



Date:06/08/2025

Name: MR ANILBHAI DHIRUBHAI VEKARIYA

Address: 119 SHANTIKUNJ BUNGLOWS KAMREJ

SURAT

KAMREJ

GUJARAT

394180

Business Type : Renewal Business

Your Policy Details:

Policy Number : 7920013317

Renewal : 01

Endorsement : 00

Policy Period : From Date: 06/08/2025 00:00 hrs To Date: 05/08/2028 23:59 hrs

Premium Paid : 13,590

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our Accident Guard Plus Policy.

We are enclosing Policy schedule along with Proposal form and Policy Terms and Condition.

You can also obtain Policy Terms and Conditions from our website www.tataaig.com.

For more information on your policy benefits, exclusion, claim procedures and other applicable financial limits, please refer your Customer Information sheet

Kindly go through the enclosed information/declaration provided by you and in case your policy exhibits any error/discrepancy then we request you to get in touch with us with in 15 days of receipt of the policy for correction otherwise all particulars will be deemed to be correct.

You may reach us at our 24*7 helpline 1800 266 7780 for providing any information.

We, thank you once again, for choosing Tata AIG General Insurance Company. We assure you of our best of services at all times.

Policy Schedule

Intermediary/ Broker Name: JIGAR ATULBHAI SHAH
Intermediary/Broker License Number: AGINBHGPS0708H
Intermediary/Broker Contact No.: 9428906614

Issuing Office: SURAT
 Proposal no: 202507290236403
 Partner Application number:
 Proposer's Name: MR ANILBHAI DHIRUBHAI VEKARIYA
 Proposer's Address:
 119 SHANTIKUNJ BUNGLOWS KAMREJ
 SURAT
 KAMREJ
 GUJARAT
 394180

Insured GSTIN :
 Place of Supply: GUJARAT
 State Code: 24
 Contact Number: 93**22**85
 Policy Number : 7920013317
 Product name : Accident Guard Plus - Elite
 Plan type: Self
 Business Type : Renewal Business
 Policy Tenure: 3 Year
 Policy Period.: From date: 06/08/2025,00:00 hrs To Date 05/08/2028,23:59 hrs

Insured Details:

Sr No	Insured Person's Name	Date Of Birth	Age	Occupation Class	Gender	Sum Insured	Insured with Tata AIG Since	Escalation Benefit Amount (Rs)
1	Mr ANILBHAI DHIRUBHAI VEKARIYA	04/06/1985	40	Class I	MALE	2500000	06/08/2022	250000

Nominee/Assignee Details:

Nominee/Assignee Name	Relationship to Proposer	Percent
Anitaben	Wife	100

The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/ herself.

Cover Details:

Coverage	Sum Insured
Accidental Death	100% Sum Insured
Permanent Total Disability	100% Sum Insured
Permanent Partial Disability	Up to Sum Insured-% specified in the document
Accidental Hospitalization Expenses (Medex)	Up to 10% of the Accidental Death Sum Insured or Rs 5 lacs or actual whichever is lower
Temporary Total Disability	Up to 1% of the Accidental Death Sum Insured or Rs 50,000 whichever is lower up to 104 weeks
Temporary Total Disability	Up to 1% of the Accidental Death Sum Insured or Rs 10,000 whichever is lower up to 104 weeks (For Spouse, if insured).
Accidental Dismemberment	25% of the Permanent Partial Disability benefit
Ambulance Cost	Up to Rs 25,000 or actual whichever is lower

Special Condition:

I hereby confirm that I have truthfully and completely declared in this proposal, all the Personal Accident policies under which myself or any other member proposed for insurance are currently insured with either Tata AIG General Insurance co ltd or any other Insurance Company.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions , please read sales brochure carefully, before concluding a sale.

TATA AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel , Mumbai - 400013
 24*7 Toll free Number: 1800 266 7780 or 1800 229966 (For Senior Citizens) Email: customersupport@tataaig.com Website: www.tataaig.com
 IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATPAIP23086V032223

I also hereby confirm that irrespective of the number of policies an insured member is covered under, the maximum liability of Tata AIG General Insurance co. Ltd. in aggregate per member shall be restricted to the minimum of:

- 40 times the annual income of the insured person for the year of the accidental loss; or
- admissible claim amount as per the applicable sum insured plus any accrued cumulative bonus as per the terms of the relevant policy; or
- INR 5 crores

subject always to the maximum sum insured as applicable for the respective policies under which the insured is covered.

Premium Details:

Base Premium(₹)	11,517
Loading(₹)	0
Discount(₹)	1,280
Net Premium	11,517
UGST/SGST(9%)	1,037
CGST(9%)	1,037
Gross Premium(₹)	13,590
Gross Premium(In Words)	Rupees Thirteen Thousand Five Hundred Ninety And Paise Zero Only
Website	www.tataaig.com
SMS	"CLAIMS" to 5616181
Toll Free	1800-266-7780 or 1800-22-9966
Submit claim	Claims Department, TATA AIG GENERAL INSURANCE COMPANY LIMITED 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063.

Consolidated Stamp Duty has been paid to the State Exchequer.

GSTIN : 24AABCT3518Q1Z2-GUJARAT Service Accounting Code : 997133

For Policy wordings, please scan the below QR code :



Digitally Signed By: Shammi Kapoor

Date:

Location: Mumbai

Place of Issue: SURAT

Date of Issue : 06/08/2025

Policy servicing address

UNIT NO. 403-406, 4TH FLOOR, A-WING, UNIVERSAL BUSINESS CENTRE, L.P.SAVANI ROAD, ADAJAN, SURAT NEAR MADHUVAN CIRCLE SURAT SURAT
GUJARAT - 395009

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RECEIPT

Receipt No. : 102701112611747

Receipt Date : 28/07/2025

Policy No : 7920013317 01 00

Received with thanks from MR ANILBHAI DHIRUBHAI VEKARIYA a sum of Rs. 13,590 (Rupees Rupees Thirteen Thousand Five Hundred Ninety And Paise Zero Only only) vide Debit Authorization, towards

Sr. No.	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	7920013317	13,590	13,590	0

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realization.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 24AABCT3518Q1Z2-GUJARAT Service Accounting Code : 997133



PROPOSAL FORM

URN : AH/2024-25/PA-04

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium. 2. The information declared by you in this form is the basis for issuance of the policy. 3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.

Please fill-up this form in CAPITAL LETTERS

1. PROPOSER'S DETAILS

Application No.

Name (Mr/Mrs/Ms/Dr):	MR ANILBHAI DHIRUBHAI VEKARIYA		
Gender:	MALE	DOB: 04-JUN-85	Marital Status: MARRIED
Income (Annual):	250000	Occupation: Self-Employed	Nature of Occupation:
Mobile:	93**22**85	Aadhaar no:	
Voter's ID :		PAN CARD No .	
Email ID:	ram*****@yahoo.com		
Address:	119 SHANTIKUNJ BUNGLOWS KAMREJ, SURAT,		
District:	SURAT	City:	KAMREJ
State:	GUJARAT	Pin Code:	394180

2. PLAN DETAILS

Proposed Policy Period : 06/08/2025 TO 05/08/2028 Sum Insured (₹) 2500000

Policy Tenure: ☐ 1 Year ☐ 2 Year (5% premium discount) ☒ 3 Year (10% premium discount)

Variant: ☐ PROTECT ☒ ELITE ☐ PREMIER

RIDER: ☒ Temporary Total Disablement (only in Protect variant) ☐ Child Education Benefit (Only in Elite & Premier Variant) ☐ Loan Shield

No. of children:

3. DETAILS OF THE PERSON(S) TO BE INSURED

Sr No	Name of the Insured Person	Gender	Relationship with Proposer*	DOB	Aadhaar No	Risk Class**
1	Mr ANILBHAI DHIRUBHAI VEKARIYA	MALE	Self	04/06/1985		Class I

* Allowed relations - Spouse and children
** Risk Class as per nature of duties to be selected

- Sum Insured available in Units of 5 Lakhs, upto 5 Crores (multiples of 5 Lacs)
- Spouse eligible for 50% of the primary insured member's Sum Insured
- Children eligible for 10% of the primary insured member's Sum Insured

(Mandatory in case of premium > Rs.1 Lac) (In case proposer is not an individual entity then details of the entity to be filled, PAN is mandatory for such cases)

* In case Aadhaar is NA : provide Aadhaar enrollment form

RISK CLASS**

- Occupation Class I - Individuals in non-hazardous occupations with office or travel duties, such as executives, senior management of companies with administrative functions, bankers, accountants, lawyers, and similar occupations.
- Occupation Class II - Individuals facing limited exposure to occupational hazards with superintending, engineering or medical duties, such as plant superintendents, engineers, physicians, inspectors and similar occupations.
- Occupation Class III - Individuals with occupational hazards, such as industrial workers, most of whom are skilled or semi-skilled workers using machinery. Also in this group will be found filling station attendants, farmers, tradesmen and delivery clerks
- Occupation Class IV - Individuals with occupational hazards, such as industrial workers using heavy machinery or unskilled laborers.
- Occupation Class V - members who are not engaged in any occupation for livelihood including retired members, non-earning children, housewives, dependent parents etc
- If a member has more than one occupation (eg: farmer who owns a retail shop) the higher of the two occupation classes would be considered for rating.

4. NOMINEE DETAILS

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/ herself

Nominee Name	DOB*	Relationship	Address
Anitaben	01/06/1987	Wife	

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IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATPAIP23086V032223



5. ANY OTHER PERSONAL ACCIDENT POLICY DETAILS

Is the proposer or any of the persons proposed already Insured or have applied for Life Insurance, Pension, Health and/or Personal accident plan with Tata AIG General Insurance Company Ltd. or any other insurer. If yes, please indicate the Policy/ Application number(s): No

6. MEDICAL AND DISABILITY DETAILS

A. Medical History:

Please answer the below mentioned questions individually in Yes (Y) / No (N): You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Insured Person	Insured Persons
	1
History of any illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N
Has any of the Insured Person's insurance application or reinstatement application on life, accident, medical or health, critical illness, or disability ever been declined, postponed or accepted at extra premium or modified terms	N

B. Pre- Existing Disease:

7. PAYMENT DETAILS

Name of the Premium Payer: ANILBHAI DHIRUBHAI VEKARIYA

Relationship with the proposer :

Premium Amount (in ₹): 13,590

Instrument type: ☐ Online ☐ Cheque ☒ Debit Card ☐ Credit Card ☐ Others (please specify):

Sources of funds: ☒ Salary ☐ Business ☐ Others (please specify):

Please make a Crossed Cheque/DD/Pay Order in favour of 'Tata AIG General Insurance Company Limited' only.

8. BANK DETAILS

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account#

Name of the Account Holder:

Name of the Bank:

Type of Account: ☐ SB Account ☐ Current Account ☐ Others (please specify):

Account Number :

IFSC Code of Bank:

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000

9. AGENT DECLARATION

I, JIGAR ATULBHAI SHAH (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) :
AGINBHGPS0708H

Name of the specified Person and code : JIGAR ATULBHAI SHAH and 2829890000

Place:SURAT Date :06/08/2025

Signature of Agent :JIGAR ATULBHAI SHAH

10. Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

MR ANILBHAI DHIRUBHAI VEKARIYA

Name & Signature of agent/intermediary:

JIGAR ATULBHAI SHAH

11. AML Guidelines:

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I / we are not Politically Exposed Persons ** nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person. **"Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time."

Nationality: ☐ Indian ☐ Non-Indian ☐ If Non-Indian, Please Specify Country: _____

12. Type of Organization making the payment (Please tick)

☐ Limited Company ☐ Government organization ☐ Non-Governmental Organization (NGO) ☐ Society ☐ Trust
☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Company

13. DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- ☒ I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons
- ☒ I also hereby confirm that irrespective of the number of policies an insured member is covered under, the maximum liability of Tata AIG General Insurance co. Ltd. in aggregate per member shall be restricted to the minimum of:

- a. admissible claim amount as per the applicable sum insured plus any accrued cumulative bonus as per the terms of the relevant policy; or
b. INR 5 crores

- ☒ I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable
- ☒ I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- ☒ I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- ☒ I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- ☒ I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of Underwriting, Policy servicing and/or claims servicing & settlement.
- ☒ I have understood the purpose of Aadhar authentication and hereby state that I have no objection in providing my Aadhar details.

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- ☒ I understand that I will receive digital copy of my Policy and service-related communication. However, I would prefer to also receive the physical copy of my Policy and service-related communication and I want these documents to be shared via postal mail to the address as mentioned in this Proposal Form
- ☒ I hereby declare that I have correctly mentioned my occupation and the income declared is as appearing form 16 / Salary Slip / IT acknowledgement
- ☒ I hereby declare that I am a Salaried / Self Employed person & my Gross Annual Income is Rs 250000

Date :06/08/2025

Signature of the Proposer : MR ANILBHAI DHIRUBHAI VEKARIYA

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

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

Section 64 VB of the Insurance Act 1938: Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

15. FOR OFFICE USE ONLY

Tata AIG Office Code : _____

Intermediary Code and Name : _____

Branch Receipt Date : _____

Channel Type : _____

Branch Receipt Date : _____

Customer ID : _____

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wordings carefully, before concluding a sale.

ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Application Number:

Date: 06/08/2025

Name of the Proposer: MR ANILBHAI DHIRUBHAI VEKARIYA

We acknowledge with thanks the receipt of your application for Accident Guard Plus and amount by cash/cheque/Demand Draft/others paymentLinkCustomer of amount of Rs. 6,649.00. Neither the submission to us of a completed proposal for insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal for insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if proposal is not accepted by us or premium is not received by us in full and in time and/or non-fulfillments of additional information requested by us. We shall have no liability to make any payment under the Policy if proposal is under-process & claim arises in the interim period before the decision on the proposal is given by us. If we do not accept the proposal, we will inform you and refund any payment received from you without interest within next 15 days from the date of underwriting decision on the proposal.

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Customer Information Sheet

This Policy provides key information about your policy. You are also advised to go through your policy document.

S.No.	Title	Description	Refer to Policy Clause Number																		
1.	Name of the Insurance Product / Policy	Accident Guard Plus																			
2.	Policy Number	7920013317																			
3.	Type of Insurance Product/Policy	Both Indemnity and Benefit																			
4.	Sum Insured	<div>Sum Insured Basis: Individual Sum Insured Sum Insured Amount: As per Sum Insured mentioned in Policy schedule</div> <table><tr><th>Coverage</th><th>Sum Insured</th></tr><tr><td>Accidental Death</td><td>100% Sum Insured</td></tr><tr><td>Permanent Total Disability</td><td>100% Sum Insured</td></tr><tr><td>Permanent Partial Disability</td><td>Up to Sum Insured-% specified in the document</td></tr><tr><td>Accidental Hospitalization Expenses (Medex)</td><td>Up to 10% of the Accidental Death Sum Insured or Rs 5 lacs or actual whichever is lower</td></tr><tr><td>Temporary Total Disability</td><td>Up to 1% of the Accidental Death Sum Insured or Rs 50,000 whichever is lower up to 104 weeks</td></tr><tr><td>Temporary Total Disability</td><td>Up to 1% of the Accidental Death Sum Insured or Rs 10,000 whichever is lower up to 104 weeks (For Spouse, if insured).</td></tr><tr><td>Accidental Dismemberment</td><td>25% of the Permanent Partial Disability benefit</td></tr><tr><td>Ambulance Cost</td><td>Up to Rs 25,000 or actual whichever is lower</td></tr></table>	Coverage	Sum Insured	Accidental Death	100% Sum Insured	Permanent Total Disability	100% Sum Insured	Permanent Partial Disability	Up to Sum Insured-% specified in the document	Accidental Hospitalization Expenses (Medex)	Up to 10% of the Accidental Death Sum Insured or Rs 5 lacs or actual whichever is lower	Temporary Total Disability	Up to 1% of the Accidental Death Sum Insured or Rs 50,000 whichever is lower up to 104 weeks	Temporary Total Disability	Up to 1% of the Accidental Death Sum Insured or Rs 10,000 whichever is lower up to 104 weeks (For Spouse, if insured).	Accidental Dismemberment	25% of the Permanent Partial Disability benefit	Ambulance Cost	Up to Rs 25,000 or actual whichever is lower	
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5.	Policy Coverage (What the Policy Covers?)	<p>B1. Accidental Death -</p> <p>a. Death - Covers death due to accident if the accident is the sole and direct cause of death and occurs within 365 days of the accident date.</p> <p>b. Disappearance - Covers disappearance if the body cannot be located within 365 days after forced landing, stranding, sinking or wrecking of a conveyance as a passenger or any other acts of God.</p> <p>B2. Permanent Total Disability (PTD) - Covers Total Disability which is permanent in nature, due to accident if the accident is the sole and direct cause of such Disability and occurs within 365 days of the accident date.</p> <p>B3. Permanent Partial Disability - Covers Partial Disability which is permanent in nature, due to accident if the accident is the sole and direct cause of such Disability and occurs within 180 days of the accident date</p> <p>B4. Accidental Dismemberment - Covers Dismemberment which is permanent in nature, due to accident if the accident is the sole and direct cause of such Disability and occurs within 365 days of the accident date.</p> <p>B5. Temporary Total Disability - Covers weekly benefits for a period of continuous Temporary total disability resulting from an accident.</p> <p>B6. Accidental Hospitalization Expenses (Medex) - Covers 24 hours Accidental Hospitalisation as an inpatient upto the hospitalisation limit specified in the policy schedule.</p> <p>B7. Hospital Daily Cash - Provides per day benefit for the period of Hospitalization due to accident upto a maximum of 60 days.</p> <p>B8. Coma Benefit - - Covers comatose due to accident if the accident is the sole and direct cause of death and occurs within 30 days of the accident date.</p>	Benefits Covered under the Policy
		<p>B9. Funeral Benefits and Repatriation of Remains - Covers the expenses related to Funeral and transportation of mortal remains from place of accident to residence.</p> <p>B10. Child Tuition Benefit - Covers Expenses incurred towards tuition/ education of children in case of death of the primary insured due to an accident.</p> <p>B11. Loan Shield - Covers the Outstanding loan amount in case of Death of the primary insured upto the limit specified in policy document.</p> <p>B12. Ambulance Cost - Covers Utilization of Ambulance service for transporting insured person to hospital in case of an Accident.</p> <p>B13. Air Ambulance - Covers Utilization of Air Ambulance service for transporting insured person to hospital in case of an Accident.</p> <p>B14. Cost Of Crutches / Wheel chair - Covers the cost of crutches/wheel chair necessitated due the disability caused by the Accidental Dismemberment, Permanent Total Disability or Permanent Partial Disability.</p> <p>B15. Cost of Artificial Limbs - Covers the cost of artificial limbs necessitated due the disability caused by the Accidental Dismemberment, Permanent Total Disability or Permanent Partial Disability.</p> <p>B16. Fractures / Burns - Covers bodily injury which results in Fractures, dislocation or Burns due to accident, provided Injury to You results in one of the losses shown in the Schedule of Injuries.</p>	

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IRDA of India Registration No : 108, CIN : U85110MH2000PLC128425, UIN : TATPAIP23086V032223



6.	Exclusions (what the policy does not cover)	<p>This Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly, in respect of:</p> <ol style="list-style-type: none"> 1. Losses that do not occur within the policy period 2. Ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or The radioactive, toxic, explosive or other hazardous properties of any explosion nuclear assembly or nuclear component, thereof 3. Asbestosis or other related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution of asbestos or other products thereof. 4. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials. 5. Any Insured Person's participation or involvement in naval, military or air force operation or professional or semi-professional sporting, racing, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, winter sports, bungee jumping, sky diving, 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 activity involving white water rapids, yachting or boating outside coastal waters (2 miles). Participation in any professional sports, any bodily contact sport or potentially dangerous sport for which you are untrained. 6. Participation in any professional sports, any bodily contact sport or potentially dangerous sport for which you are untrained. 7. Any claim of Insured Person arising from: <ol style="list-style-type: none"> a. suicide or attempted suicide b. will-full self-inflicted illness or injury except injury in self-defense or to save life; or 8. being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication 9. Whilst engaging in Adventure Sports 	Exclusions
		<ol style="list-style-type: none"> 10. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world 11. Through deliberate or intentional, unlawful or criminal act, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion 12. Arising out of your participation in any police, naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic 13. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease; 14. medical or surgical treatment except as necessary solely and directly as a result of an Accident. 15. In case of any change in the occupation class from the date of proposal and policy issue date or during the policy period, and such change in occupation class falls under our declined 16. Class IV wherein you have not communicated this change to us in writing. 	
7.	Waiting Period	NIL	Benefits covered under the Policy

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8.	<p>Financial Limits of Coverage</p> <ul style="list-style-type: none"> • Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) • Deductible (It is a specified amount): <ul style="list-style-type: none"> ◦ Up to which an insurance company will not pay any claim, and ◦ Which will be deducted from total claim amount (if claim amount is more than the specified amount) 	Please refer to point no. 4	General Terms and Conditions
9.	Claims/Claims Procedure	<p>Turn Around Time (TAT) for claims settlement:</p> <p>Where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document</p>	General Terms and Conditions
		<p>You can notify a claim by sending an SMS CLAIMS to 5616181 or by calling our 24x7 toll free helpline 1800-266-7780 or Senior Citizen No. 1800 22 9966. Please use the Claim Intimation Form for intimation of a claim</p> <ul style="list-style-type: none"> • You can even write to us at general.claims@tataaig.com to initiate claim processing • Please submit claim documents within 30 days of occurrence of incident. • Kindly sent the claim documents to the company address mentioned in our website. • DOCUMENT SUBMISSION: <ul style="list-style-type: none"> ◦ Please submit all documents to the Corporate Office at the address given below: A&H Claims Department TATA AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Or Address mentioned in our company website. • Please send a duly signed claim form and all the information / documents to TATA AIG General Insurance Co. Ltd within 30 days • Claim form Website link - https://www.tataaig.com/downloads 	General Terms and Conditions
10.	Policy Servicing	<p>Company Officials:</p> <ul style="list-style-type: none"> • 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 or Senior Citizen No. 1800 22 9966 (toll free) or you may email to the customer service desk at customersupport@tataaig.com 	Redressal of Grievance

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11.	Grievances/Complaints	<ul style="list-style-type: none"> • IRDAI: <ul style="list-style-type: none"> ◦ In case of no reply from Us within 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number 155255 (or) 1800 4254 732 or send email to complaints@irdai.gov.in. • Ombudsman: <ul style="list-style-type: none"> ◦ Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com) 	Redressal of Grievance
12.	Things to remember	<p>Free Look Period: You have a period of 30 days from the date of receipt of the Policy document, whether received electronically or otherwise, to review the terms and conditions of this Policy. 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 any medical check-up, 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.</p> <p>Renewal Conditions:</p> <ul style="list-style-type: none"> • Policy is renewable, subject to application for renewal and the renewal premium in full has been received by the due dates. • Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. • There is no maximum cover ceasing age under this Policy. <p>Change in Sum Insured: Sum Insured can be enhanced at the time of renewal basis Our underwriting guidelines. However, the acceptance of request/quantum of increase shall be as per underwriting guidelines of the company.</p>	Exclusions
13.	Your Obligations:	<ul style="list-style-type: none"> • Please disclose all condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy. 	General Terms and Conditions

Declaration by the Policyholder : MR ANILBHAI DHIRUBHAI VEKARIYA

I have read the above and confirm having noted the details.

Place: SURAT

MR ANILBHAI DHIRUBHAI
VEKARIYA

Date:06/08/2025

(Signature of the Policyholder)

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.