assistance Company assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You shall not have any recourse to the Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

You are responsible for the cost of services arranged by the Assistance Company on behalf of You or a covered Immediate Family Member. The Assistance Company will access this Policy and/or other insurance Policy benefits to which You may be entitled, and/or Your credit cards or other forms of financial guarantees provided by you, in order to facilitate payment for such services.

Section 5: Emergency Medical Evacuation

We will pay the Reasonable and Customary Charges up to the maximum shown in the Policy Schedule for covered expenses incurred if Injury or Sickness results in Your necessary Emergency Evacuation under the circumstances described in the Hazard(H-3) during an Insured Journey while this Policy is in effect. An Emergency Evacuation must be ordered by the Assistance Company or a Physician who certifies that the severity or the nature of Your Injury warrants Your Emergency Evacuation.

Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) arranged and authorized in advance by the Assistance Company.

Definitions:

Emergency Evacuation - means:

- (a) Your medical condition warrants immediate Transportation from the place where You are injured to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) After being treated at a local Hospital, Your medical condition warrants Transportation to Your Town where the Trip commenced to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Transportation - Means any land, water or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Section 6: In-hospital Indemnity Accident Only

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury subject to any applicable Deductible or Franchise shown in the Policy Schedule, that occurs in the Republic of India and commences under the circumstances described in a Hazard and while this Policy is in effect. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - Means the amount payable for each Day spent in the Hospital.

One Period of Confinement - Means a Hospital confinement due to the same Injury unless separated by at least 90 Days.

Period of Confinement - Means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 90 Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, or Injuries for which the confinement is required.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover:

Hospitalization due to any Disease, Sickness or illness; or

1. Pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
2. Routine physical exams; or
3. Elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or

4. Rest cures; or
5. Hospitalization outside the Republic of India

Section 7: Accommodation Charges Due to Trip Delay

We will reimburse Reasonable Accommodation Charges, due to Trip Delay, Except, when the delay has happened in your usual town of residence, subject to the maximum shown in the Policy Schedule, if under the circumstances described in a Hazard during the course of an Insured Journey Your Trip is delayed for more than 5 hours due to a Covered Hazard. Benefits are subject to the per day maximum shown in the Policy Schedule.

Covered Hazards:

1. Delay of a Scheduled airlines/railways caused by Inclement Weather; or
2. Delay due to a Strike or other job action by employees of a Scheduled airlines/Scheduled Railways to be used by You during Your Trip; or
3. Delay caused by Equipment Failure of a Scheduled airlines/ Scheduled Railways.

Definitions:

Equipment Failure - Means any sudden, unforeseen breakdown in the Scheduled airlines/Railways's equipment that caused a delay or interruption of normal trips.

Inclement Weather - Means any severe weather condition, which delays the scheduled arrival or departure of a Scheduled airlines/ Scheduled Railways.

Strike - Means any labor disagreement which interferes with the normal departure and arrival of a Scheduled airlines/Scheduled Railways, and is defined as legal by the relevant authorities in the respective "Usual Town of Residence".

Reasonable Accommodation Charges - Means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Scheduled airlines/ Scheduled Railways or any other party free of charge.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover:

1. Any delay due to an insured Covered Hazard which was made public or known to You prior to the date Your Trip was booked; or
2. Laws, regulations or orders, issued or made by Government or Public Authority; or
3. Strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Trip was booked; or
4. Delay due to withdrawal from service temporarily or permanently of any Scheduled airlines/Scheduled Railways on the orders or recommendations of any Aviation Agency or any similar body.

Section 8: Personal Liability Property Damage:

If a claim is made or a suit is brought against You for Property Damage caused by an Occurrence to which this coverage applies, We will pay up to the amount stated in the Policy Schedule, subject to any applicable Deductible, for Our limit of liability for the damages for which You are legally liable.

Medical Payments to Others:

We will pay the necessary medical expenses that are incurred or medically ascertained within one year from the date of an Accident causing Bodily Injury. Medical expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to You or regular residents of Your household. As to others, this coverage applies only if the Bodily Injury is caused by Your activities.

Definitions:

Business - Means trade, profession or occupation.

Occurrence - Means an Accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, during the Trip, in Bodily Injury or Property Damage.

Property Damage - Means physical injury to, destruction of or loss of use of tangible property.

Residence Premises - Means the dwelling where You reside.

Bodily Injury - Means bodily harm, Sickness or Disease, including required care, loss of services and death that results.

Exclusions:

In addition to the Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. Liability which is expected by or intended for You; or
2. Liability arising out of or in connection with a Business engaged in by You. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business; or
3. Liability arising out of the rental or holding for rental of any part of any premises by You; or
4. Liability arising out of the rendering of or failure to render professional services; or
5. Liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by You; or
6. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft; or
7. Liability arising out of the transmission of a communicable Disease by You; or
8. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or

9. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization; or
10. Liability under any contract or agreement; or
11. Property Damage to property owned by You; or
12. Property Damage to property rented to, occupied, or used by or in the care of You; or
13. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by You under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
14. Suits or legal actions arising from Your Immediate Family Member, or Traveling Companion or Immediate Family Member of a Traveling Companion against You.

Section 9: Repatriation of Remains

We will pay benefits up to the amount stated in the Policy Schedule for covered expenses reasonably incurred to return Your body to Your usual residence in India if You die during a Trip. Benefits will not exceed the maximum shown in the Policy Schedule. All Repatriation of Remains arrangements must be approved in advance by Assistance Company.

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

(a) embalming; (b) cremation; (c) coffins; and (d) transportation.

Section 10: Domestic Replacement And Rearrangement – For Business Trips Only

We shall pay You up to the maximum amount stated in the Policy Schedule in respect of reasonable additional travel and accommodation expenses necessarily incurred under the circumstances described in a Hazard during the course of an Insured Journey.

The cost of Travel and Accommodation expenses, will mean, the reasonable cost incurred in -

1. Sending out a replacement for an Insured Person;
2. Returning the replacement following the completion of the duties necessarily undertaken;

Or, incurred in

1. Returning the original person, back to The usual Town of Residence in India;
2. Sending out the original Insured Person to complete a tour of duty following recovery from disability, as a result of:
 - (a) (i) Disablement of an Insured Person which totally prevents that Insured Person from carrying out his occupational duties and provided that disablement has lasted (or is proven by medical evidence to be likely to last) more than seven Days;
 - (ii) Death of a Spouse, parent, child, brother, sister, parent-in-law, of the Insured Person;

- (b) Compulsory quarantine, jury service or witness call of an Insured Person or any person with whom an Insured Person is traveling or is intending to travel or a close business associate of an Insured Person;
- (c) An Insured Person's place of residence or business, in India, being rendered uninhabitable 10 Days or less prior to intended travel on an Insured Journey as a result of accidental damage or an Insured Person's presence being required by the police following burglary or attempt thereof at the Insured Person's place of residence or business.

Exclusion:

In addition to the Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction.

Section 11: Emergency Family Travel And Convalescence

If You are hospitalized for more days than the Deductible shown in the Policy Schedule following a covered hospitalization under the circumstances described in a Hazard during the course of an Insured Journey, We will pay up to the amounts, stated in the Policy Schedule for:

1. The cost of round-trip economy airfare to bring one of Your Immediate Family Members chosen by You to and from Your bedside if You are alone during the course of the Insured Journey; or
2. The reimbursement of the hotel room charge due to convalescence after Your Hospital discharge, which has been approved in advance by the Assistance Company up to a daily amount and total number of days stated in the Policy Schedule.

These expenses must be authorized in advance by the Assistance Company.

Benefits will not be provided for any expenses provided by another party at no cost to You or already included in the cost of the Insured Journey.

Section 12: Missed Departure

We will pay benefits up to the amount stated in the Policy Schedule for the cost of your actual Ticket (Common Carrier – Air/ Rail), if you cannot reach the original departure point of your booked journey on the outward or return journey, because:

- 1) Public transport services fail or
- 2) The vehicle in which you are travelling is involved in an accident, on the way to catch the return flight/train journey.

The missed departure, has to be certified by the concerned Schedule airlines/Scheduled Railways.

Limitations:

Benefits for Ticket Loss will be in excess of any amount paid or payable by the Common Carrier, if any.

Benefits for Ticket Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Section 13: Loss of Tickets

We will pay benefits up to the amount stated in the Policy Schedule for the cost of your actual Ticket (Common Carrier– Air/ Rail), which has been lost by you, and due to which You could not continue your intended travel.

The maximum payable will be the actual cost of ticket, subject to the deductible mentioned in the Policy Schedule. The Insured has to produce the First Information Report, duly attested by the Police Authorities.

Limitations:

Benefits for Ticket Loss will be in excess of any amount paid or payable by the Common Carrier, if any.

Benefits for Ticket Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Exclusions

i. Specific Exclusions

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

1. Where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or
2. Any Pre-Existing Disease (PED) or any complication arising from it; or
3. Any claim of Insured Person arising from:
 - a) Suicide or attempted suicide
 - b) Wilful self-inflicted illness or injury except injury in selfdefence or to save life; or
4. Sexually transmitted conditions; or
5. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or
6. Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication; or
7. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or

8. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or
9. Any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
10. Any loss, damage cost or expense of whatsoever nature directly or indirectly 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.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

11. Any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism; or
12. The use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident) or
13. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
14. Performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or
15. Congenital anomalies or any complications or conditions arising therefrom; or
16. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which You are untrained
17. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
18. For any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest;

19. Any loss, injury, damage or legal sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.
20. Any non medical expenses (list enclosed – Annexure I).

General Terms and Clauses

i. Specific Terms and Clauses

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

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

2. **Effective Date:**

Single Trip Insurance: Your Policy will start on the Effective Date & Hour specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid & realized by Us.

Annual Multi Trip Insurance: Your Annual Multi Trip Insurance policy will start on the date & hour specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid & realized by Us.

However Your coverage under this Policy begins on the latest of :

- 1) The Policy Effective date & hour as stated above; or
- 2) The date on which the premium is paid when due; or.
- 3) The date the person becomes a member of an eligible class of Insured Person(s) as described in the Policy Schedule. or
- 4) The commencement of the insured journey.

3. **Renewal Conditions:**

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.

The Single Trip Insurance is non-renewable, not cancellable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.

Any revision/modification in the product will be intimated to You atleast 3 months in advance.

4. **Expiration Date:**

Single Trip Insurance: Your Policy will terminate on the last day for which premium has been paid or on return to Your usual Town of residence or 90 days from the date of commencement of the Insured Journey, whichever is earlier.

Annual Multi Trip Insurance: This Policy will terminate on the Expiration Date shown in the Policy Schedule for which the premium has been paid.

However, The Insured Person's coverage under this Policy ends on the earliest of :

- 1) The Policy Expiration date as stated above; or
- 2) The Policy is terminated; or
- 3) The premium due date if premiums are not paid when due; or
- 4) The date the Insured Person requests, in writing, that his or her coverage be terminated; or
- 5) The date the Insured Person ceases to be a member of an eligible class(es) of Insured Person as described in the Policy Schedule under Description of Insured Persons, or 6) Termination of the insured journey.

In case of individual journey during the Insured Period, it shall expire 90 days or less, from the commencement of each Insured Journey.

Further However We may cancel this Policy at any time on grounds of established fraud, mis-representation or non-disclosure of material facts by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective and the policy shall stand cancelled ab-initio and there will be no refund of premium. You may cancel the Annual Trip Policy by giving us 7 days' notice in writing and in such an event, the Company shall refund proportionate premium for unexpired policy period provided no claim has been reported up to the date of cancellation. In the event a claim has occurred there shall be no refund of premium.

5. **Territory:** This Policy applies to incidents anywhere in India unless extended by Us through endorsement or specifically restricted in the Policy.
6. **Multiple policies:** In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount and we will assist the insured person in facilitating the same.

Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

7. **Concealment or Fraud:** The entire Policy will be void if, whether before or after a loss, You have, related to this insurance,
- (A) Intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance;
 - (B) Engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or (C) made false statements.

8. **Claim Procedure:**

- A. **Notice of Claim/loss:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than 30 Days after an actual or potential loss begins. If Your property covered under this Policy is lost or damaged,

You must:

- (A) Notify us as soon as possible;
 - (B) Take immediate steps to protect, save and/or recover the covered property;
 - (C) Give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
 - (D) Notify the police or other appropriate authority in the case of robbery or theft within 24 hours.
- B. **Claim Forms:** We, upon receipt of a notice of claim, will furnish You with such forms as We may require for filing proofs of loss.
- C. **Time for Filing Claim Forms and Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

You shall obtain and furnish Us with all original bills, receipts and any other documentation upon which a claim is based and shall also give Us in a timely fashion such additional documentation, information and assistance as We may require in dealing with the claim.

- D. **Supporting Documentation & Examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information. We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:
- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills & Receipts including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of treatment taken.

- iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv. A precise diagnosis of the treatment for which a claim is made.
- v. A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii. Any other document as requested by Claims Department which are relevant to the coverage under the policy.

E. Time of Payment of Claim:

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. 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. iv. 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)

F. Payment of Claim: All claims under this Policy that are payable to You shall be paid in Indian currency.

9. **Assignment of Indemnities:** Indemnity, if any, in case of Your loss of life is payable to the nominee named in the Proposal Form provided such nominee survives you; otherwise, indemnity is payable to Your estate. All other indemnities of this Policy are payable to You. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.
10. **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.
11. **Change of Nominee:** No change of nominee under this Policy shall bind Us, unless consent thereto is formally endorsed thereon by Our authorized officer.



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12. Medical Examination: We, at Our own expense, shall have the right and opportunity to examine You through Our appointed agents whose details will be notified to You when and as often as We may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.

13. Legal Actions: Without prejudice to Uniform Provision 9 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.

If We disclaim liability to You or any Insured Person for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14. Misstatement of Age: If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

15. Compliance With Policy Provisions: Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

16. Other Interest: No person(s) other than you and/or your nominee(s) named by you in this application form can claim or use us under this policy.

17. Reasonable Care and Assistance: You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You and they must also make every effort to get back any property which has been lost.

In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

18. Settlement of Loss: Claims for damage and/or destruction shall be paid within a reasonable time when proof of the damage and/ or destruction is presented to us. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to us.

19. Valuation: We will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

20. **Subrogation:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or You shall execute and deliver instruments and papers to Us and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably require of You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.
21. **Dispute Resolution Clause and Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:
- (A) **Nature of Coverage:** This Policy is not a general health insurance policy. Coverage for medical expenses in Part D: Coverage of this Policy is intended for Your use in the event of a sudden and unexpected Accident arising when You are within the Republic of India.
- (B) **Pre-Existing Exclusion (PED):** This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-Existing Disease.
- (C) **Choice of Law:** This Policy will be governed by the law of the Republic of India. Any disputes will be dealt such as provided for by Uniform Provisions 9 above and otherwise by the Indian courts.
22. **Consideration:** This policy is issued in consideration of the premium being paid in advance. No receipt for premium shall be valid except on Our official form.
23. **Change of Occupation:** If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation. Declaration of change of occupation is available on our website.
24. **Additions:** Any person becoming eligible after the Effective Date of this policy may be added from time to time as a named Insured Person upon Your proposal, proof of eligibility and insurability satisfactory to Us, and payment of the required additional premium. Insurance coverage for the new named Insured Person shall commence on the date when such proposal has been approved by Us subject to any limitations set forth in the attached forms.
25. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.
26. **Associated Companies and Change in Risk:** If this policy covers associated companies, You must provide a list of these companies. If Your Associated companies or Your business activities change from those You have told Us about and summarised in the Proposal and Business description in the Schedule, You must tell Us immediately. We must confirm in writing that We accept the changes.
27. **Free Look Period:**
- (A) **Single Trip Insurance** – Free look period is not applicable.
- (B) **Annual Multi Trip Insurance** - You have a period of 30 days from the date of receipt of the Policy document, whether received electronically or otherwise, to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms



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conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

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

Other Terms and Conditions Scope of Coverage Hazard H-3 24-hour Protection (Insured Journey Only)

The hazards described in this Hazard H-3 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

Description of Hazards

Such insurance as is afforded to an Insured Person to which this Hazard H-3 applies, shall apply only to Injury sustained by such Insured Person during the course of an Insured Journey.

Such Insured Journey shall be deemed to have commenced when the Insured Person leaves his residence or place of regular employment for the purpose of going on such Insured Journey, whichever last occurs, and shall continue until such time as he returns to his residence or place of regular employment, whichever first occurs.

Such insurance includes such Injury sustained during such Insured Journey while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft. Provided that this Hazard H-3 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the Exclusions listed in this Policy this Hazard-3 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

Hazard H-6 Common Carrier

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any Common Carrier provided that, this Hazard shall not apply while You are riding in or on, or boarding or alighting from, any civilian aircraft that does not hold current a valid Airworthiness Certificate and is piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.



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The term "Airworthiness" certificate used in this Hazard shall mean the standard Airworthiness Certificate issued by the aviation agency or the governmental authority having jurisdiction over civil aviation in the country of its registry.

Claim Related Information

Claim Related Information: For any claim related query, intimation of claim and submission of claim related documents, You can contact our Assistance Company –

While in India, contact at below numbers for any claim related assistance - Customer Support No 1800 119966 from BSNL/MTNL Landline or 1800 267 1955 (only for senior citizen policy holders)

Call these local helpline numbers in your respective cities from any other line: Mumbai - 66939500, Delhi - 66603500, Bangalore - 66272829, Pune - 66014156, Chennai - 66841050, Hyderabad -66629882, Ahmedabad - 66610201

Email: general.claims@tataaig.com

Write to: 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

Redressal of Grievance

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

Escalation Level 1

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

Escalation Level 2

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

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



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The name and address of the Insurance Ombudsman of competent jurisdiction are as below:

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
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.
BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI	Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in Insurance Ombudsman	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

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GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Insurance Ombudsman 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 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
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
KOCHI	Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Made a part of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 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.

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MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA	Insurance Ombudsman 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.
PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman 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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Postponement of Effective Date:

No insurance provided by this Policy shall become effective if you are Hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect seven (7) days after such Hospital confinement or disability terminates subject to the Pre-Existing Disease exclusion.

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

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>

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Prohibition of Rebates – Section 41 of Insurance Act, 1938 as Amended by Insurance Laws (Amendment) Act, 2015:

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

Section 64 VB of the Insurance Act, 1938: Commencement of risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

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

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