

# Travel Guard Policy - Policy Schedule



WITH YOU ALWAYS

<b>Schedule Number:</b>	7101525444	<b>Date Issued:</b>	06/02/2024
<b>Insurance Plan:</b>	Travel Guard Silver Plus	<b>Producer Code:</b>	0010805000
<b>Zone:</b>	Worldwide Including USA/Canada	<b>Applicant Phone No:</b>	9003135657
<b>Email id:</b>	ausnayagan@gmail.com		
<b>Travel Dates:</b>	<b>From:</b> 13/02/2024 <b>To:</b> 14/02/2024	<b>Applicant Name:</b>	Mrs PADUMAVALLI ARUNMOZHI THIRUVALLUVAR
<b>Duration:</b>	2 days		
<b>Applicant Address:</b>	FE-31, JAIN ALPINE MEADOWS, TEMPLE TOWN STREET, THIRUNEERMALAI, CHENNAI, CHENNAI, TAMIL NADU, INDIA-600044		
<b>Customer GSTIN NO:</b>			

PREMIUM		
Premium	INR	1,754.00
IGST (18%)	INR	316.00
<b>TOTAL PREMIUM</b>	INR	2,070.00

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



For policy details, please scan the QR code

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (24 hrs)	\$10,000	
Accidental Death & Dismemberment (Common Carrier)	\$5,000	
Accident & Sickness Medical Expense Reimbursement	\$1,00,000	\$100
Sickness Dental Relief	\$400	\$150
Emergency Medical Evacuation Benefit	Included*	
Repatriation of Remains	Included*	
Assistance	Included	
Baggage Delay	\$100	12 hours
Baggage Loss#	\$750	
Loss of Passport	\$250	\$30
Personal Liability	\$1,50,000	\$200
Flight Delay^	\$100	12 Hrs.
Hijacking^^	\$500	1 Day
Automatic extension of policy (upto 7 days)	Available	
Emergency Cash Transfers and Advances	\$750	
Fraudulent Charges	\$500	
Home Burglary (In Rs.)	Rs.1,00,000	
Trip Cancellation	\$500	\$50
Trip Curtailment	\$500	\$50
Missed Connections/Missed Departure	\$500	\$50
Bounced Hotel / Airline booking	\$500	\$50

WITH YOU ALWAYS

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

Authorized Signatory

Tata AIG General Insurance Company Limited  
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013.  
IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATTIOP23097V032223  
[www.tataaig.com](http://www.tataaig.com) 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email:  
customersupport@tataaig.com

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### NOTES

Annual Multi Trip means two or more trips to a destination outside the Republic of India during the policy period. Under annual multi-trip, entry age is up to 70 years.

\*Included under the benefit limit of Accident and Sickness Medical Expense Reimbursement.

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

#Maximum amount to be reimbursed per bag is 50% and maximum value per article contained in any bag is 10% of the sum (s) insured.

^Flight Delay: Deductible of 12 hrs, \$10 per 12 hours and Maximum \$100.

^^Hijack: Deductible of 1 day, \$100 per day and Maximum \$500.

Note: The above plans are with sub-limits. Sub-limits can be waived off by paying additional premium.

For complete set of benefits, terms & conditions, please refer to policy wordings:

[https://www.tataaig.com/s3/Travel\\_Guard\\_Policy\\_Policy\\_Wording\\_91e623b072.pdf](https://www.tataaig.com/s3/Travel_Guard_Policy_Policy_Wording_91e623b072.pdf)

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

Agent/Broker Name: DIRECT

Agent/Broker License Code: TATA AIG

Agent/Broker Contact No: 18002667780

### Declaration:

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

Consolidated Stamp Duty has been paid to the State Exchequer Signature of the Insured /

Proposer: \_\_\_\_\_

AIG  
INSURANCE

WITH YOU ALWAYS

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



Authorized Signatory

Tata AIG General Insurance Company Limited

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

IRDA Regn. No. 108. CIN - U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATTIOP23097V032223

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<b>Schedule Number:</b>	7101525444	<b>Date Issued:</b>	06/02/2024
<b>Insurance Plan:</b>	Travel Guard Silver Plus	<b>Producer Code:</b>	0010805000
<b>Zone:</b>	Worldwide Including USA/Canada	<b>Applicant Phone No:</b>	9003135657
<b>Email id:</b>	ausnayagan@gmail.com		
<b>Travel Dates:</b>	<b>From:</b> 13/02/2024 <b>To:</b> 14/02/2024	<b>Applicant Name:</b>	Mrs PADUMAVALLI ARUNMOZHI THIRUVALLUVAR
<b>Duration:</b>	2 days		
<b>Applicant Address:</b>	FE-31, JAIN ALPINE MEADOWS, TEMPLE TOWN STREET, THIRUNEERMALAI, CHENNAI, CHENNAI, TAMIL NADU, INDIA-600044		
<b>Customer GSTIN NO:</b>			

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee
1	Ms PADUMAVALLI ARUNMOZHI THIRUVALLUVAR	W9426994	Female	08/04/1962	61	SALAINAYAGAN ARUNMOZHI THIRUVALLUVAR

Address for Reimbursement Claim (For Insured only)	Assistance Contact (For Insured only)	US Medical Claims (For Providers Only)
<b>Claims Department</b> <b>Tata AIG General Insurance company Ltd.</b> <b>7th and 8th Floor, Romell Tech Park,</b> <b>Cama Industrial Estate, Western Express Highway,</b> <b>Goregaon(E), Mumbai, Maharashtra 400063.</b> Visit our website :www.tataaig.com OR Email at customersupport@tataaig.com OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-22-9966 (Accessible from BSNL/MTNL Lines)	<b>For excluding the Americas Policies:</b> Call: +91 - 22 68227600 (Call back facility Available) Email - <a href="mailto:ea.tataclaims@europ-assistance.in">ea.tataclaims@europ-assistance.in</a> <b>For the Americas Policies:</b> Please call: +1-833-440-1575 (Tollfree within US and Canada) Email - <a href="mailto:tata.aig@europ-assistance.in">tata.aig@europ-assistance.in</a>	Plan Type: LTA Policy Certificate #: 7101525444 <b>Mail Medical Claims to:</b>  Global Medical Management Europ Assistance India Star Hub Building number 2, floor 7, Near ITC Maratha, Andheri E Mumbai - 400 059 Please call: +1-833-440-1575 (Tollfree within US and Canada) Email id - tata.aig@europ-assistance.in

GSTIN: 27AABCT3518Q1ZW MUMBAI  
Service Accounting Code: 9971

## Sub-limits :

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

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

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

I. Hospital Room Rent, Board and Hospital misc. maximum \$1500 per day up to 30 days.

II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.

III. Surgical Treatment-Maximum USD \$10000

IV. Anesthetist Services-Maximum up to 25% of Surgical treatment

V. Physician's Visit-Maximum \$75 per day up to 10 visits.

VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500

VII. Ambulance Services-Maximum up to \$ 400.

## Policy Servicing Address :

2ND FLOOR, CITI TOWER, 61, DR. S.S.RAO ROAD,, NEXT TO M.G.M HOSPITAL, PAREL(E), MUMBAI - 400012, MUMBAI - 400012  
MUMBAI-400012 Tel No: 62606600

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



Authorized Signatory

Tata AIG General Insurance Company Limited

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

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Policy / Schedule No: 7101525444

Date Issued: 06/02/2024

### Coverage of COVID - 19

With reference to outbreak of COVID - 19, we wish to bring it to the notice of our Overseas Travel Insurance Customers, Intermediaries, Embassies and Consulates that this policy offers coverage towards **Medical expenses related to COVID - 19**, subject to policy terms and conditions.

Coverage for medical expenses is available up to the limits mentioned in the Policy Schedule for expenses incurred due to sudden and unexpected sickness or accident arising when insured is outside the Republic of India. Policy wordings can be referred for detailed terms and & conditions.

Sum Insured : \$1,00,000 per person (Sum Insured as per the plan opted)

Insured Name-1 : Ms PADUMAVALLI ARUNMOZHI THIRUVALLUVAR

Please get in touch with our Customer Support team at [customersupport@tataaig.com](mailto:customersupport@tataaig.com) or call us at 1800 266 7780 for any clarifications/queries



Authorized Signatory

**For Tata AIG General Insurance Company Limited**

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

POS PAN No.* (Mandatory for POS Agent)		Proposal Form Number	PR/24/7100063316
Producer Name	DIRECT	Producer Code	0010805000

### Proposer Details

Proposer Name	Mrs PADUMAVALLI ARUNMOZHI THIRUVALLUVAR
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### Personal Details of persons proposed for Insurance

Person Name	Ms PADUMAVALLI ARUNMOZHI THIRUVALLUVAR				
Date of Birth	08/04/1962	Gender	Female	Passport No.	W9426994
PAN Card No.	BDZPP3455K	In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	Yes	If yes Details	Diabetes Heart Surgery	Suffering since	
Residential Address					
City		State		PIN	
Tel. with area code: In India			While Overseas		
E-mail					

Sources of funds ☐ Salary ☐ Business ☐ Others please specify \_\_\_\_\_  
(Tick where applicable)

Purpose of visit: ☐ Leisure ☐ Employment ☐ Business ☐ Study ☐ Others

### Nominee Details

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

Nominee Name	DOB	Relationship	Address
SALAINAYAGAN ARUNMOZHI THIRUVALLUVAR		Son	

In case nominee details are not provided, any death claim(if payable as per policy terms and conditions) shall be paid to the Legal Heir.

Appointee Name	Relationship	Address
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**Additional Insured Family members (Spouse or Dependent Children)**

	Name	Sex	Date of Birth	Passport No.	Pre-existing details (if any)	Details	Suffering since
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**Travel Details**

Insurance Plan Requested : Travel Guard Silver Plus (I understand that sub limits will apply on Accident and Sickness Medical Expenses Reimbursement Cover for Insured Person above 56 years of age, if opted for "With Sublimit Plan". Under Annual Multi Trip, entry age is up to 70 years.)						
Place of Travel	Mexico,United Arab Emirates,United States Of America					
Departure from India	13/02/2024	Return to India	14/02/2024	Number of Days	2 days	

**Payment Details**

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	2,070.00
Instrument type : OnlinePayment Please make a Crossed Cheque/DD/Pay Order in favour of ' <b>Tata AIG General Insurance Company Limited</b> ' only.			

**Bank Details**

As per the Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/National Electronic Funds Transfer(NEFT) /Real Time Gross Settlement(RTGS)/Interbank Mobile Payment Service(IMPS). For this purpose please submit the following details of the insured's bank account#			
Name of the Account Holder:			
Name of the Bank:		Branch:	
Type of Account : <input type="checkbox"/> SB Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (please specify)_____			
Account Number:		IFSC Code Bank:	
If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000			

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

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/ proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/ proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/ proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/ We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited and associate partners to contact me via e-mail, phone or SMS.

Date: 06/02/2024

Place:

Signature of Proposer

### AML guidelines :

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons \* nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.  
“Politically Exposed Persons” shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

- **Nationality** : Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country:

### • Type of Organization :

Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐  
Trust ☐ Partnership ☐ International Organization ☐ Cooperatives ☐  
Section 25 Company ☐

### Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Date: 06/02/2024

Signature of the Insured Person / Proposer

**Declaration:** The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer:

Name & Signature of agent/intermediary: DIRECT

Code: 0010805000



**AGENT DECLARATION**

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

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

Name of the specified Person and code:

Place: \_\_\_\_\_ Date: 06/02/2024 Signature of

Agent: \_\_\_\_\_

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

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

Signature/Thumb  
impression of the Proposer:  
Name & Signature of  
agent/ intermediary:  
DIRECT

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

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

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

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

**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 UIN

No:TATTIOP23097V032223

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

S. No.	Title	Description	Refer to Policy Clause Number
1.	Name of the Insurance Product / Policy	Travel Guard Policy	
2.	Policy Number	7101525444	
3.	Type of Insurance Product/Policy	Both Indemnity and Benefit	
4.	Sum Insured	Sum Insured Basis: Individual Sum Insured Sum Insured Amount: As per Sum Insured mentioned in Policy schedule	
5.	Policy Coverage (What the Policy Covers?)	<p><b>Section 1. Accidental Death and Dismemberment</b> - coverage for Death and Dismemberment arising due to an Accident while the insured is abroad.</p> <p><b>Section 2. Accidental Death and Dismemberment (Common Carrier)</b> - coverage for Death and Dismemberment arising due to an Accident while riding as a passenger in or on, boarding or alighting from, a Common Carrier.</p> <p><b>Section 3. Accident &amp; Sickness Medical Expenses</b> - coverage for Accident and/or Sickness when insured is abroad.</p> <p><b>Section 4. Sickness Dental Expense</b> -coverage for Emergency dental sickness.</p> <p><b>Section 5. Assistance</b> - coverage for required assistance with respect to Medical Assistance, Medical Evacuation, Repatriation, Legal Assistance, Lost Luggage or Lost Passport, General Assistance, Pre-Departure Services, Emergency Travel Agency, Emergency Cash Transfers and Advances.</p>	Benefits Covered under the Policy

**Section 6. Baggage Delay** - We will reimburse You for the expense of necessary personal effects, if Your Checked Baggage is delayed or misdirected by a Common Carrier from the time You arrive at the destination stated on Your ticket.

**Section 7. Baggage Loss (Common Carrier)** - covers loss, in the case of permanent loss of an entire piece of Checked Baggage, held in the care, custody and control of a Common Carrier, due to theft or due to misdirection by a Common Carrier or due to non- delivery at its destination while insured is a ticketed passenger on the Common Carrier.

**Section 8. Emergency Medical Evacuation -**

Medical evacuation of insured to nearest hospital or back to India for medical treatment.

**Section 9. Repatriation of Remains** - covers cost of repatriating mortal remains of the insured to India.

**Section 10. Hijacking** - distress allowance if insured's common carrier has been hijacked.

**Section 11. Loss of Passport** - coverage for necessary and reasonable expenses for obtaining a duplicate or new passport.

**Section 12. Personal Liability** - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident.

**Section 13. Flight Delay** - coverage for additional expenses if insured trip is delayed for more than 12 hours due to inclement weather, strike with common carrier or equipment failure of the common carrier.

**Section 14. Automatic extension of policy -**

Automatic extension of the period of insurance is granted upto a period of 7 days, from the policy expiry date, if the extension is necessary, due to delay by the Scheduled Airlines, which is beyond the control of the Insured, and no alternative air transportation is made available to the Insured.

**Section 15. Trip curtailment** - Converge for necessary curtailment (Shortening and / or alteration) of the insured journey and You have to directly return to the country of usual residence, where You started Your Insured Journey.

		<p><b>Section 16. Trip Cancellation</b> - In case of your trip cancellation we will reimburse You for the unused, non-refundable cancellation portion of the hotel cost and/or the Common Carrier ticket cancellation charges.</p> <p><b>Section 17. Missed Connections/Missed Departure</b> - We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your return journey.</p> <p><b>Section 18. Bounced bookings of Hotel and Airline</b> - We will reimburse you the hotel booking / airline ticket in case it is bounced due to over booking.</p> <p><b>Section 19. Fraudulent Charges</b> - We will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card.</p> <p><b>Section 20. Burglary</b> - Coverage for damage, disappearance or destruction due to burglary at your residence during your personal trip travel time.</p>	
6.	Exclusions (what the policy does not cover)	<p>This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:</p> <ol style="list-style-type: none"> <li>1. where the Insured Person is travelling against the advice of a Physician; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining, treatment; or has received a terminal prognosis for a medical condition; or</li> <li>2. any Pre-existing Condition or any complication arising from it; or</li> <li>3. Any claim of Insured Person arising from: <ol style="list-style-type: none"> <li>a) suicide or attempted suicide</li> <li>b) willful self-inflicted illness or injury except injury in self-defense or to save life; or</li> </ol> </li> <li>4. sexually transmitted conditions; or</li> <li>5. serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We,</li> </ol>	Exclusions

		<p>upon written notification by You, shall return the pro rata premium for any such period of service during the Trip; or</p> <p>6. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication or</p> <p>7. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or</p> <p>8. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or</p> <p>9. any loss arising out of 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</p> <p>10. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured.</p> <p>11. any loss arising out of the intentional use of military force to intercept, prevent, or mitigate any known or suspected Act of Terrorism; or</p> <p>12. the use, release or escape of nuclear materials that directly or indirectly results in nuclear reaction or radiation or radioactive contamination; The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, (However, the above only applies if 50 or more persons sustain death within 90 Days of the date of the incident) or</p>	
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		<p>13. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</p> <p>14. performance of manual work for employment or any other potentially dangerous occupation; or</p> <p>15. congenital anomalies or any complications or conditions arising therefrom; or</p> <p>16. osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone)</p> <p>17. participation in winter sports, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or potentially dangerous sport for which You are untrained; or</p> <p>18. any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo; or</p> <p>19. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; This however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician; or</p> <p>20. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest;</p>	
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		<p>21. Any loss, injury, damage or legal sustained directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons</p> <p>22. Any non-medical expenses (list enclosed- Annexure I)</p>	
7.	Waiting Period	NIL	Benefits Covered under the Policy
8.	<p>Financial Limits of Coverage</p> <ul style="list-style-type: none"> <li>• Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</li> <li>• Deductible (It is a specified amount:- Up to which an insurance company will not pay any claim, and</li> </ul> <p>-Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	Please refer to point no. 4	General Terms and Clauses
9.	Claims/Claims Procedure	<b>Turn Around Time (TAT)</b> for claims settlement: Where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate	General Terms and Clauses



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

**For Excluding Americas Policies:**

Call: +91 - 22 68227600

Email - EA.TATAclaims@europ-assistance.in

**For the Americas Policies:**

Please call: +1-833-440-1575 (Toll free within US and Canada)

Email - tata.aig@europ-assistance.in

**While in India**

contact at below numbers for any claim related assistance - Toll Free No 1800 119966 from BSNL/MTNL Landline or 1800 22 9966 (only for senior citizen policy holders)

Call these local helpline numbers in your respective cities from any other line:

Mumbai - 66939500, Delhi - 66603500, Bangalore - 66272829, Pune - 66014156, Chennai - 66841050, Hyderabad - 66629882, Ahmedabad - 66610201

Email: **general.claims@tataaig.com**

**Write to:**

A&H Claims Department TATA AIG General Insurance Co. Ltd.

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Website: [www.tataaig.com](http://www.tataaig.com)

- Claims for which prior intimation has not been given to the Assistance Companies must be lodged with TATA AIG within 30 days. However, it is advisable to register a claim abroad by informing the assistance companies on the applicable numbers (refer the policy certificate or the numbers as given above for the same). Please note that issuance of claim reference number and claim form is not an admission of liability for any claim

10.	Policy Servicing	<p><b>Company Officials:</b></p> <ul style="list-style-type: none"> <li>If you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number <b>1800-266-7780</b> or Senior Citizen No. <b>1800 22 9966</b> (toll free) or you may email to the customer service desk at <b>customersupport@tataaig.com</b></li> </ul>	Redressal of Grievance
11.	Grievances/ Complaints	<ul style="list-style-type: none"> <li><b>IRDAI :</b> <ul style="list-style-type: none"> <li>In case of no reply from Us within 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number 155255 (or) 1800 4254 732 or send email to <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a></li> </ul> </li> <li><b>Ombudsman:</b> <ul style="list-style-type: none"> <li>Details as mentioned in the policy wordings or alternatively please refer our web-site (<a href="http://www.tataaig.com">www.tataaig.com</a>).</li> </ul> </li> </ul>	Redressal of Grievance
12.	Things to remember	<p><b>Free Look Period:</b></p> <p><b>(a) Single Trip Insurance</b> - Free look period is not applicable.</p> <p><b>(b) Annual Multi Trip Insurance</b> - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.</p>	General Terms and Clauses
13.	Your Obligations:	<ul style="list-style-type: none"> <li>Please disclose all condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy.</li> </ul>	General Terms and Clauses

Declaration by the Policy Holder;

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

Place :

Date: (Signature of the Policy Holder)

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