

## Coverage Details Annexure

**\*\* This document is for reference purpose only. Kindly refer to policy wordings for detailed terms & conditions.**

## GROUP DOMESTIC TRAVEL ASSURE

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

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

The Extension Coverages to the Base cover are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in the Policy Wordings. These Extensions shall be available only if the same has been specifically mentioned in the **Policy Schedule/Certificate of Insurance**.

## SECTION 1- DEFINITIONS

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

1. **Accident:** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome:** means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time.
3. **Adventure Sports** means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
4. **Age:** means the age of the **Insured Person** on his completed birthday as per the English calendar, regardless of the actual time of birth at the time of **Policy/Cover Start Date**.
5. **Ambulance:** means a motor vehicle operated by a licensed/authorised service provider and equipped for taking ill or injured people requiring medical attention to and from **Hospital** in emergencies.
6. **Assistance Company:** means with whom **the Company** contracts, as an independent contractor, to provide travel related emergency assistance services.
7. **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 organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.
8. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
9. **Cashless facility:** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
10. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
11. **Certificate of Insurance:** means certificate attached to and forming part of this **Policy** mentioning the details of the **Insured Person** who is covered, along with the Coverages and **Sum Insured**, the **Cover Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
12. **Child(ren):** means named dependent children of the **Insured Person**.
13. **Claim(s):** A demand made by the **Insured Person** for payment under any Coverage, as covered under the **Policy Schedule/Certificate of Insurance**.

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• UIN: TATTGDP23099V022223

14. **Co-payment:** means a cost sharing requirement under a health insurance policy that provides that the **Policyholder/Insured Person** will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured
15. **Common Carrier:** means any public road, rail or water conveyance or **Scheduled Airline**, which is operating under a valid license from the relevant authority for the **Transportation** of fare paying passengers.
16. **Congenital Anomaly:** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
  - a) Internal Congenital Anomaly – which is not in the visible and accessible parts of the body.
  - b) External Congenital Anomaly – which is in the visible and accessible parts of the body.
17. **Day:** means a period of 24 consecutive hours.
18. **Day Care Centre:** means any institution established for **Day Care Treatment** of **Illness** and /or injuries or a medical set up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified **Medical Practitioner** and must comply with all minimum criterion as under
  - i) Has qualified nursing staff under its employment
  - ii) Has qualified **Medical Practitioner/s** in charge
  - iii) Has fully equipped operation theatre of its own where **Surgical Procedures** are carried out
  - iv) Maintains daily records of patients and will make these accessible to **The Company's** authorize personnel
19. **Day Care Treatment:** means medical treatment, and/or **Surgical Procedure** which is:
  - i. Undertaken under General or Local Anesthesia in a **Hospital / Day Care Centre** in less than 24 hrs. because of technological advancement, and
  - ii. Which would have otherwise required **Hospitalisation** of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
20. **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.
21. **Emergency Care:** means management for **Illness** or **Injury** which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a **Medical practitioner** to prevent death or serious long-term impairment of **Insured Person's** health.
22. **Emergency Medical Evacuation:** means
  - **Transportation** of the **Insured Person** from the place where he has suffered an **Injury** or contracted an **Illness** to the nearest **Hospital** where appropriate medical treatment can be obtained;
  - After being treated at a local **Hospital**, **Insured Person's** medical condition warrants **Transportation** to another place to obtain further medical treatment.
23. **Family:** means the **Insured Person** and/or his Spouse and/or **Children and/or his Parents**.
24. **Hospital :** means any institution established for Inpatient Care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
  - i) has qualified nursing staff under its employment round the clock;
  - ii) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - iii) has qualified medical practitioner(s) in charge round the clock;
  - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
25. **Hospitalisation:** means admission in a Hospital for a minimum period of 24 consecutive '**Inpatient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
26. **Hemiplegia:** means the complete and irreversible paralysis of upper and lower **Limbs** of the same side of the body.
27. **Illness:** means a Sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- (a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to the **Insured Person** state of health immediately before suffering the disease/**Illness/ Injury** which leads to full recovery.
- (b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or Tests
  2. it needs ongoing or long-term control or relief of symptoms
  3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  4. it continues indefinitely
  5. It recurs or is likely to recur.
- Provided such **Illness** / disease/ sickness should be contracted and /or commenced during the Trip.
28. **Immediate Family Member:** means **Insured person's** Spouse; **Children**; Children-in-law; siblings and their children; **Parents**; parents-in-law; grandparents; grandchildren; legal guardian.
29. **Injury:** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
30. **Inpatient care:** means treatment for which the **Insured Person** has to stay in a hospital for more than 24 hours for a covered event
31. **Institution** means any accredited Institution that provides education or training, including but not limited to, any state university private college or trade school.
32. **Immediate Dental Treatment:** means Medical treatment commencing within 24 hours of the time and date the sudden acute pain first occurs without warning to the **Insured Person's** teeth.
33. **Insured Person:** means the person who is part of the Group and qualifies the eligibility criteria to be covered under this **Policy** and for whom the premium has been received by **The Company** and whose name is as detailed in the **Policy Schedule / Certificate of Insurance**.
34. **Intensive Care Unit:** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated **Medical Practitioner(s)**, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
35. **IRDAI:** means Insurance Regulatory and Development Authority of India.
36. **Life Threatening Condition** means a medical condition suffered by the **Insured Person** which has all the following characteristics
- Markedly unstable vital parameters (blood pressure, temperature and respiratory rate)
  - Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
  - Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology
  - Critical care being provided in critical care area such as Coronary Care Unit, Intensive Care Unit, respiratory care unit, or the emergency department
37. **Limb:** means entire arm or leg
38. **Medical Advice:** means any consultation or advice from a **Medical Practitioner** including the issue of any prescription or follow-up prescription.
39. **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.

**Medical Expenses include**

- Inpatient treatment and/or **Day Care Treatment**.
- **Medically Necessary Treatment** charges towards **Hospital** Room and Boarding, **Intensive Care Unit**, **Surgery** (Includes Operating room charges, Surgical Appliance, Surgeon fee and Implant charges), Anesthetist services, x-ray examinations or treatments, and laboratory tests, **Medical Practitioner's** visit fees, Specialist fees, Miscellaneous expenses including cost of medicines / Pharmacy / Drugs / Therapeutic services /Supplies, Nursing

- charges, External medical appliances as prescribed by a registered **Medical Practitioner** as necessary and essential as part of the treatment on actual, Blood storage and processing charges towards inpatient treatment
- Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person** provided these pertain to the **Illness / Injury** due to which the inpatient treatment was deemed medically necessary
  - **Ambulance** service
40. **Medical Practitioner:** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
41. **Medically Necessary Treatment:** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i) is required for the medical management of the illness or injury suffered by the insured;
  - ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii) must have been prescribed by a medical practitioner;
  - iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India
42. **Network Provider:** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
43. **OPD Treatment** means the one in which the **Insured Person** visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured Person** is not admitted as a **Day Care** or inpatient.
44. **Paraplegia:** means the complete and irreversible paralysis of both lower **Limbs**.
45. **Place of Residence:** means **Insured Person's** permanent address in the City where he resides in India
46. **Place of Origin:** means the starting place from where the **Trip** commences which is mentioned in the **Policy Schedule/Certificate of Insurance**.
47. **Place of Destination:** means the ending place where the **Trip** terminates which is mentioned in the **Policy Schedule/Certificate of Insurance**.
48. **Personal Effects** means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.
49. **Per Occurrence Limit:** means the maximum amount payable under a specific Coverage per incident during the **Policy / Cover Period**.
50. **Physiotherapy:** means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by **Medical Practitioner**.
51. **Policy:** means the contract of insurance including but not limited to **Policy Schedule, Certificate of Insurance, Endorsements, Policy Wordings, Extensions and Add On covers** wherever opted for.
52. **Policyholder:** means the Person(s) or the entity named in the **Policy Schedule / Certificate of Insurance**.
53. **Policy Schedule:** means **Schedule** attached to and forming part of this **Policy** mentioning the details of the **Insured Persons** who are covered along with the Coverages and **Sum Insured**, the **Policy Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
54. **Post-hospitalisation Medical Expenses :** means **Medical Expenses** incurred during predefined number of days immediately after the **Insured Person** is discharged from the **Hospital** provided that:
- i. Such **Medical Expenses** are for the same condition for which the **Insured person's Hospitalisation** was required, and
  - ii. The **inpatient Hospitalisation Claim** for such **Hospitalisation** is admissible by the **Company**
55. **Pre-existing Disease:** means any condition, ailment, **Injury** or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the **Policy** issued by **Insurer** or its reinstatement; or
  - For which medical advice or treatment was recommended by, or received from, a **Physician** within 48 months prior to the effective date of the **Policy** issued by **Insurer** or its reinstatement.
56. **Professional Sports:** means a sport, which remunerates in excess of 50% of the **Insured Person's** annual income as a means of their livelihood.

57. **Property Damage:** means physical damage, destruction of or loss of use of tangible property.
58. **Public Transport:** means travel systems available for use by general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Public transport may include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway/underground etc.) and taxis.
59. **Quadriplegia:** means the complete and irreversible paralysis of both upper and both lower **Limbs**.
60. **Scheduled Airline:** means any civilian aircraft operated by a civilian scheduled air carrier transport under license issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specific times or regular flights operated by such carrier.
61. **Subrogation:** means the right of **The Company** to assume the rights of the **Insured Person** to recover expenses paid out under the **Policy** that may be recovered from any other source.
62. **Sum Insured:** means the maximum amount of coverage, as specified against each Coverage in the **Policy Schedule / Certificate of Insurance** to this **Policy**, which represents the maximum liability of **the Company** for any and all **Claims** made during **Policy / Cover Period** under that Coverage.
63. **Surgery or Surgical Procedure:** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a **Medical Practitioner**.
64. **Time Deductible-** means the number of hours/days of each and every loss payable by **Insured Person** before the **Policy** Coverages becomes payable
65. **The Company/Insurer:** means Tata AIG General insurance Company Ltd.
66. **Transportation:** means any land, water or air conveyance required to transport the **Insured Person** in case of a medical emergency. **Transportation** includes but is not limited to air **Ambulance**, land **Ambulances** and private motor vehicles.
67. **Traveling Companion:** means up to two (2) person(s) who is/are booked to accompany the **Insured Person** on the **Trip**.
68. **Uniplegia:** means the complete and irreversible paralysis of one **Limb**.
69. **Various Insurance Period(s)**
  - **Policy Period** means the time during which this **Policy** is in effect. Such period commences from the **Policy Period Start Date** and ends on the **Policy Period End Date** and specifically appears in the **Policy Schedule**.
  - **Policy Period End Date:** means the date on which the **Policy Period** expires.
  - **Policy Period Start Date** means the date on which the **Policy Period** commences.
  - **Cover Period** means the time during which this Cover is in effect. Such period commences from the **Cover Period Start Date** and ends on the **Cover Period End Date** and specifically appears in the **Certificate of Insurance** against the **Insured Person** during which this Coverage is valid for that specific **Insured Person**.
  - **Cover Period End Date:** means the date on which the **Cover Period** expires.
  - **Cover Period Start Date** means the date on which the **Cover period** commences.
70. **Various Trip Definitions:**
  - **Annual Multi Trip:** means one or more **Trips** by the **Insured Person** during the **Policy/Cover Period**. Each such trip shall not exceed number of days as mentioned in the **Policy Schedule/Certificate of Insurance**, per **Trip**. The **Cover** shall be deemed to be completed on the last **Trip** within **Policy / Cover Period** as a part of the **Annual Multi Trip** or **Policy / Cover Period End Date** whichever is earlier.
  - **Insured Journey:** means any journey which starts when the **Insured Person** enters the Port/Airport for **One Way Trip** and ends when he alights/ exits the Port/Airport in each leg of journey.
  - **One Way Trip:** means a trip that starts when the **Insured Person** travels out of the **Place of Origin** on or after the **Policy/Cover Period Start Date** & time and will terminate at the **Place of Destination** as defined in the **Policy Schedule/Certificate of Insurance** or **Policy/Cover Period End Date** whichever is earlier.
  - **Trip:** means a **Round Trip** or a **One Way Trip** within the geographical boundaries of India as defined in the **Policy Schedule/Certificate of Insurance** which commences when the **Insured Person** first boards a **Common Carrier** or a private vehicle to initiate the journey to reach the **Place of Destination**.
  - **Round Trip:** means a trip that starts when the **Insured Person** travels out of the **Place of Origin** on or after the **Policy / Cover Period Start Date** & time and terminates once the **Insured Person** returns to the **Place of**



**Origin** or on the **Policy/Cover Period End Date**, whichever is earlier. In case of a **Round Trip** the **Insured Person** takes only one (1) trip from the **Place of Origin** to the **Place of Destination** and vice versa . It is understood that the **Insured Person** shall remain covered while he is at the **Place of Destination** subject to the terms and conditions of the **Policy**. The Coverage under such **Round Trip** shall not exceed the number of days as mentioned in the **Policy Schedule/Certificate of Insurance**. Coverage under **Round Trip** will cover intermediate locations.

## SECTION 2 - COVERAGES

The **Company** hereby agrees to pay for the Coverages opted during the **Policy / Cover Period**. The **Policy Schedule / Certificate of Insurance** will specify which **Coverages** are in force for the **Insured Person**. Such **Coverages** are subject to applicable **Deductible, Co-Pay**, sub-limits and **Sum Insured** as specified in the **Policy Schedule / Certificate of Insurance**. Each and every **Claim** should occur within **Policy /Cover Period**.

### 1. PERSONAL ACCIDENT

The **Company's** total liability for all **Claims** admissible in aggregate under **Accidental Death** and **Permanent Total Disability** and **Permanent Partial Disability** shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**.

#### Accidental Death

The **Company** will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of the **Insured Person** caused by an **Accident** whilst on **Trip**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

The **Company** will pay, the **Sum Insured** less any other amount paid/payable under Coverage: **Permanent Total Disability, Permanent Partial Disability**, of this **Policy**, if these Coverages are opted under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

#### Disappearance

The **Company** will pay for Death of **Insured Person** whilst on a **Trip**, if the **Insured Person's** body cannot be located within one (1) year after the forced landing, stranding, sinking or wrecking of a **Common Carrier** in which the **Insured Person** was a passenger or as a result of any Acts of God, in which case it shall be deemed, that he shall have suffered loss of life within the meaning of the **Policy**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

#### Permanent Total Disability

The **Company** will pay such percentage of **Sum Insured** if an **Injury** caused by an **Accident**, directly and independently results in permanent total disability within twelve (12) months of the date of **Accident** during the **Trip**.

Liability under this extension shall only be admissible provided

- such **Injury** should result in at least one of the losses as shown in the Table of Losses-A below
- for any **Functional Loss** such **Functional Loss** has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period.

**The Company** will pay such percentage of **Sum Insured** less any other amount paid/payable under Coverage: **Permanent Partial Disability** of this **Policy**, if these **Coverages** are offered under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

**Table of Losses -A**

Type of Permanent Total Disability -	% of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
Actual Loss by physical separation or Functional Loss of both Hands or Both Feet	100%
Actual Loss by physical separation or Functional Loss of sight of Both Eyes	100%
Actual Loss by physical separation or Functional Loss of one Hand and One Foot	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Actual Loss by physical separation or Functional Loss of Thumb and Index Finger of Same Hand	25%
<b>Quadriplegia</b>	100%
<b>Paraplegia</b>	100%
<b>Hemiplegia</b>	100%
<b>Uniplegia</b>	50%

- The criteria for deciding **Functional Loss** of body part for the permanent total disability shall be based on a certificate from treating medical practitioner's certificate / disability certificate from civil surgeon.
- Functional Loss** for the purposes of this Extension means **Injury** due to **Accident** leading to loss and the total and permanent inability to perform all the usual and customary duties and activities of a person of like age and sex.
- "Loss" with regard to
  - Hand or Foot means actual severance through or above the wrist or ankle joints.
  - Eye means entire and irrecoverable loss of sight.
  - Thumb and Index Finger means actual severance through or above the joint that meets the hand at the palm.
  - Speech or Hearing means entire and irrecoverable loss of speech or hearing of both ears

### **Permanent Partial Disability**

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

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

If a **Claim** is admitted under **Permanent Total Disability**, then no **Claim** can be admitted under this Coverage which arises out of the same **Accident**.



Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**

**Table of Losses- B**

Type of Permanent Partial Disability	Percentage (%) of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
1. Loss of toes – all	20%
2. Loss of Great Toe	5%
3. Other than great toe, if more than one toe lost, each	1%
4. Loss of Hearing – both ears	50%
5. Loss of hearing – one ear	25%
6. Loss of four fingers and thumb of one hand	40%
7. Loss of four fingers	25%
8. Loss of thumb	15%
9. Loss of index finger	10%
10. Loss of middle finger	6%
11. Loss of ring finger	5%
12. Loss of little finger	4%

“Loss” with regard to:

- Toe, Finger, Thumb means actual complete severance from the foot or Hand.
- Hearing means entire and irrecoverable loss of hearing.

### **Common Carrier Delay**

#### **Definitions specific to this coverage:**

- Equipment Failure:** means any sudden, unforeseen breakdown in the **Common Carrier's** equipment that caused a delay or interruption of normal trips.
- Covered Expenses:** means any expenses for meals and lodging which were necessarily incurred and not provided by the **Common Carrier** or any other party free of charge. Such expenses should be incurred in the place from where the **Common Carrier** is scheduled to depart from.
- Inclement Weather:** means any severe weather condition, which delays the scheduled arrival or departure of the **Common Carrier** but not including normal, seasonal/climatic weather changes.
- Public Authority:** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
- Strike:** means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

#### **Coverage:**

The Company will reimburse **Covered Expenses**, if **Insured Person's Trip** is delayed due to late departure of a **Common Carrier** arising out of:-

- Inclement weather,**
- Strike** or other job action by employees of **Common Carrier,**

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• UIN: TATTGDP23099V022223

- c) **Equipment failure of Common Carrier,**
- d) any order or direction by Government or **Public Authority,**
- e) Operational reasons at the departure airport due to air traffic restrictions,
- f) Operational reasons of **Common Carrier** by which **Insured Person** is travelling.

**The Company** is liable to pay the **Claim** only if the delay in departure of **Common Carrier** is more than the **Time Deductible** hours mentioned on **Policy Schedule/Certificate of Insurance**

#### **Exclusions specific to this coverage:**

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Delay which was made public or known to **Insured Person**, prior to the date, **Insured Person's** trip was booked or was announced 12 hours before the scheduled departure time of the **Common Carrier** by which **Insured Person** is travelling.
2. **Strikes** or labor disputes which existed, or of which advance warning had been given prior to the date on which trip was booked.
3. Cancellation of the **Common Carrier** and /or cancellation of **Insured Person's Trip**

#### **Claims documentation specific to this Coverage:**

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Document

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Copy of bills and receipts for the meals and accommodation during the delay period if any.
5. Copies of Correspondence with the Airline authorities certifying with reason for the delay.

#### **Missed Flight**

#### **Definitions specific to this coverage:**

1. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses:** means Non-refundable travel ticket costs.
3. **Public Authority:** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Strike:** means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place Of Origin**.

#### **Coverage:**

**The Company** will reimburse **Covered Expenses**, if the **Insured Person** misses the flight through which the **Insured Person's Trip** would have commenced, due to:

1. **Accident** or Mechanical Breakdown of the <<mode of transport as mentioned in **Policy Schedule / Certificate of Insurance**>> which was being used by **Insured Person** immediately prior to reaching Airport/Sea Port.
2. Mass bandhs or widespread **Strikes** enroute the **Trip** which is acknowledged / published by **Public Authority**, which the **Insured Person** could not reasonably avoid or plan in time.

3. Any cancellation of <<mode of transport as mentioned in **Policy Schedule / Certificate of Insurance**>> caused by Government regulations or control
4. Occurrence of **Catastrophe**.

For admissibility of **Claim** under this Coverage it is a condition precedent that the Missed Flight/Cruise should be solely due to the reasons as mentioned above and provided the time gap between the expected arrival of the << mode of transport as mentioned in the **Policy Schedule / Certificate of Insurance**>> at the Air port and departure of the Missed Flight is more than three (3) hours

**Exclusions Specific to this coverage:**

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any facts or matters which led to delay or which were publicly announced in advance, which the **Insured Person** was aware.
2. Any deviation from originally scheduled route at the insistence of **Insured Person**

**Delay of Checked-in Baggage**

**Definitions specific to this coverage:**

**Checked-In Baggage** means the baggage entrusted by **Insured Person** and accepted by **Common Carrier** for **Transportation** for which a baggage receipt is issued to **Insured Person**. This also includes the contents of the baggage checked in by **Insured Person** as long as such contents do not violate any specific policy or rule restricting the nature of items that may be carried on board in **Common Carrier**.

**Coverage:**

**The Company** will pay a fixed amount if **Insured Person's Checked-in Baggage is delayed or** misdirected by **Common Carrier** for more than the number of consecutive hours as mentioned in the **Policy schedule/Certificate of Insurance** from the time **Insured Person** arrives at the destination stated on his ticket during **Insured Journey** whilst on **Trip**.

**Insured Person** must be a ticketed passenger on the **Common Carrier**. Any such delay or misdirection of **Checked-in-Baggage** must be certified by the Common Carrier for admissibility of Claim.

**Exclusions Specific to this coverage**

1. This shall exclude all the items that are carried / transported under a contract of affreightment.

**Loss of Checked-in Baggage**

**Definitions specific to this coverage:**

1. **Checked-In Baggage** means the baggage entrusted by **Insured Person** and accepted by **Common Carrier** for **Transportation** for which a baggage receipt is issued to **Insured Person**. This also includes the contents of the baggage checked in by **Insured Person** as long as such contents do not violate any specific policy or rule restricting the nature of items that may be carrier on board in **Common Carrier**.
2. **Theft:** means an act of illegally permanently depriving **Insured Person** and /or **Insured Person's Immediate Family Member** of the possession of the **Contents** by any person by violent or forceful means or otherwise.
3. **Public Authority:** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.

### **Coverage:**

**The Company** will reimburse the non refundable cost of an entire piece of **Checked-In Baggage** and its contents, held in the care, custody and control of the **Common Carrier**, due to **Theft** or misdirection by the **Common Carrier** or due to non- delivery at its destination during **Insured Journey** whilst on **Trip**. **Insured Person** must be a ticketed passenger on the **Common Carrier**.

The maximum amount to be reimbursed per bag and the maximum value per article contained in any bag of the amount will be as stated in the **Policy Schedule / Certificate of Insurance**. A combined maximum limit of 10% is applicable on jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.

Any such Loss of **Checked-in-Baggage** must be certified by the Common Carrier for admissibility of **Claim**. Benefits for **Checked-in Baggage** and **Personal Effects** will be in excess of any amount paid or payable by the **Common Carrier** responsible for the loss or any other valid and collectible insurance.

In the event of same claim being admissible under both Coverages **Delay of Checked-In Baggage** and **Loss of Checked-In Baggage**, the amount that has already been admitted / payable under this Coverage **Delay of Checked-In Baggage** shall be deducted from the amount admissible / payable under **Loss of Checked-In Baggage**.

### **Exclusions Specific to this coverage:**

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Loss to or destruction of the baggage arising from detention, confiscation or distribution by customs, police or other **Public Authorities**.
2. Damage to the Baggage or partial loss of its contents.
3. Animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with **Common Carrier**), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, valuables, money, securities such as credit cards, debit cards, cheques, traveler cheques, membership cards, tickets or documents, business good or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables.
4. Loss to property insured under any other insurance **Policy**.
5. Loss of **Insured Person's** baggage sent in advance or souvenirs and articles mailed or shipped separately.
6. This shall exclude all the items that are carried / transported under a contract of affreightment.

## **3.2 Trip Cancellation**

### **Definitions specific to this coverage:**

1. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses** means Non-refundable travel ticket cost.
3. **Public Authority:** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.

4. **Strike:** means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

#### **Coverage:**

**The Company** will reimburse **Covered Expenses** in the event of cancellation of **Insured Person's Trip** prior to commencement of such **Trip** due to: -

1. **Illness** and / or **Injury** requiring **Hospitalisation** or death of **Insured Person, Insured Person's Traveling Companion, Insured Person's Spouse** and/or **Parent** and/or **Child (ren), Insured Person's Traveling Companion's Spouse** and/or **Parent** and/or **Child (ren)**.
2. Occurrence of a **Catastrophe**.
3. Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority**, which the **Insured Person** could not reasonably avoid or plan ahead in time.
4. Cancellation caused by Government regulations or control.
5. Cancellation by **Common Carrier** which was scheduled for departure for such **Trip**.

#### **Exclusions Specific to this coverage:**

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover: -

1. Any of the covered causes for **Trip cancellation**, which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

#### **Trip Interruption**

#### **Definitions specific to this coverage:**

1. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses** means
  - a) Non refundable travel costs and / or Non-refundable accommodation costs
  - b) Additional accommodation necessarily incurred at the place of interruption and / or travel expenses (excluding telephone costs, meals and beverages) necessarily incurred by the **Insured Person** to return by the most direct and economical route possible to his **Place of Destination** , where **Insured Person** had started the **Trip**.
3. **Public Authority:** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Strike:** means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

#### **Coverage:**

**The Company** will reimburse the **Covered Expenses** following shortening and / or alteration of the **Trip**, due to:

-

1. **Illness** and / or **Injury** requiring **Hospitalisation** or death of **Insured Person** or **Insured Person's Traveling Companion** or **Insured Person's Family, Insured Person's Traveling Companion's Spouse** and/or **Parent** and/or **Child (ren)** during the **Trip**.
2. Occurrence of **Catastrophe**.

3. Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority** which the **Insured Person** could not reasonably avoid or plan ahead in time.

In the event of same claim being admissible under both **3.12. Add on - Trip Interruption** and **5.1. Add on - Accommodation Cancellation**, the amount that is payable under this Coverage **3.12. Add on - Trip Interruption** shall not be admissible under **5.1. Add on - Accommodation Cancellation**

**Exclusions Specific to this coverage:**

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover:

Any facts or matters which led to delay or which were publicly announced in advance, which the **Insured Person** was aware.

**Common Carrier Cancellation – Flight Cancellation**

The **Company** will pay a fixed amount as mentioned in the **Policy Schedule / Certificate of Insurance** in the event of cancellation of the Scheduled Departure of the **Common Carrier** during **Insured Journey** whilst on **Trip**.

**Exclusions Specific to this coverage:**

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any of the covered causes for **Common Carrier** cancellation which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

**Terrorism Cover**

**Definitions specific to this coverage:**

1. **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 organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.

**SECTION 4 – EXCLUSIONS (Applicable to this Policy and Add-ons wherever opted for)**

**A. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CAN BE WAIVED OFF, BYOPTING FOR AN ADD-ON / EXTENSION COVER, ON PAYMENT OF ADDITIONAL PREMIUM**

The **Company** will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any Coverage(s) within the **Policy**:

1. **Pre-existing Disease** or its complications
2. **Insured Person's** Participation in **Adventure Sports** for Leisure performed under expert supervision of trained professional



3. Loss, **Damage** cost or expense of whatsoever nature caused by, resulting from or in connection with any **Act of Terrorism** regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

#### **B. STANDARD EXCLUSIONS APPLICABLE TO ALL POLICY AND ADD-ONS**

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

1. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel
3. Losses due to war or any act of war, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, Chemical and biological weapons, Ionizing radiation.

#### **C. EXCLUSIONS SPECIFIC TO THIS POLICY AND ITS ADD-ONS WHICH CANNOT BE WAIVED**

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

1. Where the **Insured Person** is travelling against the advice of a **Medical Practitioner**; 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.
2. Treatment which could be reasonably delayed until the **Insured Person's** return to place of destination.
3. Any **Claim** occurring in a geographic zone/City / State which is not specifically covered under the **Policy**
4. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted **Injury** or **Illness**.
5. Certification / diagnosis / Treatment by a family member, or a person who stays with the **Insured Person**, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis.
6. Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
7. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or institution.
8. Any form of Alternative Treatment: AYUSH Treatment; Hydrotherapy, Acupuncture, Reflexology Treatment or any other form of indigenous system of medicine.
9. Any expenses incurred in connection to Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, health resort, rundown condition or rest cure.
10. Circumcision unless necessary for Treatment of an **Illness** or **Injury** not excluded hereunder or due to an Accident.
11. Associated expenses for alopecia, baldness, wigs, or toupees and hair fall treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
12. Any injury, Accident, illness or any other loss sustained or contracted or caused by the **Insured Person** as a consequence of the **Insured Person** being intoxicated or being under the influence of any narcotic or drug or alcohol.
13. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
14. Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft or Scheduled **Airline**.
15. Any loss due to the release, dispersal or application of pathogenic or poisonous biological or chemical materials.
16. External Congenital anomalies or any complications or conditions arising there from.
17. Any **Insured Person's** participation in **Adventure sports** without expert supervision of trained professional or participation in **Professional Sports**
18. **Insured Person's** actual or willful participation in, an illegal act or any violation or attempted violation of the law.
19. Any loss caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where **Pre-existing Disease** has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the **Policy / Cover Period** unless arising out of an **Injury**.
20. Confinement in a **Hospital** which is not medically necessary.
21. Loss resulting in or contributed or aggravated or prolonged by childbirth or from pregnancy

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22. Vaccinations except post-bite Treatment.
23. In respect of travel by the **Insured Person** to any places within India against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be imposed such restrictions, or any places within India which has imposed or may impose subsequently, such restrictions against travel .
24. Venereal disease, sexually transmitted disease or illness.
25. Serving in any branch of the Military or Armed Forces of country, whether in peace or War, and in such an event **the Company**, upon written notification by **Insured Person**, shall return the pro rata premium for any such period of service during the **Trip**.
26. Any treatment taken outside India.
27. Any non-medical expenses (list enclosed – Annexure I).

## SECTION 5 – CLAIM PROCEDURE AND DOCUMENTS

### A. Intimation & Assistance

For any claim related query, intimation of claim and submission of claim related documents, the **Insured Person** can contact at below numbers for any claim related assistance –

Toll Free No. 1800 119966/1800 266 7780 from BSNL / MTNL Land line or

1800 22 9966 (only for senior citizen policy holders)

**Insured Person** is requested to call these local helpline numbers from respective cities:

Mumbai - 66939500, Delhi – 66603500, Bangalore – 66272829, Pune – 66014156, Chennai – 66841050, Hyderabad – 66629882, Ahmedabad - 66610201 Email: general.claims@tataaig.com

**The Company's** Service Center is equipped to provide **Insured Person** with the necessary guidance in **Insured Person's** situation and will direct **Insured Person** on **Claims** procedure.

# This is a General Check-list of documents, please check for availability of coverage under the **Policy**.

Coverage No.	COVERAGE	Documents required
1	<b>Personal Accident</b>	
	<b>Accidental Death</b>	
		<ol style="list-style-type: none"> <li>1. Claim form duly completed and signed by the <b>Insured Person</b>/Nominee</li> <li>2. Copy of cancelled cheque/NEFT form</li> <li>3. Copy of Medical records/discharge summary in case of Hospitalisation/treating doctor's report and Prescription if applicable</li> <li>4. Original Bills/Receipts</li> <li>5. Copy of diagnostic reports/Pathological/Radiological reports, if any</li> <li>6. Copy of Death Certificate with cause of death</li> <li>7. Attested Postmortem report / Coroner's report</li> <li>8. Attested copy of FIR/ Police Inquest report / Police Panchanama, where applicable.</li> <li>9. Copy of Ticket &amp; Boarding Pass with original scheduled itinerary</li> </ol>
	Base Cover-Accidental Death (24 Hours)	

		1. Claim form duly completed and signed by the <b>Insured Person</b>
	Extension-Permanent Total Disability	2. Copy of cancelled cheque/NEFT form
		3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
		4. Copy of Medical records/discharge summary in case of Hospitalisation/treating doctor's report and Prescription if applicable.
		5. Original Bills/Receipts.
		6. Copy of diagnostic reports/Pathological/Radiological reports, if any
		7. Certificate from competent medical authority / Doctor like Civil Surgeon, confirming the Disability - percentage of disability/ period and prognosis
	Extension-Permanent Partial Disability	8. Attested copy of FIR/ Police Inquest report / Police Panchanama/Medico-legal certificate,

Note: **The Company** may call for additional documents/ information as relevant.

**Kindly submit all the requested documents at the address mentioned below:**

**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

**B. Claim Notification**

It is a condition precedent to **The Company's** liability hereunder that notice of **Claim** must be given by the **Insured Person** to **The Company** within seven (7) days after an actual or potential loss occurs or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss occurs.

The fulfillment of the terms and conditions of this **Policy** (including payment of premium by the due dates mentioned in the **Policy Schedule / Certificate of Insurance**) insofar as they relate to anything to be done or complied with by the **Insured Person(s)**, including complying with the procedures and requirements in relation to **Claims**, shall be Conditions Precedent to **The Company** liability under this **Policy**.

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

In case of **Claim** the **Insured Person** must:

- take immediate steps to protect, save and/or recover the covered property;
- give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- notify the police or other appropriate authority in the case of **Robbery** or **Theft** within 24 hours.

**C. Scrutiny of Claim Documents**

**The Company / Assistance Company** shall scrutinize the **Claim** and accompanying documents. Any deficiency of documents shall be intimated to **Insured Person**

**D. Other Claims Requirements:**

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

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- c. If requested by **The Company** and at **The Company's** cost, the **Insured Person** must submit to medical examination by **The Company** nominated **Medical Practitioner** as often as **The Company** consider reasonable and necessary and **The Company** representatives must be permitted to inspect the Medical and **Hospitalisation** records pertaining to the **Insured Person's Injury** and treatment and to investigate the facts surrounding the **Claim**.
- d. The directions, advice and guidance of the treating **Medical Practitioner** shall be strictly followed. **The Company** shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance.

#### E. Claims Payment:

- a. **The Company** shall be under no obligation to make any payment under this **Policy** unless **The Company** have received all premium payments in full and on time in respect of the **Insured Person's Cover** under the In-built Coverage and all applicable Coverages and all payments have been realized. **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.
- b. In the case of delay in the payment of a **Claim**, the **Company** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of **Claim** at a rate 2% above the bank rate.
- c. 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 the **Claim** within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days **the company** shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of **Claim**.
- e. All **Claims** will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of **Policy** holders Interests Regulation), 2017
- f. The payment of any **Claim** under this Coverage will be in Indian Rupees
- g. Admissibility of Claim: any **Claim** to be admissible under this **Policy**, the Date of loss should be within the **Policy/Cover** Period unless otherwise provided.

### SECTION 6 – GENERAL TERMS AND CONDITIONS

#### A. Condition Precedent:

Condition Precedent means a **Policy** term or condition upon which **the Company's** liability under the **Policy** is conditional upon.

The fulfilment of the terms and conditions of this **Policy/Certificate of Insurance** (including the payment of premium by the due dates mentioned in the **Schedule/ Certificate of Insurance**) insofar as they relate to anything to be done or complied with by **Insured Person** shall be conditions precedent to **the Company's** liability.

#### B. Entire contract:

This **Policy**, its **Schedule**, **Certificate of Insurance**, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this **Policy / Certificate of Insurance** shall be valid unless approved by **the Company** and such approval be endorsed hereon.

This **Policy** and the **Schedule/Certificate of insurance** shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy** or of the **Policy Schedule / Certificate of Insurance** shall bear such meaning wherever it may appear.

#### C. Group Policyholder

The Group **Policyholder** shall take all reasonable steps to cover their members for whom coverages have been offered by **the Company** and ensure timely receipt of premium by **the Company** in respect of each of the members covered. The Group **Policyholder** will neither charge more premium nor alter the scope of coverage offered under this **Policy**.

This **Policy** will be issued to the Group **Policyholder** and Certificates will be issued to individual members wherever applicable.

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**The Company** reserves the right to inspect the record at any time to ensure that terms and condition of Group **policy** and provisions of IRDAI Group Insurance Guidelines, , 2005 and any amendments thereto are being adhered. **The Company** may also require submission of Certificate of compliance from the Auditors of Group **Policyholder**

The Group **Policyholder** will ensure compliance of Guidelines as prescribed by IRDAI from time to time including but not limited to IRDAI Group Insurance Guidelines, 2005

**D. Fraud:**

**The Company** will not be liable to pay under the **Policy** if any **Claim** is in any manner dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or an **Insured Person**.

In the event of fraud done by a primary member/his dependents the coverage in respect of that **Insured Person** and his dependents shall be terminated and there shall be no refund of **Insured Person's** premium. Subsequent to this, such **Insured person/s** shall not be covered even during **Renewals**.

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

In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or **Claim** experience information provided at the time of request for proposal, the **Policy** shall be void ab-initio without any premium refund.

In case of non-employer-employee policies, **the Company** will not be liable to pay under the **Policy** if any Mis-representation or non-disclosure of material facts is noted at the time of **Claim** or otherwise, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or any **Insured Person**, and **Certificate of Insurance** shall be void ab-initio without any premium refund.

**F. Other Insurance:**

If at the time when any **Claim** is made under this **Policy**, the **Insured Person** has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any **Claim** (in part or in whole) being made under this **Policy**, then the **Insured Person** shall have the right to require a settlement of such **Claim** in terms of any of **Insured Person's** policies.

The insurer so chosen by the **Insured Person** shall settle the **Claim**, as long as the **Claim** is within the limits of and according to terms of the chosen **Policy**.

Provided further that, If the amount to be claimed under the **Policy** chosen by **Insured Person**, exceeds the **Sum Insured** under a single **Policy** after considering the **Deductibles** or co-pay (if applicable), the **Insured Person** shall have the right to choose the insurers by whom **Claim** is to be settled.

The **Insured Person** also has the right to prefer **Claims** under the **Policy** chosen by the **Insured Person** for amounts disallowed under the earlier chosen **Policy(ies)** even if the **Sum Insured** is not exhausted

**G. Renewal conditions:**

The **Policy** may be renewed with **The Company's** consent. The **Coverages** under the **policy** or/and the terms and conditions of the **Policy**, including premium rate may be subject to change.

The **Policy** will be renewable provided premium has been paid on or before the **Renewal** due date.

**The Company**, however, is not bound to give notice that it is due for **Renewal**. Unless renewed as herein provided, this **Policy** shall terminate at the **Policy / Cover Period End Date** for which premium has been paid.

**H. Withdrawal:**

In the likelihood of this product being withdrawn in future, the Company will intimate **Policyholder/Insured Person** about the same at least 3 months prior to expiry of the Policy/Certificate of Insurance .

#### I. Notices:

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

- Any **Insured Person**, then it shall be sent to **Policyholder / Insured Person** at **Policyholder / Insured Person's** address specified in the **Policy Schedule / Certificate of Insurance** to this **Policy Schedule / Certificate of Insurance** and **Policyholder / Insured Person** shall act for all **Insured Persons** for these purposes.
- The Company**, it shall be delivered to **The Company's** address specified in the **Policy Schedule / Certificate of Insurance**. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **The Company's** behalf unless **the Company** have expressly stated to the contrary in writing.

#### J. About Period including Extension:

In no event, **Coverages** will be provided to the **Insured Person** by the **Company** after **Policy / Cover Period End Date** or **Insured Person's** return to **Place of Residence/place of destination** whichever is earlier.

However, if, **Insured Person** is still confined in a Hospital during the Trip, after **Policy / Cover Period** and **Emergency Medical Evacuation** is not appropriate or recommended by the **the Company/ Assistance Company** and continued treatment as an inpatient is **Medically Necessary**, **Medical Expenses** will be paid till earlier of the **Insured Person's Hospital Discharge** or 7 days after **Policy / Cover Period** .

**Policyholder/Insured Person** can extend the **Cover Period** under a specific **Certificate of Insurance** prior to its expiry date subject to **The Company's** Underwriting Guidelines and no **Claim** being reported under such **Certificate of Insurance**, provided that the additional premium for such extension is received before **Cover Period End Date**.

Extension in **Cover Period** is applicable only in **Round Trip** Policies subject to the total **Cover Period** including extension not exceeding the number of days as mentioned in the **Policy Schedule/Certificate of Insurance**.

#### K. Cancellation/Termination of the Policy:

##### Round Trip:

Any **Policy / Certificate of Insurance** issued under a **Round Trip Policy** or its extension are non-cancellable and non-refundable after the commencement of **Trip** or if any **Claim** has been lodged under such **Policy / Certificate of Insurance**

In the event of Cancellation of **Policy /Certificate of Insurance** by **Insured Person** prior to commencement of **Trip**, the **Company** will deduct INR 50/-(Rupees Fifty only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Certificate of Insurance**. However in Policies where the following **Coverages** are opted no Premium will be refunded:

3.10 Add-on -Fare Lock, 3.11 Add-on -Fare Dip.

##### Annual Multi Trip:

Any **Policy / Certificate of Insurance** issued under **Annual Multi Trip Policy** are non-cancellable and non-refundable if any **Claim** has been lodged under such **Policy / Certificate of Insurance**.

- In the event of Cancellation of **Policy /Certificate of Insurance** prior to commencement of **Policy / Cover**, the **Company** will deduct INR. 50/-(Rupees Fifty only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Policy/Certificate of Insurance**.
- If **Insured Person** cancels the **Policy / Certificate of Insurance** after **Policy/Cover Period Start date**, the refund premium shall be computed in accordance with short rate table as mentioned below.

##### Short rate table -

Period on risk	% Refund Premium
Up to 1 month	3/4th of the annual rate

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• UIN: TATTGDP23099V022223



Up to 3 months	½ of the annual rate
Up to 6 months	1/4th of annual rate
Exceeding 6 months	Nil

In the event the **Policy/Certificate of insurance** is terminated on grounds of non-cooperation of the **Insured Person** the premium shall be computed in accordance with short rate table for the period the **Policy** has been in force, upon 15 days notice by sending an endorsement to **Insured Person** address shown in the **Schedule** provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

**L. Person Records to be maintained**

The **Policyholder/ Insured Person** shall keep an accurate record containing all relevant medical records and shall allow **The Company** or its representative(s) to inspect such records. The **Policyholder/ Insured Person** shall furnish such information as **The Company** may require under this **Policy** at any time during the **Policy /Cover Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all **Claims** under this **Policy**.

**M. Arbitration:**

If any dispute or difference shall arise as to the quantum to be paid by the **Policy**, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

**N. Subrogation:**

Unless specifically and separately stated in the **Policy Schedule**, the **Policyholder/Insured Person** and any claimant under this **Policy** shall at the expense of **the Company** do and concur in doing and permit to be done all such acts and things that may be necessary or reasonably required by **the Company** for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which **the Company** shall be or would become entitled or subrogated upon **the Company** paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Policyholder's/Insured Person's** indemnification by **the Company**.

This clause will not be applicable to covers related to Coverage 1- Medical Contingencies and Coverage 2- Personal Accident and their related Extensions.

**O. Complete discharge**

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

**P. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

**SECTION 7 – GRIEVANCE LODGEMENT STAGE**

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

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• UIN: TATTGDP23099V022223

Website: [www.tataaig.com](http://www.tataaig.com)

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

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

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the policy document

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

If **Insured Person** is not satisfied with the Redressal of grievance through one of the above methods, **Insured person** may contact the grievance officer at [manager.customersupport@tataaig.com](mailto:manager.customersupport@tataaig.com). For updated details of grievance officer, kindly refer the link **IRDAI Integrated Grievance Management System** - <https://igms.irda.gov.in/>

If Insured person is not satisfied with the Redressal of grievance through above methods, the **Insured Person** may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

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

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