

Policy Wordings

Secure Income Low Policy

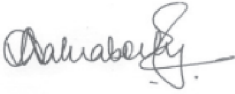
Tata AIG General Insurance Company Limited (We, our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal, 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

IRDA Registration No.: 108, CIN: U85110MH2000PLC128425
Secure Income Low Policy UIN: IRDA/NL-HLT/TAGI/P-P/V.I/201/13-14



WITH YOU ALWAYS



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Tata AIG General Insurance Company Ltd.

Peninsula Business Park, Tower A, 15th Floor, G. K. Marg,
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Tel. No. +91 22 6669 9697 Fax: 022 6654 6464

Part I: Benefits

Accidental, Death and Dismemberment and Permanent Total Loss of Use of Limbs - 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.

Permanent wherever used in this form means disablement which in all probability will continue for the remainder of Your natural life.

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	200% The Principal Sum
One Hand and One Foot	200% The Principal Sum
Either Hand or Foot and Sight of One Eye	200% The Principal Sum
Hearing of Both Ears	200% The Principal Sum
Speech	200% The Principal Sum
Either Hand or Foot	The Principal Sum
Sight or One Eye	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 (Quadriplegia)	100%
Permanent Total Loss of Use of Two Limbs (Paraplegia)	100%

No indemnity will be paid under any circumstance 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.

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



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Exclusions

In addition to the Exclusions listed in Part III 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.

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 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. **Age** - means completed years as at the Effective Date.
4. **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.
5. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - 5a. **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.
 - 5b. **External Congenital Anomaly** - which is in the visible and accessible parts of the body.
6. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
7. **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.
8. **IRDA** - means Insurance Regulatory and Development Authority.



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9. **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.
10. **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.
11. **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.
12. **Insured Person** - means the Insured Person between Age 16 and 65, 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.
13. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements or riders.
14. **Physician/Medical Practitioner** - means a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or 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.
15. **Policyholder** - means the person named on the Schedule for whom premium has been paid and Proposal has been approved by Us.
16. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.



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17. **Principal Sum** - means the amount stated in the Proposal and the Schedule as respects to You and each Insured Person named in the Schedule.
18. **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.
19. **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.
20. **Schedule** - means the Schedule of Benefits which are attached and which form a part of this policy.
21. **Terrorist Act** - An act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
22. **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.
23. **We, Us, Our** - means Tata AIG General Insurance Company Limited.
24. **You/Your/Yourself** - means the Policyholder and Insured Person(s) as named in the Schedule.

Part III: 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. 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
2. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service during the circumstances described in a Hazard; or
3. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
4. participation in an actual or attempted felony, riot, crime, misdemeanour or civil commotion; or



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5. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; of
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. any loss, damage cost or expense or whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

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

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

8. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or
9. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; the dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident); or
10. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
11. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
13. congenital anomalies or any complications or conditions arising therefrom; or
14. 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 for which You are untrained; or
15. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy.



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— Part IV: Postponement of Effective Date —

No insurance provided by this policy shall become effective if You are hospital-confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the Policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates.

— Part V: Uniform Provisions —

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

No change in this policy shall be valid until approved by Our 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. **Effective Date:** The Policy will start on the date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid & realised by Us.

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

- 1) the Policy Effective date & hour as stated above; or
- 2) the date on which the first premium is paid when due

3. **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.

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

The 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 claims experience.



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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.

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 IRDA. Your premium will also change if you change the plan or change the sum Insured.

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

Further However 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 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 -

Table with 2 columns: Cancellation**, ANNUALLY. Rows include retention scales from 1 month to above 8 months.

** From Policy Dispatch Date.

- 5. **Territory:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.
6. **Concealment or Fraud:** The entire Policy will be void if, whether before or after a loss, You have, related to this insurance,
(a) intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance;



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(b) engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or

(c) made false statements.

7. Claim Procedure:

- a) **Notice of Claims/loss:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than 30 Days after an actual or potential loss begins. 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 authorised 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 Your representative 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 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:

Death Claims	Disability Claims
1. Claim form	1. Claim form
2. Original Death Certificate	2. Attending Doctor's Report
3. Original/ Attested Post Mortem Report, if conducted	3. Original Disability Certificate from the Doctor
4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.	4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.)
5. Complete medical records including Death Summary, in case of hospitalization	5. FIR, Police report, where applicable
6. KYC Documents	6. KYC Documents



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- 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 that are payable to Your nominee shall be paid in Indian currency.
8. **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 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 Arbitrator, 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.
9. **Assignment of Indemnities:** Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the nominee declared by You provided such nominee survives you; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.
10. **Consent of Nominee:** Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this Policy.
11. **Change of Nominee:** No change of nominee under this Policy shall bind Us, unless consent thereto is formally endorsed thereon by Our authorised officer.
12. **Medical Examination:** We, at Our own expense, shall have the right and opportunity to get a post mortem examination report of



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Your body as permitted by law. Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the policy.

13. **Legal Actions:** Without prejudice to Uniform Provisions 8 (Reference Arbitration) above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.

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

14. **Misstatement of Age:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the policy.
15. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
16. **Other Interest:** No person(s) other than you and/or your nominee(s) named by you in this application form can claim or sue us under this policy.
17. **Subrogation:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organisation 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 You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.
18. **Dispute Resolution Clause and Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part Choice of Law. This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provisions 13 (Reference Legal actions) above and otherwise by the Indian courts.
19. **Consideration:** This policy is issued in consideration of the premium being paid & realised by Us. No receipt for premium shall be valid except on our official form.
20. **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



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

21. 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 1800 266 7780 / 1800-119966 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.

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. 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. 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 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
AHMEDABAD	Sh. P.Ramamoorthy 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.
BHOPAL	Sh.Raj Kumar Srivastava 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.
BHUBANESHWAR	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.
CHANDIGARH	Sh.Manik B.Sonawane 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.
CHENNAI	Sh. Virander Kumar 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).
DELHI	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.
GUWAHATI	Sh.D.C.Choudhury 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
HYDERABAD	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.:- 040-23325325/23312122 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.
KOCHI	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.
KOLKATA	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.
LUCKNOW	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.
MUMBAI	Sh.A.K.Dasgupta 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.

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

