Schedule of Travel Insurance

Issued at Mumbai



Schedule Number:	KA885976	Date Issued:	10/03/2017
Insurance Plan:	Travel Guard Gold	Producer Code:	0009457003-010001
Zone:	Worldwide Including Americas Applicant Phone		9886401805
Travel Dates:	From: 23/05/2017 To: 05/06/2017 Applicant Name:		Mr DILIP KUMAR
Duration:	14 Days		
Applicant Address:	B-406 SAI SRI PRIDE FLOWER GAREDEN ROAD BANGALORE BABUSAPALYA 560043		

PREMIUM		
Premium	INR	1364.00
Tax (15%)	INR	205.00
TOTAL PREMIUM	INR	1569.00

IMPORTANT: Any Pre-Existing Medical condition/ Ailments declared or undeclared will be excluded from the policy. The Coverage provided is subject to the details and declaration made in the proposal to the company and attached Policy Wording.

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death and Dismemberment Benefit (24 hrs)	\$15,000	
Accidental Death and Dismemberment Benefit (Common Carrier)	\$5,000	
Accident & Sickness Medical Expense Reimbursement	\$250,000	\$100
Sickness Dental Relief	\$500	\$150
Emergency Medical Evacuation Benefit	Included*	
Repatriation of Remains	Included*	
Baggage Delay Benefit (After first 12 hrs.)	\$200	
Checked Baggage Loss Benefit (per item 10% and per bag 50% limit)	\$1,000	
Loss of Passport Benefit	\$250	\$30
Personnal Liability Benefit	\$200,000	\$200
Flight Delay	\$100 (\$10 per 12 Hrs)	12 Hrs
Hijack	\$500 (\$100 per Day)	1 Day
Automatic extension of policy upto 7 days	Available	
Emergency cash advance	\$1,000	
Fraudulent Charges(Payment Card Security)	\$1,000	
Home Burglary (In Rs.)	Rs.200,000	
Trip Cancellation	\$750	\$75
Trip Curtailment	\$750	\$75
Missed Connection/Missed departure	\$750	\$75
Bounced hotel /Airline booking	\$750	\$75

NOTES

Under annual multi-trip, entry age is up to 70 years. Renewals are applicable beyond 71 years and policy terms and conditions shall commence only in case of renewals.

Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible after emergency care; failure to do so may affect benefits and coverage. For details on sublimits for insured 56 years of age please see the next page of this policy schedule or refer to the policy wordings schedule of benefit Part G supplied along with this schedule.

Insured #	Insured Name	Passport Number	Date of Birth	Assignee
1	Mr DILIP KUMAR	N3788810	11/09/1984	SHILPA JAIN

WITH YOU ALWAYS

The benefits mentioned in this table are applicable for every single insured individually covered under this policy.

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Agent/Broker Name: Tata Aig Agent/Broker License Code: NA

Agent/Broker Contact No: 18002667780

Declaration:

I/We hereby declare and state that all statements and information furnished in the Proposal to the company and as captured in the above schedule of Insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsoever, I agree and acknowledge that the Insurance company shall not be liable in any manner whatsoever in respect of the insurance coverage under this policy.

Insurance Stamp Duty Paid: Rs.1/- vide receipt/Challan No. MH001559912201314E dated 11th February 2014 Signature of the Insured / Proposer:

^{*}Included under the overall limit of Accident & Sickness Medical Expenses Reimbursement.

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Address for Claim/US Non Medical (For Insureds only)	Assistant Contact (For Insureds only)	US Medical Claims (For Providers Only)
Claims Department	For excluding the Americas Policies:	Plan Type: LTA
Tata AIG General Insurance company Ltd.	Call:+603-2118-0782 or +603-2118-0784	Policy Certificate #: KA885976
A-501, 5 th Floor, Building No. 4, Infinity Park, Gen. A. K. Vaidya Marg, Dindoshi, Malad (E), Mumbai, India - 400 097.	(Toll Worldwide) Email (assistance): TGAP.TATAmedical@travelguard.com	Mail Medical Claims to: Travel Guard
Visit our website :www.tataaiginsurance.in <u>OR</u> Email at <u>customersupport@tata-aig.com</u> <u>OR</u> Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-11-9966(Accessible from BSNL/MTNL Lines)	For the Americas Policies: Please Call:+1-866-866-2619 (Toll Free within US & Canada) +1-817-826-7017(Reverse Charge/Collect from other places) Email: tata.aig@aig.com	Attn: Tata AIG Claims PO Box 8003 Shared Savings Thirst Health. Network PHCS Attn: Tata AIG Claims PO Box 8003 Stevens Point, WI 54481

Sub-limits:

The following Maximum eligible expenses per Disease/Illness are automatically applicable to Insured Persons aged 56 years onwards, regardless of the plan/option purchased at the inception/its subsequent renewals if applicable.

Sublimits can be waived off by payment of additional premium. If waived then this will appear in Insurance Plan on Page 1.

The maximum limit would be as mentioned below or upto the Sum insured whichever is lower.

- I. Hospital Room Rent, Board and Hospital misc. maximum \$1500 per day up to 30 days.
- II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.
- III. Surgical Treatment-Maximum USD \$10000
- IV. Anesthetist Services-Maximum up to 25% of Surgical treatment
- V. Physician's Visit-Maximum \$75 per day up to 10 visits.
- VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500
- VII. Ambulance Services-Maximum up to \$ 400.

INSURANCE

WITH YOU ALWAYS

Signed for & on Behalf of Tata AIG General Insurance Company Ltd.

Dalvabej