

Appendix II: Endorsements

A. Inclusion of Covers Endorsements (Additional Covers)

It is hereby agreed that any and all endorsements issued with this Policy or endorsed thereon in shall be expressly subject to the terms and conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement and shall become applicable only upon endorsement and after Our receipt of requisite additional premium. All other Policy terms, conditions and exclusions shall remain unchanged.

A1. Inclusion of Personal Accident cover

The Benefit under Personal Accident Covers have a separate sum insured.

A1.1 Accidental Death

If an Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident then We will pay to Insured person's beneficiary or legal representative the benefit Sum Insured specified in the Policy Schedule/Certificate of insurance.

Disappearance

We will pay the benefit for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, subject to all other terms and provisions of the Policy.

This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>.

In addition to the claim documents mentioned under Section (5 -2 iv) of base cover policy wordings, following claim documents would be required for this benefit:

- Original \Attested copy of Death Certificate
- In the event of disappearance where death certificate is not issued, we would require missing compliant report filed with the police authorities or police inquest/ investigation report.
- Copy of death summary, all previous medical records, if hospitalised / treatment given.
- Legal heir/succession certificate , if required
- PM report (wherever applicable and conducted)

A1.2 Permanent Total Disability

We will pay the sum insured as specified in the policy schedule/Certificate of Insurance if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule/Certificate of insurance and the disability should continue for 365 days from the date of accident which caused the injury. This waiting period of 365 days is not applicable for severance or amputation cases.

If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the sum insured mentioned on the Policy Schedule/Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Irrecoverable Loss of sight of both eyes
- Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
- Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
- Irrecoverable Loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.

This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>.

In addition to the claim documents mentioned under Section (5-2 iv) of base cover policy wordings, we would require certificate from Civil Surgeon or Medical Superintendent/Dean of government hospital/medical board, confirming the Disability percentage / period and prognosis.

A1.3 Inclusion of Accidental Medical Reimbursement (Medex)

If any Insured Person suffers an Accident during the Policy Period that requires Insured Person's Hospitalization as an inpatient in a hospital as defined hereunder, then we will in addition reimburse the Medical Expenses incurred for the in-patient treatment upto the accidental medical expenses limit as specified in the Policy Schedule/Certificate of Insurance subject to the following conditions.

A. Inpatient benefits

- i. The period of hospitalization shall exceed 24 consecutive hours
- ii. Any Hospitalization arising out of an existing disability prior to the first inception of this Policy is excluded
- iii. Expenses incurred during the period of admission only are payable
- iv. Any deductible as specified in Policy Schedule/ Certificate of Insurance.

Specific definitions applicable to this Section (Medex):

1. 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.

2. 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.

Specific exclusions applicable to this Section (Medex):

The following exclusions will be applicable in addition to the exclusions under the Base Cover –Section 3

- i. Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which confinement is required at a Hospital
- ii. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service.
- iii. Treatment rendered by a Medical Practitioner which is outside his discipline
- iv. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.
- v. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy.
- vi. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- vii. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- viii. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).

Specific conditions applicable to this Section (Medex):

A. Contribution Clause

- i. If at the time when any claim is made under this Policy, You have two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then You shall have the right to require a settlement of such claim in terms of any of your policies.
- ii. The insurer so chosen by You shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.
- iii. Provided further that, If the amount to be claimed under the Policy chosen by You, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), You shall have the right to choose the insurers by whom claim is to be settled.
- iv. The clause is applicable for claims under Accidental Medical Reimbursement (Medex).

Claim documentation applicable to this Section (Medex):

In addition to the claim documents mentioned under Section (5 -2 iv), the insured person has to submit the following documents for making a claim with us under this benefit:

- Original Bills (pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
- Copy of settlement letter from other insurance company or TPA (wherever applicable)
- Stickers and invoice of implants used during surgery

Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with 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.

A1.4 Specific Definitions Applicable to Personal Accident Cover

- i. Hazardous or potentially dangerous sport shall mean those sports / activities which involves speed, height, a high level of physical exertion etc and holds high degree of risk.
- ii. Winter Sports shall mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice.
- iii. Professional sports shall mean a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

A1.5 Specific Exclusions Applicable to Personal Accident Cover

The following exclusions will be applicable in addition to the exclusions under the Base Cover –Section 3:

- i. Any Pre-existing injury or disability or any complication arising from it. This exclusion shall not be applicable if the proximate cause is accident. or
- ii. Any physical disability which existed prior to first risk inception date which was not disclosed , or
- iii. Intentional self- Injury, suicide,
- iv. Arising or resulting from the insured person(s) committing any breach of law with criminal intent; or
- v. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- vi. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- vii. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or
- viii. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or

- ix. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
- x. Caused due to act of terrorism.
- xi. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or
- xii. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

A2. Inclusion of Daily Hospital Cash for Day Care Procedures

We will pay the one day fixed amount benefit specified in Policy Schedule/ Certificate of Insurance for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is available on our website (www.tataaig.com).

Per day deductible, if opted, shall not be applicable for this cover.

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

A3. Inclusion of Daily Cash for Maternity Cover

Subsequent to this endorsement, Section 3 – General Exclusions (2 –xxiii) stands deleted and modified coverage wordings are as below:

We will pay daily fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed 24 hours of hospitalization, in case an insured person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

This benefit is subject to maternity waiting period and deductibles as specified in the Policy Schedule/ Certificate of Insurance.

We will not cover ectopic pregnancy under this benefit (although it shall be covered under Inpatient Hospital Cash Benefit (Section 1)).

A4. Inclusion of Double – Inpatient benefit - Accident

We will pay twice the daily inpatient hospital cash benefit amount specified in the Policy Schedule / Certificate of Insurance for each continuous and completed period of 24 hours of hospitalization during the policy period that

requires an Insured Person's admission in a hospital as an inpatient, due to injury resulting from an accident, subject to following conditions –

- Any deductibles specified on the policy schedule/ Certificate of Insurance
- Maximum number of days as specified in the policy schedule/ Certificate of Insurance

In the event where claim is admissible under this benefit (A4), we will not pay for Inpatient hospital cash benefit as mentioned in base cover (Section 1).

A5. Inclusion of Double – Inpatient hospital – Sickness- ICU

We will pay twice the daily inpatient hospital cash benefit amount specified in the Policy Schedule/ Certificate of Insurance, for each continuous and completed period of 24 hours of hospitalization in the Intensive Care Unit during the policy period that requires an Insured Person's admission in a hospital as an inpatient, due to disease or illness, subject to following conditions –

- Any deductibles specified on the policy schedule/ Certificate of Insurance
- Maximum number of days as specified in the policy schedule/ Certificate of Insurance

Note: In the event, during hospitalization, the insured person is transferred from normal room (other than ICU) to ICU and vice versa, the benefit would be payable, as per the accommodation category mentioned/ charged in hospital bill for the respective day.

In the event where claim is admissible under this benefit (A5), we will not pay for Inpatient hospital cash benefit as mentioned in base cover (Section 1).

A6. Inclusion of Double – Inpatient hospital – Accident - ICU

We will pay twice the daily inpatient hospital cash benefit amount specified in the Policy Schedule/ Certificate of Insurance, for each continuous and completed 24 hours of hospitalization in the Intensive Care Unit during the policy period that requires an Insured Person's admission in a hospital as an inpatient, due to injury resulting from an accident, subject to the following conditions –

- Any deductibles specified on the policy schedule/ Certificate of Insurance
- Maximum number of days as specified in the policy schedule/ Certificate of Insurance

Note: In the event, during hospitalization, the insured person is transferred from normal room (other than ICU) to ICU and vice versa, the benefit would be payable, as per the accommodation category mentioned/ charged in hospital bill for the respective day.

In the event where claim is admissible under this benefit (A6), we will not pay for Inpatient hospital cash benefit as mentioned in base cover (Section 1).

A7. Inclusion of Prolonged Hospitalization Benefit

We will pay a fixed amount as specified in the Policy Schedule/Certificate of Insurance, in the event the insured person is hospitalized for a disease/illness/injury for a continuous period exceeding 10 days subject to any deductible as specified in the Policy Schedule/ Certificate of Insurance.

This benefit will be triggered provided that the claim is admissible under Section 1 (Inpatient Hospital Cash Benefit) of this policy.

This benefit has a separate Sum Insured. Upon payment of such claim under the policy, the cover for other policy sections would continue.

A 8. Inclusion of EMI Protection Benefit

In the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease during the policy period for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance, We will pay the specified number of EMI equivalent as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period.

This benefit will be triggered provided that the claim is admissible under Section 1 (Inpatient Hospital Cash Benefit) of this policy.

Specific conditions applicable to this section:

- i. This is onetime benefit applicable for the entire tenure of the policy and shall terminate upon payment of this benefit.
- ii. This benefit has a separate Sum Insured. Upon payment of such claim under the policy, the cover for other policy sections would continue.

Definition applicable to this Section:

- **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured person prior to the date of occurrence of the Insured Event under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

B1 Modification of Waiting Period

B1.1 Deletion of 30 days Waiting Period

Subsequent to this endorsement, Section 3-General Exclusions (1-i) cover stands deleted for all the insured persons in this policy.

All other policy terms and conditions remain unaltered.

B1.2 Deletion of Specified Diseases/Illnesses/Procedures Waiting Period

Subsequent to this endorsement, Section 3-General Exclusions (1-ii) cover stands deleted for all the insured persons in this policy.

All other policy terms and conditions remain unaltered.

B1.3 Deletion of Pre-existing Disease Waiting Period

Subsequent to this endorsement, Section 3 –General Exclusions (1-iii) cover stands deleted for all insured persons in this policy.

All other policy terms and conditions remain unaltered.

C1 Modification in Premium Payment Frequency (Installment premium)

Subsequent to this endorsement, it is hereby agreed that the premium payment frequency has been changed to <<mode of installment frequency>> basis and the following conditions are also endorsed accordingly:

- a. There shall be additional <<% of loading>> on your policy premium
- b. The premium shall be paid by the instalment due date as mentioned in the instalment schedule below. A relaxation of 15 days shall be applicable for payment of instalment.
- c. The first instalment must be received prior to commencement of risk in compliance with 64VB.
- d. If instalment premium is not paid within the relaxation period then policy shall cease to exist at midnight of such due date and will be treated as lapsed. All claims that fall beyond such premium instalment due date shall not be covered under the policy. However, We will be liable to pay in respect of all claims where the treatment/admission/accident has commenced/occurred before the date of termination of such Policy.
- e. If You make a claim during relaxation period under the policy You will be liable to pay the instalment due premium before the claim is paid or You authorise us to deduct this instalment due premium from claim amount

Premium Installment Schedule		
Installment Frequency	Installment Due Date	Installment Due Amount(Rs. Inclusive of taxes)

All other policy terms and conditions remain unaltered.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel,
Mumbai 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170

Email:customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108

CIN: U85110MH2000PLC128425