

Policy Wordings

Model Policy for Persons with Disabilities and HIV/AIDS, Tata AIG Policy Wordings

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance cover, described in this Policy and any endorsements thereto, for the Insured Period, as defined in the Policy schedule. The insurance cover provided under this Policy is only with respect to such and so many of the benefits upto the Sum Insured/ sub limits as mentioned in the Policy Schedule. Commencement of risk cover under the policy is subject to receipt of premium by us.

The statements provided in the Proposal by the Policyholder (You) shall be the basis of this Policy and are deemed to be incorporated herein. The insurance cover is governed by and subject to, the terms, conditions, waiting periods and exclusions of this Policy.

For **Tata AIG General Insurance Company Limited**

Authorized Signatory

Registered Office:

TATA AIG General Insurance Company Limited,

Peninsula Business Park, Tower A, 15th Floor, G. K. Marg,

Lower Parel, Mumbai- 400013, Maharashtra, India

Toll Free No. <<1800 266 7780>> or <<1800 22 9966>> (Senior Citizen)

Visit us at www.tataaig.com

IRDA of India Registration No.:108

CIN: U85110MH2000PLC128425

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

1. Preamble

This Policy is a contract of insurance issued by Tata AIG General Insurance Company (hereinafter called the 'Company') to the policy holder mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the "Insured Person(s)). The policy is based on the statements and declaration provided in the Proposal Form by the policy holder and is subject to receipt of the requisite premium.

This policy is specially designed for:

- A)** Covering Persons with Disability as per 'The Rights of Persons with Disabilities Act, 2016' and 'The Mental Healthcare Act, 2017'. The cover under this policy is available for persons with the following disability/disabilities as defined under 'the Rights of Persons with Disabilities Act, 2016' and any subsequent additions / modifications to the list in the Act.

1. Blindness	2. Muscular Dystrophy
3. Low vision	4. Chronic Neurological conditions
5. Leprosy Cured persons	6. Specific Learning Disabilities
7. Hearing Impairment (deaf and hard of hearing)	8. Multiple Sclerosis
9. Locomotor Disability	10. Speech and Language disability
11. Dwarfism	12. Thalassemia
13. Intellectual Disability	14. Haemophilia
15. Mental Illness	16. Sickle Cell disease
17. Autism spectrum disorder	18. Multiple Disabilities including deaf/ blindness
19. Cerebral Palsy	20. Acid Attack victim
21. Parkinson's disease	

- a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.
- b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

Or / and

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
24*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
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- B)** Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

2. Operative Clause

If during the Policy Period an Insured Person is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary expenses towards the Coverage mentioned in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims paid under indemnity basis, during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

3. Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and where appropriate, references to the singular include references to the plural; references to the male include other genders and references to any statutory enactment include subsequent changes to the same:

3.1 Standard Definitions

1. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one illness

Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. AYUSH Treatment

AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

4. AYUSH Hospital

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH college recognized by the Central Government/ Central Council of Indian Medicine/ Central Council for Homeopathy, or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion :
 - i. Having atleast 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

5. AYUSH Day Care Center

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical / para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner in charge round the clock;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

6. Break in Policy

Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

7. Cashless facility

Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

8. Condition Precedent

Condition Precedent means a policy terms or condition upon which the insurer's liability under the policy is conditional upon.

9. Congenital Anomaly:

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

10. Co-Payment

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

11. Day Care Centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

12. Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. Disclosure of Information

Disclosure of information norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

15. Emergency Care

Emergency Care means management for an illness which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.

16. Grace Period

"Grace period" means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. For single premium payment policies, coverage is not available during the period for which no premium is received. However, If the premium is paid in instalments during the policy period, coverage will be available during the grace period, within the policy period. The grace period for payment of the premium shall be thirty days for Half-Yearly/Quarterly premium payment modes.

17. Hospital

A 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

18. Hospitalization

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

19. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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:

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- iv. it continues indefinitely
- v. it recurs or is likely to recur

20. Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

21. In-patient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

22. Insured Person

Insured Person means person(s) named in the schedule of the Policy

23. Intensive Care Unit:

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. ICU Charges

ICU Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

25. Medical Advice

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

26. Medical Expenses:

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

27. Medical Practitioner

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 its scope and jurisdiction of license.

28. Medically Necessary Treatment

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. Network Provider

Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

The updated list of Network Provider is available on **Our** website (www.tataaig.com).

30. New Born Baby

New born Baby means baby born during the Policy Period and is aged up to 90 days.

31. Non-Network Provider

Non-Network Provider means any Hospital, Day Care Centre or other provider that is not part of the Network.

32. Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

33. OPD treatment

OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

34. Pre-Existing Disease

“Pre-existing disease (PED)” means any condition, ailment, injury or disease:

- a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

35. Pre-hospitalization Medical Expenses

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

36. Portability

“Portability” means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

37. Post-hospitalization Medical Expenses

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

38. Qualified Nurse

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

39. Reasonable and Customary Charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

40. Renewal

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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

41. Room Rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

42. Surgery or Surgical Procedure

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

43. Unproven/Experimental treatment

Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

3.2 Specific Definitions

1. Adventurous/Hazardous Sports

Adventurous/Hazardous Sports means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he/she is trained or not.

2. Age

Age means completed years on last birthday as on Commencement Date.

3. Ambulance

Ambulance means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention

4. Antiretroviral therapy (ART)

Antiretroviral therapy (ART) is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.

5. Associated Medical Expenses

Associated Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner. In case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:

- a. Cost of pharmacy and consumables.
- b. Cost of implants and medical devices
- c. Cost of diagnostics

6. Alternative /AYUSH Treatment

Alternative/ AYUSH treatment refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

7. Biological Attack or Weapon

Biological Attack or Weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

8. Chemical attack or weapons

Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

9. Claims

Claims means a demand made by the Policyholder/Insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.

10. Commencement Date

Commencement Date means the date of inception of first policy with Us as specified in the Policy Schedule.

11. Company

Company means Tata AIG General Insurance Company.

12. CD4

CD4 cells are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.

13. Diagnostic Centre

Diagnostic Centre means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.

14. Person with Disability/Disability/Disabled:

Person with Disability/Disability/Disabled means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

15. HIV

HIV means Human Immunodeficiency Virus

16. Insured Person/You/Your

Insured Person/You/Your means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.

17. Life-threatening Emergency

Life-threatening emergency shall mean a serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

18. Material Facts

Material Facts means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

19. Mental Illness

Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

20. Medical Practitioner for treatment of mental illnesses

Medical practitioner for treatment of mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act.

21. Mental Health Establishment

Mental Health Establishment means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or

maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends;

22. Policy

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions, and the terms & conditions applicable under the Policy.

23. Policy Period

Policy Period means the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

24. Policy Holder

Policy holder means the entity or person named as such in the Schedule.

25. Policy Schedule

Policy Schedule means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

26. Policy Year

Policy Year means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.

27. Proposal Form

Proposal Form means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk,

and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

28. Sub-limit

Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub- limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.

29. Sum Insured

Sum Insured means the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the Policy in respect of each insured person as mentioned in the Policy Schedule.

30. Waiting Period

Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.

31. We/Our/Us/Company

We/Our/Us/Company means the Tata AIG General Insurance Company.

4. Base Cover

HOSPITALIZATION COVER

4.1 In-Patient Care

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of to 2% of Sum Insured per day.

- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.
3. If the Insured Person is admitted in a room where the Room Rent expenses incurred are higher than the above specified limit, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon), except pharmacy charges, diagnostic costs, costs of implants & medical devices and consumables expenses, in the proportion of the difference between the Incurred Room Rent and Eligible Room Rent to the Incurred Room Rent.

Expenses to be borne by Insured Person = $\{(\text{Associated Medical Expenses}) \times (\text{Incurred Room Rent} - \text{Eligible Room Rent})\} / \text{Incurred Room Rent}$

Proportionate Expenses is applied in respect of the Hospital which follow differential billing or for those expenses in respect of which differential billing is adopted based on the Room Category.

4.2 AYUSH Treatment

Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.

Claims under this section shall be assessed as per the applicable insurance guidelines related to AYUSH and benchmark rates as available on Ministry of AYUSH website (<https://ayushnext.ayush.gov.in/site/insurance-guidelines-related-to-ayush>).

For your reference, the document has been uploaded on Our website under "Annexure B for AYUSH Benefit" (www.tataaig.com).

4.3 Pre-Hospitalization medical expenses

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.4 Post-Hospitalization medical expenses

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

Conditions:

- i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
- ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.5 Emergency Ground Ambulance

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that.

- i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current

- Hospitalization.
- ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
- iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- iv. The original Ambulance bills and payment receipt is submitted to the Company.
- v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments).
- vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

4.6 Cataract Treatment

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.

4.7 Modern Treatment

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

- (a) Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- (b) Balloon Sinuplasty
- (c) Deep Brain stimulation
- (d) Oral chemotherapy
- (e) Immunotherapy- Monoclonal Antibody to be given as injection.
- (f) Intra Vitreal injections
- (g) Robotic surgeries
- (h) Stereotactic radio Surgeries
- (i) Bronchial Thermoplasty
- (j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- (k) IONM- (Intra Operative Neuro Monitoring)
- (l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

5 Waiting Period

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

A. Waiting Periods

i. **Pre-existing Diseases Waiting Period (Code- Excl 01):**

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability (as mentioned in Policy Schedule)/ 36 months for all pre-existing conditions and HIV/AIDS, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 24 months/ 36 months, as applicable, for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

ii. **First 30 Days Waiting Period (Code- Excl 03):**

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

iii. **Specified Disease/Procedure Waiting Period (Code- Excl 02):**

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured, the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. **months waiting period**

1. Benign ENT disorders

2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

6 Specific Conditions Applicable For Persons with Disability

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalization arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below.

- i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.
- ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

7 Specific Conditions Applicable For Persons with HIV/AIDS

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

Condition

- i. This cover will exclude cost for any Anti-Retroviral Treatment.

8 Exclusions

8.1 Standard Exclusions

1. Investigation & Evaluation- Code- Excl04

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation, and respite care- Code- Excl05

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor.
- 2) The surgery/Procedure conducted should be supported by clinical protocols.
- 3) The member must be 18 years of age or older and
- 4) Body Mass Index (BMI).
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. coronary heart disease
 - iii. Severe Sleep Apnoea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

12. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

15. Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

8.2 Specific Exclusions

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - a. any nuclear fuel or from any nuclear waste; or
 - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - c. nuclear weapons material.
 - d. nuclear equipment or any part of that equipment.

4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.

16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

9 General Terms and Clauses

Section 9.1 Standard terms & Conditions

I. Condition Precedent to the contract

1. Disclosure of Information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of established fraud, misrepresentation, mis-description or non-disclosure of any Material Fact by the Insured Person.

2. Condition Precedent to Admission of Liability

The Due observance and fulfillment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

3. Claim Settlement (provision for Penal interest)

- i. The Company shall settle or reject a claim as the case may be, 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, 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.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

4. Complete Discharge

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

5. Multiple Policies

- i. In case of multiple policies taken by an Insured person during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies/ even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy, the **Insured Person** shall have the right to choose **Insurer** from whom he/she wants to claim the balance amount and we will assist the insured person in facilitating the same..
- iv. Where an Insured person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.
- v. Under this product, no insured can take more than one policy from any or all insurers.
- vi. In case of this product, the maximum liability of all policies put together from all insurers cannot exceed the maximum sum insured under this product.

6. Fraud

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;

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IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • UIN: TATHLIP23190V012223

- b) the active concealment of a fact by the Insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation

The policyholder may cancel this **Policy** by giving 7 days written notice and in such an event, the Company shall refund proportionate premium for unexpired policy period. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit under this **Policy** has been availed by the **Insured Person**.

The Company may cancel the policy at any time on grounds of established fraud, misrepresentation or non-disclosure of material facts by the Policyholder /insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud, misrepresentation or non-disclosure of material facts.

8. Portability

The **Insured Person** will have the option to port the **Policy** to other insurers by applying to such **Insurer** to port the entire **Policy** along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the **Policy Renewal** date. If such person is presently covered and has been continuously covered without any lapses under any health insurance **Policy** with an Indian General/Health **Insurer**, the proposed **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines as under:

- i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued continuity benefits to the extent of No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy, as applicable.

For Detailed Guidelines on **Portability**, kindly refer

Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI

(Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/2024 dated 29th May 2024 and their subsequent amendments thereof.

9. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. Policy can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period. If not renewed during the Grace Period, the Policy shall terminate at the end of the Grace period. The grace period for payment of the premium during the Policy Period, for instalment premium shall be thirty days where premium payment mode is Half-Yearly or Quarterly.
- iv. Coverage during such grace period (in case of instalment premium):
 - a. Within the policy period - coverage will be available from the due date of instalment premium till the date of receipt of premium by Company within the grace period.
 - b. At the end of the policy period - the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period.
- v. No loading shall apply on renewals based on individual claims experience.

10. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalments basis i.e. Half Yearly, Quarterly as mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The grace period for payment of the premium during the Policy Period, for instalment premium shall be thirty days for Half Yearly / Quarterly premium payment modes.
- ii. During such grace period coverage shall be available from the due date of instalment premium till the date of receipt of premium by the Company.
- iii. The insured person will get the accrued continuity benefit to the extent of Sum Insured, No Claim Bonus, Specified Waiting Periods, waiting periods for pre-existing diseases, Moratorium period, as applicable, in the event of payment of premium within the stipulated grace Period.

- iv. No interest will be charged If the installment premium is not paid on due date.
- v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

11. Moratorium Period

After completion of five continuous years of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This continuous period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of five continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

12. Possibility of Revision of terms of the Policy including the Premium Rates

The Company may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

13. Free Look Period

The insured person shall be provided a free look period of thirty days beginning from the date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to a refund of the premium paid subject to deduction of proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination of the proposer and stamp duty charges.

14. Redressal of Grievance

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number 1800-266-7780/1800 22 9966 (For Senior Citizens) or 022-66939500 (toll charges apply), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at manager.customersupport@tataaig.com.

Escalation Level 2

If you still need assistance, reach out to the Head of Customer Services at head.customerservices@tataaig.com. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction.

You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: <https://bimabharosa.irdai.gov.in>

The name and address of the Insurance Ombudsman of competent jurisdiction is provided under Annexure I of this Policy.

15. Nomination

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

9.2 Specific Conditions

Section 9.2 Specific Conditions

I. Condition Precedent to the contract

a. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

b. Material Change

The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

c. Notice and Communication

- I. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- II. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- III. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

d. Records to be Maintained.

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

e. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

f. Eligibility Criteria

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

II. Conditions applicable during the contract

a. Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which

will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

b. Revision and Modification of the Policy Product-

- a. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- b. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

c. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

10 Claims Procedure

10.1 Procedure for Cashless claims:

- I. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,
- II. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- III. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- IV. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- V. In case of deficiency in the documents sent to TPA/Us for cashless authorization or the ailment /treatment is not covered under the policy, the same shall be communicated to the **Hospital/You** by TPA/Us.
- VI. **We/TPA will respond** within TAT as prescribed by the Regulator under the Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 and its subsequent amendments thereof.
- VII. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- VIII. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

10.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

S. No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and prehospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

10.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

Cashless Claims:

- I. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- II. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

10.4 Documents to be submitted

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- I. Duly Completed claim form.
- II. Photo Identity proof of the patient
- III. Medical practitioner's prescription advising admission.
- IV. Original bills with itemized break-up
- V. Payment receipts
- VI. Discharge summary including complete medical history of the patient along with other details.
- VII. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- VIII. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- IX. Sticker/invoices of the Implants, wherever applicable.

- X. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
- XI. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
- XII. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- XIII. Legal heir/succession certificate, wherever applicable
- XIV. Any other relevant document required by Company/TPA for assessment of the claim.

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In case **You** are claiming for the same event under an indemnity-based **Policy** with Us and with another **Insurer** and are required to submit the original documents related to **Your** treatment with that particular **Insurer**, then We will require the attested copies of such documents along with a declaration from the particular **Insurer** specifying the availability of the original copies of the specified treatment documents with it.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

10.5 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

10.6 Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- I. Claim settlement and claim rejection.
- II. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

10.7 Payment of Claim

1. All claims under the Policy shall be payable in Indian currency only.
2. Medical Expenses incurred for AYUSH treatment shall be assessed only under benefit 4.2 of this policy and shall be admissible only if incurred within India.[^]

11 Table of Benefits:

Name	Model Policy for Persons with Disabilities and HIV/AIDS, Tata AIG
Coverage Basis	Individual basis only
Category of Cover	Indemnity
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available(in INR)	4 Lacs and 5 Lacs
Policy Period	1 Year
Eligibility	Policy can be availed on Individual basis. Age eligibility for adults: 18 years to 65 years Age eligibility for Children: Newborn to 17 years
Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. Time limit of 24 hrs shall not apply in respect of Day Care Treatment.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for Room/ Medical Practitioner's fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.

Cataract Treatment	Up to Rs.40,000/-, per each eye in one policy year
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Emergency Ground Ambulance	Expenses covered up to Rs. 2000 per hospitalisation
AYUSH[^]	<p>Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.</p> <p>Claims under this section shall be assessed as per the applicable insurance guidelines related to AYUSH and benchmark rates as available on Ministry of AYUSH website (https://ayushnext.ayush.gov.in/site/insurance-guidelines-related-to-ayush).</p> <p>For your reference, the document has been uploaded on Our website under "Annexure B for AYUSH Benefit" (www.tataaig.com).</p>
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident
PED waiting period	<p>36 months (For pre-existing diseases and HIV/AIDS other than the pre-existing Disability covered)</p> <p>For Disability Cover: 24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.</p>
Specific Disease/illness waiting period	24 months
Co-pay	20% on all claims made under the policy

[^]Note: In compliance with IRDAI circular dated 31.01.2024, on 'Modification in Product for Persons with Disabilities(PWD), Persons afflicted with HIV/AIDS, and those suffering from Mental Illness' (Ref: IRDAI/ HLT/CIR/PRO/32/1/2024), policy wordings have been modified.

Annexure I

List Of Ombudsman Details:

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India
24*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • UIN: TATHLIP23190V012223

The updated details of Insurance Ombudsman are available on -IRDAI website: www.irdai.gov.in,
on the website of Office of Executive Council of Insurers: <https://www.cioins.co.in> and our website
<https://www.tataaig.com> or from any of our offices.

Sr.No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
1	AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
2	BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57- 27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
3	BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
4	BHUBHANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha

5	CHANDIGARH	Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
6	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
7	DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
8	GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
9	HYDERABAD	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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
10	JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan

11	KOCHI	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
12	KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
13	LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
14	MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)

15	NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
16	PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
17	PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

Annexure II – Non-Medical Expenses

List I — Items for which coverage is not available in the policy

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES

3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE

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31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOTWEAR
45	KNEE BRACES LONG/ SHORT/ HINGED
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT

58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II— Items that are to be subsumed into Room charges

No.	Item
1	BABY CHARGES UNLESS SPECIFIED/INDICATED
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH-PASTE
13	TOOTH-BRUSH

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14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES NOT EXPLAINED
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

No.	Item
1	HAIR REMOVAL CREAM

2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	CAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER

4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Annexure III – Indicative List of day care procedures

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography	270	Intravesical Brachytherapy
2	Suturing Oral Mucosa	271	Adjuvant Radiotherapy
3	Myringotomy With Grommet Insertion	272	After loading Catheter Brachytherapy
4	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of the Auditory Ossicles)	273	Conditioning RadiotherapyForBmt
5	Removal Of a Tympanic Drain	274	Extracorporeal Irradiation to The Homologous Bone Grafts
6	Keratoses Removal Under Ga	275	Radical Chemotherapy

7	Operations On the Turbinate's (nasal Concha)	276	Neoadjuvant Radiotherapy
8	Removal Of Keratosis Obturans	277	LDR Brachytherapy
9	Stapedotomy To Treat Various Lesions In Middle Ear	278	Palliative Radiotherapy
10	Revision Of A Stapedectomy	279	Radical Radiotherapy
11	Other Operations On The Auditory Ossicles	280	Palliative Chemotherapy
12	Myringoplasty (post-aural/endaural Approach As Well As Simple Type-i Tympanoplasty)	281	Template Brachytherapy
13	Fenestration Of The Inner Ear	282	Neoadjuvant Chemotherapy
14	Revision Of A Fenestration Of The Inner Ear	283	Induction Chemotherapy
15	Palatoplasty	284	Consolidation Chemotherapy
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	285	Maintenance Chemotherapy
17	Tonsillectomy Without Adenoidectomy	286	HDR Brachytherapy
18	Tonsillectomy With Adenoidectomy	287	Incision And Lancing Of A Salivary Gland And A Salivary Duct
19	Excision And Destruction Of A Lingual Tonsil	288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
20	Revision Of A Tympanoplasty	289	Resection Of A Salivary Gland
21	Other Microsurgical Operations On The Middle Ear	290	Reconstruction Of A Salivary Gland And A Salivary Duct
22	Incision Of The Mastoid Process And Middle Ear	291	Other Operations On The Salivary Glands And Salivary Ducts
23	Mastoidectomy	292	Other Incisions Of The Skin And Subcutaneous Tissues
24	Reconstruction Of The Middle Ear	293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues

25	Other Excisions Of The Middle And Inner Ear	294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	295	Other Excisions Of The Skin And Subcutaneous Tissues
27	Other Operations On The Middle And Inner Ear	296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
28	Excision And Destruction Of Diseased Tissue Of The Nose	297	Free Skin Transplantation, Donor Site
29	Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)	298	Free Skin Transplantation, Recipient Site
30	Nasal Sinus Aspiration	299	Revision Of Skin Plasty
31	Foreign Body Removal From Nose (if same is removed without using any anaesthesia at OPD)	300	Other Restoration and Reconstruction Of The Skin And Subcutaneous Tissues
32	Other Operations on The Tonsils And Adenoids	301	Chemosurgery To the Skin
33	Adenoidectomy	302	Destruction Of Diseased Tissue in The Skin And Subcutaneous Tissues
34	Labyrinthectomy For Severe Vertigo	303	Reconstruction Of Deformity/defect In Nail Bed
35	Stapedectomy Under Ga	304	Excision Of Bursitis
36	Stapedectomy Under La	305	Tennis Elbow Release
37	Tympanoplasty (Type IV)	306	Incision, Excision and Destruction Of Diseased Tissue Of The Tongue
38	Endolymphatic Sac Surgery for Meniere's Disease	307	Partial Glossectomy
39	Turbinectomy	308	Glossectomy
40	Endoscopic Stapedectomy	309	Reconstruction Of the Tongue
41	Incision And Drainage of Perichondritis	310	Other Operations On The Tongue
42	Septoplasty	311	Surgery For Cataract
43	Vestibular Nerve Section	312	Incision Of Tear Glands

44	Thyroplasty Type I	313	Other Operations On The Tear Ducts
45	Pseudocyst Of The Pinna - Excision	314	Incision Of Diseased Eyelids
46	Incision And Drainage - Haematoma Auricle	315	Excision And Destruction Of Diseased Tissue Of The Eyelid
47	Tympanoplasty (Type II)	316	Operations On The Canthus And Epicanthus
48	Reduction Of Fracture Of Nasal Bone	317	Corrective Surgery For Entropion And Ectropion
49	Thyroplasty (Type II)	318	Corrective Surgery For Blepharoptosis
50	Tracheostomy	319	Removal Of A Foreign Body From The Conjunctiva
51	Excision Of Angioma Septum	320	Removal Of A Foreign Body From The Cornea
52	Turbinoplasty	321	Incision Of The Cornea
53	Incision & Drainage Of Retro Pharyngeal Abscess	322	Operations For Pterygium
54	UvuloPalato Pharyngoplasty	323	Other Operations On The Cornea
55	Adenoidectomy With Grommet Insertion	324	Removal Of A Foreign Body From The Lens Of The Eye
56	Adenoidectomy Without Grommet Insertion	325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
57	Vocal Cord Lateralisation Procedure	326	Removal Of A Foreign Body From The Orbit And Eyeball
58	Incision & Drainage Of Para Pharyngeal Abscess	327	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
59	Tracheoplasty	328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
60	Cholecystectomy	329	Diathermy/cryotherapy To Treat Retinal Tear
61	Choledocho-jejunostomy	330	Anterior Chamber Paracentesis.
62	Duodenostomy	331	Anterior Chamber Cyclotherapy
63	Gastrostomy	332	Anterior Chamber Cyclotherapy

64	Exploration Common Bile Duct	333	Anterior Chamber Goniotomy
65	Esophagoscopy.	334	Anterior Chamber Trabeculotomy
66	Gastrosocopy	335	Anterior Chamber Filtering
67	Duodenoscopy with Polypectomy	336	Allied Operations to Treat Glaucoma
68	Removal of Foreign Body	337	Enucleation Of Eye Without Implant
69	Diathery Of Bleeding Lesions	338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
70	Pancreatic PseudocystEus& Drainage	339	Laser Photocoagulation To Treat Retinal Tear
71	Rf Ablation For Barrett's Oesophagus	340	Biopsy Of Tear Gland
72	Ercp And Papillotomy	341	Treatment Of Retinal Lesion
73	Esophagoscope And Sclerosant Injection	342	Surgery For Meniscus Tear
74	Eus + Submucosal Resection	343	Incision On Bone, Septic And Aseptic
75	Construction Of Gastrostomy Tube	344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
76	Eus + Aspiration Pancreatic Cyst	345	Suture And Other Operations On Tendons And Tendon Sheath
77	Small Bowel Endoscopy (therapeutic)	346	Reduction Of Dislocation Under Ga
78	Colonoscopy ,lesion Removal –(only for investigation purpose is considered under investigation purpose)	347	Arthroscopic Knee Aspiration
79	ERCP	348	Surgery For Ligament Tear
80	Colonscopy Stenting Of Stricture	349	Surgery For Hemoarthrosis/pyoarthrosis
81	Percutaneous Endoscopic Gastrostomy	350	Removal Of Fracture Pins/nails
82	Eus And Pancreatic Pseudo Cyst Drainage	351	Removal Of Metal Wire
83	ERCP And Choledochoscopy	352	Closed Reduction On Fracture, Luxation
84	Proctosigmoidoscopy Volvulus Detorsion	353	Reduction Of Dislocation Under Ga
85	ERCP And Sphincterotomy	354	Epiphyseolysis With Osteosynthesis
86	Esophageal Stent Placement	355	Excision Of Various Lesions In Coccyx
87	ERCP + Placement Of Biliary Stents	356	Arthroscopic Repair OfAcl Tear Knee

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88	Sigmoidoscopy W / Stent	357	Arthroscopic Repair OfPcl Tear Knee
89	Eus + Coeliac Node Biopsy	358	Tendon Shortening
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	359	Arthroscopic Meniscectomy - Knee
91	Incision Of A Pilonidal Sinus / Abscess	360	Treatment Of Clavicle Dislocation
92	Fissure In AnoSphincterotomy	361	Haemarthrosis Knee- Lavage
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	362	Abscess Knee Joint Drainage
94	Orchidopexy	363	Carpal Tunnel Release
95	Abdominal Exploration In Cryptorchidism	364	Closed Reduction Of Minor Dislocation
96	Surgical Treatment Of Anal Fistulas	365	Repair Of Knee Cap Tendon
97	Division Of The Anal Sphincter (sphincterotomy)	366	Orif With K Wire Fixation- Small Bones
98	Epididymectomy	367	Release Of Midfoot Joint
99	Incision Of The Breast Abscess	368	Orif With Plating- Small Long Bones
100	Operations On The Nipple	369	Implant Removal Minor
101	Excision Of Single Breast Lump	370	Closed Reduction And External Fixation
102	Incision And Excision Of Tissue In The Perianal Region	371	Arthrotomy Hip Joint
103	Surgical Treatment OfHemorrhoids	372	Syme's Amputation
104	Other Operations On The Anus	373	Arthroplasty
105	Ultrasound Guided Aspirations	374	Partial Removal Of Rib
106	Sclerotherapy, Etc	375	Treatment Of Sesamoid Bone Fracture
107	Laparotomy For Grading Lymphoma With Splenectomy.	376	Shoulder Arthroscopy / Surgery
108	Laparotomy For Grading Lymphoma with Liver Biopsy	377	Elbow Arthroscopy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	378	Amputation Of Metacarpal Bone
110	Therapeutic Laparoscopy With Laser	379	Release Of Thumb Contracture
111	Appendicectomy With Drainage	380	Incision Of Foot Fascia

112	Appendicectomy without Drainage	381	Partial Removal Of Metatarsal
113	Infected Keloid Excision	382	Repair / Graft Of Foot Tendon
114	Axillary Lymphadenectomy	383	Revision/removal Of Knee Cap
115	Wound Debridement And Cover	384	Exploration Of Ankle Joint
116	Abscess-decompression	385	Remove/graft Leg Bone Lesion
117	Cervical Lymphadenectomy	386	Repair/graft Achilles Tendon
118	Infected Sebaceous Cyst	387	Remove Of Tissue Expander
119	Inguinal Lymphadenectomy	388	Biopsy Elbow Joint Lining
120	Infected Lipoma Excision	389	Removal Of Wrist Prosthesis
121	Maximal Anal Dilatation	390	Biopsy Finger Joint Lining
122	Piles	391	Tendon Lengthening
123	A) Injection Sclerotherapy	392	Treatment Of Shoulder Dislocation
124	B) Piles Banding	393	Lengthening Of Hand Tendon
125	Liver Abscess- Catheter Drainage	394	Removal Of Elbow Bursa
126	Fissure In Ano- Fissurectomy	395	Fixation Of Knee Joint
127	Fibroadenoma Breast Excision	396	Treatment Of Foot Dislocation
128	OesophagealVaricesSclerotherapy	397	Surgery Of Bunion
129	ERCP - Pancreatic Duct Stone Removal	398	Tendon Transfer Procedure
130	Perianal Abscess I&d	399	Removal Of Knee Cap Bursa
131	Perianal Hematoma Evacuation	400	Treatment Of Fracture Of Ulna
132	UgiScopy And PolypectomyOesophagus	401	Treatment Of Scapula Fracture
133	Breast Abscess I& D	402	Removal Of TumorOf Arm Under GA
134	Feeding Gastrostomy	403	Removal of Tumor of Arm under RA
135	Oesophagoscopy And Biopsy Of Growth Oesophagus	404	Removal of TumorOf Elbow Under GA
136	ERCP - Bile Duct Stone Removal	405	Removal of TumorOf Elbow Under RA
137	Ileostomy Closure	406	Repair Of Ruptured Tendon
138	Polypectomy Colon	407	Decompress Forearm Space

139	Splenic Abscesses Laparoscopic Drainage	408	Revision Of Neck Muscle (torticollis Release)
140	UgiScopy And Polypectomy Stomach	409	Lengthening Of Thigh Tendons
141	Rigid OesophagoscopyFor Fb Removal	410	Treatment Fracture Of Radius & Ulna
142	Feeding Jejunostomy	411	Repair Of Knee Joint
143	Colostomy	412	External Incision And Drainage In The Region Of The Mouth.
144	Ileostomy	413	External Incision And Drainage in the Region Of the Jaw.
145	Colostomy Closure	414	External Incision And Drainage in the Region Of the Face.
146	Submandibular Salivary Duct Stone Removal –	415	Incision Of The Hard And Soft Palate
147	Pneumatic Reduction Of Intussusception	416	Excision And Destruction Of Diseased Hard Palate
148	Varicose Veins Legs - Injection Sclerotherapy	417	Excision And Destruction of Diseased Soft Palate
149	Rigid OesophagoscopyFor Plummer Vinson Syndrome	418	Incision, Excision And Destruction In The Mouth
150	Pancreatic Pseudocysts Endoscopic Drainage	419	Other Operations In The Mouth
151	Zadek's Nail Bed Excision	420	Excision Of Fistula-in-ano
152	Subcutaneous Mastectomy	421	Excision Juvenile Polyps Rectum
153	Excision Of Ranula Under Ga	422	Vaginoplasty
154	Rigid OesophagoscopyFor Dilation Of Benign Strictures	423	Dilatation Of Accidental Caustic Stricture Oesophageal
155	Eversion Of Sac	424	PresacralTeratomas Excision
156	Unilateral	425	Removal Of Vesical Stone
157	Bilateral	426	Excision Sigmoid Polyp
158	Lord's Plication	427	SternomastoidTenotomy
159	Jaboulay's Procedure	428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy

160	Scrotoplasty	429	Excision Of Soft Tissue Rhabdomyosarcoma
161	Circumcision For Trauma	430	High Orchidectomy For Testis Tumours
162	Meatoplasty	431	Excision Of Cervical Teratoma
163	Intersphincteric Abscess Incision And Drainage	432	Rectal myomectomy
164	Psoas Abscess Incision And Drainage	433	Rectal Prolapse (delorme's Procedure)
165	Thyroid Abscess Incision And Drainage	434	Detorsion Of Torsion Testis
166	Tips Procedure For Portal Hypertension	435	Eua + Biopsy Multiple Fistula InAno
167	Esophageal Growth Stent	436	Construction Skin Pedicle Flap
168	Pair Procedure Of Hydatid Cyst Liver	437	Gluteal Pressure Ulcer-excision
169	Tru Cut Liver Biopsy	438	Muscle-skin Graft, Leg
170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	439	Removal Of Bone For Graft
171	Excision Of Cervical Rib	440	Muscle-skin Graft Duct Fistula
172	Laparoscopic Reduction Of Intussusception	441	Removal Cartilage Graft
173	Microdochectomy Breast	442	Myocutaneous Flap
174	Surgery For Fracture Penis	443	Fibro Myocutaneous Flap
175	Parastomal Hernia	444	Breast Reconstruction Surgery After Mastectomy
176	Revision Colostomy	445	Sling Operation For Facial Palsy
177	Prolapsed Colostomy- Correction	446	Split Skin Grafting Under Ra
178	Laparoscopic Cardiomyotomy(Hellers)	447	Wolfe Skin Graft
179	Laparoscopic Pyloromyotomy(Ramstedt)	448	Plastic Surgery To The Floor Of The Mouth Under Ga
180	Operations On Bartholin's Glands (cyst)	449	Thoracoscopy And Lung Biopsy
181	Incision Of The Ovary	450	Excision Of Cervical Sympathetic Chain Thoracoscopic
182	Insufflations Of The Fallopian Tubes	451	Laser Ablation Of Barrett's Oesophagus
183	Other Operations On The Fallopian Tube	452	Pleurodesis

184	Conisation Of The Uterine Cervix	453	Thoracoscopy And Pleural Biopsy
185	Therapeutic Curettage With Colposcopy.	454	Ebus + Biopsy
186	Therapeutic Curettage With Biopsy	455	Thoracoscopy Ligation Thoracic Duct
187	Therapeutic Curettage With Diathermy	456	Thoracoscopy Assisted Empyema Drainage
188	Therapeutic Curettage With Cryosurgery	457	Haemodialysis
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	458	Lithotripsy/nephrolithotomy For Renal Calculus
190	Other Operations On The Uterine Cervix	459	Excision Of Renal Cyst
191	Incision Of The Uterus (hysterectomy)	460	Drainage Of Pyonephrosis Abscess
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	461	Drainage Of Perinephric Abscess
193	Incision Of Vagina	462	Incision Of The Prostate
194	Incision Of Vulva	463	Transurethral Excision And Destruction Of Prostate Tissue
195	Culdotomy	464	Transurethral And Percutaneous Destruction Of Prostate Tissue
196	Salpingo-oophorectomy Via Laparotomy	465	Open Surgical Excision And Destruction Of Prostate Tissue
197	Endoscopic Polypectomy	466	Radical Prostatovesiculectomy
198	Hysteroscopic Removal Of Myoma	467	Other Excision And Destruction Of Prostate Tissue
199	D&C –	468	Operations On The Seminal Vesicles
200	Hysteroscopic Resection Of Septum	469	Incision And Excision Of Periprostic Tissue
201	Thermal Cauterisation Of Cervix	470	Other Operations On The Prostate
202	Hysteroscopic Adhesiolysis	471	Incision Of The Scrotum And Tunica Vaginalis Testis
203	Polypectomy Endometrium	472	Operation On A Testicular Hydrocele
204	Hysteroscopic Resection Of Fibroid	473	Excision And Destruction Of Diseased Scrotal Tissue

205	Lletz	474	Other Operations On The Scrotum And Tunica Vaginalis Testis
206	Conization	475	Incision Of The Testes
207	Polypectomy Cervix	476	Excision And Destruction Of Diseased Tissue Of The Testes
208	Hysteroscopic Resection Of Endometrial Polyp	477	Unilateral Orchidectomy
209	Vulval Wart Excision	478	Bilateral Orchidectomy
210	Laparoscopic Paraovarian Cyst Excision	479	Surgical Repositioning Of An Abdominal Testis
211	Uterine Artery Embolization	480	Reconstruction Of The Testis
212	Laparoscopic Cystectomy	481	Implantation, Exchange And Removal Of A Testicular Prosthesis
213	Hymenectomy(Imperforate Hymen)	482	Other Operations On The Testis
214	Endometrial Ablation	483	Excision In The Area Of The Epididymis
215	Vaginal Wall Cyst Excision	484	Operations On The Foreskin
216	Vulval Cyst Excision	485	Local Excision And Destruction Of Diseased Tissue Of The Penis
217	Laparoscopic Paratubal Cyst Excision	486	Amputation Of The Penis
218	Repair of Vagina (Vaginal Atresia)	487	Other Operations On The Penis
219	Hysteroscopy, Removal Of Myoma	488	Cystoscopic Removal Of Stones
220	Turbt	489	Lithotripsy
221	Ureterocoele Repair - Congenital Internal	490	Biopsy Oftemporal Artery For Various Lesions
222	Vaginal Mesh For Pop	491	External Arterio-venous Shunt
223	Laparoscopic Myomectomy	492	Av Fistula - Wrist
224	Surgery For Sui	493	Ursl With Stenting
225	Repair Recto- Vagina Fistula	494	Ursl With Lithotripsy
226	Pelvic Floor Repair(Excluding Fistula Repair)	495	CystoscopicLitholapaxy
227	URS + LL	496	Eswl

228	Laparoscopic Oophorectomy	497	Bladder Neck Incision
229	Percutaneous Cordotomy	498	Cystoscopy & Biopsy
230	Intrathecal Baclofen Therapy	499	Cystoscopy And Removal Of Polyp
231	Entrapment Neuropathy Release	500	SuprapubicCystostomy
232	Diagnostic Cerebral Angiography	501	Percutaneous Nephrostomy
233	Vp Shunt	502	Cystoscopy And "sling" Procedure
234	Ventriculoatrial Shunt	503	Tuna- Prostate
235	Radiotherapy For Cancer	504	Excision Of Urethral Diverticulum
236	Cancer Chemotherapy	505	Removal Of Urethral Stone
237	IV Push Chemotherapy	506	Excision Of Urethral Prolapse
238	HBI - Hemibody Radiotherapy	507	Mega-ureter Reconstruction
239	Infusional Targeted Therapy	508	Kidney Renoscopy And Biopsy
240	SRT - Stereotactic Arc Therapy	509	Ureter Endoscopy And Treatment
241	Sc Administration Of Growth Factors	510	Vesical Ureteric Reflux Correction
242	Continuous Infusional Chemotherapy	511	Surgery For Pelvic Ureteric Junction Obstruction
243	Infusional Chemotherapy	512	Anderson Hynes Operation
244	CCRT - Concurrent Chemo + Rt	513	Kidney Endoscopy And Biopsy
245	2D Radiotherapy	514	Paraphimosis Surgery
246	3D Conformal Radiotherapy	515	Injury Prepuce- Circumcision
247	IGRT - Image Guided Radiotherapy	516	Frenula Tear Repair
248	IMRT - Step & Shoot	517	Meatotomy For Meatal Stenosis
249	IMRT – DMLC	518	Surgery For Fournier's Gangrene Scrotum
250	Rotational Arc Therapy	519	Surgery Filarial Scrotum
251	Tele Gamma Therapy	520	Surgery For Watering Can Perineum
252	FSRT - Fractionated Srt	521	Repair Of Penile Torsion
253	VMAT - Volumetric Modulated Arc Therapy	522	Drainage Of Prostate Abscess

254	SBRT - Stereotactic Body Radiotherapy	523	Orchiectomy
255	Helical Tomotherapy	524	Cystoscopy And Removal Of Fb
256	SRS - Stereotactic Radiosurgery	525	RF Ablation Heart
257	X - Knife Srs	526	RF Ablation Uterus
258	GammaknifeSrs	527	RF Ablation Varicose Veins
259	TBI - Total Body Radiotherapy	528	Percutaneous nephrolithotomy (PCNL)
260	Intraluminal Brachytherapy	529	Laryngoscopy Direct Operative with Biopsy
261	TSET - Total Electron Skin Therapy	530	Treatment of Fracture of Long Bones
262	Extracorporeal Irradiation Of Blood Products	531	Treatment of Fracture of Short Bones
263	Telecobalt Therapy	532	Treatment of Fracture of Foot
264	Teleseism Therapy	533	Treatment of Fracture of Hand
265	External Mould Brachytherapy	534	Treatment of Fracture of Wrist
266	Interstitial Brachytherapy	535	Treatment of Fracture of Ankle
267	Intracavity Brachytherapy	536	Treatment of Fracture of Clavicle
268	3D Brachytherapy	537	Chalazion Surgery
269	Implant Brachytherapy		

Section 64VB 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.

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 the 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 prospectuses or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Tata AIG General Insurance Company Limited

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