

Policy Wordings

Preamble

While this policy is in force we will pay the insured person the benefits as mentioned in the policy schedule/Certificate of insurance, if the covered peril occurs during the Policy Period.

Each benefit is subject to its benefit Sum Insured and shall be part of the base sum insured. Wherever the benefit sum insured is over and above the base sum insured same, it shall be explicitly stated in the policy & additional cover wordings.

Commencement of risk cover under the policy is subject to receipt of premium by Us.

Section 1: Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

i. Standard Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. **Accident** - means a sudden, unforeseen and involuntary event, caused by external, visible and violent means.
2. **Condition Precedent** means a policy

terms or condition upon which the insurer's liability under the policy is conditional upon

3. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
4. **Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
5. **Medical Practitioner** - means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
6. **Pre-existing Condition** means any condition, ailment, injury or disease:
 - a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b. For which medical advice or treatment was recommended by, or received from, a Physician within 48 months Prior to the

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effective date of the policy issued by the insurer or its reinstatement.

ii. Specific Definitions

- Age** - means the Age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth. For purpose of this Policy, the Eligible age is from 18 years to 65 years Policy.
- Act of Terrorism** – An act of terrorism means an act which includes the use of force or violence or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- Base Sum insured** – means the sum insured as specified in the policy schedule/Certificate of insurance against benefit of critical illness or accidental death
- Certificate of Insurance** - means the document issued by Us detailing the effective date, Insured Person(s), benefits, sums insured, premium and more generally all special condition(s) and or endorsement(s).
- Day** - means a period of 24 consecutive hours
- Eligible Children** - means named dependent children including adopted and step children of the Insured Person between Ages three (3) years and eighteen (18) years or upto twenty
- Financial Institution** - shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.
- Insured Period(s)** - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.
- Loan** - means the sum of money lent at interest or otherwise to the Insured Person by any Bank/Financial Institution as identified by the Loan Account Number referred to in this policy.
- Nominee:** means person nominated by the insured person to receive the insurance benefits under this policy payable on the death of the insured person and as mentioned in the policy schedule.
- Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.
- Policy Schedule** - means this schedule and parts thereof, and any other annexure(s) appended, attached and /

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- or forming part of this Policy.
13. **Policyholder** - means the Policyholder shall be the Employer who has taken the group insurance policy as a service benefit to his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.
 14. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the 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.
 15. **Professional Sportsman** - means a sports person whose annual income from sports or its allied services is in excess of 50%.
 16. **Proposal and Enrolment Form** - means any initial or subsequent Proposal / Enrolment made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.
 17. **Sum Insured** - means the sum shown in the Policy Schedule/Certificate of Insurance which represents Our maximum liability for any and all benefits claimed for during each Policy Year.
- Sum Insured at time of Claim -
- a. Fixed Sum Insured- Sum Insured opted at inception of Policy.
 - b. Variable Sum Insured- The Principal outstanding at time of claim.
18. **Waiting Period:** means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out of signs or the symptoms of the disease and / or condition which has occurred and / or manifested during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.
 19. **War** - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
 20. **We/Us/Our** - means TATA AIG General Insurance Company Limited.
 21. **You/Your/Yourself** - means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule/ Certificate of Insurance.

Section 2: Benefits

2.1 : Critical Illness (Category "A")

While this Policy is in force, We shall pay the insured person the base sum insured as a lump sum for the listed critical illnesses subject to the following conditions:

- a. The claim is admissible for first time diagnosis of listed critical illnesses or

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undergoing the listed surgical procedures defined as Critical Illness for the first time as mentioned below under clause (d) of this section

- b. The claim is admissible under this section if the critical illness manifest after 90 days from the first risk commencement date
- c. Only one claim shall be payable to the insured regardless of the number of Critical Illness/Surgery for Critical Illness, incapacities or treatments suffered by him/her
- d. Covered Critical Illness: A “Critical Illness” shall mean any one of the following critical illness with specific meaning as defined in the policy.

Sl.No.	Critical Illness
1	Cancer of specified severity
2	End Stage Renal Failure requiring dialysis
3	Multiple Sclerosis with Persisting Symptoms
4	Major organ/bone marrow Transplant
5	Open Heart Valve Replacement/Repair
6	Open Chest Coronary Artery Bypass Graft
7	Stroke resulting in permanent symptoms
8	Permanent Paralysis of Limbs
9	Myocardial Infarction (First Heart Attack of specific severity)

C1 Cancer of Specified Severity

- i. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

ii. The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

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C2 End Stage Renal Failure requiring dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

C3 Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

C4 Major Organ Transplant/Bone Marrow Transplant

- i. The actual undergoing of a transplant of:
 - a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

- ii. The following are excluded:
 - a. Other stem-cell transplants
 - b. Where only Islets of Langerhans are transplanted

C5 Open Heart Valve Replacement/Repair

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

C6 Open Chest Coronary Artery Bypass Graft

- i. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- ii. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedures

C7 Stroke resulting in permanent symptoms

- i. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an

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intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

ii. The following are excluded:

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

C8 Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

C9 Myocardial Infarction (First Heart Attack of specific severity)

i. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

b. New characteristic electrocardiogram changes

c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

ii. The following are excluded:

- a. Other acute Coronary Syndromes
- b. Any type of angina pectoris
- c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2.2 : Personal Accident

P1 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 the base Sum Insured subject to the following conditions.

a. Geographical jurisdiction

Worldwide

b. 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

P2 Permanent Total Disability

We will pay the base sum insured shown in the policy schedule/Certificate of insurance if injury to you results in you suffering

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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.

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.

a. Geographical Jurisdiction:

Worldwide

b. Limitation applicable to this Section P2

- i. No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the commencement of the Policy Period.

P3 Education Benefit

If we have accepted a claim under Accidental

Death or Permanent total disability Benefit, then we will in addition pay an education benefit for dependent children.

We will pay the benefit to the eligible child who is a full time student in any Institution at the time of such Accidental Death or Permanent Total Disability. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. This would be a onetime payment. We will pay 10% of base Sum Insured or Rs 5 Lakhs whichever is lower.

a. Definition of Institution:

Institution means any accredited institution that provides education or training, including but not limited to, any state university private college or trade school.

b. Limitation applicable to this Section:

- I. The age of eligible children should be between 3 years and 23 years.
- II. Irrespective of number of children, we would pay only 10% of base Sum Insured or Rs 5 Lakhs whichever is lower.

c. Specific Exclusions applicable to this Section:

In addition to the General Exclusions and Specific Exclusions applicable under individual coverage section (P1 and P2) listed in this Policy this coverage section shall not cover eligible Children who cease to be enrolled as a full time student become permanently ineligible for the benefit, even if he or she enrolls at a later date. The benefit is not payable for any term

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of enrollment as a full time student that begins before that date of the insured's death.

Specific Exclusions applicable to Section 2

- A. In addition the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly wholly or partly by:
- i. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - ii. Intentional self-injury, suicide
 - iii. An Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning
- B. These specific exclusions shall also be applicable to optional covers endorsement, if opted, under personal accident section

Limitations applicable to Section 1 and 2:

- i. Our liability for each insured person under this policy is restricted to 100% of base sum insured, irrespective of the number of claims.
- ii. Upon payment of 100% of base sum insured, the cover for these sections under this Policy, shall terminate for the specific Insured
- iii. However, the cover for benefits which have a separate sum insured (i.e. over and above the base sum insured) shall continue till the expiry of the

policy/certificate of insurance and our liability for such benefits shall be restricted to the sum insured for the benefit as mentioned on the policy schedule/certificate of insurance.

Section 3 – Exclusions

We will neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions:

i. Specific Exclusions

1. Any Pre-existing Condition, or its related conditions arising from it, or
2. Any Critical Illness or covered Disease/Illness/Sickness of which, the signs or symptoms first occurred within ninety (90) days following the first risk inception date. This 90 days period shall not be applicable on renewals to the extent of sum insured under the previous policy or
3. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed, or
4. Intentional self- Injury, suicide,
5. Sexually transmitted conditions,
6. Arising or resulting from the insured person(s) committing any breach of law with criminal intent; or
7. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
8. 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

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9. 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
10. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
11. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
12. Arising out of or resulting directly or caused by or resulting from or in connection with any act of terrorism.
13. External congenital anomalies/defects (known or unknown) or any complications or conditions arising there from; or
14. 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
15. Any Critical Illness/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.

Section 4 – General Terms and Clauses

i. Standard General Terms and Clauses

1. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate 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.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due). The Clause shall be suitably modified by the insurer based on the amendment(s), if any to the relevant provisions of Protection of Policyholder's Interests Regulations, 2017)

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In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24x7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com

Courier: Customer Support, Tata AIG General Insurance Company Limited, 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the policy document The insured person may also approach the grievance cell at any of the Company's branches with details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured person may contact the grievance officer at manager.customersupport@tataaig.com. For updated details of grievance officer, kindly refer the link (<https://www.tataaig.com/grievance-redressalpolicy>) If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

ii. Specific Terms and Clauses (Terms and clauses other than those mentioned under Section 4 (i) above.)

2. Redressal of Grievance Procedure

Conditions Precedent to Contract

A. Entire contract - changes:

- i. This Policy, together with the Proposal or enrolment form, certificate of insurance as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.
- ii. No change in this Policy shall be valid unless a valid endorsement is passed in the policy.
- iii. Master policy would be issued for a period of 1 year however the duration of certificate of insurance would be from 1 year to 5 years. Details of the policy term applicable to individual certificate of insurance would be clearly stated in Your certificate of insurance.

B. Effective date:

i. For Master Policy

The Policy will start on the date specified on Policy Schedule and would be subject to group health insurance guidelines as issued by IRDAI from time to time.

ii. For Certificate of Insurance

The cover shall begin as per the certificate start date mentioned in the certificate of insurance.

C. Expiration and Cancellation Clause:

- i. Master policy would expire on the date of expiry as mention on the policy schedule. However, certificate of insurance would expire on the date of expiry as mentioned on the certificate of insurance.

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ii. Cancellation clause:

If a Policy/Certificate of insurance is cancelled then all the additional Covers shall automatically stand cancelled from the cancellation effective date, however the refund of premium for Home (Bharat Griha Raksha) sections shall be as per the applicable short period scales for Home (Bharat Griha Raksha Policy).

1. For Certificate of Insurance

- a. We may cancel each Certificate of Insurance at any time on grounds of mis-representation, , non-disclosure of material facts or non-cooperation of the insured by giving you 15 Days written notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective.
- b. Each Certificate of Insurance will get cancelled on the earliest of the following dates:
 - i. The date You or We cancel the Certificate of Insurance
 - ii. The member opts out of the scheme
 - iii. Foreclosure/closure of loan availed (wherever applicable)
- c. However, the cover for Home (Bharat Griha Raksha) , if opted, would continue till the expiry of the certificate.
- d. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.
- e. 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 period rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation.

Short Period rate table:

Length of time policy in force/ Policy Term years	Refund of Premium applicable on (policy premium less premium charged on Bharat Griha Raksha Add-on)				
	1	2	3	4	5
Upto 1 Month	75.00%	87.50%	40%	50%	56%
>1	50.00%	75.00%	40%	50%	56%
>3	25.00%	62.50%	40%	50%	56%
>6	Nil	50.00%	40%	50%	56%
>12	Not	25%	22%	36%	44%
>15	Not	12.50%	22%	36%	44%
>18	Not	Nil	22%	36%	44%

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>24	Not	Not	22%	22%	33%
>30	Not	Not	Nil	22%	22%
>36 months & Upto 42 months	Not Applicable	Not Applicable	Not Applicable	Nil	12.5%
Exceeding 42 months	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

- f. In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.
- g. No refunds of premium will be made under the Policy during the last year of the Policy Period.
- h. In event of prepayment of the entire Loan and upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of the Insured shall forthwith terminate and the Company shall not be liable hereunder.
- i. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where any claim has been admitted by the Company or has been lodged with the Company.

D. Free Look Period

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. 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 any medical check-up,

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.

Conditions for renewal of the Contract

E. Renewal conditions:

- i. The Policy and Certificate of Insurance may be renewed by upfront payment of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.
- ii. Your premium will also change if you move into a higher age group, change in Sum Insured, change the term or change the plan.
- iii. Grace Period of 30 days for renewing the Policy is provided under this Policy. If the renewal is made within this 30 days period the continuity of benefits will be allowed. However, coverage is not available for the period for which

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no premium is received.

- iv. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.
- v. Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You at least 3 months in advance.
- vi. In the event of payment of 100% base sum insured, no subsequent renewals can be done for the policy.

F. Withdrawal of Policy

In the likelihood of this product being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

G. Assignment Clause

It is hereby declared and agreed that:

- i. from the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under this Policy stand assigned in favour of the "Bank / Financial Institution as named in the Schedule of this Policy/Certificate of Insurance";
- ii. upon any monies becoming payable under this Policy the same shall be paid by the Company to the "Bank/Financial Institution as named in Schedule of this Policy/Certificate of Insurance" without any reference /

notice to the Insured, but not exceeding the Principal Outstanding as defined under the Policy. In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured;

- iii. the receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy/Certificate of Insurance and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.

That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties insured hereunder but no so as to impair rights of the Financier to recover the full amount of any claim it may have on other parties insured hereunder.

Section 5 – Claims Procedure and Claims Payment

Conditions when a claim arises

A. Intimation & Assistance

You can notify a claim by sending an SMS **CLAIMS** to **5616181** or by calling our 24x7 toll free helpline **1800-266-7780**. Please use the Claim Intimation Form for intimation of a claim

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You can even write to us at general.claims@tataaig.com and scan documents may be submitted at paclaim.support@tataaig.com to initiate claim processing

- Do keep your policy/certificate number and also keep a set of copy of claim documents with you
- Please quote your policy/certificate number and Claim Number in all your correspondences
- Please provide the following information at the time of intimation of claim
 - Name of Insured person
 - Date & Time of Loss, Location of accident
 - Nature of injury / Accident/loss
 - Name of hospital / doctor where treatment taken
 - Name of police station, if case is reported with police
 - E-mail ID & mobile/ telephone no. of insured
- Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. The Company will examine and relax this time limit mentioned herein depending upon the merits of the case.

B. Claim Notification

It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any

event no later than (30) Days after an actual or potential loss begins. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.

We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

C. Claim Documentation

i. Critical Illness:

- Critical illness claim form duly filled and signed
- Medical Certificate and investigation report confirming the diagnosis of Critical Illness
- Copy of complete medical records such as Hospital Discharge card/Summary, Indoor case papers along with the diagnostic Laboratory & radiological investigation reports including CT Scan, MRI & USG report with plates, wherever applicable and done
- A certificate from an attending Medical Practitioner confirming that the claim does not relate to any Pre-existing Illness or Injury or any Illness or Injury which was diagnosed within the first 90days of the inception of the Policy, if applicable and required.
- Previous and subsequent consultation letter, medical records and prescriptions related

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to illness

- KYC Documents
- In the case critical illness arises due to an accident, FIR copy where registered or medico-legal certificate where carried out, will also be required.
- Copy of cancelled cheque with Insured printed name or passbook first page or bank statement for NEFT payment
- Photo ID and address proof document like AADHAAR CARD, Pan card, Passport copy, Electricity bill.
- Recent Photograph
- Current loan account statement

ii. Accidental Death Claim:

- Duly completed claim form, including Attending Physician Statement if applicable
- Original \Attested copy of Death Certificate
- Copy of death summary, all previous medical records, if hospitalised / treatment given.
- Copy of Post Mortem report, if applicable and conducted
- Copy of FIR, if filed / Panchanama, if conducted
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque (with NEFT details of nominee and CKYC form).
- Nominee-attested copy of news

paper cutting, if any.

- Current loan account statement

iii. Permanent Total Disability/Accidental Dismemberment and Paralysis/ Permanent Partial Disability:

- Duly completed claim form, including Attending Physician Statement if applicable
- Competent medical authority / Doctor like Civil Surgeon, confirming the Disability percentage / period and prognosis for (Permanent Total Disability, Permanent Partial Disability and Accidental Dismemberment)
- Copy of Admission/ discharge card with complete medical records including relevant Investigation/ Lab reports (X-Ray, MRI etc.)
- Copy of FIR, if filed / Panchanama, if conducted
- Photograph of injured area, if required
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque (with NEFT details)
- Self-attested copy of news paper cutting, if any.
- Current loan account statement

iv. Education Benefit

- Duly completed claim form
- Copy of admission form with identity card for child/children at

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the time of date of loss.

- Copy of Birth Certificate or any other valid document establishing age.
- Copy of Family card or Ration card reflecting the name of child/children.
- Copy of recent Photograph & KYC documents of insured / nominee with cancelled cheque or 1st page of bank passbook giving the details of child with account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)

Please submit all documents to the Corporate Office at the address given below:

Accident & Health 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

Section 6 - Dispute Resolution

1. Consumer Affairs Department of IRDAI

- a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at <https://igms.irda.gov.in/>.
- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form

available [by clicking here](#). You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032.

- a. You can visit the portal <http://www.policyholder.gov.in> for more details.

2. Dispute Resolution Clause

- i. Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

3. Arbitration

If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016). It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the

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Company has disputed or not accepted liability under or in respect of the policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

Insurance Ombudsman:

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at www.generalinsurancecouncil.org.in, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

SN	Centre	Address & Contact
1	Ahmedabad	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
2	Bengaluru	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
3	Bhopal	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
5	Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in

Tata AIG General Insurance Company Limited

GROUP CREDIT SECURE PLUS

UIN: TATHLGP21004V032122



SN	Centre	Address & Contact
6	Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in
7	New Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
8	Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
9	Hyderabad	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
10	Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
11	Ernakulam	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
13	Lucknow	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India
24x7 Toll Free No: 1800 266 7780 | Email: customersupport@tataaig.com | Website: www.tataaig.com
IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425

SN	Centre	Address & Contact
14	Mumbai	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29 /30/31 Email: bimalokpal.mumbai@cioins.co.in
15	Noida	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

For updated list and details of Insurance Ombudsman Offices, please visit website <http://www.cioins.co.in/ombudsman.html>

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 the 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale.

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