Schedule of Travel Insurance



Schedule Number:	SC316383	Date Issued:	17/12/2019
Insurance Plan:	Domestic Travel Guard Standard	Producer Code:	0010805000-010001
Applicant Name:	Mr Onkar Salegaonkar		
Travel Dates:	From: 18/01/2020 To: 27/01/2020	Applicant Phone No:	9370932480
Duration:	10 Days	Destination:	
Applicant Address:	357/45 old roadWaghjai nagar kharab wadi behind Atlas Copco 410501		
Customer GSTIN NO:			

PREMIUM				
Premium	INR	555.00		
Tax (18%)	INR	100.00		
TOTAL PREMIUM	INR	655.00		

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 wordings.

BENEFITS	MAXIMUM COVERAGE	DEDUCTIBLE
Accidental Death & Dismemberment Benefit (Common Carrier)	Rs. 50,000	
Accident Medical Expense Benefit	Rs. 20,000	Rs. 250
Assistance Services	Included	
Emergency Medical Evacuation	Rs. 10,000	
Repatriation of Remains Benefit	Rs. 10,000	
Personal Liability Benefit	Rs. 1,00,000	Rs. 200
In - Hospital Indemnity Benefit (Maximum 7 Days)	Rs. 500	1 day
Accidental Death & Dismemberment Benefit (24 Hrs)	Rs. 50,000	
Accomodation Charges due to trip delay benefit - Flight/Rail** (Maximum 2 Days), upto	Rs. 1,500 Per Day	5 hours
Loss of Ticket - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 20,000	Rs. 150 / 10% of actual ticket cost
Family Transportation	Rs. 10,000	
Replacement of Staff (Business Trip Only)	Rs. 10,000	
Missed Departure - Rail/Air** only (Deductible - Rs. 150/- or 10% of actual ticket cost), upto	Rs. 10,000	Rs. 150 / 10% of actual ticket cost

"The Core Benefit/Add on Benefits mentioned above is on per Unit basis. The above benefits will be multiplied by the number of Core units purchased."

Insured	# Insured Name	Passport Number	Date of Birth	Nominee		Add on Benefits
1	Mr Onkar Salegaonkar		06/03/2000	Alka Salegaonkar	3	0

Assistance Contact (For Insureds only)	Address for Claim/US Non Medical (For Insureds only)		
For Rest of the world policies excluding the Americas: Call:+603-2118-0782 or +603-2118-0784 (Toll Worldwide) Email (assistance): TGAP.TATAmedical@aig.com	Claims Department Tata AIG General Insurance company Ltd. A-501, 5th Floor, Building No. 4, Infinity Park,		
For the Americas Policies: Please Call:+1-866-866-2619 (Toll Free within US & Canada) +1-817-826-7017(Reverse Charge/Collect from other places) Email: tata.aig@aig.com	Gen. A. K. Vaidya Marg, Dindoshi, Malad (East), Mumbai, India - 400 097 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 1800229966 (Accessible from BSNL/MTNL Lines)		

Agent/Broker Name: TATA AIG Agent/Broker License Code: NA Agent/Broker Contact No: 1-800-119966

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

Authorized Signatory

Declaration:

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

Insurance Stamp Duty Paid: Rs.1/- vide receipt/Challan No. CSD/334/2019/651/19 Date:15-Feb-2019

Signature of the Insured / Proposer:

Tata AIG General Insurance Company Limited

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Customer GSTIN NO:				

For complete set of benefits, terms & conditions, please refer to policy wordings: https://agent.travelguard.com/dds/pdf/indialta/Domestic_Travel_Guard-PW.pdf



WITH YOU ALWAYS

Page 2 of 2

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

Authorized Signatory

Tata AIG General Insurance Company Limited