



WITH YOU ALWAYS

Group Personal Accident

Schedule of Insurance

Agent/Broker Name - NANDINI PRASHANT TEKALE

Agent/Broker License Code - AIGI7705P

Agent/Broker Contact No -9890959001(mobile or landline)

Policy Number: 0237112461 00

Policyholder Name: VIDYA PRATISHTHANS KAMALNAYAN
BAJAJ INSTITUTE OF ENGINEERING &
TECHNOLOGY

Address: BARAMATI (M.S.)
BARAMATI - 413133
PUNE
MAHARASHTRA
INDIA

Contact number :

Insurance Period :- **Effective Date** 18/01/2019 **Expiry Date** 17/01/2020
(Beginning at 12:01 AM and ending at Midnight of the expiry date)

Business Description: Educational Institutes

Beneficiary : As designated by each Insured person on file with the Company

Eligible Persons 165 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :

Age group : From 18 To 65 Years ()

Hazards : 24-Hour Protection



Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Employees	165



WITH YOU ALWAYS

Total No. of Employees / Members Covered :- 165

Policy Comment:- Only Permanent Employees of the company are covered

AGGREGATE LIMIT :- (PER ACCIDENT) Rs 82,500,000.00

This Policy will only be in force if the schedule is signed by a person we have authorised

Provisional Premium (Rs)*	43,985.70
UGST/SGST @9 % (₹)	3,958.71
CGST @9 % (₹)	3,958.71
Total Premium (Rs)	51,903.00

GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 9971

* Subject to final reconciliation at the end of the policy period.

The stamp duty of ₹ 25.00/- paid in cash or demand draft or by pay order, vide Receipt/Challan no:

CSD/181/2018/4097/18 dated the 22/01/2019

Producer Code 0032853000

For TATA-AIG General Insurance Company Limited

Producer Name NANDINI PRASHANT TEKALE

Producing Office PUNE

Issued at PUNE

Issued Date 25/01/2019



[Signature]

Authorized Signatory



WITH YOU ALWAYS

Policy Number: 0237112461 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:											
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto							
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Fixed AME	Acc.Hosp.Cash	Per Mille Rate *
1	Employees	As Per Annexure	165	500,000,000	500,000,000	500,000,000	500,000,000	5,000,000	50,000.00	0.00	0.533169
AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses											
Weekly - No. of Weeks - 104 Hospital Cash - No. of days - 7											
Total Capital Sum Insured ₹ 82,500,000.00											
<ul style="list-style-type: none">* Calculation for per Mille Rate (Post Tax) = Annual premium/ Sum Insured (employee) x 1000Calculation for Endorsement premium / person = per mille rate/1000 * Sum Insured * {(Expiry date - Endorsement Effective Date) + 1},Please note that the endorsement is booked subject to availability of the buffer amount & the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured											

Applicable to all categories mentioned above	
Medex Exception	- Fixed Medex IPD @ Rs 50,000/-
TTD exception comments	- 104 Weeks @ 1% of CSI or ₹ 5000/- or actual weekly salary whichever is lower

24-Hour Protection	- COVERED
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Policy Number: 0237112461 00**Policy Type:** Named Policy**Other Exception:**

RECEIPT

Receipt No. : 102101008854038

Receipt Date : 22/01/2019

Policy No : 0237112461 00

Received with thanks from VIDYA PRATISHTHANS KAMALNAYAN BAJAJ INSTITUTE OF ENGINEERING & TECHNOLOGY a sum of ₹ **51,903.00** (Rupees Fifty One Thousand Nine Hundred Three And Paise 00 Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0237112461 00	51,903.00	51,903.00	0.00

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 9971

Revenue (consolidated) Stamp Duty duly paid vide challan No.CSD/270/2018/5530/18 date 19/12/2018 for applicable cases.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale.
TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

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IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:IRDA/NL-HLT/TAGI/P-P/V 1/290/13-14
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

Attached to and forming part of Policy No. 0237112461 00

Part E. COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment Including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Limitation

With regard to the Accidental Death of an Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum Insured.

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your 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, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - a. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.



Attached to and forming part of Policy No. 0237112461 00

Part E. COVERAGE

Section: ALTERNATE ACCIDENT MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule for Covered Medical Expenses Incurred by You in the Republic of India for medical services which are not due to a Pre-existing Condition up to but not exceeding 1) upto the percentage, as mentioned in the policy schedule, of the compensation paid by Us in settlement of a valid claim under the Policy or 2) upto the percentage, as mentioned in the policy schedule, of the Principal Sum or 3) Weekly benefit amount as applicable payable under the following benefits if available under the Policy :i.e. Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Total Temporary Disability whichever payment by Us is least as to such Insured Person for the treatment of an Injury sustained by the Insured Person under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. therapeutic services unless conclusive scientific evidence proves, that it improves health outcome.

Attached to and forming part of Policy No. 0237112461 00

Part E. COVERAGE

Section: TEMPORARY TOTAL DISABILITY - (Weekly Indemnity)

We shall pay a weekly benefit amount during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury under the circumstances described in a Hazard after completion of the Elimination Period shown in the Policy Schedule, provided that:

1. such period of disability commences within 30 Days after the date of the Accident causing such Injury; and
2. such amount shall be payable as stated in the Policy Schedule, as applicable to such Insured Person; and
3. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum number of weeks payable as stated in the Policy Schedule and in no event to exceed 104 weeks whichever is less.
4. We will not pay more than the Insured Persons Gross Weekly Wage for the Temporary Total Disability benefit.

Any payment made under this benefit shall be deducted from any Accidental Death, or Accidental Dismemberment, or Permanent Total Disability, or Permanent Partial Disability, or Permanent Total Loss of Use benefits, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

Definitions:

Gross Weekly Wage - means the Insured Persons base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Elimination Period - means the number of consecutive days of Temporary Total Disability that must elapse before weekly benefit amounts become payable. The Elimination Period is shown in the Policy Schedule. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.

Temporary Total Disability - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.

Attached to and forming part of Policy No. 0237112461 00

Part E. COVERAGE

Section : ACCIDENTAL DISMEMBERMENT
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule If Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum	
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot ...	100%
Either Hand or Foot and Sight of One Eye ...	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand ...	25%

"Loss" with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum Insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - (a) Infections (except pyogenic Infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

Attached to and forming part of Policy No. 0237112461 00

Part E. COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

Attached to and forming part of Policy No. 0237112461 00

Section : PERMANENT PARTIAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule If Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale: Sum	Percentage of Principal
1. Loss of toes - all	20%
Great toe	5%
Other than great toe, if more than one toe lost, each	1%
2. Loss of hearing - both ears	50%
3. Loss of hearing - one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger ;	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and Irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.

If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Partial Disability - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

- 1. Infections (except pyogenic Infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- 2. medical or surgical treatment except as may be necessary solely as a result of Injury.

Attached to and forming part of Policy No. 0237112461 00

Part F. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to injury sustained by such Insured Person anywhere in the world.

Such insurance includes such injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircrafts aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

Attached to and forming part of Policy No 0237112461											
List of Insured Annexure "A"											
Sr. No.	Emp Id	Name of Insured	Designation /Grade	Category	Tata AIG Ref No	Sum Insured (Rs.)					
						AD	DM	PTD	PPD	TTD (Weekly)	Acc Medex
1	0004	Dr. Bichkar Rajankumar Sadashivrao	--	1	ORIG001	500,000	500,000	500,000	500,000	5,000	50,000
2	1900	Dr. Lande Sudhir Bapuraoji	--	1	ORIG002	500,000	500,000	500,000	500,000	5,000	50,000
3	4004	Chitragar Parashuram Ramanna	--	1	ORIG003	500,000	500,000	500,000	500,000	5,000	50,000
4	6001	Dr. Sahuji Nirmal Kulbhushan	--	1	ORIG004	500,000	500,000	500,000	500,000	5,000	50,000
5	901	Dr. Shinde Santaji Krishna	--	1	ORIG005	500,000	500,000	500,000	500,000	5,000	50,000
6	1901	Dr. Chede Santosh Devidaspant	--	1	ORIG006	500,000	500,000	500,000	500,000	5,000	50,000
7	2002	Dr. Shastri Rajveer Kushaldev	--	1	ORIG007	500,000	500,000	500,000	500,000	5,000	50,000
8	3950	Dr. Bali Shirish Chandrakant	--	1	ORIG008	500,000	500,000	500,000	500,000	5,000	50,000
9	4009	Dr. Bhosle Sachin Madhavrao	--	1	ORIG009	500,000	500,000	500,000	500,000	5,000	50,000
10	4056	Lande Manisha Sudhir	--	1	ORIG010	500,000	500,000	500,000	500,000	5,000	50,000
11	6002	Dr. Hiwarekar Anil Prabhakar	--	1	ORIG011	500,000	500,000	500,000	500,000	5,000	50,000
12	951	Dr. Kulkarni Chaitanya Shrikant	--	1	ORIG012	500,000	500,000	500,000	500,000	5,000	50,000
13	1001	Dr. Hanchate Dinesh Bhagwan	--	1	ORIG013	500,000	500,000	500,000	500,000	5,000	50,000
14	1002	Chhajed Gyankamal Jitendrakumar	--	1	ORIG014	500,000	500,000	500,000	500,000	5,000	50,000
15	2001	Deshmukh Vikas Uttamrao	--	1	ORIG015	500,000	500,000	500,000	500,000	5,000	50,000
16	3001	Takale Sheetal Ajay	--	1	ORIG016	500,000	500,000	500,000	500,000	5,000	50,000
17	4006	Kolekar Avinash Hanumant	--	1	ORIG017	500,000	500,000	500,000	500,000	5,000	50,000
18	5002	Narule Giridhar Narayanrao	--	1	ORIG018	500,000	500,000	500,000	500,000	5,000	50,000
19	6005	Dr. Sajjan Aparna Ganeshappa	--	1	ORIG019	500,000	500,000	500,000	500,000	5,000	50,000
20	1003	Nandgaonkar Sushma Shailesh	--	1	ORIG020	500,000	500,000	500,000	500,000	5,000	50,000
21	1005	Padulkar Digambar Machhindra	--	1	ORIG021	500,000	500,000	500,000	500,000	5,000	50,000
22	1024	Shelar Manoj Dattoba	--	1	ORIG022	500,000	500,000	500,000	500,000	5,000	50,000
23	1039	Paithane Pradip Mukundrao	--	1	ORIG023	500,000	500,000	500,000	500,000	5,000	50,000
24	2006	Patil Balasaheb Hanumantrao	--	1	ORIG024	500,000	500,000	500,000	500,000	5,000	50,000
25	2007	Kadbe Premchand Kisanrao	--	1	ORIG025	500,000	500,000	500,000	500,000	5,000	50,000
26	2010	Rangole Jyoti Sanatkumar	--	1	ORIG026	500,000	500,000	500,000	500,000	5,000	50,000
27	2012	Shastri Aparna Rajveer	--	1	ORIG027	500,000	500,000	500,000	500,000	5,000	50,000
28	2032	Jagdale Shantanu Shirish	--	1	ORIG028	500,000	500,000	500,000	500,000	5,000	50,000
29	2034	Arotale Parshuram Narayan	--	1	ORIG029	500,000	500,000	500,000	500,000	5,000	50,000
30	2081	Bankar Ajinkya Suryakant	--	1	ORIG030	500,000	500,000	500,000	500,000	5,000	50,000
31	2044	Biradar Shashank Devidas	--	1	ORIG031	500,000	500,000	500,000	500,000	5,000	50,000
32	2053	Jadhav Madan Mohan	--	1	ORIG032	500,000	500,000	500,000	500,000	5,000	50,000
33	2056	Tarade Rohit Shankarrao	--	1	ORIG033	500,000	500,000	500,000	500,000	5,000	50,000
34	2070	Devasuth Govind	--	1	ORIG034	500,000	500,000	500,000	500,000	5,000	50,000
35	2086	Upadhye Pavan Dipak	--	1	ORIG035	500,000	500,000	500,000	500,000	5,000	50,000
36	2093	Nagalkar Vinay Jagdish	--	1	ORIG036	500,000	500,000	500,000	500,000	5,000	50,000
37	2205	Lokesh Kumar Bramhane	--	1	ORIG037	500,000	500,000	500,000	500,000	5,000	50,000
38	2509	Kulkarni Jyoti Sachin	--	1	ORIG038	500,000	500,000	500,000	500,000	5,000	50,000
39	3002	Zende Dinesh Achyut	--	1	ORIG039	500,000	500,000	500,000	500,000	5,000	50,000
40	3003	Shinde Santosh Arunrao	--	1	ORIG040	500,000	500,000	500,000	500,000	5,000	50,000
41	3004	Patil Pradeep Manikrao	--	1	ORIG041	500,000	500,000	500,000	500,000	5,000	50,000
42	4026	Shelge Shrinivas Vishwambharrao	--	1	ORIG042	500,000	500,000	500,000	500,000	5,000	50,000
43	4029	Borate Hanumant Popat	--	1	ORIG043	500,000	500,000	500,000	500,000	5,000	50,000
44	4034	Bhagwat Vishal Bapurao	--	1	ORIG044	500,000	500,000	500,000	500,000	5,000	50,000
45	4038	Jadhav Keshav Madhukar	--	1	ORIG045	500,000	500,000	500,000	500,000	5,000	50,000
46	4039	Rupanwar Dadasaheb Dagadu	--	1	ORIG046	500,000	500,000	500,000	500,000	5,000	50,000
47	4051	Kumbhar Suraj Haribhau	--	1	ORIG047	500,000	500,000	500,000	500,000	5,000	50,000
48	5010	Nayak Chittaranjan Birabar	--	1	ORIG048	500,000	500,000	500,000	500,000	5,000	50,000
49	5023	Patil Dilip Gulabrao	--	1	ORIG049	500,000	500,000	500,000	500,000	5,000	50,000
50	5032	Walke Snehal Balkrishna	--	1	ORIG050	500,000	500,000	500,000	500,000	5,000	50,000
51	5051	Dr. Patil Ravindra Jaysing	--	1	ORIG051	500,000	500,000	500,000	500,000	5,000	50,000
52	6003	Disale Anil Sukhdeo	--	1	ORIG052	500,000	500,000	500,000	500,000	5,000	50,000
53	6004	Dr. Dhanorkar Gajanan Ashokrao	--	1	ORIG053	500,000	500,000	500,000	500,000	5,000	50,000
54	6007	Sonawane Deepak Sitaram	--	1	ORIG054	500,000	500,000	500,000	500,000	5,000	50,000
55	6023	Bhoite Gauri Gajendra	--	1	ORIG055	500,000	500,000	500,000	500,000	5,000	50,000
56	6041	Dr. Jadhav Nitin Appa	--	1	ORIG056	500,000	500,000	500,000	500,000	5,000	50,000
57	1008	Ambole Rajaram Hanumant	--	1	ORIG057	500,000	500,000	500,000	500,000	5,000	50,000
58	1030	Panchal Rajkumar Vamanrao	--	1	ORIG058	500,000	500,000	500,000	500,000	5,000	50,000
59	2013	Surwase Varsha Sunil	--	1	ORIG059	500,000	500,000	500,000	500,000	5,000	50,000
60	2058	Kolhar Shrikrishna Ulhas	--	1	ORIG060	500,000	500,000	500,000	500,000	5,000	50,000
61	2060	Jaiswal Pooja Nitesh	--	1	ORIG061	500,000	500,000	500,000	500,000	5,000	50,000
62	2068	Kushnure Devidas Tulshiram	--	1	ORIG062	500,000	500,000	500,000	500,000	5,000	50,000
63	2074	Trankatwar Sachin Ravikant	--	1	ORIG063	500,000	500,000	500,000	500,000	5,000	50,000
64	2091	Rokade Shreemanti Dattatray	--	1	ORIG064	500,000	500,000	500,000	500,000	5,000	50,000
65	2092	Piske Rohit Shivaji	--	1	ORIG065	500,000	500,000	500,000	500,000	5,000	50,000

Attached to and forming part of Policy No 0237112461											
List of Insured Annexure "A"											
Sr. No.	Emp Id	Name of Insured	Designation /Grade	Category	Tata AIG Ref No	Sum Insured (Rs.)					
						AD	DM	PTD	PPD	TTD (Weekly)	Acc Medex
66	2506	Vaidya Nikhil Chandulal	++	1	ORIG066	500,000	500,000	500,000	500,000	5,000	50,000
67	2507	Yeole Dipak Suresh	++	1	ORIG067	500,000	500,000	500,000	500,000	5,000	50,000
68	3006	Kare Santosh Sahebrao	++	1	ORIG068	500,000	500,000	500,000	500,000	5,000	50,000
69	3007	Raut Prashant Tukaram	++	1	ORIG069	500,000	500,000	500,000	500,000	5,000	50,000
70	3016	Rampurkar Vyanktesh Vijaykumar	++	1	ORIG070	500,000	500,000	500,000	500,000	5,000	50,000
71	3022	Swami Shridevi Appaya	++	1	ORIG071	500,000	500,000	500,000	500,000	5,000	50,000
72	3025	Kokare Avinash Jagannath	++	1	ORIG072	500,000	500,000	500,000	500,000	5,000	50,000
73	3029	Gaikwad Deepak Sahadeo	++	1	ORIG073	500,000	500,000	500,000	500,000	5,000	50,000
74	4030	Kale Prachi Dhananjay	++	1	ORIG074	500,000	500,000	500,000	500,000	5,000	50,000
75	4049	Yadav Mona Sitaram	++	1	ORIG075	500,000	500,000	500,000	500,000	5,000	50,000
76	4050	Dhandore Pravin Vijay	++	1	ORIG076	500,000	500,000	500,000	500,000	5,000	50,000
77	4057	Gawande Vipin Bhaskarrao	++	1	ORIG077	500,000	500,000	500,000	500,000	5,000	50,000
78	5040	Jagdale Umesh Tukaram	++	1	ORIG078	500,000	500,000	500,000	500,000	5,000	50,000
79	5044	Deshmukh Snehal Raghunathrao	++	1	ORIG079	500,000	500,000	500,000	500,000	5,000	50,000
80	5045	Bhong Jyoti Chhagan	++	1	ORIG080	500,000	500,000	500,000	500,000	5,000	50,000
81	5046	Dr. Morkhade Samadhan Ganpat	++	1	ORIG081	500,000	500,000	500,000	500,000	5,000	50,000
82	5047	Ahiwale Dhiraj Dipak	++	1	ORIG082	500,000	500,000	500,000	500,000	5,000	50,000
83	5048	Khartode Rushikesh Ramesh	++	1	ORIG083	500,000	500,000	500,000	500,000	5,000	50,000
84	5052	Bokey Pallavi Arunoday	++	1	ORIG084	500,000	500,000	500,000	500,000	5,000	50,000
85	6035	Patil Anil Bhaurao	++	1	ORIG085	500,000	500,000	500,000	500,000	5,000	50,000
86	8501	Kore Vishal Suryakant	++	1	ORIG086	500,000	500,000	500,000	500,000	5,000	50,000
87	1040	Shah Sahil Kailas	++	1	ORIG087	500,000	500,000	500,000	500,000	5,000	50,000
88	1041	Rangdal Mukesh Bandu	++	1	ORIG088	500,000	500,000	500,000	500,000	5,000	50,000
89	2094	Bhagat Anil Walmik	++	1	ORIG089	500,000	500,000	500,000	500,000	5,000	50,000
90	2206	Nikam Sonal Baliram	++	1	ORIG090	500,000	500,000	500,000	500,000	5,000	50,000
91	3030	Bhale Kanchan Mohaniraj	++	1	ORIG091	500,000	500,000	500,000	500,000	5,000	50,000
92	3031	Bhagwat Keshav Sitaram	++	1	ORIG092	500,000	500,000	500,000	500,000	5,000	50,000
93	5049	Gaikwad Abhijit Mohanlal	++	1	ORIG093	500,000	500,000	500,000	500,000	5,000	50,000
94	1046	Sakhare Yashoda Narsingrao	++	1	ORIG094	500,000	500,000	500,000	500,000	5,000	50,000
95	1047	Jadhav Komal Subhash	++	1	ORIG095	500,000	500,000	500,000	500,000	5,000	50,000
96	1049	Jawalkar Pallavi Dattatray	++	1	ORIG096	500,000	500,000	500,000	500,000	5,000	50,000
97	2510	Rakate Ramchandra Arjun	++	1	ORIG097	500,000	500,000	500,000	500,000	5,000	50,000
98	2512	Shaikh Hafiz Minhajuddin	++	1	ORIG098	500,000	500,000	500,000	500,000	5,000	50,000
99	4052	Bhapkar Akshay Avinash	++	1	ORIG099	500,000	500,000	500,000	500,000	5,000	50,000
100	4054	Galande Prasad Uttam	++	1	ORIG100	500,000	500,000	500,000	500,000	5,000	50,000
101	4055	Gaikwad Machindra Shashikant	++	1	ORIG101	500,000	500,000	500,000	500,000	5,000	50,000
102	8003	Taware Satish Haribhau	++	1	ORIG102	500,000	500,000	500,000	500,000	5,000	50,000
103	8002	Dandavate Shashank Shrikant	++	1	ORIG103	500,000	500,000	500,000	500,000	5,000	50,000
104	8004	Jankar Santosh Vitthal	++	1	ORIG104	500,000	500,000	500,000	500,000	5,000	50,000
105	8005	Shirke Sanjay Sadashiv	++	1	ORIG105	500,000	500,000	500,000	500,000	5,000	50,000
106	8006	Jagtap Santosh Raghunath	++	1	ORIG106	500,000	500,000	500,000	500,000	5,000	50,000
107	8007	Jagtap Dipak Baburao	++	1	ORIG107	500,000	500,000	500,000	500,000	5,000	50,000
108	8009	Deokate Dilip Ramdas	++	1	ORIG108	500,000	500,000	500,000	500,000	5,000	50,000
109	8010	Suryavanshi Pravin Dnyandeo	++	1	ORIG109	500,000	500,000	500,000	500,000	5,000	50,000
110	8013	Sonawane Dayanand Shankar	++	1	ORIG110	500,000	500,000	500,000	500,000	5,000	50,000
111	8016	Bansode Raghunath Babanrao	++	1	ORIG111	500,000	500,000	500,000	500,000	5,000	50,000
112	7003	Sarode Pournima Ganesh	++	1	ORIG112	500,000	500,000	500,000	500,000	5,000	50,000
113	7004	Dere Nisha Santosh	++	1	ORIG113	500,000	500,000	500,000	500,000	5,000	50,000
114	7006	Shete Chandrakant Dagadu	++	1	ORIG114	500,000	500,000	500,000	500,000	5,000	50,000
115	7102	Jagtap Sanjay Dattatray	++	1	ORIG115	500,000	500,000	500,000	500,000	5,000	50,000
116	1101	Wagh Sachin Vitthal	++	1	ORIG116	500,000	500,000	500,000	500,000	5,000	50,000
117	1104	Lad Swati Vikas	++	1	ORIG117	500,000	500,000	500,000	500,000	5,000	50,000
118	1108	Zargad Rupali Nitin	++	1	ORIG118	500,000	500,000	500,000	500,000	5,000	50,000
119	1109	Bhosale Vaibhav Vasantrao	++	1	ORIG119	500,000	500,000	500,000	500,000	5,000	50,000
120	1111	Nimbalkar Ganesh Dhondiram	++	1	ORIG120	500,000	500,000	500,000	500,000	5,000	50,000
121	1113	Taware Dadaso Yashawant	++	1	ORIG121	500,000	500,000	500,000	500,000	5,000	50,000
122	1114	Jagtap Kusumanjali Prashant	++	1	ORIG122	500,000	500,000	500,000	500,000	5,000	50,000
123	2101	Date Charudatta Ashutosh	++	1	ORIG123	500,000	500,000	500,000	500,000	5,000	50,000
124	2102	Jadhav Rajaram Bapurao	++	1	ORIG124	500,000	500,000	500,000	500,000	5,000	50,000
125	2103	Nimbalkar Umesh Suresh	++	1	ORIG125	500,000	500,000	500,000	500,000	5,000	50,000
126	2104	Dhumal Sunil Chandrakant	++	1	ORIG126	500,000	500,000	500,000	500,000	5,000	50,000
127	2105	Jadhav Nitin Ramchandra	++	1	ORIG127	500,000	500,000	500,000	500,000	5,000	50,000
128	2107	Waykule Dattatray Vitthal	++	1	ORIG128	500,000	500,000	500,000	500,000	5,000	50,000
129	2108	Pawar Rahul Vasant	++	1	ORIG129	500,000	500,000	500,000	500,000	5,000	50,000
130	2109	Gade Santosh Popat	++	1	ORIG130	500,000	500,000	500,000	500,000	5,000	50,000

Attached to and forming part of Policy No 0237112461											
List of Insured Annexure "A"											
Sr. No.	Emp Id	Name of Insured	Designation /Grade	Category	Tata AIG Ref No	Sum Insured (Rs.)					
						AD	DM	PTD	PPD	TTD (Weekly)	Ace Medex
131	2110	Magar Santosh Tukaram	--	1	ORIG131	500,000	500,000	500,000	500,000	5,000	50,000
132	4102	Utpat Milind Suresh	--	1	ORIG132	500,000	500,000	500,000	500,000	5,000	50,000
133	4104	Kate Uddhav Ramdas	--	1	ORIG133	500,000	500,000	500,000	500,000	5,000	50,000
134	4105	Markad Sunil Bhimrao	--	1	ORIG134	500,000	500,000	500,000	500,000	5,000	50,000
135	4106	Nimbalkar Rahul Laxman	--	1	ORIG135	500,000	500,000	500,000	500,000	5,000	50,000
136	4107	Taware Dipak Jalindar	--	1	ORIG136	500,000	500,000	500,000	500,000	5,000	50,000
137	4201	Nitve Natu Namdeo	--	1	ORIG137	500,000	500,000	500,000	500,000	5,000	50,000
138	4202	Gaikwad Hresh Vitthal	--	1	ORIG138	500,000	500,000	500,000	500,000	5,000	50,000
139	4203	Sutar Dhananjay Uday	--	1	ORIG139	500,000	500,000	500,000	500,000	5,000	50,000
140	4204	Shendge Sadashiv Dattatraya	--	1	ORIG140	500,000	500,000	500,000	500,000	5,000	50,000
141	4205	Thombare Vinitkumar Arjun	--	1	ORIG141	500,000	500,000	500,000	500,000	5,000	50,000
142	4206	Kadhane Sudam Kisan	--	1	ORIG142	500,000	500,000	500,000	500,000	5,000	50,000
143	9013	Jagtap Nandakumar Vishwanath	--	1	ORIG143	500,000	500,000	500,000	500,000	5,000	50,000
144	9003	Choudhar Ganesh Dattatray	--	1	ORIG144	500,000	500,000	500,000	500,000	5,000	50,000
145	9004	Bhosale Sunil Vitthalrao	--	1	ORIG145	500,000	500,000	500,000	500,000	5,000	50,000
146	9005	Khomane Nandkumar Vitthal	--	1	ORIG146	500,000	500,000	500,000	500,000	5,000	50,000
147	9010	Ovekar Prakash Dasharath	--	1	ORIG147	500,000	500,000	500,000	500,000	5,000	50,000
148	9011	Sonawane Yashwant Ramchandra	--	1	ORIG148	500,000	500,000	500,000	500,000	5,000	50,000
149	9014	Kakade Rahul Vitthal	--	1	ORIG149	500,000	500,000	500,000	500,000	5,000	50,000
150	9017	Khalate Ganesh Tanaji	--	1	ORIG150	500,000	500,000	500,000	500,000	5,000	50,000
151	9018	Bhosale Amol Dnyandeo	--	1	ORIG151	500,000	500,000	500,000	500,000	5,000	50,000
152	9024	More Santosh Ajinath	--	1	ORIG152	500,000	500,000	500,000	500,000	5,000	50,000
153	9001	Nagare Pravin Narayan	--	1	ORIG153	500,000	500,000	500,000	500,000	5,000	50,000
154	9002	Kekan Dada Maruti	--	1	ORIG154	500,000	500,000	500,000	500,000	5,000	50,000
155	9006	Kare Jagan Shivaji	--	1	ORIG155	500,000	500,000	500,000	500,000	5,000	50,000
156	9007	Gaikwad Pravin Bhagwan	--	1	ORIG156	500,000	500,000	500,000	500,000	5,000	50,000
157	9008	Gaikwad Dadasaheb Pralhad	--	1	ORIG157	500,000	500,000	500,000	500,000	5,000	50,000
158	9012	Bhoite Vishwajeet Dilip	--	1	ORIG158	500,000	500,000	500,000	500,000	5,000	50,000
159	9015	Taware Kiran Dhansing	--	1	ORIG159	500,000	500,000	500,000	500,000	5,000	50,000
160	9019	Vhargar Bramhdeo Dagadu	--	1	ORIG160	500,000	500,000	500,000	500,000	5,000	50,000
161	9020	Khandekar Kiran Macchindra	--	1	ORIG161	500,000	500,000	500,000	500,000	5,000	50,000
162	9021	Kale Chandrakant Dinkar	--	1	ORIG162	500,000	500,000	500,000	500,000	5,000	50,000
163	9022	Khandale Mangesh Chandrakant	--	1	ORIG163	500,000	500,000	500,000	500,000	5,000	50,000
164	9023	Thorat Nanaso Baliram	--	1	ORIG164	500,000	500,000	500,000	500,000	5,000	50,000
165	9025	Chavan Suresh Rangnath	--	1	ORIG165	500,000	500,000	500,000	500,000	5,000	50,000
* For Deletion of Insured and/or Revision of Sum Insured, kindly mention the Category & Tata AIG Ref number on all correspondence.											

Group Personal Accident

Policy Wordings

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be valid and in force if the Policy Schedule is signed by a person We have authorized.

For **Tata AIG General Insurance Company Ltd.**



Authorised Signatory

Tata AIG General Insurance Company Ltd.

Registered Office:

Peninsula Business Park,
Tower A, 15th Floor, G. K. Marg,
Lower Parel, Mumbai- 400013.
Toll Free Helpline No. 1800 266 7780
Visit us at www.tataaig.com
IRDA of India Registration No.:108,
CIN: U85110MH2000PLC128425
Group Personal Accident



WITH YOU ALWAYS

Part A: GENERAL DEFINITIONS

We use certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

Accident, Accidental - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism.

Age - means completed years as at the Effective Date.

Aggregate Limit - Our maximum liability under the Accidental Death and Dismemberment or the Permanent Total Disability or the Loss of Use benefits of this Policy in the aggregate in respect of all claims by or on behalf of all Insured Persons, shall not exceed the maximum aggregate limit stated in the Schedule, and if at any time the total value of unpaid claims would, if paid, result in this aggregate limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that this maximum aggregate limit is not exceeded.

Airworthiness Certificate - means the standard Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Condition precedent - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Congenital Anomaly - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.
- **External Congenital Anomaly** - which is in the visible and accessible parts of the body

Contribution - is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.

This clause shall not apply to any benefit offered on fixed benefit basis.

Common Carrier - means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

Day - means a period of 24 consecutive hours.

Deductible - means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.

Disease - means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted, under the circumstances described in a Hazard.

Eligible Children - means dependent children including adopted and step children of the Insured Person between Ages six (6) months and eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried, who permanently reside with the Insured Person and receive the majority of maintenance and support from the Insured Person.

Eligible Family - means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Eligible Children for which coverage is elected and premium is paid.

Gross Weekly Wage - means the Insured Person's base weekly earnings in his or her occupation at the time of the Accident causing the Injury for which benefits are claimed under this coverage, but not including, overtime, bonuses, tips, commissions, and special compensation.

Hospital - means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

IRDAI – means Insurance Regulatory and Development Authority of India

Immediate Family Member - means an Insured Person's legal spouse; children; parents; mother-in-law; father-in-law; legal guardian, ward; step or adopted children; step-parents.

Injury - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner / Physician

Illness - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.

- (a) **Acute Condition** – is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- (b) **Chronic Condition** - is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.

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.

Insured Person - means the Insured Person up to Age 65 years, or eligible Spouse and/or Eligible Children detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal for insurance has been received from the Policyholder and approved by Us.

Medically Necessary - means any treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a *medical practitioner*;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Parents means a Insured Person's legal father and mother, who are between the Ages of 18 and 70 years old.

Period of insurance – the period commencing on the Policy Effective Date and expiring on the Policy Effective Date as referred to in the Schedule.

Physician / 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 State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

Policy - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

Policy Schedule - means the Policy Schedule attached to and forming part of the Policy.

Policyholder - means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.

Policyholder Aircraft - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

Pre-existing Condition - means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the commencement of the first Policy issued by the Insurer.

Professional Sport - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Proposal and Declaration Form - means any initial or subsequent declaration made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.

Reasonable and Customary Charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

Scheduled Airline - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

Serious Injury - means Injury certified as being dangerous to life by a legally qualified Physician while the Policy is in force.

Sound Natural Teeth - means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.

Special Hospital - means a Hospital or group of Hospitals specifically named in this Policy by endorsement.

Spouse - means Your legal husband or wife, who is between the Ages of 18 and 65 years old, and is living in Your residence.

Tuition - means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.

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.

We/Us/Our - means TATA AIG General Insurance Company Limited.

While on the Business of the Policyholder - means while on assignment by or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder, but does not include any period of time: (1) while the Insured Person is working at his or her regular place of employment; (2) during the course of everyday travel to and from work; (3) during an authorized leave of absence or vacation.

You/Your/Yourself - means the Policy Holder and/or Insured Person(s) who is detailed in the Policy Schedule.

Part B: GENERAL EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. any Pre-existing Condition, any complication arising from it or;
2. suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted 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
3. 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 the Policyholder, shall return the pro rata premium for any such Insured Period of service under the circumstances described in a Hazard; or
4. being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
5. participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
6. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft; or
7. 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
8. any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. ;or

9. the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; 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. congenital anomalies or any complications or conditions arising therefrom; or
13. 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
14. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
15. is caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date; or

16. 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.
17. Any non medical expenses (list enclosed – Annexure I) Applicable only in case of Accidental Medical Expense Reimbursement.

Part C. POSTPONEMENT OF EFFECTIVE DATE

No insurance provided by this Policy shall become effective if You are hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates.

Part D : UNIFORM PROVISIONS

1. **ENTIRE CONTRACT - CHANGES:** This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorised officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

2. **CONSIDERATION:** The premium payable under each Certificate of Insurance issued under this Policy is payable in installments :

- a) in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium installment is due, or
- b) in the case of monthly / quarterly / half yearly installment premiums – before the beginning of each such period when the premium installment is due.

3. **EFFECTIVE DATE:**

For Master Policy

The Policy will start on the date specified on the Proposal and Declaration Form and Policy Schedule provided it is countersigned by Us and the total premium has been paid by You.

However Your coverage under this Policy begins on the latest of :

- 1) the Policy Effective date as stated above; or
- 2) the date on which the premium is paid when due.

For Certificate of Insurance

The Certificate of Insurance takes effect on the Effective Date stated in the Certificate of Insurance. After taking effect each Certificate of Insurance may continue in effect after the renewal date subject to Part D, No. 4, "RENEWAL CONDITIONS," set forth herein. All subsequent Insured Periods shall begin and end at midnight

4. **RENEWAL CONDITIONS:**

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Proposal and Declaration Form and Schedule, whichever is earlier.

The Policy and Certificate of Insurance, may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. 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.

The policy and the Certificate of Insurance shall be ordinarily renewable except on grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured.

We may extend the renewal automatically if opted for by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

The policy will be renewable provided premium has been paid on the renewal due date. However a grace period delay in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

5. **EXPIRATION DATE:**

For Master Policy

- 1) This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.
- 2) Further However We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. 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. 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 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.

For Certificate of Insurance

- 1) **CANCELLATION OF THE CERTIFICATE OF INSURANCE:** We may cancel the certificate at any time on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. 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 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
- 2) **TERMINATION OF INDIVIDUAL CERTIFICATES OF INSURANCE:** Each Certificate of Insurance will terminate on the earliest of the following dates:
 - a) The date the master Policy is terminated,
 - b) The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule,
 - c) You cease to be a resident of India,
 - d) The date the Insured Person attains Age of 65 years unless otherwise provided,
 - f) The date We or You cancel the Certificate of Insurance.

6. POLICY INTERRUPTION:

In case the Premium is paid in Monthly/ Quarterly/Half Yearly Installment and the payment is not made on or before the respective due date, the Insured will not be covered for the period for which he does not make the payment. > >

7. TERRITORY:

This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.

8. CONCEALMENT OR FRAUD:

The entire Policy/ Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:

- A. intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what we consider to be any material fact or circumstance;
- B. engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- C. made false statements.

9. CLAIM PROCEDURE :

- (a) **NOTICE OF CLAIM/LOSS:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 Days after an actual or potential loss begins.
- (b) **CLAIM FORMS:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.
- (c) **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. 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. The Company 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
- (d) **SUPPORTING DOCUMENTATION & EXAMINATION:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:
 - i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills & Receipts (Only in Reimbursement benefit) otherwise Photocopy of Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of treatment taken
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

- vii. Original Death Certificate
- viii. Original Disability Certificate
- ix. Original/ Attested Post Mortem Report, if conducted
- x. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.

(e) **TIME OF PAYMENT OF CLAIM:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

(f) **PAYMENT OF CLAIM:** All claims under this Policy that are payable to You / Your nominee shall be paid in Indian currency.

10. **ARBITRATION:** If any dispute or difference shall arise as to the quantum of claim to be paid under this 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 to or, if they cannot agree upon a single Arbitrator within 30 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 Indian Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has denied, disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

11. **ASSIGNMENT OF INDEMNITIES:** Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the nominee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.

12. **CONSENT OF NOMINEE:** Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this Policy.

13. **CHANGE OF NOMINEE:** No change of nominee under this Policy shall bind Us, unless consent / such change thereto is formally endorsed thereon by Our authorized officer.

14. **MEDICAL EXAMINATION:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.

15. **LEGAL ACTIONS:** Without prejudice to Uniform Provision 15 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

16. **MISSTATEMENT OF AGE:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

17. **COMPLIANCE WITH POLICY PROVISIONS:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

18. **LIMITATIONS:**

Multiple policies :

If an Insured Person suffers a covered Accident or Injury, for which benefits, are payable (in part or in whole) under more than one like/same Policy then the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies and contribution as defined in the policy will not apply.

Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in Part A – General Definitions. This clause shall only apply to indemnity sections of the policy.

NOTE – This clause is not applicable to Benefit sections.

19. **OTHER INTEREST :** No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.

- 20. SUBROGATION:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or You shall execute and deliver instruments and papers to us and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably required from You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.
- 21. ADDITIONS:** Any person becoming eligible after the Effective Date of this Policy or Certificate of Insurance may be added from time to time as a named Insured Person, upon a Proposal and Declaration Form by You, proof of eligibility and insurability satisfactory to Us, and payment of the required additional premium. Insurance coverage for the new named Insured Person shall commence on the date such Proposal and Declaration Form has been approved by Us subject to any limitations that We may set forth in the accompanying forms.
- 22. REASONABLE CARE AND ASSISTANCE:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You and they must also make every effort to get back any property, which has been lost.
- In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.
- 23. DISPUTE RESOLUTION CLAUSE AND PROCEDURE:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:
- Choice of Law: This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 15, above and otherwise by the Indian courts.
- 24. CHANGE OF OCCUPATION:** If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation.
- 25. ASSOCIATED COMPANIES & CHANGE IN RISK :-** If this policy covers associated companies, You must provide a list of these companies. If Your Associated companies or Your business activities change from those You have told Us about and summarised in the Proposal and Business description in the Schedule , You must tell Us immediately. We must confirm in writing that We accept the changes.
- 26. 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 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.
- 27.** In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

GRIEVANCE LODGMENT STAGE

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

Call us 24X7 toll free helpline 1800 266 7780

Email us at customersupport@tataaig.com

Write to us at : Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt of your complaint.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head-Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

LIST OF INSURANCE OMBUDSMAN OFFICES

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
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@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
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@ecoi.co.in	Karnataka
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 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461/2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044-24333668/24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011-23239633/23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361-2132204/2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
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.: 040-65504123/23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302 005. Tel.: 0141 - 2740363 Email: Bimalokpal. jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033-22124339/22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522-2231330/2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Bagpat, Bareilly, Bijnor, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250/2514252/2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Flr, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation 2017.

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.

Annexure II

S. No.	List of excluded expenses ("Non-Medical") under indemnity Policy - TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	Expenses
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Payable
13	RAZOR	Not Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.
17	BELTS/ BRACES	Not Payable
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Not Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL/ INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
33	LEGGINGS	Not Payable
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable

48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable/ Payable by the patient
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/ TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
60	LACTOGEN/ INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AID SETC.,	Exclusion in policy unless otherwise specified
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
66	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
73	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.

80	MICROSCOPE COVER	Payable under OTCharges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OTCharges, not separately
82	SURGICAL DRILL	Payable under OTCharges, not separately
83	EYE KIT	Payable under OTCharges, not separately
84	EYE DRAPE	Payable under OTCharges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, notseperately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORSSAMPLES	Part of Cost of Blood, notpayable
89	SAVLON	Not Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,SYRINGES	Not Payable - Part ofDressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part ofHospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable
99	ELEMENTS OF ROOM CHARGE LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
100	HVAC	Part of room charge notpayable separately
101	HOUSE KEEPING CHARGES	Part of room charge notpayable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSOCHARGED	Part of room charge notpayable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under roomcharges not if separately levied
104	SURCHARGES	Part of Room Charge, Notpayable separately
105	ATTENDANT CHARGES	Not Payable - Part ofRoom Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part ofLaundry/Housekeeping not payable separately

108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMSPART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSE OXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.

154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
159	BETADINE \HYDROGEN PEROXIDE\SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable - Sugar free variants of admissible medicines are not excluded
163	CREAMS POWDERS LOTIONS	(Toiletries are not payable, only prescribed medical pharmaceuticals payable) Payable when prescribed
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Preoperative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost

OTHERS		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction s this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable
194	ACCU CHECK (Glucometry/ Strips)	Not payable prehospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid. should be paid.

GRIEVANCE REDRESSAL POLICY



WITH YOU ALWAYS

Grievance Lodgment Stage

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

Call us 24X7 toll free helpline 1800 266 7780

Email us at customersupport@tataaig.com

Write to us at : Customer Support, Tata AIG General Insurance Company Limited
A-501 Building No.4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After Investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an Interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt of your complaint.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head-Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

List of Insurance Ombudsman Offices

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
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@ecol.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
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@ecol.co.in	Karnataka
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 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecol.co.in	Madhya Pradesh Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecol.co.in	Orissa
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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecol.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecol.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23236333 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecol.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecol.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecol.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecol.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pullinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359336 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecol.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecol.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecol.co.in	Districts of Uttar Pradesh : Lalpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabrinagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecol.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecol.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Orallyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samil Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecol.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecol.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Tata AIG General Insurance Company Limited

Regd. Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai 400 013.

IRDA of India Registration Number: 108 CIN: U85110MH2000PLC128425 Toll Free Helpline No. 1800 266 7780. Website : www.tataaig.com