



Tata AIG General Insurance Company Ltd.

Peninsula Business Park, Tower A, 15<sup>th</sup> Floor, G. K. Marg,  
Lower Parel, Mumbai - 400 013  
Tel. No. +91 22 6669 9697 Fax: 022 6693 8170  
IRDA of India Registration No.: 108  
CIN: U85110MH2000PLC128425

## **AUTO SHIELD POLICY POLICY WORDINGS**

TATA AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule 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 return for the payment of the required premium when due and 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 benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized.

### **Authorised Signatory**

**For Tata AIG General Insurance Company Limited**

## Part A: GENERAL DEFINITIONS

We use certain words in this Policy and 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 Schedule. 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.

1. **Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome** - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).
3. **Age** - means completed years as at the Effective Date of the Policy.
4. **Break in policy** - occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
5. **Cancellation (of policy)** - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
6. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
7. **Co-Payment** - A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
8. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - 8a. **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.-
  - 8b. **External Congenital Anomaly** - which is in the visible and accessible parts of the body.
9. **Contribution** - means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

- 10. Day** - means a period of 24 consecutive hours.
- 11. Day Care centre** - means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner/s in charge; 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.
- 12. Day Care Treatment/procedure** refers to medical treatment, and/or surgical procedure which is
- a. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - b. which would have otherwise required a hospitalization of more than 24 hours
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 13. Disease** - means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted during the Policy Period.
- 14. 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.
- 15. Disclosure to information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 16. 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 such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- 17. Hazardous** – means a situation that poses a level of threat to [life](#) & [health](#).

- 18. Hospital** - means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or and is 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.
- 19. Hospitalisation or Hospitalised** means admission in a Hospital for a minimum period of 24 In Patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period less than 24 consecutive hours.
- 20. Intensive Care Unit** – means an indentified 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.
- 21. IRDAI** – means Insurance Regulatory and Development Authority of India
- 22. 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 / Medical practitioner.
- 23. 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.
24. **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.
  25. **Insured Person** - means the Insured Person between the Age 18 to 65 Years, , 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.
  26. **Medical Advise** - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
  27. **Notification of Claim** - is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
  28. **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 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.
  29. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.
  30. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
  31. **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.
  32. **Portability** - means the transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another
  33. **Pre-existing Condition** - means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the commencement of the first Policy issued by the insurer.
  34. **Professional Sports** - means a sport, which would remunerate a player in excess of 50% of his or her income as a means of their livelihood.

- 35. Proposal Form** - means any initial or subsequent declaration made by the Policyholder and is deemed to be attached and which forms a part of this Policy.
- 36. 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.
- 37. 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.
- 38. Sickness** - means illness first manifested and contracted during the Policy Period.
- 39. 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.
- 40. Unproven/Experimental** - treatment is a treatment, including but not limited to drug experimental therapy, which is not based on established medical practice
- 41. 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.
- 42. We, Us, Our** - means TATA AIG General Insurance Company Limited.
- 43. You/Your/Yourself** - means the Insured Person(s) who is detailed in the Policy Schedule.

## **Part B: GENERAL 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. any Pre-existing Condition, any complication arising from it or
2. suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or

3. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens; or
4. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
5. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or
6. 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
7. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
8. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
9. congenital anomalies or any complications or conditions arising therefrom; or
10. 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 any other hazardous or potentially dangerous sport.
11. Any non medical expenses (list enclosed as Annexure 1).

## Part C: UNIFORM PROVISIONS

### 1. ENTIRE CONTRACT - CHANGES:

The policy, its schedule, endorsement(s) together with the proposal form constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed & stamped by Us.

**2. RENEWAL CONDITIONS:** While the entry age under this policy is upto 65 Years, the Policy is ordinarily renewable for life unless the Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.

The Policy may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal.

A grace period of 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Schedule, whichever is earlier.

We may extend the renewal automatically if opted for by You in the Proposal Form

We will not apply any additional loading on your policy premium at renewal based on your claim experience.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Premium otherwise will only change if you opt for a change in the Sum Insured/ change the tenure of the Policy.

### 3. CANCELLATION -

- a) **By the Insured:** This insurance may be terminated at any time at the request of the Insured, in which case the Pro-rata refund of premium would be made for the remaining period. This will be calculated from the date of intimation for cancellation to the date of policy expiry. Additionally Rs 300/- would be charged as administrative charges. No refund of premium shall be due or payable on cancellation of policy at the request of the Insured where there has been a claim made in the policy.
- b) **By the Company:** This insurance may also at any time be terminated by the Company on 15 days notice to the Insured on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by Insured or any one acting on behalf of Insured. In the event of termination of this Policy on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured the Pro-rata refund of premium would be made for the remaining period. This will be calculated from the date of intimation for cancellation to the date of policy expiry. Additionally Rs 300/- would be charged as administrative charges. In the event a claim has occurred in which case there shall be no refund of premium.

**4. TERRITORY:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.

**5. CONCEALMENT OR FRAUD:** The entire Policy will be void if, whether before or after a loss, You or the Policyholder have, related to this insurance,

- (a) intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance; or
- (b) engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- (c) made false statements.

### 6. CLAIM PROCEDURE:

**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 seven (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. Notice may be sent at the following address.

#### **CLAIMS DEPARTMENT**

**TATA AIG General Insurance Company Limited**  
A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi,

Malad (East), Mumbai – 400 097 Fax: +91-22-6693-8171

**You may contact our 24-hour Toll Free Call Center on 1800-11-9966\* / 1800-266-7780 (\*Toll free from MTNL/ BSNL lines only) or 1800-22-9966 (only for senior citizen policy holders).**

Please intimate the Call Center **as soon as a claim occurs**, in order for us to provide you prompt and effective assistance.

Please have the following information ready when you call the Call Center or with notice sent on above mentioned address:

1. Policy Number
2. Name of Injured person,( s.no. in the schedule of the policy)
3. Date & Time of Loss
4. Location of accident
5. Nature of injury / Accident
6. Name of hospital where treatment taken & name of police station, if case is reported with police
7. E-mail ID of insured, if available.

- i. **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.
- ii. **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days from the date of intimation to Us. 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.
- iii. **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 from the date of intimation to Us. Such documentation will include but is not limited to the following:

<b>Accidental Death &amp; Dismemberment</b>	<b>Accidental Permanent Total Disability/ Accidental Permanent Partial Disability (PPD)</b>	<b>Accident Hospitalisation Reimbursement Accidental Hospital Cash (Upto 30 Days) Accidental Hospital Cash (ICU) – (Upto 15 Days) Physiotherapy</b>
<ol style="list-style-type: none"> <li>1. Claim form</li> <li>2. Attested copy of Original Death Certificate</li> <li>3. Original/ Attested Post</li> </ol>	<ol style="list-style-type: none"> <li>1. Claim form</li> <li>2. Attending Doctors report</li> <li>3 Original /copy of Disability Certificate from a competent</li> </ol>	<ol style="list-style-type: none"> <li>1 Claim form</li> <li>2 Attending Doctors report</li> <li>3 Original Discharge Summary / Card / copy of proof of</li> </ol>

<p>Mortem Report, if conducted</p> <ol style="list-style-type: none"> <li>4. Attending Doctor's report</li> <li>5. Copy of FIR, Spot Panchanama &amp; Police Inquest report, where applicable and Final Police Investigation report.</li> <li>6. Complete medical records including Death Summary, in case of hospitalization</li> <li>7. Copy of Pan card &amp; residential proof</li> <li>8. Cancelled cheque</li> <li>9. Latest Passport size photograph (Claimant)</li> </ol>	<p>and authorised doctor</p> <ol style="list-style-type: none"> <li>4 Complete copy of medical records including investigation /Lab reports ( X-Ray ,MRI etc)</li> <li>5 Any other documents requested by claim official</li> <li>6. Copy of admission/discharge card, if hospitalised</li> <li>7. Copy of Police Inquest report, where applicable</li> <li>8. Copy of Pan card &amp; residential proof</li> <li>9. Cancelled cheque</li> <li>10. Latest Passport size photograph</li> </ol>	<p>hospitalisation with details of treatment.</p> <ol style="list-style-type: none"> <li>4 Complete medical records including investigation /Lab reports ( X-Ray ,MRI etc )</li> <li>5 Any other documents requested by claim official</li> <li>6 Original Invoices /Payment receipts (in case of reimbursement only)</li> <li>7. Copy of hospital discharge card / proof of hospitalisation with details of treatment</li> <li>8. Copy of Pan card &amp; residential proof</li> <li>9. Cancelled cheque</li> <li>10. Latest Passport size photograph</li> </ol>
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<b>Home Alteration and vehicle modification Benefit</b>	<b>Daily Benefit during Vehicle Repair</b>
<ol style="list-style-type: none"> <li>1. Claim form</li> <li>2. Attending Doctors report</li> <li>3 The documents as indicated / submitted under Dismemberment / Permanent Total Disability</li> <li>4. Original Invoice &amp; Receipts pertaining to alterations done at home &amp; vehicle for the use of wheelchair / insured to become ambulatory.</li> <li>5. Photographs of alterations done at home &amp; vehicle for the use of wheelchair to be ambulatory.</li> <li>6. Copy of Pan card &amp; residential proof</li> <li>7. Cancelled cheque</li> <li>8. Latest Passport size photograph</li> </ol>	<ol style="list-style-type: none"> <li>1. Claim form</li> <li>2. Copy of Registration Certificate of the vehicle</li> <li>3. Copy of Driving Licence of the person who is driving the vehicle at the time of Accident.</li> <li>4. Photo of damaged vehicle</li> <li>5. Final Invoice copy/ of Garage showing the number of days of repair.</li> <li>6. Any other documents requested by claim official</li> <li>7. Cancelled cheque</li> </ol>

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

**CLAIMS DEPARTMENT**

**TATA AIG General Insurance Company Limited**

A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi,  
Malad (East), Mumbai – 400 097 Fax: +91-22-6693-8171

iv. **TIME OF PAYMENT OF CLAIM:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.

v. **PAYMENT OF CLAIM:** All claims under this Policy that are payable to You or the Policyholder shall be paid in Indian currency.

7. **ARBITRATION:** If any dispute or difference shall arise as to the quantum to be paid under this 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 to or, if they cannot agree upon a single Arbitrator within 30 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 Indian Arbitration and Conciliation Act, 1996.

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

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

8. **ASSIGNMENT OF INDEMNITIES:** Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule to : (a) by default to the assignee declared by You; otherwise, indemnity is payable to Your estate, or (b) to the Policyholder. 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.

- i. **CONSENT OF ASSIGNEE:** Consent of the assignee, if any, shall not be a pre-requisite for any change of assignee or to any other changes in this Policy.
- ii. **CHANGE OF ASSIGNEE:** No change of assignee under this Policy shall bind Us, unless consent thereto is formally endorsed thereon by Our authorized officer.

**9. 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 arrange for a post mortem examination report, if conducted, on Your body as permitted by law. Your or Your estate's compliance with the need for such examination is a condition precedent to establishing liability under the Policy.

**10. LEGAL ACTIONS:**

If We disclaim liability to You 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.

**11. COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

**12. SUBROGATION:** In the event of any payment under this Policy, We shall be subrogated to all the Policyholder or Your rights of recovery thereof against any person or organization and the Policyholder or You shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably require of the Policyholder or You in the pursuance of Our subrogation rights. You or the Policyholder shall take no action after the loss to prejudice such rights.

**13. 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.

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.

**14. Free Look Period** – You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and 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.

**15. WITHDRAWAL OF PRODUCT :** In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to any Individual personal accident insurance policy available with us at the time of renewal.

**16. PAYMENT OF INDEMNITIES:** Amount payable under the policy, if any, in case of Your loss of life is payable to : (a) by default to the nominee declared by You provided such nominee survives you by thirty Days; otherwise, amount is payable to Your estate, or (b) to the Policyholder. All other amounts payable under the 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.

**17. Other Insurance**

If at the time when any claim is made under this Policy, insured 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 Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder 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 the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in Part A General Definition 9. This clause shall only apply to indemnity sections of the policy.

18. Portability will be as per the Portability guidelines issued by IRDA of India.

**Part D: COVERAGE**

**Coverage C-1**

**Section : ACCIDENTAL DEATH AND DISMEMBERMENT**

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death or dismemberment within 365 days from the date of the Accident, then We will pay the percentage of the Sum Insured shown in the table of losses below.

Our total liability in aggregate shall not exceed the sum insured as shown in the Policy Schedule. The policy stands cancelled with immediate effect without any refund after payment of claim under ACCIDENTAL DEATH AND DISMEMBERMENT benefit.

<b>Loss of:</b>	<b>% of Sum Insured</b>
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%

"Loss" with regard to:

- (a) hand or foot means actual severance through or above the wrist or ankle joints respectively;
- (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.

**Disappearance**

We will pay the benefit for Loss of Life occurring during the Policy Period 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.

**Part D: COVERAGE**

**Coverage C-2**

**Section: ACCIDENTAL PERMANENT TOTAL DISABILITY**

We will pay the sum insured shown in the Policy Schedule if Injury to You results in You suffering with Permanent Total Disability. The Injury must occur during the Policy Period as mentioned in the Policy Schedule.

We will pay, provided such disability has continued for a period of 365 days and is total, continuous and permanent at the end of this period. Any amount paid or payable under Accidental Death & Dismemberment or Permanent Partial Disability sections of this Policy shall be deducted, if the said coverage is offered under this Policy, as the result of the same Accident.

**Specific Definitions:**

- I. **Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Medical practitioner appointed by Us.
  
- II. **Permanent Total Disability** - means You are unable to engage in each and every occupation or employment You own for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life.

**Limitation:**

- a. No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Policy Period.

**Part D: COVERAGE****Coverage C-3****Section: ACCIDENTAL PERMANENT PARTIAL DISABILITY**

We will pay a percentage of the Sum Insured shown in the Policy Schedule if Injury to an Insured Person results in any one of the losses shown in the Table of Losses below. The loss must occur within 180 Days of the date of the Accident which caused Injury during the Policy Period and is the sole and direct cause of his permanent partial disablement.

**Table of Losses**

SI	Loss	% of Sum Insured
1	Loss of an Arm at the Shoulder Joint	70%
2	Loss of an Arm above the elbow Joint	65%
3	Loss of an Arm beneath the elbow Joint	60%
4	Loss of a Hand at the wrist	55%
5	Loss of four fingers and thumb of one hand	40%
6	Loss of four fingers	25%
7	Loss of Thumb	15%
8	Loss of Index Finger	10%
9	Loss of Middle Finger	6%
10	Loss of Ring Finger	5%
11	Loss of Little Finger	4%
12	Loss of a leg above mid-thigh	70%
13	Loss of a leg up to mid thigh	60%
14	Loss of a leg up to beneath the knee	50%
15	Loss of a leg up to mid calf	45%
16	Loss of a foot at the ankle	40%
17	Loss of toes	20%
18	Loss of Great toe	5%
19	Other than great toe, if more than one toe lost, each	1%
20	Loss of an Eye	50%
21	Loss of Hearing of one ear	25%
22	Loss of Hearing of both ears	50%
23	Loss of Sense of Smell	10%

24	Loss of Sense of Taste	5%
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"Loss" with regards to

- (A) toe, finger, thumb means actual complete severance from the foot or hand
- (B) hearing means entire and irrecoverable loss of hearing

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule.

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will pay not exceeding 25% of sum insured for any other permanent partial disability covered under the policy but not mentioned in the above table as per assessment of the competent and qualified Medical practitioner appointed by Us.

**Definitions:**

**Permanent** - means being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Medical practitioner appointed by Us.

**Permanent Partial Disability** - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Medical practitioner.

**Part D: COVERAGE**

**Coverage C-4**

**Section: ACCIDENT HOSPITALISATION REIMBURSEMENT**

We will pay the Reasonable and Customary Charges, for Covered Medical Expenses incurred , subject to the 10% co-pay mentioned in the policy schedule while You are an inpatient in a Hospital, in the Republic of India, for medical services up to the maximum amount stated in the Policy Schedule per event for Immediate Medical Treatment of an Injury sustained by You while this Policy is in effect.

**Special condition:**

Other Insurance - If at the time when any claim is made under this Policy, 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 section, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy

holder 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 the Policy holder, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in section "Definitions".

**Definitions:**

**Covered Medical Expenses** - means expenses incurred by You for medical services and supplies which are recommended by the attending Medical practitioner, for treatment of Injury sustained by you. They include:

- (a) Surgeon Fees;
- (b) Hospital confinement and use of operating room;
- (c) Anesthetics fees (including administration), x-ray examinations or treatments, including CT scans etc, Pathological and lab tests;
- (d) ambulance service;
- (e) physiotherapy treatments.

**Immediate Medical Treatment** - means treatment commencing within reasonable time and date of the Accidental bodily Injury. Only Covered Medical Expenses are covered.

**Medically Necessary** - means any treatment , test , medication ,or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the injury suffered by the Insured Person
- 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

**Physiotherapy** - means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Medical practitioner for treatment of injury.

**Surgery** -. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an injury, correction of deformities and defects, , relief of suffering or prolongation of life, performed in a hospital Or day care centre by a *medical practitioner*.

**Surgical Treatment** - Medical practitioner's fees for Inpatient surgery.

**Anesthetist Fees** – in connection with inpatient surgery

**Ambulance charges** – medical transportation fees and services incurred for bringing the insured to the Hospital following an accident and returning to the normal place of residence after being discharged from the Hospital.

**Exclusions:**

In addition to the General 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 Medical practitioner; 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 Medical practitioner; 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. organ transplants that are considered experimental in nature; or
7. expenses which are not exclusively medical in nature; or
8. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
9. treatment provided in a government Hospital or services for which no charge is normally made; excluding any drugs, medicines, and therapeutic services and supplies which is charged and incurred during such hospitalization; or
10. medical expenses covered under any workers' compensation or similar policy; or
11. medical expenses incurred as the result of influence of usage / abuse of alcohol and/or drug, addiction or overdose; or
12. Therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.
13. Medical expenses incurred outside the Republic of India.

14. Any Ayurvedic, Homeopath or naturopathy treatments.

**Part D. COVERAGE:**

**Coverage C-5**

**Section: Accidental Hospital Cash**

We will pay a Daily Benefit for each Day upto 30 days if You are an inpatient in a Hospital due to Injury or Accident while this Policy is in effect. The Period of Confinement must be Medically Necessary and recommended by a Medical practitioner. The total benefits provided for any One Period of Confinement are subject to the maximum shown in the Policy Schedule.

The Daily Benefit will be paid at the rate shown on the Schedule of Benefits if You are admitted to a Hospital, in the Republic of India, as an inpatient as a result of a covered Injury and We have accepted Your inpatient claim under Section C – 4 of the Policy, .

Benefit will be paid for up to the number of days mentioned 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 45 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 45 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.

**Part D. COVERAGE:**

**Coverage C-6**

**Accidental Hospital Cash (Intensive Care Unit)**

We will pay a Daily Benefit for each Day of stay in ICU upto 15 days You are an inpatient in a Hospital due to Injury or Accident while this Policy is in effect. The Period of Confinement must be Medically

Necessary and recommended by a Medical practitioner. The total benefits provided for any One Period of Confinement are subject to the maximum shown in the Policy Schedule.

The Daily Benefit will be paid at the rate shown on the Schedule of Benefits if You are admitted to a Hospital, in the Republic of India, as an inpatient as a result of a covered Injury and We have accepted Your inpatient claim under Section C – 4 of the Policy.

Benefit will be paid for up to the number of days mentioned 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 45 Days

**Period of Confinement** - means a period of consecutive Days of confinement as an Inpatient Intensive Care Unit 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 45 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.

**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.

**Part D. COVERAGE:**

**Coverage C-7**

**Physiotherapy**

We will pay the Reasonable and Customary Charges upto maximum shown in the Policy Schedule or schedule of benefits for Physiotherapy sessions which are recommended by the attending Medical practitioner / Surgeon and is medically necessary.

Such coverage would be applicable immediately following Your discharge / treatment from a hospital and We have accepted Your inpatient claim under Section C – 4 of the Policy.

**Part D. COVERAGE:**

**Coverage C-8**

### **Home / Vehicle Modification**

**(in event of Dismemberment / Permanent Total Disability) – This benefit will be applicable basis the dismemberment /Permanent Total Disability suffered by Insured.**

1. If an Insured Person: suffers Loss of Both Feet due to Accident during the Policy Period, and
2. did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year from the date of the Accident causing such loss(es), up to the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

### **Definition:**

**Covered Home Alteration and Vehicle Modification Expenses** - means one-time expenses that:

1. are charged for:
  - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
  - (b) modifications to one motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recognized by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

### **Exclusion:**

In addition to the General Exclusions listed in this Policy, this coverage shall not cover any expense for or resulting from any condition for which the Insured Person is entitled to benefits under any Worker's Compensation Act or similar law.

### **Part D. COVERAGE:**

## Coverage C-9

### Daily Benefit during Vehicle Repair:

We will pay You Rs.750 per day to enable You to meet the cost of hired transport to reduce Your inconvenience, if Your Vehicle meets with an accident resulting into damage to your vehicle necessitating repair in the garage during the period of insurance.

Your entitlement of Daily Benefit will start from the following calendar day of Your Vehicle reaching the garage for repair or the day of intimation of claim to Us, whichever is later and shall end on the day garage intimates You to take delivery of the Vehicle.

The benefit would be payable for a maximum period of 7 days during the period of insurance.

### Definition –

**Vehicle – means any registered vehicle as per registering authority.**

### Exclusion:

We will not pay if time required for repair of motor vehicle is up to 1 day.

## PART E. SCHEDULE OF BENEFITS & RATE CHART :

S. No	Benefits (all figures in Indian Rupees only and are exclusive of service Tax)	Plan A	Plan B	Plan C	Plan D	Type of Benefit	Territory	Sum Insured type
1	Accidental Death & Dismemberment	5,00,000	10,00,000	20,00,000	30,00,000	Benefit	World wide	Annual Sum Insured
2	Accidental Permanent Total Disability	5,00,000	10,00,000	20,00,000	30,00,000	Benefit	World wide	Annual Sum Insured
3	Accidental Permanent Partial Disability (as per table)	5,00,000	10,00,000	20,00,000	30,00,000	Benefit	World wide	Annual Sum Insured

	of losses)							
4	Accident Hospitalisation Reimbursement	50,000	100000	200000	300000	Indemnity	India	Sum Insured maximum upto
	<i>Copay</i>	10%	10%	10%	10%			
5	Accidental Hospital Cash (Upto 30 Days)	2,500	5000	7500	10000	Benefit	India	Per Day Sum Insured
6	Accidental Hospital Cash (ICU) – (Upto 15 Days)	5000	10000	15000	20000	Benefit	India	Per Day Sum Insured
7	Physiotherapy (in event of a covered hospitalisation)	2000	3000	7500	10000	Indemnity	World wide	Sum Insured maximum upto
8	Home / Vehicle Modification (in event of Dismemberment / Permanent Total Disability)	10000	30000	75000	100000	Indemnity	World wide	Sum Insured maximum upto
9	Daily Benefit during Vehicle Repair (Maximum 7 days, deductible 1 days)	750	750	750	750	Benefit	World wide	Per Day Sum Insured
<b>Pre-tax premium</b>	<b>1 year</b>	<b>2,891</b>	<b>3,663</b>	<b>4,836</b>	<b>5,918</b>			
	<b>2 years</b>	<b>4,775</b>	<b>6,143</b>	<b>8,223</b>	<b>10,142</b>			
	<b>3 years</b>	<b>6,244</b>	<b>8,076</b>	<b>10,863</b>	<b>13,434</b>			

Note – Claims settlement under coverage C4 to C9 will be on reimbursement basis.

## Part F : Grievance Redressal Procedure

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-266 7780 or 022-66939500 (toll) or 1800 22 9966 (only for senior citizen policy holders) or you may email to the customer service desk at [customersupport@tata-aig.com](mailto:customersupport@tata-aig.com).

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

### Escalation Level 1

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

### Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at [head.customerservices@tata-aig.com](mailto:head.customerservices@tata-aig.com). After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri. / Smt.	Office of the Insurance Ombudsman, 2nd Floor, Ambica House,	State of Gujarat and Union Territories of

		Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27545441/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b>	Shri. M. Parshad	Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg, JP Nagar, 1st Phase, Bengaluru – 560 025. Tel.: 080-22222049/22222048 Fax: 080 - Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
<b>BHOPAL</b>	Shri. Raj Kumar Srivastava	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 2nd Floor, 6, Malviya Nagar, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b>	Shri. B. N. Mishra	Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email : bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
<b>CHANDIGARH</b>	Sh.Manik B.Sonawane	Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172-2706468/2705861 Fax : 0172-2708274 Email :	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

		bimalokpal.chandigarh@gbic.co.in	
<b>CHENNAI</b>	Shri Virander Kumar	Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044 - 24333668 / 24335284 Fax : 044-24333664 Email : bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>DELHI</b>	Smt. Sandhya Baliga	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23237539/23232481 Fax : 011-23230858 Email : <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>	States of Delhi.
<b>GUWAHATI</b>	Sh. / Smt.	Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax : 0361-2732937 Email : bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b>	Sh. G.Rajeswara Rao	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 - 65504123 / 23312122 Fax: 040-23376599 Email : bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
<b>Jaipur</b>	Shri. Ashok K. Jain	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor,	State of Rajasthan

		Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141-2740363 Fax: 0141 - Email : <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a>	
<b>KOCHI</b>	Shri. P. K. Vijay Kumar	Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg, Opp. Cochin Shipyard, M. G. Road, ERNAKULAM-682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email : <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
<b>KOLKATA</b>	Shri. K. B. Saha	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, C.R. Avenue, Kolkatta – 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email : <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	Shri. N. P. Bhagat	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331	Districts of Uttar Pradesh : Laitpur, Jhasi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun,

		<p>Fax: 0522 - 2231310</p> <p>Email : <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>	<p>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</p>
<b>MUMBAI</b>	Sh.A.K.Dasgupta	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054.</p> <p>Tel.: 022-26106928/26106552</p> <p>Fax: 022 - 26106052</p> <p>Email : <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p>	<p>State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai &amp; Thane</p>
<b>Pune</b>	Shri. A. K. Sahoo	<p>Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411 030.</p> <p>Tel.: 020-32341320</p> <p>Fax: 020 -</p> <p>Email : <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a></p>	<p>State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai &amp; Thane.</p>
<b>Patna</b>	New Centre		<p>State of Bihar and Jharkhand.</p>

<p><b>Noida</b></p>	<p>New Centre</p>	<p>State of Uttaranchal and the following Districts of Uatter Pradesh : Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar , Ghazaibad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
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OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Smt. Ramma Bhasin, Secretary General,  
 Shri Y.R. Raigar, Secretary  
 3rd Floor, Jeevan Seva Annexe,  
 S.V. Road, Santacruz(W),  
 MUMBAI – 400 054  
 Tel : 022-26106889/6671  
 Fax : 022-26106949  
 Email- [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in)  
 Web: [www.gbic.co.in](http://www.gbic.co.in)

**IRDAI REGULATION NO 5:** This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

**Annexure 1**

<b>S N O.</b>	<b>List of excluded expenses ("Non-Medical") under indemnity Policy -</b>	<b>Expenses</b>
	<b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR</b>	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24		Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable

31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified

60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES</b>		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately

76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU

93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable

114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable

138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO <sub>2</sub> PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable

155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	EKG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed

167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite
	<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	<b>OTHERS</b>	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable

188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.