

## Policy Wordings

### Secure Income High Policy

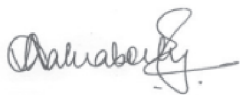
Tata AIG General Insurance Company Limited (We, our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal, 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 valid and in force if the Policy Schedule is signed by a person We have authorized.

Authorised Signatory

For Tata AIG General Insurance Company Ltd.



**Atri Chakraborty**

National Head – Operations & Systems

#### **Tata AIG General Insurance Company Ltd.**

Registered Office:

Peninsula Business Park,  
Tower A, 15th Floor, G. K. Marg,  
Lower Parel, Mumbai- 400013.  
Toll Free Helpline No. 1800 266 7780  
Visit us at [www.tataaiginsurance.in](http://www.tataaiginsurance.in)

IRDA Registration No.: 108, CIN: U85110MH2000PLC128425  
Secure Income High Policy UIN: IRDA/NL-HLT/TAGI/P-P/V.I/202/13-14



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## Part I : Benefits

### Accidental Death and Dismemberment

The insurance applies to such Injuries sustained by You anywhere in the world.

**Loss** wherever used herein means the complete and permanent severance:

- with reference to hand or foot: at or above the wrist or ankle joint:
- with reference to the sight, hearing or speech: the entire and irrecoverable loss of sight, hearing or speech as certified by a licensed physician specialising in ophthalmology or otolaryngology:

### Part A. Loss of Life Accident Indemnity

When Injury results in Your loss of life within 180 days after the date of the accident, We will pay the Principal Sum as per schedule.

### Part B. Dismemberment, Loss of Sight, Hearing, Speech Indemnity

When Injury results in any of the following losses within 180 days after the date of the accident, We will pay as per schedule for the loss of :

Both Hands or Both Feet or Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Either Hand or Foot and Sight of One Eye	The Principal Sum
Hearing of Both Ears	The Principal Sum
Speech	The Principal Sum
Either Hand or Foot	One Half the Principal Sum
Sight or One Eye	One Half the Principal Sum

In consideration of the policy premium, it is hereby understood and agreed that Part B, Dismemberment, Loss of Sight, Hearing, Speech Indemnity of the Accidental Death and Dismemberment Rider, is amended to include the following losses:

Permanent and incurable Paralysis of All Limbs	100%
Permanent Total Loss of Two Limbs	100%

No Indemnity will be paid under any circumstances for more than one of the losses, the greatest for which provision is made in Part A Loss of Life Accident Indemnity and Part B Dismemberment, Loss of Sight , Hearing and Speech Indemnity as modified above.

It is further understood and agreed that the following definitions are added to the policy:

**Permanent** means lasting twelve (12) calendar months and at the end of that period being beyond hope of improvement.

This Rider is attached to and made part of the Policy. It applies only with respect to accidents that occur on or after that date. It is subject to all of



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the provisions, limitations and exclusions of the Policy, except as they are specifically modified by this Rider.

### Exclusions

In addition to the Exclusions listed in Part II of the Policy, this form shall not cover and no payment shall be made with respect to:

Loss caused directly or indirectly, wholly or partly by:

- (a) bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- (b) medical or surgical treatment except as may be necessary solely as a result of injury.

### Accident-hospital Cash Rider

When as a result of Injury. You are necessarily confined within a Hospital as an In-patient, under the continuous attendance of a Medical Practitioner, We will pay the Daily Benefits stated in the Schedule for each day that You are confined therein, up to 5 days commencing immediately following the Elimination Period of three days as stated in the Schedule.

### Successive Periods of Hospital Confinement

If, within twelve (12) months following a period of Hospital confinement for which indemnity is paid or payable under this form, You are readmitted and confined as an inpatient due to the same or related causes, Our liability for the entire period shall be subject to the limitations applicable in the Part or parts of this policy under which the original period of confinement was indemnified. If subsequent confinement as an inpatient is separated by more than twelve (12) months, the confinement will be considered a new period of confinement and indemnified in accordance with the appropriate provisions of this policy.

### Exclusions

In addition to the General Policy Exclusions listed in Part III of the policy, this form shall not cover Hospital confinement resulting from or related to:

1. pregnancy and resulting childbirth, miscarriage or diseases of the female organs of reproduction;
2. routine physical examinations;
3. cosmetic or plastic surgery except as a result of Injury;
4. any mental or nervous disorder or rest cures;
5. any pre-existing condition.

## Part II: General Definitions

We use certain words in this Policy and the Schedule, which have a specific meaning and are shown under the heading of definitions in the policy. They have this meaning wherever they appear in the policy or the Schedule and are shown with an initial capital letter. Where the context



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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** - has 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. **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.
4. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - 4a. **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.
  - 4b. **External Congenital Anomaly** - which is in the visible and accessible parts of the body.
5. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
6. **Day** - means normally a period of 24 hours.
7. **Elimination Period** - wherever used in this form means the number of consecutive days as stated in the Schedule commencing with the first day You are confined in a Hospital for which no benefits are payable.
8. **IRDA** - means Insurance Regulatory and Development Authority.
9. **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 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 towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - has qualified medical practitioner (s) in charge round the clock;
  - has a fully equipped operation theater 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.



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10. **Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner/Physician.
11. **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** - 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** - A 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.
12. **In-patient** - wherever used in this form means a person who is confined in a Hospital as a resident patient and who is charged at least one (1) day's room and board in the Hospital.
13. **Insured Period** - means the period commencing with the Policy Effective Date and terminating with the Policy Expiration Date as stated in the Schedule.
14. **Insured Person/or People** - means the person or people named in the Schedule, and who live permanently in India for whom premium has been paid and proposal has been approved by Us.
15. **Medical Practitioner/Physician** - 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.
16. **Policyholder** - means the person named on the Schedule for whom premium has been paid and Proposal has been approved by Us.
17. **Pre-existing condition** - means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and/or were diagnosed, and/or received medical



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advice/treatment, within 48 months prior to the commencement of the first Policy issued by the Insurer.

18. **Principal Sum** - means the amount stated in the Proposal and the Schedule as respects to You and each Insured Person named in the Schedule.
19. **Proposal means** - the Proposal Form which is the basis for the policy and is deemed to be incorporated in this policy.
20. **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.
21. **Schedule** - means the Schedule of Benefits which are attached and which form a part of this policy.
22. **We, Us, Our** - means Tata AIG General Insurance Company Limited.
23. **You/Your/Yourself** - means the Policyholder and Insured Person(s) as named in the Schedule.

## Part III: Exclusions

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

1. intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; or
2. for Injury or Disease directly or indirectly caused or indirectly caused by or contributed by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
3. for Injury or Disease directly or indirectly caused by or contributed by the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
4. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kings, princes, and people of whatsoever nation condition or quality; or
5. any period You are serving in any branch of the Indian Military or Armed Forces, whether in peace or war, and in such an event We, upon written notification by you, shall return the pro rata premium or any such period of service; or
6. loss sustained or contracted in consequence of You being under the influence of alcohol or drugs unless administered on the advice of a physician; or
7. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or



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- any violation or attempted violation of the law or Your resistance to arrest; or
8. any loss sustained while flying in the any aircraft or device for aerial navigation except while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from a certified passenger aircraft provided by a commercial civilian airline on any regular scheduled or chartered flight, and operated by a property certified pilot flying between duly established and maintained airports; or
  9. congenital anomalies and conditions arising out of or resulting therefrom; or
  10. for any opportunistic infection and/or malignant neoplasm, if at the time of the accident or sickness You had an Acquired Immune Deficiency Syndrome (AIDS) or having an antibody positive blood test to HIV (Human Immune-deficiency Virus). Opportunistic infection shall include but will not be limited to Pneumocystis carinii pneumonia, organism of Kaposi's Sarcoma, central nervous system lymphoma, and/or other Malignancies now known or which become known as causes of death in the presence of Acquired Immune Deficiency Syndrome; or
  11. any loss sustained while You are participating in any professional sports, not accepted by Us by special Endorsement to the Policy; or
  12. any loss sustained while you are participating in contests of speed using a motorized vehicle or bicycle; or
  13. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy.

### — Part IV: Postponement of Effective Date —

No insurance provided by this policy shall become effective if You are Hospital-confined, disabled, or receiving payment for a claim when such insurance would otherwise take effect. Your coverage shall take effect thirty-one (31) days after such Hospital confinement or disability terminates, or payment of claim ceases, whichever is later.

### ———— Part V: Uniform Provisions —————

1. **Entire Contract Changes:** This Policy, together with the Schedule and the Proposal, as well as any forms, riders and endorsements hereto, constitutes the entire contract of insurance.  
No change in this policy shall be valid until approved by our authorized officer and such approval is endorsed hereon. No agent has authority to change this policy or to waive any of the provisions of this Policy.
2. **Consideration:** the premium payable under each certificate of insurance issued under this policy is payable;
  - a) Before the beginning of each 12 monthly period when the annual premium installment is due.



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3. **Effective Date:** This policy takes effect on the Effective Date stated in the Schedule provided it is countersigned by Us and the total premium has been paid & realised by Us. After taking effect this policy may continue in effect after the renewal date subject to the Part V, No. 4. "RENEWAL CONDITIONS," set forth herein. All periods of insurance shall begin and end at midnight at Your residence.
4. **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.

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.

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 at least 3 months in advance.

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.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will also change if you opt for the change of plan or change the sum insured.

5. **Cancellation of Cover:** We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for 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 cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period



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the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

**Short rate table -**

<b>Cancellation**</b>	<b>Annually</b>
Up to 1 month	25 % OF annual Premium
Up to 3 months	37.5 % OF annual Premium
Up to 4 months	50 % OF annual Premium
Up to 6 months	62.5 % OF annual Premium
Up to 8 months	87.5 % OF annual Premium
Above 8 months	100 % OF annual Premium

These are retention scales.

\*\* From Policy Dispatch Date.

**6. Claim Procedure:**

- a) **Claims Notification:** It is a condition precedent to our liability hereunder that written notice of claim is given to Us immediately after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible, and in any event no later than 30 days of the occurrence or commencement of the said loss, In case of death, written notice also for the death must, unless reasonable cause is shown, be given before internment or cremation, and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs written notice thereof must also be given within one calendar month after such loss of sight or amputation. Written notice of any claim given by You or on Your behalf to Our office, or to any official authorized by us with information sufficient to identify any Insured Person shall be deemed to be notice to Us.
- b) **Claim Forms:** We, upon receipt of a notice of claim, will furnish You with such forms, as We may require for filing proofs of loss.
- c) **Time for Filing Claim Forms and Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- d) **Supporting Documentation & Examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information. We may



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request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:

- i. Our claim form, duly completed and signed for on behalf of the Insured Person.
  - ii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
  - iii. A precise diagnosis of the treatment for which a claim is made.
  - iv. A detailed list of the individual medical services and treatments provided and a unit price for each.
  - v. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
  - vi. Original Death Certificate.
  - vii. Original Disability Certificate.
  - viii. Original/Attested Post Mortem Report, if conducted.
  - ix. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.
- e) **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 IRDA (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 extent regulation requires payment based on some other prescribed interest rate
- f) **Payment of Claim:** All Claims under this policy shall be payable in Indian currency. If We pay a claim under this policy and You accept the payment, We will not have to make any further payments for the same claim. All payment made by Us in good faith will discharge Us to the extent of such payment.
7. **Medical Examination:** We, at Our own expense, shall have the right and opportunity to examine You when and as often as We may reasonably require during the pendency of a claim hereunder,



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and also the right and opportunity to make a post mortem examination of Your body. Compliance with this examination by You or your estate is a condition precedent to Our assuming liability under the policy.

8. **Indemnities:** Indemnity, if any, in case of Your loss of life is payable to the nominee named in the assignment form provided such nominee survives you by thirty days; otherwise, indemnity is payable to Your estate. All other indemnities of this policy are payable to You.

All payment by us in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

9. **Consent of Nominee:** Consent of the nominee, if any, shall not be requisite for change of nominee or to any other changes in this policy.
10. **Change of Nominee:** No change of nominee under this policy shall bind Us, unless consent thereto is formally endorsed thereon by Our authorized officer.
11. **Misstatement of Age:** If Your age has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. In the event Your age has been misstated, and if according to Your correct age, the coverage provided by the policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the policy.
12. **Arbitration:** If any difference shall arise as to the quantum to be paid under this policy (liability otherwise admitted), such difference shall independently of all other questions be referred to the decision of two disinterested persons as arbitrators, of whom one shall be appointed in writing by each of the parties within two calendar months after having been required to do so in writing by the other party in accordance with the provisions of the Arbitration Act 1996, as amended from time to time, and for the time being in force.

In case either party shall refuse or fail to appoint an arbitrator within two calendar months after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint sole arbitrator and in case of disagreement between the arbitrators the difference shall be referred to the decision of an umpire who shall have been appointed by them in writing before entering on the reference and who shall sit with the arbitrators and preside at their meetings.



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It is 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 or umpire of the amount of the loss or damage shall be first obtained.

13. **Legal Actions:** No action at law or equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy.

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

14. **Policy Disputes Clause:** Any dispute concerning interpretation of terms, conditions, limitations and/or exclusion contained herein is understood and agreed to, by both the insured and the Company to be subject to Indian Law. Each party agrees to submit to the Jurisdiction of any court of competent jurisdiction at Mumbai, India. All matters arising hereunder shall be determined in accordance with the law and practice of such court.
15. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.
16. **Fraudulent and/or Dishonest and/or Deceitful Claims(s):** We shall not be liable to make any payment under this policy in respect of any claim(s) is (are) in any manner fraudulent, dishonest or deceitful or supported by any fraudulent, dishonest or deceitful means or device(s) whether by You or any other person acting on Your behalf or with Your authority.
17. **Conditions Precedent to Liability:** For the avoidance of doubt, your compliance with the terms and conditions of this Policy in so far as these relate to anything to be done by You or on Your behalf is a condition precedent to Our liability hereunder. We shall not be liable to make any payment under this policy in respect of any claim if such claim is in any manner fraudulent or support by any fraudulent means of device whether by You or any other person acting on Your behalf.
18. **Termination of Policy:** This policy will terminate on the earliest of the following dates: (a) the first premium due date on which no person occupies the status of insured Person. (b) the last day for which premium, has been paid, (c) the latest due of expiration of coverage of all Insured Person(s) when applicable.



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19. **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
20. 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.

## — Part VI: 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 1-800-119966 or 022-66939500 (toll free) 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 IRDA under the Insurance Ombudsman Scheme.



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**Nodal Officer**

Please visit our website at [www.tataaiginsurance.in](http://www.tataaiginsurance.in) to know the contact details of the Nodal Officer for your servicing location

**INSURANCE OMBUDSMAN CENTRES**

Office of the Ombudsman	Contact Details	Area of Jurisdiction
<b>AHMEDABAD</b>	<b>Sh. P.Ramamoorthy</b> Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014. Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:-ins.omb@rediffmail.com	State of Gujrat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BHOPAL</b>	<b>Sh.Raj Kumar Srivastava</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Bhopal - 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:-bimalokpalbhopal@gmail.com	States of Pradesh Madhya and Chattisgarh.
<b>BHUBANESHWAR</b>	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:-ioobbsr@dataone.in	State of Orissa.
<b>CHANDIGARH</b>	<b>Sh.Manik B.Sonawane</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:-ombchd@yahoo.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b>	<b>Sh. Virander Kumar</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai - 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:-chennaiinsuranceombudsman@gmail.com	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>DELHI</b>	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:-iobdelraj@rediffmail.com	States of Delhi and Rajasthan.
<b>GUWAHATI</b>	<b>Sh.D.C.Choudhury</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr.Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.:- 0361-2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura



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Office of the Ombudsman	Contact Details	Area of Jurisdiction
<b>HYDERABAD</b>	<b>Sh. G.Rajeswara Rao</b> 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.:- 040-23325325/23312122 Fax:- 040-23376599 Email:-insombudhyd@gmail.com	States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<b>KOCHI</b>	Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- iokochi@asianetindia.com	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
<b>KOLKATA</b>	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124346/22124339 Fax : 033-22124341 Email:-insombudsmankolkata @gmail.com	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310 Email:-insombudsman@rediffmail.com	States of Uttar Pradesh and Uttaranchal.
<b>MUMBAI</b>	<b>Sh.A.K.Dasgupta</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V.Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/6552/6960 Fax:- 022-26106052 Email:- ombudsmanmumbai@gmail.com	States of Maharashtra and Goa.

### OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

**Shri M.V.V. Chalam,**  
Secretary General  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santacruz (W),  
Mumbai - 400021  
Tel.: 022-26106245  
Fax: 022-26106949  
Email: [inscoun@gmail.com](mailto:inscoun@gmail.com)  
Web: [www.gbic.co.in](http://www.gbic.co.in)

The Secretary  
3rd Floor, Jeevan Sava Annexe,  
S.V. Road, Santacruz (W),  
Mumbai - 400 021.  
Tel: 022-26106980  
Fax: 022-26106949

**IRDA Regulation No 5:** This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

