

# Schedule of Travel Insurance



|                           |   |                            |                          |
|---------------------------|---|----------------------------|--------------------------|
| <b>Schedule Number:</b>   | MB542092  | <b>Date Issued:</b>        | 03/10/2017               |
| <b>Insurance Plan:</b>    | Travel Guard Annual Platinum  | <b>Producer Code:</b>      | 0009453008-020001        |
| <b>Zone:</b>              | AN Worldwide 1 - 45   | <b>Applicant Phone No:</b> | 9015838984               |
| <b>Travel Dates:</b>      | <b>From:</b> 21/10/2017 <b>To:</b> 20/10/2018   | <b>Applicant Name:</b>     | Mr SURAJ PAL SINGH RAWAT |
| <b>Duration:</b>          | 1 year. In case of individual journey during the Insured Period, it shall expire 45 days or less, from the commencement of each Insured Journey |                            |                          |
| <b>Applicant Address:</b> | 194 POCKET 4 EHS FLATS MAYUR VIHAR PHASE - 3 DELHI 110096   |                            |                          |

| PREMIUM              |            |                |
|----------------------|------------|----------------|
| Premium              | INR        | 4116.00        |
| Tax (18%)            | INR        | 741.00         |
| <b>TOTAL PREMIUM</b> | <b>INR</b> | <b>4857.00</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 and Dismemberment Benefit (24 hrs)               | \$25,000                |            |
| Accidental Death and Dismemberment Benefit (Common Carrier)       | \$5,000                 |            |
| Accident & Sickness Medical Expense Reimbursement                 | \$500,000               | \$100      |
| Sickness Dental Relief  | \$1,000                 | \$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  | \$200,000               | \$200      |
| Flight Delay  | \$100 (\$10 per 12 Hrs) | 12 Hrs     |
| Hijack  | \$500 (\$100 per Day)   | 1 Day      |
| Automatic extension of policy upto 7 days                         | Available               |            |
| Emergency cash advance  | \$1,500                 |            |
| Fraudulent Charges(Payment Card Security)                         | \$2,000                 |            |
| Home Burglary (In Rs.)  | Rs.200,000              |            |
| Trip Cancellation   | \$1,000                 | \$100      |
| Trip Curtailment  | \$1,000                 | \$100      |
| Missed Connection/Missed departure                                | \$1,000                 | \$100      |
| Bounced hotel /Airline booking                                    | \$1,000                 | \$100      |

## 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 G supplied along with this schedule.

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

[https://agent.travelguard.com/ddsf/pdf/india/ta/Travel\\_Guard\\_Plus.pdf](https://agent.travelguard.com/ddsf/pdf/india/ta/Travel_Guard_Plus.pdf)

| Insured # | Insured Name             | Passport Number | Date of Birth | Assignee           |
|-----------|--------------------------|-----------------|---------------|--------------------|
| 1         | Mr SURAJ PAL SINGH RAWAT | M4015329        | 01/03/1989    | RANBIR SINGH RAWAT |

# 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: Tata Aig  
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.



Insurance Stamp Duty Paid: Rs.1/- vide receipt/Challan No. MH001559912201314E dated 11th February 2014 Signature of the Insured / Proposer: \_\_\_\_\_

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, Service Tax Regn. No: AABCT3518QST004  
[www.tataaiginsurance.in](http://www.tataaiginsurance.in) Toll free Helpline 1800-266-7780 Email: customersupport@tata-aig.com

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| Address for Claim/US Non Medical<br>(For Insureds only)   | Assistant Contact (For Insureds only)  | US Medical Claims (For Providers Only)   |
|---|--|--|
| <b>Claims Department</b><br><b>Tata AIG General Insurance company Ltd.</b><br><b>A-501, 5<sup>th</sup> Floor, Building No. 4, Infinity Park,</b><br><b>Gen. A. K. Vaidya Marg, Dindoshi, Malad (E),</b><br><b>Mumbai, India - 400 097.</b><br>Visit our website : <a href="http://www.tataaiginsurance.in">www.tataaiginsurance.in</a> OR Email at <a href="mailto:customersupport@tata-aig.com">customersupport@tata-aig.com</a> OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines)<br>OR 1800-11-9966(Accessible from BSNL/MTNL Lines) | <b>For excluding the Americas Policies:</b><br>Call: +603-2118-0782 or +603-2118-0784<br>(Toll Worldwide)<br>Email (assistance):<br><a href="mailto:TGAP.TATAmmedical@travelguard.com">TGAP.TATAmmedical@travelguard.com</a><br><b>For the Americas Policies:</b><br>Please Call: +1-866-866-2619 (Toll Free within US & Canada) +1-817-826-7017 (Reverse Charge/Collect from other places)<br>Email: <a href="mailto:tata.aig@aig.com">tata.aig@aig.com</a> | Plan Type: LTA<br>Policy Certificate #: MB542092<br><br><b>Mail Medical Claims to:</b><br><b>H Y G E I A</b><br><small>A UnitedHealth Group Company</small><br><b>Shared Savings</b><br> <br>Travel Guard<br>Attn: Tata AIG Claims<br>PO Box 8003<br>Stevens Point, WI 54481 |

## 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.

# WITH YOU ALWAYS

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