

# Travel Guard Policy - Policy Schedule



<b>Schedule Number:</b>	7100761521	<b>Date Issued:</b>	07/12/2022
<b>Insurance Plan:</b>	Travel Guard Gold	<b>Producer Code:</b>	1675940000
<b>Zone:</b>	Worldwide Excluding USA/Canada	<b>Applicant Phone No:</b>	9818635867
<b>Email id:</b>	deepak@mokshholiday.com		
<b>Travel Dates:</b>	<b>From:</b> 12/12/2022 <b>To:</b> 27/01/2023	<b>Applicant Name:</b>	Mr RAHUL KUMAR SINGH
<b>Duration:</b>	47 days		
<b>Applicant Address:</b>	19 GRAM BAHERA SEGARAN GHUCHIYARI TEHSIL SINRAMAUR,REWA,MADHYA PRADESH,INDIA-486115		
<b>Customer GSTIN NO:</b>			

PREMIUM			
Premium	INR		1,774.00
IGST (18%)	INR		319.32
<b>TOTAL PREMIUM</b>	INR		<b>2,093.00</b>

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

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (24 hrs)	\$15,000	
Accidental Death & Dismemberment Benefit (Common Carrier)	\$5,000	
Accident & Sickness Medical Expense Reimbursement	\$2,50,000	\$100
Sickness Dental Relief	\$500	\$150
Emergency Medical Evacuation Benefit	Included*	
Repatriation of Remains	Included*	
Baggage Delay Benefit (After first 12 hrs.)	\$200	
Checked Baggage Loss Benefit (Per Item 10% and Per Bag 50% Limit)	\$1,000	
Loss of Passport Benefit	\$250	\$30
Personal Liability Benefit	\$2,00,000	\$200
Flight Delay (\$10 Per 12 hrs.)	\$100	12 Hrs.
Hijack (\$100 Per Day)	\$500	1 Day
Automatic extension of policy (upto 7 days)	Available	
Emergency cash advance	\$1,000	
Fraudulent Charges (Payment Card Security)	\$1,000	
Home Burglary (In Rs.)	Rs.2,00,000	
Trip Cancellation	\$750	\$75
Trip Curtailment	\$750	\$75
Missed Connection / Missed Departure	\$750	\$75
Bounced Hotel / Airline booking	\$750	\$75

## NOTES

\*Included under the overall limit of Accident & sickness Medical Expenses Reimbursement.  
Under annual multi-trip, entry age is up to 70 years. Renewals are applicable beyond 71 years and policy terms and conditions shall commence only in case of renewals.  
Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible after emergency care; failure to do so may affect benefits and coverage. For details on sublimits for insured 56 years of age please see the next page of this policy schedule or refer to the policy wordings schedule of benefit Part H supplied along with this schedule.

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

[https://tata-cms.s3.ap-south-1.amazonaws.com/Travel-Guard-Policy-Wording\\_a704f86270.pdf](https://tata-cms.s3.ap-south-1.amazonaws.com/Travel-Guard-Policy-Wording_a704f86270.pdf)

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

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

Agent/Broker Name: DIRECT  
Agent/Broker License Code: NA  
Agent/Broker Contact No: 18002667780

## Declaration:

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

Signature of the Insured / Proposer: \_\_\_\_\_

Consolidated Stamp Duty has been paid to the State Exchequer

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:TATTIOP21207V022021  
[www.tataaig.com](http://www.tataaig.com) Toll free Helpline 1800-266-7780 Email: customersupport@tataaig.com

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<b>Zone:</b>	Worldwide Excluding USA/Canada	<b>Applicant Phone No:</b>	9818635867
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<b>Travel Dates:</b>	<b>From:</b> 12/12/2022 <b>To:</b> 27/01/2023	<b>Applicant Name:</b>	Mr RAHUL KUMAR SINGH
<b>Duration:</b>	47 days		
<b>Applicant Address:</b>	19 GRAM BAHERA SEGARAN GHUCHIYARI TEHSIL SINRAMAUR,REWA,MADHYA PRADESH,INDIA-486115		
<b>Customer GSTIN NO:</b>			

Insured #	Insured Name	Passport Number	Gender	Date of Birth	Age	Nominee
1	Mr RAHUL KUMAR SINGH	L5162604	Male	01/01/1988	34	NAMRATA SINGH

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>A-501, 5th Floor, Building No. 4, Infinity</b> <b>Park, Gen. A. K. Vaidya Marg, Dindoshi,</b> <b>Malad (E), Mumbai, India - 400 097.</b> Visit our website :www.tataaig.com OR Email at <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a> 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 - 022 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 #: 7100761521 <b>Mail Medical Claims to:</b>  <b>Global Medical Management</b> 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 - <a href="mailto:tata.aig@europ-assistance.in">tata.aig@europ-assistance.in</a>

GSTIN: 07AABCT3518Q1ZY DELHI

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.

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:TATTIOP21207V022021

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Policy / Schedule No: 7100761521

Date Issued: 07/12/2022

### 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 : \$2,50,000 per person (Sum Insured as per the plan opted)

Insured Name-1 : Mr RAHUL KUMAR SINGH

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/22/7100596476
Producer Name	DIRECT	Producer Code	1675940000

### Proposer Details

Proposer Name	Mr RAHUL KUMAR SINGH
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### Personal Details of persons proposed for Insurance

Person Name	Mr RAHUL KUMAR SINGH				
Date of Birth	01/01/1988	Gender	Male	Passport No.	L5162604
PAN Card No.		In absence of Pan Card, please give details of any other authorized photo identification card Type and Number:			
Pre-existing details (if any)	No	If yes Details		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
NAMRATA SINGH		WIFE	

If the Nominee is minor, Name and Address of Appointee and relationship with Minor

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

	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 Gold (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. Renewals are applicable beyond age 71 years and policy terms / conditions shall commence only in case of renewals)					
Place of Travel	JAPAN				
Departure from India	12/12/2022	Return to India	27/01/2023	Number of Days	47 days

**Payment Details**

Name of the Premium Payer			
Relationship with the proposer		Premium Amount (in Rs.)	2,093.00
Instrument type : Deposit 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: 07/12/2022

Place:

Signature of Proposer

**AML guidelines :**

1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
2. I understand that the Company has the right to call for documents to establish sources of funds.
3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

- **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: 07/12/2022

Signature of the Insured Person / Proposer

**Declaration:** 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 of the Proposer:

Name &amp; Signature of agent/intermediary: DIRECT

Code: 1675940000

**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 : NA

Agent/Broker/Relationship Officer)

Name of the specified Person and code:

Place: \_\_\_\_\_ Date: 07/12/2022 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

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The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer To Policy Clause Number
Product Name	Travel Guard	
What am I covered for:	<ol style="list-style-type: none"> <li>1. Emergency Accident &amp; Sickness Medical Expenses Reimbursement – coverage for Accident and/or Sickness when insured is abroad.</li> <li>2. Accidental Death and Dismemberment – coverage for Death and Dismemberment arising due to an Accident while the insured is abroad.</li> <li>3. Accidental Death and Dismemberment (Common Carrier) – 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</li> <li>4. Sickness Dental Relief – coverage for Emergency dental sickness.</li> <li>5. Emergency Medical Evacuation – Medical evacuation of insured to nearest hospital or back to India for medical treatment.</li> <li>6. Repatriation of Remains – covers cost of repatriating mortal remains of the insured to India.</li> <li>7. Baggage Loss – 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.</li> <li>8. 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.</li> <li>9. Loss of Passport – coverage for necessary and reasonable expenses for obtaining a duplicate or new passport.</li> <li>10. 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.</li> <li>11. 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.</li> <li>12. Hijack – distress allowance if insured's common carrier has been hijacked.</li> <li>13. 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.</li> <li>14. Emergency Cash Advance – the Assistance Company will arrange for cash payments to You through a variety of sources, including credit cards, hotels, banks, consulates and Western Union.</li> </ol>	Part D of Policy Wordings



Title	Description	Refer To Policy Clause Number
	<p>Credit card transactions performed by the Assistance Company are subject to confirmed credit.</p> <p>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> <p>16. Trip Cancellation-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>17. Missed Connections/Departure – We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your return journey.</p> <p>18. Bounced bookings of Hotel and Airline – We will reimburse you the hotel booking / airline ticket in case it is bounced due to over booking.</p> <p>19. Fraudulent Charges (Payment Card Security) – We will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card.</p> <p>20. Home Burglary – Coverage for damage, disappearance or destruction due to burglary at your residence during your personal trip travel time.</p>	
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</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. suicide, attempted suicide (whether sane or insane) or intentionally selfinflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or</li> <li>4. 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 during the Trip; or</li> <li>5. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or</li> <li>6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or</li> <li>7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline; or</li> <li>8. 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</li> <li>9. 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.</li> </ol>	Part B of the Policy Wordings

Title	Description	Refer To Policy Clause Number
	<p>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>10. 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>11. 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> <p>12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</p> <p>13. performance of manual work for employment or any other hazardous occupation, self exposure to needless peril (except in an attempt to save human life); or</p> <p>14. congenital anomalies or any complications or conditions arising therefrom; or</p> <p>15. 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 any other hazardous or potentially dangerous sport for which You are untrained.</p> <p>16. the Insured Person riding on a motorcycle or any other two wheeled motorized mode of conveyance as driver or as passenger</p> <p>17. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or</p> <p>18. 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> <p>19. This policy will not cover any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo.</p> <p>20. This policy will not cover any loss, injury, damage or legal liability 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>21. Any non medical expenses (as per policy wordings).</p>	

Title	Description	Refer To Policy Clause Number
Waiting Period / Deductible / Sublimits	<ol style="list-style-type: none"> <li>1. Baggage Loss 50% of Sum Insured per bag and 10% of Sum Insured per article in the bag.</li> <li>2. Loss of Passport - \$30</li> <li>3. Personal Liability - \$200</li> <li>4. Flight delay – 12 hours, \$10 per every 12 hours upto maximum \$100.</li> <li>5. Hijack – Deductible of 1 day</li> <li>6. Emergency Accident &amp; Sickness Medical Expenses Reimbursement - Deductible of \$100.</li> <li>7. Sickness Dental Relief -Deductible of \$150.</li> <li>8. Accidental Death and Dismemberment Benefit is limited to \$5000 for two wheeled motorized mode of conveyance irrespective of any Plan and age wherever applicable.</li> <li>9. Accident &amp; Sickness Medical Expense is limited to \$10000 for two wheeled motorized mode of conveyance irrespective of any Plan and age wherever applicable.</li> <li>10. Pre-existing Condition or any complication arising from it in a Life saving unforeseen emergency condition would be reimburse up to \$1500 per policy.</li> <li>11. The following Maximum eligible expenses per Disease/Illness/Injury are applicable to Insured Persons Aged 56 years onwards, regardless of the plan/option purchased. <ol style="list-style-type: none"> <li>I. Hospital Room rent,Board and Hospital misc. maximum \$1500 per day up to 30 days.</li> <li>II. Intensive Care Unit-Maximum \$3000 per day up to 7 days.</li> <li>III. Surgical Treatment-Maximum USD \$10000.</li> <li>IV. Anesthetist Services-Maximum up to 25% of Surgical treatment.</li> <li>V. Physician's Visit-Maximum \$75 per day up to 10 visits.</li> <li>VI. Diagnostic and Pre-admission testing-Maximum up to \$ 500.</li> <li>VII. Ambulance Services-Maximum up to \$ 400.</li> </ol> </li> </ol>	Part H of Policy Wordings
Payout basis	<ol style="list-style-type: none"> <li>1. Cashless Settlements for Inpatient Treatment abroad.</li> <li>2. Reimbursement for outpatient medical expenses and travel emergencies.</li> </ol>	
Cost Sharing	Not Applicable	
Renewal Conditions	<ol style="list-style-type: none"> <li>1. The Single Trip Insurance – The single trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge by Us.</li> <li>2. Annual Multi Trip Insurance - For renewals under Annual Multi-trip, the policy is ordinarily renewable annually upon payment of premium on renewal due date.</li> </ol> <p>We may refuse renewal on grounds such as fraud, moral hazard or due to non cooperation by the Insured or misrepresentation. We, however, are not bound to give notice that it is due for renewal. Unless renewed before the Policy Expiry, this Policy shall terminate at the expiration of the period for which premium has been paid.</p>	Part C of the Policy Wordings

Title	Description	Refer To Policy Clause Number
	<ul style="list-style-type: none"> <li>• The renewal premium for this policy will not change unless We have revised the premium and obtained due approval from IRDA. Your premium will also change if you move into higher age group or change the plan.</li> <li>• We will not apply any additional loading on your policy premium at renewal based on your claim experience.</li> <li>• Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy</li> </ul> <p>Restriction of Sum Insured</p> <p>Under renewals of Annual Multi trip from 71 years onwards, the amount payable for any illness / disease / injury / condition including its consequences will be restricted to 10% of the Sum Insured as shown in the policy schedule in case such claim arises due to the same illness / disease / injury / condition which had been incurred and paid in any of the prior policies issued by Us to the same insured.</p> <p>Accidental Death and Dismemberment Benefit is limited to 10% of Principal Sum Insured for Insured Person with age 17 years or below.</p>	
Renewal Benefits	<ul style="list-style-type: none"> <li>• No Renewable benefits</li> </ul>	
Free Look Period	<p>(a) Single Trip Insurance – Free look period is not applicable.</p> <p>(b) Annual Multi Trip Insurance - 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>	Part C of the Policy Wordings
Portability of benefits	<ul style="list-style-type: none"> <li>• No portability of benefits.</li> </ul>	
Cancellation	<p>This policy would be cancelled on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person by giving 15 Days notice. In such a case the policy shall stand cancelled ab-initio and there will be no refund of premium.</p> <p>In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim/no trip has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.</p>	Part C of the Policy Wordings

Title	Description	Refer To Policy Clause Number
How to Claim	<p><b>PI Contact While Abroad:</b>  <b>For excluding the Americas Policies:</b>  Call: +91 – 022 68227600 (Call back facility Available)  Email - ea.tataclaims@europ-assistance.in</p> <p><b>For the Americas Policies:</b>  Please call: +1-833-440-1575 (Tollfree within US and Canada)  Email - tata.aig@europ-assistance.in  If you have returned back to India intimation may be given at below numbers\Email: tata.aig@aig.com</p> <p>While In India:  Toll free helpline 1800-266-7780 (Accessible from all lines) 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  <b>Email:</b>general.claims@tataaig.com  <b>Write to:</b> Tata AIG General Insurance company Ltd.  A-501, 5th Floor, Building No. 4, Infinity Park,  Gen. A. K. Vaidya Marg, Dindoshi, Malad (E),  Mumbai, India - 400 097.  SMS 'CLAIM' to 58888</p> <p><b>Visit the Website:</b> www.tataaig.com</p> <ul style="list-style-type: none"> <li>• 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).PI note that issuance of claim reference number and claim form is not an admission of liability for any claim</li> </ul>	

### Tata AIG General Insurance Company Limited

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