

Policy Wordings

TATA AIG General Insurance Company Limited (**The Company**) will provide the insurance described in this **Policy** and any endorsements to the **Policy**, detailed in the **Policy Schedule / Certificate of Insurance** 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 consideration for the payment of the premium and in 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 coverages as are indicated by a specific amount set opposite in the **Policy Schedule/Certificate of Insurance**.

The Extension Coverages to the Base cover are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in the Policy Wordings. These Extensions shall be available only if the same has been specifically mentioned in the **Policy Schedule/Certificate of Insurance**.

Section 1- Definitions

The terms defined below in the **Policy** have the meanings ascribed to them wherever they appear in bold in this **Policy** and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

1. **Accident:** Means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome:** Means Acquired Immune Deficiency Syndrome, a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time.
3. **Adventure Sports:** Means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
4. **Age:** Means the age of the **Insured Person** on his completed birthday as per the English calendar, regardless of the actual time of birth at the time of **Policy/Cover Start Date**.
5. **Ambulance:** Means a motor vehicle operated by a licensed/authorised service provider and equipped for taking ill or injured people requiring medical attention to and from **Hospital** in emergencies.
6. **Assistance Company:** Means with whom **the Company** contracts, as an independent contractor, to provide travel related emergency assistance services.
7. **Act of Terrorism:** Means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious,

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ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.

8. **Burglary** Means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
9. **Cashless facility:** Means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
10. **Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
11. **Certificate of Insurance:** Means certificate attached to and forming part of this **Policy** mentioning the details of the **Insured Person** who is covered, along with the Coverages and **Sum Insured**, the **Cover Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
12. **Child(ren):** Means named dependent children of the **Insured Person**.
13. **Claim(s):** A demand made by the **Insured Person** for payment under any Coverage, as covered under the **Policy Schedule/Certificate of Insurance**.
14. **Co-payment:** Means a cost sharing requirement under a health insurance policy that provides that the **Policyholder/Insured Person** will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured
15. **Common Carrier:** Means any public road, rail or water conveyance or **Scheduled Airline**, which is operating under a valid license from the relevant authority for the **Transportation** of fare paying passengers.
16. **Congenital Anomaly:** Means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
 - a) Internal Congenital Anomaly – Which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly – Which is in the visible and accessible parts of the body.
17. **Day:** Means a period of 24 consecutive hours.
18. **Day Care Centre:** Means any institution established for **Day Care Treatment** of **Illness** and /or injuries or a medical set up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified **Medical Practitioner** and must comply with all minimum criterion as under
 - i) Has qualified nursing staff under its employment
 - ii) Has qualified **Medical Practitioner/s** in charge

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- iii) Has fully equipped operation theatre of its own where **Surgical Procedures** are carried out
- iv) Maintains daily records of patients and will make these accessible to **The Company's** authorize personnel

19. Day Care Treatment: Means medical treatment, and/or **Surgical Procedure** which is:

- i. Undertaken under General or Local Anesthesia in a **Hospital / Day Care Centre** in less than 24 hrs. because of technological advancement, and
- ii. Which would have otherwise required **Hospitalisation** of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

20. 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.

21. Emergency Care: Means management for **Illness** or **Injury** which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a **Medical practitioner** to prevent death or serious long-term impairment of **Insured Person's** health.

22. Emergency Medical Evacuation: Means

- **Transportation** of the **Insured Person** from the place where he has suffered an **Injury** or contracted an **Illness** to the nearest **Hospital** where appropriate medical treatment can be obtained;
- After being treated at a local **Hospital**, **Insured Person's** medical condition warrants **Transportation** to another place to obtain further medical treatment.

23. Family: Means the **Insured Person** and/or his Spouse and/or **Children** and/or his **Parents**.

24. Hospital: Means any institution established for Inpatient Care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i) Has qualified nursing staff under its employment round the clock;
- ii) Has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- iii) Has qualified medical practitioner(s) in charge round the clock;
- iv) Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

- 25. Hospitalisation:** Means admission in a Hospital for a minimum period of 24 consecutive 'Inpatient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 26. Hemiplegia:** Means the complete and irreversible paralysis of upper and lower **Limbs** of the same side of the body.
- 27. Illness:** Means a Sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to the **Insured Person** state of health immediately before suffering the disease/ **Illness**/ **Injury** which leads to full recovery.
- (b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or Tests
 2. It needs ongoing or long-term control or relief of symptoms
 3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. It continues indefinitely
 5. It recurs or is likely to recur.
- Provided such **Illness** / disease/ sickness should be contracted and /or commenced during the Trip.
- 28. Immediate Family Member:** Means **Insured person's** Spouse; **Children**; Children-in-law; siblings and their children; **Parents**; parents-in-law; grandparents; grandchildren; legal guardian.
- 29. Injury:** Means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a **Medical Practitioner**.
- 30. Inpatient care:** Means treatment for which the **Insured Person** has to stay in a hospital for more than 24 hours for a covered event
- 31. Institution** Means any accredited Institution that provides education or training, including but not limited to, any state university private college or trade school.
- 32. Immediate Dental Treatment:** Means Medical treatment commencing within 24 hours of the time and date the sudden acute pain first occurs without warning to the **Insured Person's** teeth.
- 33. Insured Person:** Means the person who is part of the Group and qualifies the eligibility criteria to be covered under this **Policy** and for whom the premium has been received by **The Company** and whose name is as detailed in the **Policy Schedule / Certificate of Insurance**.

- 34. Intensive Care Unit:** Means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated **Medical Practitioner(s)**, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 35. IRDAI:** Means Insurance Regulatory and Development Authority of India.
- 36. Life Threatening Condition** Means a medical condition suffered by the **Insured Person** which has all the following characteristics
- Markedly unstable vital parameters (blood pressure, temperature and respiratory rate)
 - Acute impairment of one or more vital organ systems (involving brain, heart, lungs, Liver, Kidneys and pancreas)
 - Critical care being provided, which involves high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology
 - Critical care being provided in critical care area such as Coronary Care Unit, Intensive Care Unit, respiratory care unit, or the emergency department
- 37. Limb:** Means entire arm or leg
- 38. Medical Advice:** Means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 39. Medical Expenses:** Means those expenses that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the **Insured Person** had not been insured and no more than other **Hospitals** or doctors in the same locality would have charged for the same medical treatment.

Medical Expenses include

- Inpatient treatment and/or **Day Care Treatment**.
- **Medically Necessary Treatment** charges towards **Hospital Room and Boarding, Intensive Care Unit, Surgery** (Includes Operating room charges, Surgical Appliance, Surgeon fee and Implant charges), Anesthetist services, x-ray examinations or treatments, and laboratory tests, **Medical Practitioner's** visit fees, Specialist fees, Miscellaneous expenses including cost of medicines / Pharmacy / Drugs / Therapeutic services /Supplies, Nursing charges, External medical appliances as prescribed by a registered **Medical Practitioner** as necessary and essential as part of the treatment on actual, Blood storage and processing charges towards inpatient treatment
- Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person** provided these pertain to the **Illness / Injury** due to which the inpatient treatment was deemed medically necessary

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- **Ambulance service**

40. **Medical Practitioner:** Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
41. **Medically Necessary Treatment:** Means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - i) Is required for the medical management of the illness or injury suffered by the insured;
 - ii) Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii) Must have been prescribed by a medical practitioner;
 - iv) Must conform to the professional standards widely accepted in international medical practice or by the medical community in India
42. **Network Provider:** Means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
43. **OPD Treatment** Means the one in which the **Insured Person** visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured Person** is not admitted as a **Day Care** or inpatient.
44. **Paraplegia:** Means the complete and irreversible paralysis of both lower **Limbs**.
45. **Place of Residence:** Means **Insured Person's** permanent address in the City where he resides in India
46. **Place of Origin:** Means the starting place from where the **Trip** commences which is mentioned in the **Policy Schedule/Certificate of Insurance**.
47. **Place of Destination:** Means the ending place where the **Trip** terminates which is mentioned in the **Policy Schedule/Certificate of Insurance**.
48. **Personal Effects** Means clothes and other articles of personal nature likely to be worn, used or carried but excluding money, jewellery and valuables.
49. **Per Occurrence Limit:** Means the maximum amount payable under a specific Coverage per incident during the **Policy / Cover Period**.
50. **Physiotherapy:** Means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by **Medical Practitioner**.
51. **Policy:** Means the contract of insurance including but not limited to **Policy Schedule, Certificate of Insurance, Endorsements, Policy Wordings, Extensions and Add On covers** wherever opted for.

- 52. Policyholder:** Means the Person(s) or the entity named in the **Policy Schedule / Certificate of Insurance**.
- 53. Policy Schedule:** Means **Schedule** attached to and forming part of this **Policy** mentioning the details of the **Insured Persons** who are covered along with the Coverages and **Sum Insured**, the **Policy Period** and the limits and condition, to which the Coverages under the **Policy** are subject to, including any annexure and/or endorsements.
- 54. Post-hospitalisation Medical Expenses :** Means **Medical Expenses** incurred during predefined number of days immediately after the **Insured Person** is discharged from the **Hospital** provided that:
- Such **Medical Expenses** are for the same condition for which the Insured person's **Hospitalisation** was required, and
 - The **inpatient Hospitalisation Claim** for such **Hospitalisation** is admissible by the **Company**
- 55. Pre-existing Disease (PED) :** Means any condition, ailment, **Injury** or disease:
- That is/are diagnosed by a physician not more than 36 months prior to the date of the commencement of the **Policy** issued by **Insurer**; or
 - For which medical advice or treatment was recommended by, or received from, a **Physician** not more than 36 months prior to the date of the commencement of the **Policy**
- 56. Professional Sports:** Means a sport, which remunerates in excess of 50% of the **Insured Person's** annual income as a means of their livelihood.
- 57. Property Damage:** Means physical damage, destruction of or loss of use of tangible property.
- 58. Public Transport:** Means travel systems available for use by general public, typically managed on a schedule, operated on established routes, and that charge a fee for each trip. Public transport may include city buses, trams (or light rail), passenger trains, rapid transit (metro/subway /underground etc.) and taxis.
- 59. Quadriplegia:** Means the complete and irreversible paralysis of both upper and both lower **Limbs**.
- 60. Scheduled Airline:** Means any civilian aircraft operated by a civilian scheduled air carrier transport under license 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 specific times or regular flights operated by such carrier.
- 61. Subrogation:** Means the right of **The Company** to assume the rights of the **Insured Person** to recover expenses paid out under the **Policy** that may be recovered from any other source.
- 62. Sum Insured:** Means the maximum amount of coverage, as specified against each Coverage in the **Policy Schedule / Certificate of Insurance** to this **Policy**, which represents the maximum liability of the **Company** for any and all **Claims** made during **Policy / Cover Period** under that Coverage.

- 63. Surgery or Surgical Procedure:** Means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a **Medical Practitioner**.
- 64. Time Deductible -** Means the number of hours/days of each and every loss payable by **Insured Person** before the **Policy** Coverages becomes payable
- 65. The Company/Insurer:** Means TATA AIG General insurance Company Ltd.
- 66. Transportation:** Means any land, water or air conveyance required to transport the **Insured Person** in case of a medical emergency. **Transportation** includes but is not limited to air **Ambulance**, land **Ambulances** and private motor vehicles.
- 67. Traveling Companion:** Means up to two (2) person(s) who is/are booked to accompany the **Insured Person** on the **Trip**.
- 68. Uniplegia:** means the complete and irreversible paralysis of one **Limb**.
- 69. Various Insurance Period(s)**
- **Policy Period** means the time during which this **Policy** is in effect. Such period commences from the **Policy Period Start Date** and ends on the **Policy Period End Date** and specifically appears in the **Policy Schedule**.
 - **Policy Period End Date:** Means the date on which the **Policy Period** expires.
 - **Policy Period Start Date** Means the date on which the **Policy Period** commences.
 - **Cover Period** Means the time during which this Cover is in effect. Such period commences from the **Cover Period Start Date** and ends on the **Cover Period End Date** and specifically appears in the **Certificate of Insurance** against the **Insured Person** during which this Coverage is valid for that specific **Insured Person**.
 - **Cover Period End Date:** Means the date on which the **Cover Period** expires.
 - **Cover Period Start Date** Means the date on which the **Cover period** commences.
- 70. Various Trip Definitions:**
- **Annual Multi Trip:** Means one or more **Trips** by the **Insured Person** during the **Policy/Cover Period**. Each such trip shall not exceed number of days as mentioned in the **Policy Schedule/Certificate of Insurance**, per **Trip**. The **Cover** shall be deemed to be completed on the last **Trip** within **Policy / Cover Period** as a part of the **Annual Multi Trip** or **Policy / Cover Period End Date** whichever is earlier.
 - **Insured Journey:** Means any journey which starts when the **Insured Person** enters the Port/Airport for **One Way Trip** and ends when he alights/ exits the Port/Airport in each leg of journey.
 - **One Way Trip:** Means a trip that starts when the **Insured Person** travels out of the **Place of**

Origin on or after the **Policy/Cover Period Start Date** & time and will terminate at the **Place of Destination** as defined in the **Policy Schedule/Certificate of Insurance** or **Policy/Cover Period End Date** whichever is earlier.

- **Trip:** Means a **Round Trip** or a **One Way Trip** within the geographical boundaries of India as defined in the **Policy Schedule/Certificate of Insurance** which commences when the **Insured Person** first boards a **Common Carrier** or a private vehicle to initiate the journey to reach the **Place of Destination**.
- **Round Trip:** Means a trip that starts when the **Insured Person** travels out of the **Place of Origin** on or after the **Policy / Cover Period Start Date** & time and terminates once the **Insured Person** returns to the **Place of Origin** or on the **Policy/Cover Period End Date**, whichever is earlier. In case of a **Round Trip** the **Insured Person** takes only one (1) trip from the **Place of Origin** to the **Place of Destination** and vice versa. It is understood that the **Insured Person** shall remain covered while he is at the **Place of Destination** subject to the terms and conditions of the **Policy**. The Coverage under such Round Trip shall not exceed the number of days as mentioned in the **Policy Schedule/Certificate of Insurance**. Coverage under **Round Trip** will cover intermediate locations.

Section 2 - Coverages

The Company hereby agrees to pay for the Coverages opted during the **Policy / Cover Period**. The **Policy Schedule / Certificate of Insurance** will specify which **Coverages** are in force for the **Insured Person**. Such Coverages are subject to applicable **Deductible, Co-Pay**, sub-limits and **Sum Insured** as specified in the **Policy Schedule / Certificate of Insurance**. Each and every **Claim** should occur within **Policy /Cover Period**.

If 1.1 Medical Expenses is opted then either of the Base Cover 1.1a or 1.1.b can be selected 1.1.a. Base Cover - Medical Expenses – Accident and Illness, or 1.1.b. Base Cover - Medical Expenses – Accident Only;

If 1.2 Hospital Daily Cash is opted then either of the Base Cover 1.2.a. or 1.2.b can be selected 1.2.a Base Cover - Hospital Daily Cash – Accident and Illness, or 1.2.b. Base Cover – Hospital Daily Cash – Accident Only

If 1.6 Outpatient Expenses is opted then either of The extension Cover 1.6.a or 1.6.b. can be selected 1.6.a. Extension – Outpatient Expenses - Accident and Illness, or 1.6.b. Extension – Outpatient Expenses – Accident Only

If 2.1 Accidental Death is opted then either of the Base Cover 2.1.a or 2.1.b can be selected 2.1.a Base Cover - Accidental Death (24 hours) ,or 2.1.b. Base Cover - Accidental Death (Common Carrier only).

Atleast One of the Base Covers Medical Expenses, Hospital Daily Cash or Personal Accident is required to be selected.

1. Medical Contingencies

1.1 Medical Expenses

1.1.a. Base Cover - Medical Expenses – Accident and Illness

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The Company will reimburse **Medical Expenses** arising out of **Hospitalization** resulting from any **Injury** due to an **Accident** and/or **Illness**, occurring whilst on a **Trip**, which has **Medically Necessary Treatment** and such **Hospitalization** is advised by treating **Medical Practitioner**

Pre-existing disease (PED) is included in this coverage provided additional premium for such inclusion has been received by the **Company** and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - Section 4.A.1. shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**, unless caused by **Hospitalisation** arising out of an **Injury**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
7. Organ transplants that are considered experimental in nature.
8. Childcare including general medical examination and immunization.
9. Expenses which are not exclusively medical in nature.
10. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof unless caused by **Hospitalisation** arising out of an **Injury**.
11. Treatment provided in a government **Hospital** or services for which no charge is normally made.
12. Expenses related to the treatment for correction of eye sight due to refractive error.
13. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
14. Bone marrow transplant in blood disorders.
15. Expenses related to obesity and related complications including bariatric surgeries
16. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

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1.1.b. Base Cover - Medical Expenses – Accident Only

The Company will reimburse **Medical Expenses** arising out of **Hospitalisation** resulting from any **Injury** due to an **Accident**, occurring whilst on a **Trip**, which has **Medically Necessary Treatment** and such **Hospitalisation** is advised by treating **Medical Practitioner**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this coverage shall not cover any **Medical Expenses** related to: -

1. Treatment of any **Illness**.
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health.
3. Dental treatment, dentures or Dental / Oral **Surgery** unless caused by Hospitalisation arising out of an **Injury**.
4. Elective, cosmetic, or plastic surgery, except as a result of an **Injury** caused by a covered **Accident**.
5. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
6. Treatment of acne.
7. Organ transplants that are considered experimental in nature.
8. Childcare including general medical examination and immunization.
9. Loss caused, wholly or partly by infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of Disease or sickness.
10. Expenses which are not exclusively medical in nature.
11. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless caused by **Hospitalisation** arising out of an **Injury**.
12. Treatment provided in a government **Hospital** or services for which no charge is normally made.
13. Expenses related to the treatment for correction of eye sight due to refractive error.
14. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
15. Bone marrow transplant in blood disorders.
16. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.
17. Any Hospitalization for Accidental Injury aggravated by an existing disability

1.2 Hospital Daily Cash

1.2.a Base Cover - Hospital Daily Cash – Accident and Illness

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The Company will pay for each Day (of 24 hours), the amount as mentioned in the **Policy Schedule / Certificate of Insurance** of Insured Person's Hospitalisation resulting from any **Injury** due to an **Accident** and/or **Illness** whilst on a Trip, which has **Medically Necessary Treatment** and such **Hospitalization** is advised by treating **Medical Practitioner** up to maximum number of **Days** as mentioned in the **Policy Schedule / Certificate of Insurance**.

Pre-Existing disease (PED) is included in this coverage provided additional premium for such inclusion has been received by the **Company** and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - Section 4. A.1. shall not be applicable for this coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Hospitalization** for: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
4. Any treatment in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
7. Organ transplants that are considered experimental in nature.
8. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
9. Bone marrow transplant in blood disorders.
10. Expenses related to obesity and related complications including bariatric surgeries
11. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.

1.2.b Base Cover - Hospital Daily Cash – Accident only

The Company will pay for each Day (of 24 hours), the amount as mentioned in the **Policy Schedule / Certificate of Insurance** of Insured Person's Hospitalisation resulting from any **Injury** due to an **Accident** whilst on a Trip, which has **Medically Necessary Treatment** and such **Hospitalization** is advised by treating **Medical Practitioner** up to maximum number of **Days** as mentioned in the **Policy Schedule / Certificate of Insurance**.

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Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any Hospitalization for: -

1. Expenses of any **Illness**
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
3. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
4. Elective, cosmetic, or plastic surgery, except because of an **Injury** caused by a covered **Accident**.
5. Any treatment in connection with weak, strained, or flat feet, corns, calluses, or toenails.
6. Treatment of acne.
7. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
8. Organ transplants that are considered experimental in nature.
9. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
10. Bone marrow transplant in blood disorders.
11. Expenses related to obesity and related complications including bariatric surgeries
12. Stem cell implantation/**Surgery**, harvesting, storage or any kind of Treatment using stem cells.
13. Any Hospitalization for Accidental Injury aggravated by an existing disability

1.3 Extension - Emergency Medical Evacuation

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will reimburse Covered Expenses if an **Injury** or **Illness** during a **Trip** necessitates an **Insured Person's Emergency Medical Evacuation**.

An **Emergency Medical Evacuation** must be recommended by the attending **Medical Practitioner** who certifies that the severity or the nature of **Insured Person's Injury** or **Illness** warrants **Insured Person's Emergency Medical Evacuation** arranged and authorized in advance by the **Assistance Company**.

Covered Expenses means expenses, which are incurred for **Transportation** and medical treatment, including medical services and medical supplies for **Insured Person's Emergency Medical Evacuation**. All **Transportation** arrangements made for evacuating the **Insured Person** must be by the most direct and economical route possible.

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Claim under this cover shall be admissible subject to such **Injury** or **Illness** being admissible under Coverage 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** and / or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**.

1.4 Extension - Repatriation of Mortal Remains

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will reimburse Covered Expenses to bring **Insured Person's** mortal remains to **Insured Person's Place of Residence** if **Insured Person** dies whilst on a **Trip**. All Repatriation of Remains arrangements must be approved in advance by **Assistance Company**.

The payment for cremation will be limited to ₹ 5000 as a fixed benefit in the event of non-submission of bills.

Covered Expenses include, but are not limited to, expenses for (a) embalming (b) cremation (c) coffin and (d) **Transportation**.

1.5 Extension - Post-Hospitalization expenses

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** as opted for)

The Company will reimburse **Post-Hospitalization expenses** incurred for consultations, investigations and medicines up to the number of days as mentioned in the **Policy Schedule / Certificate of Insurance** subject to valid **Claim** under Coverage 1.1.a. **Base Cover -Medical Expenses – Accident and Illness / or 1.1.b. Base Cover - Medical Expenses – Accident Only** as specified in the **Policy Schedule/ Certificate of Insurance**.

In the event of same claim being admissible under both Coverages 1.6.a Extension - Outpatient Expenses – Accident and Illness or 1.6.b. Extension - Outpatient Expenses – Accident Only and 1.5. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.5. Extension - Post-Hospitalisation Expenses shall not be admissible under 1.6.a Extension - Outpatient Expenses – Accident and Illness or 1.6.b. Extension - Outpatient Expenses – Accident Only

1.6 Outpatient Expenses

1.6.a Extension - Outpatient Expenses – Accident and Illness

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** and/or 1.2.a **Base Cover – Hospital Daily Cash – Accident and Illness** or 1.2.b. **Base Cover – Hospital Daily Cash – Accident Only** as opted for)

The Company will indemnify for **OPD Treatment** on **Cashless Facility** only for **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** resulting from any **Injury** due to an **Accident** and/or **Illness** whilst on a **Trip** which has **Medically Necessary Treatment** and as prescribed by treating **Medical Practitioner** for: -

1. Costs of medicines / Pharmacy/ Drugs/ Supplies
2. Diagnostic tests

In the event of same claim being admissible under both Coverage 1.6.a Extension- Outpatient Expenses – Accident and Illness and 1.5. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.6.a Extension- Outpatient Expenses – Accident and Illness shall not be admissible under 1.5. Extension - Post-Hospitalisation Expenses.

Pre-existing disease (PED) is included in this cover provided the **Policyholder** has paid additional premium for such inclusion and the same has been specifically mentioned on the **Policy Schedule/ Certificate of Insurance**. Consequently, the Exclusion under - Section 4.A.1. shall not be applicable for this Cover.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
2. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
3. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
4. Treatment of acne.
5. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
6. Expenses which are not exclusively medical in nature.
7. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof.
8. Expenses related to the treatment for correction of eye sight due to refractive error.
9. Treatment provided in a government **Hospital** or services for which no charge is normally made.
10. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.

1.6.b Extension - Outpatient Expenses – Accident Only

(This extension is applicable only to 1.1.a. **Base Cover - Medical Expenses – Accident and Illness** or 1.1.b. **Base Cover - Medical Expenses – Accident Only** and/or 1.2.a **Base Cover – Hospital Daily Cash – Accident and Illness** or 1.2.b. **Base Cover – Hospital Daily Cash – Accident Only** as opted for)

The **Company** will indemnify for **OPD Treatment** on **Cashless Facility** only for **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance** resulting from any **Injury** due to an **Accident** whilst on a Trip which has **Medically Necessary Treatment** and as prescribed by treating **Medical Practitioner** for: -

3. Costs of medicines / Pharmacy/ Drugs/ Supplies

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4. Diagnostic tests

In the event of same claim being admissible under both Coverage 1.6.b Extension- Outpatient Expenses - Accident Only and 1.5. Extension - Post-Hospitalisation Expenses, the amount that is payable under this Coverage 1.6.b Extension- Outpatient Expenses - Accident Only shall not be admissible under 1.5. Extension - Post-Hospitalisation Expenses.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover any **Medical Expenses** related to: -

1. Expenses of any Illness
2. Routine physicals or other examinations including but not restricted to laboratory diagnostic or X-ray examinations where there are no objective indications or impairment in normal health
3. Dental treatment, dentures or Dental / Oral **Surgery**. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw, which cannot be treated in any other way.
4. Expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails.
5. Treatment of acne.
6. Surgical treatment undertaken for correction of Deviated nasal septum, including sub mucous resection and/or other surgical correction thereof unless caused by **Hospitalisation** arising out of an **Injury**.
7. Expenses which are not exclusively medical in nature.
8. Eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof.
9. Expenses related to the treatment for correction of eye sight due to refractive error.
10. Treatment provided in a government **Hospital** or services for which no charge is normally made.
11. Treatment for Alopecia, loss of hairs, treatment for hair including hair transplant and Laser treatments.
12. Any Expenses for Accidental Injury aggravated by an existing disability

2. Personal Accident

The Company's total liability for all Claims admissible in aggregate under 2.1 Accidental Death (whichever opted) and 2.2 Permanent Total Disability and 2.3 Permanent Partial Disability (if opted) shall not exceed the **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**.

2.1 Accidental Death

2.1.a. Base Cover - Accidental Death (24 hours)

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The Company will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of the **Insured Person** caused by an **Accident** whilst on **Trip**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

The Company will pay, the **Sum Insured** less any other amount paid/payable under Coverage: 2.2. **Extension - Permanent Total Disability**, 2.3. **Extension- Permanent Partial Disability**, of this **Policy**, if these Coverages are opted under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

2.1.b. Base Cover - Accidental Death (Common Carrier only)

The Company will pay the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of death of **Insured Person** caused by an **Accident** whilst on **Trip**. Injury must occur while **Insured Person** is riding as a passenger in or on, boarding or alighting from the **Common Carrier**. The loss must occur within 12 (Twelve) months from the date of the **Accident**.

Disappearance

The Company will pay for Death of **Insured Person** whilst on a **Trip**, if the **Insured Person's** body cannot be located within one (1) year after the forced landing, stranding, sinking or wrecking of a **Common Carrier** in which the **Insured Person** was a passenger or as a result of any Acts of God, in which case it shall be deemed, that he shall have suffered loss of life within the meaning of the **Policy**.

Once a **Claim** has been accepted then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

2.2. Extension - Permanent Total Disability

(This extension is applicable only to 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b. Base Cover - Accidental Death (Common Carrier only) as opted for)

The Company will pay such percentage of **Sum Insured** if an Injury caused by an **Accident**, directly and independently results in permanent total disability within twelve (12) months of the date of **Accident** during the **Trip**.

Liability under this extension shall only be admissible provided

- Such **Injury** should result in at least one of the losses as shown in the Table of Losses-A below
- For any **Functional Loss** such **Functional Loss** has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period.

The Company will pay such percentage of **Sum Insured** less any other amount paid/payable under Coverage: 2.3. **Extension - Permanent Partial Disability** of this **Policy**, if these Coverages are offered under this **Policy**, as a result of the same **Accident**.

Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**.

Table of Losses - A

Type of Permanent Total Disability -	% of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
Actual Loss by physical separation or Functional Loss of both Hands or Both Feet	100%
Actual Loss by physical separation or Functional Loss of sight of Both Eyes	100%
Actual Loss by physical separation or Functional Loss of one Hand and One Foot	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Actual Loss by physical separation or Functional Loss of Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	50%

- The criteria for deciding **Functional Loss** of body part for the permanent total disability shall be based on a certificate from treating medical practitioner's certificate / disability certificate from civil surgeon.
- Functional Loss** for the purposes of this Extension means **Injury** due to **Accident** leading to loss and the total and permanent inability to perform all the usual and customary duties and activities of a person of like age and sex.
- "Loss" with regard to
 - Hand or Foot means actual severance through or above the wrist or ankle joints.
 - Eye means entire and irrecoverable loss of sight.
 - Thumb and Index Finger means actual severance through or above the joint that meets the hand at the palm.

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(d) Speech or Hearing means entire and irrecoverable loss of speech or hearing of both ears

2.3. Extension - Permanent Partial Disability

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The Company will pay a specified percentage of the **Sum Insured** as mentioned in **Policy Schedule / Certificate of Insurance** for **Injury** because of an **Accident**, directly and independently resulting in Permanent Partial Disability within twelve (12) months of the date of **Accident** during the **Trip** provided such disability and is total, continuous and permanent, as mentioned in Table of Losses –B.

If the **Insured Person** suffers more than one of the below mentioned loss as a result of the same **Accident**, the **Company** will add the percentages of each disability. However, the **Company** will not pay more than 100% of the **Sum Insured** stated in the **Policy**.

If a **Claim** is admitted under **2.2 Extension - Permanent Total Disability**, then no **Claim** can be admitted under this Coverage which arises out of the same **Accident**.

Once a **Claim** has been accepted and 100% **Sum Insured** has been paid then this Coverage shall immediately and automatically cease in respect of that **Insured Person**

Table of Losses- B

Type of Permanent Partial Disability	Percentage (%) of Sum Insured (as specified in Policy Schedule/ Certificate of Insurance)
1. Loss of toes – all	20%
2. Loss of Great Toe	5%
3. Other than great toe, if more than one toe lost, each	1%
4. Loss of Hearing – both ears	50%
5. Loss of hearing – one ear	25%
6. Loss of four fingers and thumb of one hand	40%
7. Loss of four fingers	25%
8. Loss of thumb	15%
9. Loss of index finger	10%
10. Loss of middle finger	6%
11. Loss of ring finger	5%
12. 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.

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2.4. Extension – Loan Protector

(This extension is applicable only to Coverage 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as opted for)

The Company will reimburse Insured Person's outstanding principal amount of Loan, up to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance as a result of Insured Person suffering an Injury due to an Accident that occurs during the Trip subject to valid Claim in case of Accidental Death under Coverage 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** as specified in the Policy Schedule/ Certificate of Insurance.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this Policy, this Coverage shall not cover

1. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event
2. Any payment of fines and penalties imposed on the Insured Person.

2.5. Extension – EMI Protector

(This extension is applicable only to 2.2. Extension – Permanent Total Disability or 2.3. Extension – Permanent Partial Disability as opted for)

The Company will reimburse the amount of outstanding equated monthly loan installments, up to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance, subject to:

- a. A maximum of number of months as specified in the Policy Schedule / Certificate of Insurance as a result of Insured Person suffering an Injury due to an Accident that occurs during the Trip and has a valid Claim under Coverage 2.2. Extension – Permanent Total Disability or 2.3. Extension – Permanent Partial Disability; and
- b. Insured Person not being engaged in any employment or occupation for a period more than 30 (thirty) days

2.6. Extension – Mobility Cover

(This extension is applicable only to 2.2. Extension – Permanent Total Disability or 2.3 Extension – Permanent Partial Disability as opted for)

The Company will reimburse the expenses incurred on the purchase of support items required by the Insured Person for the purpose of mobility, which includes crutches, artificial limbs, wheelchairs, tri-cycles, intra-ocular lenses, spectacles, hearing aids or any other item which is medically necessary, in the opinion of the treating Medical Practitioner, for the Insured Person to resume normal living following the Injury sustained in the Accident during the Trip subject to:

- a. Valid Claim under Coverage 2.2. Extension – Permanent Total Disability or 2.3. Extension – Permanent Partial Disability as specified in the Policy Schedule/ Certificate of Insurance.
- b. The Medical Practitioner treating the Insured Person certifies in writing that the proposed support is Medically Necessary;

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2.7 Extension - Child Education Cover

(This extension is applicable only to 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** or 2.2. **Extension – Permanent Total Disability** as opted for)

The Company will reimburse the Tuition fees, incurred for the balance period of the course, of the **Insured Person's Child/Children** as a result of **Insured Person** suffering an **Injury** due to an **Accident** that occurs during the Trip, up to the **Sum Insured** as mentioned in the **Policy Schedule/Certificate of Insurance** subject to:

- The **Claim** is payable for not more than Two (2) surviving **Dependent Children** of the **Insured Person**.
- The dependent **Child/Children's** age being less than Twenty Five (25) Years, not having any independent source of income and is enrolled as a full time student, at the time of **Claim**, in an **Institution** recognized by the Government of India.
- Valid **Claim** under Coverage 2.1.a. **Base Cover - Accidental Death (24 hours)** or 2.1.b. **Base Cover - Accidental Death (Common Carrier only)** or 2.2. **Extension – Permanent Total Disability** as specified in the **Policy Schedule/ Certificate of Insurance**.

If the **Insured Person** is eligible to receive any Scholarship for the Tuition Fees, then The Company will reimburse the difference between the amount of scholarship and the payable fees.

Exclusions Specific to this Coverage 2 – Personal Accident:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

- Claim** which arises out of an **Accident** connected with the operation (including Flying, mounting, dismounting) of an aircraft or which occurs during parachuting except when the **Insured Person** is flying as a Fare Paying passenger in a multiengine, commercial aircraft.

Section 3 – Assistance Services – (Applicable To This Policy And Add Ons Wherever Opted For)

The Company will provide the **Insured Person** with the following Assistance Services as opted:

- Medical Assistance** - As soon as the **Assistance Company** is notified of a **Medical Emergency** resulting from **Insured Person's Accident**, the **Assistance Company** will contact the medical facility or location where the **Insured Person** is located and confer with the **Medical Practitioner** at that location to determine the best course of action to be taken. If possible and if appropriate, **Insured Person's Medical Practitioner** will be contacted to help arrive at a decision as to the best course of action to be taken. The **Assistance Company** will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local **Medical Practitioner** and arranging **Hospitalisation** of the **Insured Person** where, in its discretion, deems such **Hospitalisation** is appropriate.
- Medical Evacuation** - When, in the opinion of the **Assistance Company's** medical panel, it is judged medically appropriate to move the **Insured Person** to another location for treatment or return the **Insured Person** to the **Insured Person's Place Of Residence**, the **Assistance**

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Company will arrange the evacuation, utilizing the means best suited to do so, based on the Emergency Medical Evacuation of the seriousness of The **Insured Person's** condition, and these means may include air **Ambulance**, surface **Ambulance** regular airplane, rail, road or other appropriate means. All decisions as to the means of **Transportation** and final destination will be made by the **Assistance Company**.

- c. **Repatriation** - the **Assistance Company** agrees to make the necessary arrangements for the return of **Insured Person's** remains to the **Insured Person's Place of Residence** in the event of the **Insured Person's** death while this service agreement is in effect as to the **Insured Person**.
- d. **Lost / Stolen Luggage and Personal Effects Assistance** - the **Assistance Company** will assist the **Insured Person** who has lost his luggage while traveling by contacting the appropriate authorities involved and providing directions for recovery. (applicable if the specific Add-on Cover has been opted for)
- e. **Emergency Message Transmission Assistance** - the **Assistance Company** shall use its best efforts to transmit messages or medical information, upon the **Insured Person's** request and consent, to the **Insured Person's** friends, **Immediate Family Member** and/or Business associates.
- f. **Hotel Accommodation Referral** - to provide the name, address and telephone number of hotels in major cities Within the Republic of India.(applicable if the specific Add-on Cover has been opted for)
- g. **Telephone Medical Advice** - When traveling the **Assistance Company** will arrange to provide **Medical Advice** to the **Insured Person** over the telephone.
- h. **Medical Service Provider Referral** - the **Assistance Company** will provide the **Insured Person** with information about **Physicians, Hospitals**, clinics, dentists and dental clinics Within the Republic of India. (applicable if the specific Add-on Cover has been opted for)
- i. **Arrangement of Appointments with Doctors** - the **Assistance Company** will assist the **Insured Person** in arranging for appointments with medical service providers, if medically necessary. (applicable if the specific Add-on Cover has been opted for)
- j. **Arrangement of Hospital Admission** - If the medical condition of the **Insured Person**, due to an **Accident**, is of such gravity, that **Hospitalization** is needed, the **Assistance Company** will assist the **Insured Person** to arrange for **hospital admission**. (applicable if the specific Add-on Cover has been opted for)
- k. **Guarantee of Medical Expenses incurred during Hospitalization** - Due to an **Accident**, the **Assistance Company** shall assist the **Insured Person** by guaranteeing on behalf of the Subscriber the **Medical Expenses** incurred during the **Insured Person's** hospitalization. (applicable if the specific Add-on Cover has been opted for)
- l. **Monitoring of Medical Condition during Hospitalization** - When the **Insured Person** is hospitalized, due to an **accident**, the **Assistance Company** will monitor the **Insured Person's** medical condition with the attending **Physician**. (applicable if the specific Add-on Cover has been opted for)

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- m. **Arrangement of Compassionate Visit** - the **Assistance Company** will arrange for return airfare, train fare for an **Immediate Relative** to visit the **Insured Person** who, when traveling alone, has been **Hospitalized**, due to an **Accident**, outside the home town or **Place of Residence**. (applicable if the specific Add-on Cover has been opted for)
- n. **Product & Claims Information Services** - the **Assistance Company** will provide information, on general Claims procedures and main product features to the **Insured Person**, when requested and if available. Should the **Assistance Company** not have the information available, the **Assistance Company** will direct the **Insured Person** to contact **The Company** directly.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of the **Insured Person** only. The **Assistance Company** assumes no responsibility for any Medical Advice or legal counsel given by the medical professional or attorney. **Insured Person** shall not have any recourse to the Assistance Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

The **Insured Person** is responsible for the cost of services arranged by the **Assistance Company** on behalf of **Insured Person** or a covered **Immediate Family Member**. The **Assistance Company** will access this **Policy** and/or other insurance **Policy** coverages, to which the **Insured Person** may be entitled, and/or the **Insured Person's** credit cards or other forms of financial guarantees provided by the **Insured Person**, in order to facilitate payment for such services.

In case the **Company** or the Assistance Service Provider fails to provide any of the services as mentioned in this **Policy** or is unable to implement, in whole or in part due to Force Majeure, non-availability of Services, change in law, rule or regulations which effects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which effects the services, then the Assistance Services' suspended, curtailed or limited performance shall not constitute of Breach of Contract and the **Company** or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.

Section 4 – Exclusions (Applicable To This Policy And Add-Ons Wherever Opted For)

A. Exclusions Specific To The Policy Which Can Be Waived Off, Byopting For An Add-On / Extension Cover, On Payment Of Additional Premium

The **Company** will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any Coverage(s) within the **Policy**:

1. **Pre-existing Disease (PED)** or its complications
2. **Insured Person's** Participation in **Adventure Sports** for Leisure performed under expert supervision of trained professional
3. Loss, **Damage** cost or expense of whatsoever nature 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.

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CIN: U85110MH2000PLC128425 • TATA AIG Travel Insurance – Group Domestic UIN: TATTGDP25047V032425

B. Standard Exclusions Applicable To All Policy And Add-Ons

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel
3. Losses due to war or any act of war, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, Chemical and biological weapons, Ionizing radiation.

C. Exclusions Specific To This Policy And Its Add-Ons Which Cannot Be Waived

The Company will not be liable to make any payment for any **Claim** under the **Policy** in respect of an **Insured Person**, caused by, arising from or in any way attributable to any of the following:

1. Where the **Insured Person** is travelling against the advice of a **Medical Practitioner**; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition.
2. Treatment which could be reasonably delayed until the **Insured Person's** return to place of destination.
3. Any **Claim** occurring in a geographic zone/City / State which is not specifically covered under the **Policy**
4. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted **Injury** or **Illness**.
5. Certification / diagnosis / Treatment by a family member, or a person who stays with the **Insured Person**, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis.
6. Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
7. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or institution.
8. Any form of Alternative Treatment: AYUSH Treatment; Hydrotherapy, Acupuncture, Reflexology Treatment or any other form of indigenous system of medicine.
9. Any expenses incurred in connection to Treatment for general debility, ageing, convalescence, sanatorium Treatment, rehabilitation measures, private duty nursing, respite care, health resort, rundown condition or rest cure.
10. Circumcision unless necessary for Treatment of an **Illness** or **Injury** not excluded hereunder or due to an Accident.

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11. Associated expenses for alopecia, baldness, wigs, or toupees and hair fall treatment and products, issue of medical certificates and examinations as to suitability for employment or travel.
12. Any injury, Accident, illness or any other loss sustained or contracted or caused by the **Insured Person** as a consequence of the **Insured Person** being intoxicated or being under the influence of any narcotic or drug or alcohol.
13. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
14. Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft or **Scheduled Airline**.
15. Any loss due to the release, dispersal or application of pathogenic or poisonous biological or chemical materials.
16. External Congenital anomalies or any complications or conditions arising there from.
17. Any **Insured Person's** participation in **Adventure sports** without expert supervision of trained professional or participation in **Professional Sports**
18. **Insured Person's** actual or willful participation in, an illegal act or any violation or attempted violation of the law.
19. Any loss caused by osteoporosis (porosity and brittleness of the bones due to loss of protein form the bones matrix) or pathological fracture (any fracture in an area where **Pre-existing Disease (PED)** has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the **Policy / Cover Period**.
20. Confinement in a **Hospital** which is not medically necessary.
21. Loss resulting in or contributed or aggravated or prolonged by childbirth or from pregnancy
22. Vaccinations except post-bite Treatment.
23. In respect of travel by the **Insured Person** to any places within India against whom the Republic of India has imposed general or special travel restrictions, or against whom it may be imposed such restrictions, or any places within India which has imposed or may impose subsequently, such restrictions against travel.
24. All sexually transmitted diseases including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis and any condition caused by or associated with them.
25. Serving in any branch of the Military or Armed Forces of country, whether in peace or War, and in such an event **the Company**, upon written notification by **Insured Person**, shall return the pro rata premium for any such period of service during the **Trip**.
26. Any treatment taken outside India.
27. Any non-medical expenses (list enclosed – Annexure I).

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Section 5 – Claim Procedure And Documents

A. Intimation & Assistance

For any claim related query, intimation of claim and submission of claim related documents, the **Insured Person** can contact at below numbers for any claim related assistance – Toll Free No. **1800 119966/1800 266 7780** from BSNL / MTNL Land line or **1800 22 9966** (only for senior citizen policy holders)

Insured Person is requested to call these local helpline numbers from respective cities:

Mumbai - 66939500, Delhi – 66603500, Bangalore – 66272829, Pune – 66014156, Chennai – 66841050, Hyderabad – 66629882, Ahmedabad - 66610201

Email: general.claims@tataaig.com

The Company's Service Center is equipped to provide **Insured Person** with the necessary guidance in **Insured Person** 's situation and will direct **Insured Person** on **Claims** procedure.

This is a General Check-list of documents, please check for availability of coverage under the **Policy**.

Coverage No.	COVERAGE	Documents required
1	Medical Contingencies	
1.1	Medical Expenses	
1.1.a	Base Cover - Medical Expenses - Accident and Illness	1. Claim form duly completed and signed by the Insured Person
1.1.b	Base Cover - Medical Expenses - Accident Only	2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
1.2	Base Cover - Hospital Daily Cash - Accident and Illness	3. Copy of cancelled cheque/NEFT form
1.2.b	Base Cover – Hospital Daily Cash – Accident Only	4. Copy of Medical records/discharge summary in case of Hospitalisation /treating doctor's report and Prescription if applicable
1.3	Extension - Emergency Medical Evacuation	5. Original Bills/Receipts
1.4	Extension - Repatriation of Mortal Remains	6. Copy of diagnostic reports/Pathological/ Radiological reports, if any
1.5	Extension - Post-Hospitalisation expenses	7. Copy of Death Certificate (Repatriation of Remains)
1.6.a	Extension - Outpatient Expenses – Accident and Illness	8. Attested Postmortem report / Coroner's report where necessary (Repatriation of Remains)
		9. Funeral Certificate along with original bills/ receipt towards funeral expenses. (Repatriation of Remains)

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1.6.b.	Extension – Outpatient Expenses – Accident Only	10. Proof that Claim under Coverage 1.1.a. Base cover - Medical Expenses – Accident and Illness / or 1.1.b. Base Cover - Medical Expenses – Accident Only (Base Cover-Hospital Daily cash – Accident and Illness or Base Cover – Hospital Daily Cash – Accident Only, Extension - Post-Hospitalisation expenses)
2	Personal Accident	
2.1	Accidental Death	
2.1.a	Base Cover-Accidental Death (24 Hours)	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person/Nominee 2. Copy of cancelled cheque/NEFT form 3. Copy of Medical records/discharge summary in case of Hospitalisation/treating doctor's report and Prescription if applicable 4. Original Bills/Receipts 5. Copy of diagnostic reports/ Pathological/ Radiological reports, if any 6. Copy of Death Certificate with cause of death 7. Attested Postmortem report / Coroner's report 8. Attested copy of FIR/ Police Inquest report / Police Panchanama, where applicable. 9. Copy of Ticket & Boarding Pass with original scheduled itinerary
2.1.b	Base Cover-Accidental Death (Common Carrier Only)	
2.2	Extension-Permanent Total Disability	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person 2. Copy of cancelled cheque/NEFT form 3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 4. Copy of Medical records/discharge summary in case of Hospitalisation/treating doctor's report and Prescription if applicable. 5. Original Bills/Receipts. 6. Copy of diagnostic reports/Pathological/ Radiological reports, if any 7. Certificate from competent medical authority / Doctor like Civil Surgeon, confirming the Disability - percentage of disability/ period and prognosis
2.3	Extension-Permanent Partial Disability	

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		8. Attested copy of FIR/ Police Inquest report / Police Panchanama/Medico-legal certificate,
2.4	Extension – Loan Protector	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 4. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 5. Proof of Loan outstanding as on date of loss.
2.5	Extension – EMI Protector	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking. 4. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 5. Proof that Insured Person is not in employment or occupation for first thirty(30) days of accident 6. Proof that Insured Person is paying the EMI installment 7. Proof in every thirty(30) days till no. of months claimed that the Insured Person is not in employment or occupation.
2.6	Extension- Mobility Cover	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability

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		<ol style="list-style-type: none"> 4. Claim Form with recommendation from treating Medical Practitioner 5. Original bills & receipts for items bought for the purpose of mobility, which includes crutches, artificial limbs, wheelchairs, tri-cycles, intra-ocular lenses, spectacles, hearing aids or any other item which is medically necessary, in the opinion of the treating Medical Practitioner, for the Insured Person to resume normal living following the Injury sustained in the Accident during the Trip.
2.7	Extension - Child Education Cover	<ol style="list-style-type: none"> 1. Claim form duly completed and signed by the Insured Person. 2. Copy of cancelled cheque/NEFT form. 3. The figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any payment by The Company. 4. Proof of valid Claim under Coverage 2.1.a. Base Cover - Accidental Death (24 hours) or 2.1.b.Base Cover - Accidental Death (Common Carrier only) or 2.2. Extension – Permanent Total Disability 5. Copy of admission form with identity card for child/children at the time of date of loss. 6. Copy of Birth Certificate or any other valid document establishing age. 7. Copy of cancelled cheque or First (1st) page of bank passbook giving the details of child / joint account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)

Note: **The Company** may call for additional documents/ information as relevant.

Kindly submit all the requested documents at the address mentioned below:

Claims Department TATA AIG General Insurance Co. Ltd., A-501, 5th Floor, Building No.4, Infinity Park, Gen. A.K. Vaidya Marg, Dindoshi, Malad (East), Mumbai 400 097

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B. Claim Notification

It is a condition precedent to **The Company's** liability hereunder that notice of **Claim** must be given by the **Insured Person** to **The Company** within the timeline as mentioned in the Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance and any subsequent amendments.

The fulfillment of the terms and conditions of this **Policy** (including payment of premium by the due dates mentioned in the **Policy Schedule / Certificate of Insurance**) insofar as they relate to anything to be done or complied with by the **Insured Person(s)**, including complying with the procedures and requirements in relation to **Claims**, shall be Conditions Precedent to **The Company** liability under this **Policy**.

For details on the **Claims** procedures and requirements or any assistance during the process, **The Company** may be contacted at **The Company** call centre on the toll free number as specified above.

In case of **Claim** the **Insured Person** must:

- Take immediate steps to protect, save and/or recover the covered property;
- Give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- Notify the police or other appropriate authority in the case of **Robbery** or **Theft** within 24 hours.

C. Scrutiny of Claim Documents

The Company / Assistance Company shall scrutinize the **Claim** and accompanying documents. Any deficiency of documents shall be intimated to **Insured Person**

D. Other Claims Requirements:

- a. If any **Claim** is not made within the time period set out under B. Claim notification, **The Company** condones such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- b. **The Company** representatives must be given all cooperation in investigating the **Claim** in order to assess **The Company's** liability and quantum in respect of such **Claim**.
- c. If requested by **The Company** and at **The Company's** cost, the **Insured Person** must submit to medical examination by **The Company** nominated **Medical Practitioner** as often as **The Company** consider reasonable and necessary and **The Company** representatives must be permitted to inspect the Medical and **Hospitalisation** records pertaining to the **Insured Person's** **Injury** and treatment and to investigate the facts surrounding the **Claim**.
- d. The directions, advice and guidance of the treating **Medical Practitioner** shall be strictly followed. **The Company** shall not be obliged to make any payments that are brought about or contributed to as a consequence or failure to follow such directions, advice or guidance.

E. Claims Payment:

- a. **The Company** shall be under no obligation to make any payment under this **Policy** unless **The Company** have received all premium payments in full and on time in respect of the **Insured Person's Cover** under the In-built Coverage and all applicable Coverages and all payments have

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been realized. **The Company** shall settle or reject a **Claim**, as the case may be, within 30 days from the date of receipt of last necessary document.

- b. In the case of delay in the payment of a **Claim**, the **Company** shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of **Claim** at a rate 2% above the bank rate.
- c. However, where the circumstances of a **Claim** warrant an investigation in the opinion of **the Company**, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **the Company** shall settle the **Claim** within 45 days from the date of receipt of last necessary document.
- d. In case of delay beyond stipulated 45 days **the company** shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of **Claim**.
- e. All **Claims** will be settled in accordance with the applicable regulatory guidelines including IRDAI Master Circular (Protection of **Policy** holders Interests, Operations and Allied Matters of Insurers) Regulation 2024 and any subsequent amendments henceforth.
- f. The payment of any **Claim** under this Coverage will be in Indian Rupees
- g. Admissibility of Claim: any **Claim** to be admissible under this **Policy**, the Date of loss should be within the **Policy/Cover** Period unless otherwise provided.

Section 6 – General Terms And Conditions

A. Medical Sub-Limit Cover:

The **Company's** liability under the Coverage 1.1.a. Base Cover - Medical Expenses - Accident and Illness and / or 1.1.b. Base Cover-Medical Expenses – Accident only and/or 1.3. Extension - Emergency Medical Evacuation and / or 1.4. Extension - Repatriation of Mortal Remains during a Trip shall be sub limited basis one or combination of the following as mentioned in the **Policy Schedule / Certificate of Insurance**.

- Age of the Insured Person
- Any one Illness / Injury or both
- Disease category
- Pre-existing Disease (PED)
- Per Claim
- Any one event
- Sum Insured sub-limits –
 - a. **Medically Necessary Treatment** charges towards **Hospital** Room and Boarding, Intensive Care Unit, Surgery

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- b. Diagnostic tests towards diagnostic methods necessary for the treatment of the **Insured Person**

- c. **Ambulance service**

In case of multiple parameters opted for **Sub-limits** in same **Claim**, then lower value of the sub-limit shall apply.

B. Medical Tests:

Cost of medical tests (if required) need to be borne by the proposer. Proposals based on their age will be advised on pre acceptance Medical Tests

C. Condition Precedent:

Condition Precedent means a **Policy** term or condition upon which **the Company's** liability under the **Policy** is conditional upon.

The fulfilment of the terms and conditions of this **Policy/Certificate of Insurance** (including the payment of premium by the due dates mentioned in the **Schedule/ Certificate of Insurance**) insofar as they relate to anything to be done or complied with by **Insured Person** shall be conditions precedent to **the Company's** liability.

D. Entire contract:

This Policy, its Schedule, **Certificate of Insurance**, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this **Policy / Certificate of Insurance** shall be valid unless approved by **the Company** and such approval be endorsed hereon.

This **Policy** and the **Schedule/Certificate of insurance** shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this **Policy** or of the **Policy Schedule / Certificate of Insurance** shall bear such meaning wherever it may appear.

E. Group Policyholder

The Group **Policyholder** shall take all reasonable steps to cover their members for whom coverages have been offered by **the Company** and ensure timely receipt of premium by **the Company** in respect of each of the members covered. The Group **Policyholder** will neither charge more premium nor alter the scope of coverage offered under this **Policy**.

This **Policy** will be issued to the Group **Policyholder** and Certificates will be issued to individual members wherever applicable.

The Company reserves the right to inspect the record at any time to ensure that terms and condition of Group policy and provisions of IRDAI Group Insurance Guidelines, 2005 and any amendments thereto are being adhered. **The Company** may also require submission of Certificate of compliance from the Auditors of Group **Policyholder**

The Group **Policyholder** will ensure compliance of Guidelines as prescribed by IRDAI from time to time including but not limited to IRDAI Group Insurance Guidelines, 2005

F. Fraud:

The **Company** will not be liable to pay under the **Policy** if any **Claim** is in any manner dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or an **Insured Person**.

In the event of fraud done by a primary member/his dependents the coverage in respect of that **Insured Person** and his dependents shall be terminated and there shall be no refund of **Insured Person's** premium. Subsequent to this, such **Insured person/s** shall not be covered even during **Renewals**.

G. Mis-representation or non-disclosure of material facts:

In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or **Claim** experience information provided at the time of request for proposal, the **Policy** shall be void ab-initio without any premium refund.

In case of non-employer-employee policies, the **Company** will not be liable to pay under the **Policy** if any Mis-representation or non-disclosure of material facts is noted at the time of **Claim** or otherwise, whether by **Policyholder** or any **Insured Person** or anyone acting on behalf of **Policyholder** or any **Insured Person**, and **Certificate of Insurance** shall be void ab-initio without any premium refund.

H. Other Insurance:

If at the time when any **Claim** is made under this **Policy**, the **Insured Person** has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any **Claim** (in part or in whole) being made under this **Policy**, then the **Insured Person** shall have the right to require a settlement of such **Claim** in terms of any of **Insured Person's** policies.

The insurer so chosen by the **Insured Person** shall settle the **Claim**, as long as the **Claim** is within the limits of and according to terms of the chosen **Policy**.

Provided further that, If the amount to be claimed under the **Policy** chosen by **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 and we will assist the insured person in facilitating the same .

The **Insured Person** also has the right to prefer **Claims** under the **Policy** chosen by the **Insured Person** for amounts disallowed under the earlier chosen **Policy(ies)** even if the **Sum Insured** is not exhausted

I. Renewal conditions:

The **Policy** may be renewed with **The Company's** consent. The **Coverages** under the **policy** or/and the terms and conditions of the **Policy**, including premium rate may be subject to change.

The **Policy** will be renewable provided premium has been paid on or before the **Renewal** due date.

Unless renewed as herein provided, this **Policy** shall terminate at the **Policy / Cover Period End Date** for which premium has been paid.

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J. Withdrawal:

In the likelihood of this product being withdrawn in future, the Company will intimate **Policyholder/ Insured Person** about the same atleast 3 months prior to expiry of the Policy/Certificate of Insurance.

K. Notices:

Any notice, direction or instruction under this **Policy** shall be in writing and if it is to:

- Any **Insured Person**, then it shall be sent to **Policyholder / Insured Person** at **Policyholder / Insured Person's** address specified in the **Policy Schedule / Certificate of Insurance** to this **Policy Schedule / Certificate of Insurance** and **Policyholder / Insured Person** shall act for all **Insured Persons** for these purposes.
- **The Company**, it shall be delivered to **The Company's** address specified in the **Policy Schedule / Certificate of Insurance**. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **The Company's** behalf unless the **Company** have expressly stated to the contrary in writing.

L. About Period including Extension:

In no event, **Coverages** will be provided to the **Insured Person** by the **Company** after **Policy / Cover Period End Date** or **Insured Person's** return to **Place of Residence**/place of destination whichever is earlier.

However, if, **Insured Person** is still confined in a Hospital during the Trip, after **Policy / Cover Period** and **Emergency Medical Evacuation** is not appropriate or recommended by the **the Company/ Assistance Company** and continued treatment as an inpatient is **Medically Necessary**, **Medical Expenses** will be paid till earlier of the **Insured Person's Hospital Discharge** or 7 days after **Policy / Cover Period**.

Policyholder/Insured Person can extend the **Cover Period** under a specific **Certificate of Insurance** prior to its expiry date subject to **The Company's** Underwriting Guidelines and no **Claim** being reported under such **Certificate of Insurance**, provided that the additional premium for such extension is received before **Cover Period End Date**.

Extension in **Cover Period** is applicable only in **Round Trip** Policies subject to the total **Cover Period** including extension not exceeding the number of days as mentioned in the **Policy Schedule/Certificate of Insurance**.

M. Cancellation/Termination of the Policy:

Round Trip:

Any **Policy / Certificate of Insurance** issued under a **Round Trip Policy** or its extension are non-cancellable and non-refundable after the commencement of **Trip** or if any **Claim** has been lodged under such **Policy / Certificate of Insurance**

In the event of Cancellation of **Policy /Certificate of Insurance** by **Insured Person** prior to commencement of **Trip**, the **Company** will deduct ₹50/-(Rupees Fifty only) towards cancellation

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charges before refunding the premium amount, subject to there being no **Claim** made under the **Certificate of Insurance**. However in Policies where the following **Coverages** are opted no Premium will be refunded: 3.10 Add-on -Fare Lock, 3.11 Add-on -Fare Dip.

Annual Multi Trip:

Any **Policy / Certificate of Insurance** issued under **Annual Multi Trip Policy** are non-cancellable and non-refundable if any **Claim** has been lodged under such **Policy / Certificate of Insurance**.

- a. In the event of Cancellation of **Policy /Certificate of Insurance** prior to commencement of **Policy / Cover**, the **Company** will deduct ₹50/-(Rupees Fifty only) towards cancellation charges before refunding the premium amount, subject to there being no **Claim** made under the **Policy/Certificate of Insurance**.
- b. If **Insured Person** cancels the **Policy / Certificate of Insurance** after **Policy/Cover Period Start date**, the **Company** shall refund proportionate premium for unexpired policy period provided no claim has been reported.

N. Person Records to be maintained

The **Policyholder/ Insured Person** shall keep an accurate record containing all relevant medical records and shall allow **The Company** or its representative(s) to inspect such records. **The Policyholder/ Insured Person** shall furnish such information as **The Company** may require under this **Policy** at any time during the **Policy /Cover Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all **Claims** under this **Policy**.

O. Arbitration:

- The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.
- Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996

P. Subrogation:

Unless specifically and separately stated in the **Policy Schedule**, the **Policyholder/Insured Person** and any claimant under this **Policy** shall at the expense of **the Company** do and concur in doing and permit to be done all such acts and things that may be necessary or reasonably required by **the Company** for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which **the Company** shall be or would become entitled or subrogated upon **the Company** paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Policyholder's/Insured Person's** indemnification by **the Company**.

This clause will not be applicable to covers related to Coverage 1- Medical Contingencies and Coverage 2- Personal Accident and their related Extensions.

Q. Complete discharge

Payment made by **The Company** to the **Policyholder/** adult **Insured Person** or the Nominee or to the **Hospital**, as the case may be, of any **Medical Expenses** or **Compensation** or benefit under the **Policy** shall in all cases be complete and construe as an effectual discharge in favour of **The Company**.

R. Dispute Resolution Clause

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

Section 7 – Redressal Of Grievance

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number **1800-266-7780** or **022-66939500** (toll charges apply), or email us at **customersupport@tataaig.com**. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at **manager.customersupport@tataaig.com**.

Escalation Level 2

If you still need assistance, reach out to the Head of Customer Services at **head.customerservices@tataaig.com**. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction. You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: <https://bimabharosa.irdai.gov.in/>

The name and address of the Insurance Ombudsman of competent jurisdiction are as below:

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 Email: bimalokpal.ahmedabad@cioins.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@cioins.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI	Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in Insurance Ombudsman	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

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GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
KOCHI	Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Made a part of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

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MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA	Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

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Prohibition of Rebates – Section 41 of Insurance Act, 1938 as Amended by Insurance Laws (Amendment) Act, 2015:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act, 1938: Commencement of risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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Policy Wordings

The TATA AIG Travel Insurance - Group Domestic – Optional Add on Cover can only be opted along with the base covers under the **Policy** and cannot be opted in isolation or as a separate product. The Add-on covers are provided on payment of additional premium and subject to the terms and conditions and exclusions as stated in addition to the Policy Terms and Conditions and Exclusions. These Add-on Covers shall be available only if the same are specifically mentioned in the **Policy Schedule / Certificate of Insurance**.

The insurance provided under these Add On covers are only with respect to such and so many of the coverages as are indicated by a specific amount set opposite in the **Policy Schedule/Certificate of Insurance**.

3. TRAVEL CONTINGENCIES

3.1. Add on -Common Carrier Delay

Definitions specific to this coverage:

1. **Equipment Failure:** Means any sudden, unforeseen breakdown in the **Common Carrier's** equipment that caused a delay or interruption of normal trips.
2. **Covered Expenses:** Means any expenses for meals and lodging which were necessarily incurred and not provided by the **Common Carrier** or any other party free of charge. Such expenses should be incurred in the place from where the **Common Carrier** is scheduled to depart from.
3. **Inclement Weather:** Means any severe weather condition, which delays the scheduled arrival or departure of the **Common Carrier** but not including normal, seasonal/ climatic weather changes.
4. **Public Authority:** Means any governmental, quasi- governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
5. **Strike:** Means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

Coverage:

The Company will reimburse **Covered Expenses**, if **Insured Person's Trip** is delayed due to late departure of a **Common Carrier** arising out of:

- a) **Inclement weather,**
- b) **Strike** or other job action by employees of **Common Carrier,**
- c) **Equipment failure of Common Carrier,**
- d) Any order or direction by Government or **Public Authority,**
- e) Operational reasons at the departure airport due to air traffic restrictions,

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f) Operational reasons of **Common Carrier** by which **Insured Person** is travelling.

The Company is liable to pay the **Claim** only if the delay in departure of **Common Carrier** is more than the **Time Deductible** hours mentioned on **Policy Schedule/Certificate of Insurance**

Exclusions specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Delay which was made public or known to **Insured Person**, prior to the date, **Insured Person's** trip was booked or was announced 12 hours before the scheduled departure time of the **Common Carrier** by which **Insured Person** is travelling.
2. **Strikes** or labor disputes which existed, or of which advance warning had been given prior to the date on which trip was booked.
3. Delay due to withdrawal from service temporarily or permanently of any **Common Carrier** on the orders or recommendations of any Port Authority or the Aviation Agency or any similar body in India.
4. Cancellation of the **Common Carrier** and /or cancellation of **Insured Person's Trip**

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Document

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Copy of bills and receipts for the meals and accommodation during the delay period if any.
5. Copies of Correspondence with the Airline authorities certifying with reason for the delay.

3.2 Add on - Flight Delay

The Company will pay a fixed amount in the event the **Scheduled Airline**, on which the **Insured Person** is travelling, is delayed from its Scheduled Departure or Scheduled Arrival as specified in **Policy schedule / Certificate of Insurance** during **Trip**.

Compensation for such delay shall be payable provided the actual departure / arrival of the Flight happens after the application of **Time Deductible** on the Scheduled Departure or Schedule Arrival time.

Exclusions specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Delay of **Insured Person's** trip which was announced 12 hours before the scheduled departure time of the **Common Carrier** by which **Insured Person** is travelling.

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Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Copies of Correspondence with the Airline authorities certifying with reason for the delay

3.3 Add on - Trip Cancellation

Definitions specific to this coverage:

1. **Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses** means Non-refundable travel ticket cost.
3. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Strike:** Means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

Coverage:

The Company will reimburse **Covered Expenses** in the event of cancellation of **Insured Person's Trip** prior to commencement of such **Trip** due to:

1. **Illness** and / or **Injury** requiring **Hospitalisation** or death of **Insured Person**, **Insured Person's Traveling Companion**, **Insured Person's Spouse** and/or **Parent** and/or **Child (ren)**, **Insured Person's Traveling Companion's Spouse** and/or **Parent** and/or **Child(ren)**.
2. Occurrence of a **Catastrophe**.
3. Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority**, which the **Insured Person** could not reasonably avoid or plan ahead in time.
4. Cancellation caused by Government regulations or control.
5. Cancellation by **Common Carrier** which was scheduled for departure for such **Trip**.

In the event of same claim being admissible under both **3.3. Add on - Trip Cancellation** and **3.4. Add on - Trip Cancellation - Due to Event Cancellation**, the amount that is payable under this Coverage **3.3. Add on - Trip Cancellation** shall not be admissible under **3.4. Add on - Trip Cancellation - Due to Event Cancellation**

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Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover: -

1. Any of the covered causes for **Trip cancellation**, which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Medical records / Death certificate of insured, companion or **Immediate Family Member**.
5. Details / supporting documents of amount refunded by **Common Carrier**.
6. Copy of Ticket and copies of Correspondence with the Airline related to trip cancellation.
7. Any other documentary evidences, like newspaper cutting etc. related to Mass bandhs or widespread **Strikes/Catastrophe** acknowledged/published by **Public Authority** if any.

3.4 Add on - Trip Cancellation – Due to Event Cancellation

Definitions specific to this coverage:

1. **Event:** means a planned official Public or Corporate gathering organized for the purpose of business or entertainment or any other legal purposes, entry to which is regulated through a Pass or invitation or ticket.
2. **Covered Expenses:** Non-refundable portion of the cost of travel and **Event** ticket or the actual amount paid or Sum Insured whichever is lower.

Coverage:

The **Company** will reimburse **Covered Expenses** due to cancellation of an **Event**, which leads to cancellation of **Trip** prior to commencement of such **Trip**. The circumstances should be beyond **Insured Person's** and **Policyholder's** control.

In the event of same claim being admissible under both **3.3. Add on - Trip Cancellation** and **3.4. Add on – Trip Cancellation – Due to Event Cancellation**, the amount that is payable under this Coverage **3.4. Add on – Trip Cancellation – Due to Event Cancellation** shall not be admissible under **3.3. Add on - Trip Cancellation**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover:

- Any of the covered causes for **Trip cancellation** which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

- Claim form duly completed and signed by the **Insured Person**.
- Copy of cancelled cheque/NEFT form.
- Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
- Details / supporting documents of amount refunded by **Common Carrier** and the event company.
- Proof of cancelled event with reason.

3.5 Add on - Common Carrier Cancellation

The **Company** will pay a fixed amount as mentioned in the **Policy Schedule / Certificate of Insurance** in the event of cancellation of the Scheduled Departure of the **Common Carrier** during **Insured Journey** whilst on **Trip**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

- Any of the covered causes for **Common Carrier** cancellation which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Document

- Claim form duly completed and signed by **Insured Person**.
- Copy of cancelled cheque/NEFT form.
- Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
- Confirmation by Common Carrier on cancellation along with details.

3.6 Add on -Missed Event

Definitions specific to this coverage:

- Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.

2. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
3. **Event:** Means a planned official Public or Corporate gathering organized for the purpose of business or entertainment or any other legal purposes, entry to which is regulated through a Pass or invitation or ticket.
4. **Covered Expenses:** Non-refundable portion of the **Event** ticket or **Sum Insured** whichever is lower.
5. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
6. **Strike:** Means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **place Of Origin**.

Coverage:

The **Company** will reimburse the **Covered Expenses**, if the **Insured Person** is unable to attend the pre-booked **Event** due to non-commencement of **Trip** because of the following incidences:

- Accidental Damage to **Place of Residence** from fire or **Burglary** that requires **Insured Person** to be present at the **Place of Residence** on the date of **Event**.
- Occurrence of **Catastrophe**.
- **Illness** and/or **Injury** requiring **Hospitalization** or death of **Insured Person**, **Insured Person's Spouse** and/or **Parent** and/or **Child (ren)**.
- Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority**, which the **Insured Person** could not reasonably avoid or plan in time.
- Cancellation caused by Government regulations or control.
- Cancellation by **Common Carrier**, which was scheduled for departure for such **Trip**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any of the covered causes for Missed **Event** which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.
2. Cost of **Event** ticket was not borne by the **Insured Person**

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Medical reports / Death certificate of **Insured Person**.
5. Copy of Ticket and copies of Correspondence with the Airline/**Common Carrier** related to trip cancellation.
6. Proof of Purchase of Ticket
7. Reason and proof that Event has **been missed**.
8. Any other documentary evidences, like news paper cutting etc. related to Mass bandhs or widespread **Strikes/Catastrophe** acknowledged/published by **Public Authority** if any.

3.7 Add on -Missed Flight / Cruise

Definitions specific to this coverage:

1. **Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses:** Means Non-refundable travel ticket costs.
3. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Strike:** Means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place Of Origin**.

Coverage:

The **Company** will reimburse **Covered Expenses**, if the **Insured Person** misses the flight / Cruise through which the **Insured Person's Trip** would have commenced, due to:

1. **Accident** or Mechanical Breakdown of the <<mode of transport as mentioned in **Policy Schedule / Certificate of Insurance**>> which was being used by **Insured Person** immediately prior to reaching Airport/Sea Port.
2. Mass bandhs or widespread **Strikes** enroute the **Trip** which is acknowledged / published by **Public Authority**, which the **Insured Person** could not reasonably avoid or plan in time.
3. Any cancellation of <<mode of transport as mentioned in **Policy Schedule / Certificate of Insurance**>> caused by Government regulations or control
4. Occurrence of **Catastrophe**.

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For admissibility of **Claim** under this Coverage it is a condition precedent that the Missed Flight/Cruise should be solely due to the reasons as mentioned above and provided the time gap between the expected arrival of the << mode of transport as mentioned in the **Policy Schedule / Certificate of Insurance**>> at the Air port / Sea Port and departure of the Missed Flight/ Cruise is more than three (3) hours

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any facts or matters which led to delay or which were publicly announced in advance, which the **Insured Person** was aware or should have been aware.
2. Any deviation from originally scheduled route at the insistence of **Insured Person**

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Document

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Details / supporting documents of amount refunded by **Common Carrier**/cruise.
5. Any other documentary evidences, like newspaper cutting etc. related to Mass bandhs or widespread **Strikes/Catastrophe** acknowledged/published by **Public Authority** if any

3.8 Add on-Missed Connection

Definitions specific to this coverage:

1. **Covered Expenses:** means the cost of alternate flight, for an equivalent or lower-class air ticket after deducting the refundable amount received from missed flight

Coverage:

The Company will reimburse **Covered Expenses** arising out of missed connection during the **Trip**. This missed flight should be solely due to delay / cancellation of the flight in which the **Insured Person** is travelling immediately prior to the missed flight and time gap between the Scheduled arrival of the previous flight and the Scheduled departure of the missed flight is more than two (2) hours.

In the event, the **Insured Person** chooses a mode other than a flight to reach the next schedule destination then **The Company** will reimburse up to the amount not exceeding the original cost of flight less the refund received.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Copy of new Ticket & Boarding Pass.
5. Copies of Correspondence with the Airline authorities certifying the reason for missed connection.
6. Details / supporting documents of amount refunded by **Common Carrier** for the original scheduled ticket.
7. Invoices /tickets of Additional travel expenses, if any to reach the next scheduled destination.

3.9 Add on - Bounced Booking of Airline

Definitions specific to this coverage:

1. **Covered Expenses** means
 - The difference of cost incurred on an alternate flight by the **Insured Person** for travelling in a similar class coinciding from the same city to the same destination as per the Original booking done.
 - Non refundable costs of the Tickets.

Coverage:

The **Company** will reimburse **Covered Expenses** if the **Insured Person** is denied boarding of an aircraft, during **Trip**, in which the **Insured Person** had done a confirmed reservation prior to the check-in date, provided that:

1. The **Insured Person** should have reached the check-in counter before the stipulated time as per the rules and regulations of the Airline and respective airport
2. The **Insured Person** should be carrying all requisite documents required to be produced at the time of check-in
3. **Insured Person** should not pose any health, safety or security risk for the Airline.
4. Not more than one **Claim** per **Trip** will be accepted under this Coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this coverage shall not cover any **Claim** arising out of the following under this Coverage:

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1. Any booking for which **Insured Person** is unable to furnish proof of booking/payment, and bounced booking.
2. Any contractual breach by **Insured Person** including but not limited to non-adherence to the terms and conditions of the booking service provider.
3. If **Insured Person** had any waitlisted booking irrespective of whether such bookings have been promised to be confirmed later.
4. Where the alternative arrangements for flight is provided by Airline within reasonable time period of departure of such flight.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly filled and signed by the **Insured Person**.
2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
3. Copy of cancelled cheque/NEFT form.
4. Correspondence with airline for confirmed advance booking and the reason for not boarding the flight.
5. Copy of new Ticket & Boarding Pass.
6. Details / supporting documents of amount refunded by **Common Carrier** for the original scheduled ticket and the copy of new ticket.

3.10 Add on-Fare Lock

Definitions applicable to this coverage:

1. **Fare** means the price of the airline ticket for base Fare and airline fuel charges and does not include any fees, taxes and surcharges.
2. **Held Fare** means the fare for a **Defined Flight** which the **Insured Person** would have paid, had he booked the Flight ticket for himself or his **Immediate Family Member**, at the moment of taking this Coverage. The purchase of this Cover and locking of **Held Fare** should be done simultaneously.
3. **Defined Flight** means a flight identified by its Flight No, date of departure, Boarding and Destination, Route and Class booked on a specific website, portal or application.
4. **Immediate Family Member** shall mean – **Spouse, Children, Siblings, Parents** and Parents-in-law.
5. **Lock period** shall mean the period starting from **Policy** issue date and ending on date/time as specified in **Policy Schedule / Certificate of Insurance**.

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6. **Fare Sharing Percentage** shall mean the percentage, as specified in the **Policy Schedule / Certificate of Insurance**, calculated by deducting the **Held Fare** from actual fare paid for booking the **Defined Flight**, which the **Insured Person** will have to bear

Coverage:

The **Company** will reimburse the loss to **Insured Person** on account of difference towards the actual fare paid for booking the **Defined Flight** and **Held Fare**, subject to **Fare Sharing Percentage**.

Claim under this Coverage will be admissible only if the **Insured Person** buys a flight ticket of the **Defined Flight** within the **Lock Period** as mentioned in **Policy Schedule / Certificate of Insurance** from the same website, portal or application where the **Held Fare** was locked and the **Insured Person** or his **Immediate Family member** actually travels by the **Defined Flight** under the ticket bought.

Condition Precedent:

The details of the **Insured Person** and/or his **Immediate Family Member** who are supposed to travel in the **Defined Flight** must be provided at the time of purchasing this cover along with **Held Fare** and details of **Defined Flight**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover:

1. If the **Held Fare** is locked not less than number of hours as mentioned in the **Policy Schedule / Certificate of Insurance** before scheduled departure.
2. If this cover is not purchased along with locking of **Held Fare**
3. If the ticket is purchased after the expiry of **Lock Period**
4. If the class of ticket is upgraded

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Proof of the increase in Fare Copy of confirmation of Booking through online / assistance provider / Airline.

3.11 Add on - Fare Dip

Definitions applicable to this coverage:

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1. **Booked Fare** means the fare for a Defined Flight which the **Insured Person** have paid and booked the ticket. The purchase of this Cover and purchase of flight ticket using Booked Fare should be done simultaneously.
2. **Dip period** shall mean the period which will be considered for assessment of this Coverage, this will start from the time of issuance of this Policy /Cover Issue Date and ending on date/time as specified in **Policy Schedule / Certificate of Insurance**.
3. **Dipped Fare** means such reduced fare of the **Defined Flight** during the **Dip Period** for which **Insured Person** provides proof.
4. **Defined Flight** means a flight identified by its Flight No, date of departure, Boarding and Destination, Route and Class booked on a specific website, portal or application.
5. **Fare Sharing Percentage** shall mean the percentage of the reduced amount, as specified in the **Policy Schedule / Certificate of Insurance**, calculated by deducting the **Dipped Fare** from the **Booked Fare** of the **Defined Flight**, which the **Insured Person** has to bear.

Coverage:

The Company will reimburse the loss to **Insured Person** on account of any decrease in **Booked Fare** of the ticket during the **Dip Period** in Defined Flight for a Trip, subject to **Fare Sharing Percentage**.

Claim under this Coverage will be admissible only if:

The new fare has reduced at the same website, portal or application where the original ticket was booked and the **Insured Person** and/or his **Immediate Family member** travel by the **Defined Flight** under the original ticket bought.

Condition Precedent:

The details of the **Insured Person** and/or his **Immediate Family Member** who are supposed to travel in the **Defined Flight** must be provided at the time of purchasing this cover. Details of **Defined Flight** would be required at the time of **Claim**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover: -

1. If the **Booked Fare** is booked after the minimum number of hours as mentioned in the **Policy Schedule/ Certificate of Insurance** before departure of a **Defined Flight**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking

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4. Proof of the decrease in Fare Copy of confirmation of Booking through online / assistance provider / Airline.

3.12 Add on - Trip Interruption

Definitions specific to this coverage:

1. **Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses** means
 - a) Non refundable travel costs and / or Non-refundable accommodation costs
 - b) Additional accommodation necessarily incurred at the place of interruption and / or travel expenses (excluding telephone costs, meals and beverages) necessarily incurred by the **Insured Person** to return by the most direct and economical route possible to his **Place of Destination**, where **Insured Person** had started the **Trip**.
3. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Strike:** Means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

Coverage:

The **Company** will reimburse the **Covered Expenses** following shortening and / or alteration of the **Trip**, due to:

1. **Illness** and / or **Injury** requiring **Hospitalisation** or death of **Insured Person** or **Insured Person's Traveling Companion** or **Insured Person's Family**, **Insured Person's Traveling Companion's Spouse** and/or **Parent** and/or **Child (ren)** during the **Trip**.
2. Occurrence of **Catastrophe**.
3. Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority** which the **Insured Person** could not reasonably avoid or plan ahead in time.

In the event of same claim being admissible under both **3.12. Add on - Trip Interruption** and **5.1. Add on - Accommodation Cancellation**, the amount that is payable under this Coverage **3.12. Add on - Trip Interruption** shall not be admissible under **5.1. Add on - Accommodation Cancellation**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover:

1. Any facts or matters which led to delay or which were publicly announced in advance, which the **Insured Person** was aware or should have been aware.

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Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim Form duly filled and signed by **Insured Person**.
2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
3. Copy of cancelled cheque/NEFT form.
4. Details of Circumstances leading to trip interruption along with supporting documents.
5. Details / supporting documents of amount refunded by **Common Carrier** and Accommodation.
6. Bills and receipts of additional expenses towards accommodation and Travel during the interruption period.
7. Any other documentary evidences, like news paper cutting etc. related to Mass bandhs or widespread **Strikes/Catastrophe** acknowledged/published by **Public Authority** if any.

3.13 Add on - Hijack Daily Allowance

Definitions specific to this coverage:

1. **Hijacked:** Means the unlawful seizure or wrongful exercise of control of the **Common Carrier**, or the crew thereof, in which the **Insured Person** is travelling as a fare paying passenger.

Coverage:

If the **Common Carrier** in which the **Insured Person** is travelling has been **Hijacked** during the course of an **Insured Journey** whilst on a **Trip**, then the **Company** will pay a distress allowance per **Day** up to the maximum number of days as specified in the **Policy Schedule/Certificate of Insurance**.

Exclusions Specific to this coverage:

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

1. The **Insured Person** and/or his **Immediate Family Member** being suspected to be an accomplice or an accessory in such **Hijack**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim Form duly filled and signed by **Insured Person**.
2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
3. Copy of cancelled cheque/NEFT form.
4. Full statement of the events in writing.

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5. Airline correspondence (copy of Passenger List etc.), with details of Hijack incident

3.14 Add on – Convenient Travel Option

Definitions specific to this coverage:

1. **Covered Expenses:** Amount incurred on tickets along with additional amount charged by **Common Carrier** for addition or modification in the ticket by the **Common Carrier** for accommodating the **Insured Person**.

Coverage:

The Company will reimburse **Covered Expenses**, if an **Insured Person** sustains an **Injury** solely and directly caused by external, violent, visible and evident means because of an **Accident** or **Illness** whilst on **Trip** and that **Injury** and/or **Illness** requires the **Insured Person** to return to his **Place of Destination**, with addition or modification necessitated in the **Common Carrier** provided that:

The Company will reimburse Convenient Travel Option subject to:

- a. Valid **Claim** under Coverage 1.1.a. **Base Cover -Medical Expenses – Accident and Illness / or 1.1.b. Base Cover - Medical Expenses – Accident Only** and / or 2.2. **Extension – Permanent Total Disability** and / or 2.3. **Extension - Permanent Partial Disability** as specified in the **Policy Schedule/ Certificate of Insurance**.
- b. The **Medical Practitioner**, treating the **Insured Person** certifies in writing about the **Insured Person's Injury** and/or **Illness** and specifies the requirements under which the **Insured Person** has to travel, while returning to the **Place of Destination**

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim Form duly filled and signed by **Insured Person**.
2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking, along with bills from common carrier for any modification done to accommodate the insured
3. Copy of Ticket & Boarding Pass with revised itinerary and date of booking.
4. Copy of cancelled cheque/NEFT form.
5. **Medical Practitioner's** Certification by way of writing.

3.15. Add on –Missed Itinerary

Definitions specific to this coverage:

1. **Strike:** Means any labor disagreement, which interferes with the normal departure of **Scheduled Airline** and is defined as legal by relevant authorities in the respective **Place of Origin**.

Coverage:

The **Company** will pay a fixed amount for missing the planned itinerary on the first day of the **Trip** due to:

1. Cancellation by **Common Carrier** or
2. Delayed arrival of **Common Carrier**

In which the **Insured Person** is travelling to reach the **Trip** Destination.

The **Company** is liable to pay the **Claim** only if the **Common Carrier** by which the **Insured Person** travelled got delayed or cancelled by more than the **Time Deductible** mentioned on **Policy Schedule/Certificate of Insurance**

Exclusions specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Delay or cancellation which was made public or known to **Insured Person**, prior to the date, **Insured Person's** itinerary was booked.
2. **Strikes** or labor disputes which existed, or of which advance warning had been given prior to the date on which itinerary was booked.
3. Delay or cancellation due to withdrawal from service temporarily or permanently of any **Common Carrier** on the orders or recommendations of any Port Authority or the Aviation Agency or any similar body in India.
4. Cancellation of **Trip** by **Insured Person**.
5. Any itinerary which is not planned and declared in advance by the travel organizing company.
6. Any Itinerary which is self-planned or planned by **Family** and is not organized by travel organizing company.
7. Any delay arising out of **Insured Person** breaking law/norms or **Insured Person** detained by government/airport or any such authority.
8. Any delay due to confiscating of **Insured Person's** Checked in Baggage by government/airport or any such authority

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Document

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.

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- 4 Confirmation from airlines on flight got delayed or cancellation

4. BAGGAGE CONTINGENCIES

4.1. Add on - Delay of Checked-in Baggage

Definitions specific to this coverage:

Checked-In Baggage means the baggage entrusted by **Insured Person** and accepted by **Common Carrier for Transportation** for which a baggage receipt is issued to **Insured Person**. This also includes the contents of the baggage checked in by **Insured Person** as long as such contents do not violate any specific policy or rule restricting the nature of items that may be carried on board in **Common Carrier**.

Coverage:

The **Company** will pay a fixed amount if **Insured Person's Checked-in Baggage** is delayed or misdirected by **Common Carrier** for more than the number of consecutive hours as mentioned in the **Policy schedule/Certificate of Insurance** from the time **Insured Person** arrives at the destination stated on his ticket during **Insured Journey** whilst on **Trip**.

Insured Person must be a ticketed passenger on the **Common Carrier**. Any such delay or misdirection of **Checked-in-Baggage** must be certified by the **Common Carrier** for admissibility of Claim.

Exclusions Specific to this coverage

1. This shall exclude all the items that are carried / transported under a contract of affreightment.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Property Irregularity Report (obtained from Airline) mentioning hours for which the baggage got delayed.

4.2. Add on - Loss of Checked-in Baggage

Definitions specific to this coverage:

1. **Checked-In Baggage** means the baggage entrusted by **Insured Person** and accepted by **Common Carrier for Transportation** for which a baggage receipt is issued to **Insured Person**. This also includes the contents of the baggage checked in by **Insured Person** as long as such contents do not violate any specific policy or rule restricting the nature of items that may be carrier on board in **Common Carrier**.

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2. **Theft:** Means an act of illegally permanently depriving **Insured Person** and /or **Insured Person's Immediate Family Member** of the possession of the **Contents** by any person by violent or forceful means or otherwise.
3. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.

Coverage:

The **Company** will reimburse the non refundable cost of an entire piece of **Checked-In Baggage** and its contents, held in the care, custody and control of the **Common Carrier**, due to Theft or misdirection by the **Common Carrier** or due to non- delivery at its destination during **Insured Journey** whilst on Trip. **Insured Person** must be a ticketed passenger on the **Common Carrier**.

The maximum amount to be reimbursed per bag and the maximum value per article contained in any bag of the amount will be as stated in the **Policy Schedule / Certificate of Insurance**. A combined maximum limit of 10% is applicable on jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.

Any such Loss of **Checked-in-Baggage** must be certified by the Common Carrier for admissibility of **Claim**. Benefits for **Checked-in Baggage** and **Personal Effects** will be in excess of any amount paid or payable by the **Common Carrier** responsible for the loss or any other valid and collectible insurance.

In the event of same claim being admissible under both Coverages **4.1. Add on - Delay of Checked-In Baggage** and **4.2. Add on - Loss of Checked-In Baggage**, the amount that has already been admitted / payable under this Coverage **4.1. Add on - Delay of Checked-In Baggage** shall be deducted from the amount admissible / payable under **4.2. Add on - Loss of Checked-In Baggage**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Loss to or destruction of the baggage arising from detention, confiscation or distribution by customs, police or other **Public Authorities**.
2. Damage to the Baggage or partial loss of its contents.
3. Animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with **Common Carrier**), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, valuables, money, securities such as credit cards, debit cards, cheques, traveler cheques, membership cards, tickets or documents, business good or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables.
4. Loss to property insured under any other insurance **Policy**.

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5. Loss of **Insured Person's** baggage sent in advance or souvenirs and articles mailed or shipped separately.
6. This shall exclude all the items that are carried / transported under a contract of affreightment.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Property Irregularity Report (obtained from Airline).
5. Copies of Correspondence with the Airline authorities/Others confirming the loss and details of compensation.
6. Individual list of items in each baggage with approximate cost of each item.

4.3. Add on - Loss of Baggage and Personal Effects

Definition specific to this Coverage

1. **Contents:** Means the following not used for Business or Business Purposes, so long as they are owned by **Insured Person** and/or his **Family** and are legally responsible for them:
 - a) Household goods, such as furniture, fixtures, fittings, **Home** appliances, interior decorations and items of like nature excluding portable **Electronic Equipment**.
2. **Personal effects** includes
 - Clothes and other articles of personal nature likely to be worn, used or carried
 - Passport, Aadhar Card, Driving License, Pan Card etc.

But excluding deeds, bonds, bill of exchange, promissory notes, cheques, money, jewellery and valuables, document of any kind and cash.

3. **Theft:** Means an act of illegally permanently depriving **Insured Person** and /or **Insured Person's Immediate Family Member** of the possession of the **Contents** by any person by violent or forceful means or otherwise.

Coverage

The Company will reimburse for the cost of replacement of the baggage and its **Contents** and/or **Personal Effects** for the loss of an entire piece of the baggage and/or **Personal Effects** due to circumstances beyond **Insured Person's** control at the planned destination during the **Trip**. The baggage and its contents and/or **Personal Effects** must be owned by and accompanied by the **Insured Person** during **Trip**.

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Conditions Specific to this Coverage:

1. The maximum amount to be reimbursed per bag and the maximum value per article contained in any bag will be as stated in the **Policy Schedule / Certificate of Insurance**.
2. **The Company** may make payment or at its option reinstate or repair as it may elect in respect of articles not older than one year.
3. **The Company** may make payment or at its option reinstate or repair subject to due allowance of wear and tear and depreciation as mentioned in the **Policy Schedule/Certificate of Insurance** in respect of articles more than one year old;
4. Loss or damage must occur (i) while the baggage or **Personal Effect** is/are in the care, custody and control of an Accommodation or a **Common Carrier** and proof of such loss must be obtained in writing from the Accommodation management or the **Common Carrier** management and such proof must be provided to **the Company**, or (ii) as the result of **Theft** of the baggage or personal effects from the **Insured Person** provided that such loss must be reported to the police having jurisdiction at the place of the loss no more than twenty-four (24) hours from the incident. Any **Claim** must be accompanied by written documentation from such police;
5. **Insured Person** must take every possible step to ensure that the baggage or personal effects are not left unattended.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover:

1. Household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, camera, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, valuables, money, securities such as credit cards, debit cards, cheques, traveler cheques, membership cards, tickets or documents, business good or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables.
2. Loss to property which is insured under any other insurance **Policy**.
3. Loss arising due to the baggage being left unattended or forgotten by the **Insured Person** in a public Place.
4. Damage to the baggage or its contents including pilferage from the baggage or not amounting to permanent and total loss.
5. Any payment under this Benefit will be in excess of any amount paid or payable by the Accommodation, **Common Carrier** or any such agent/organization responsible for the loss or any other valid and collectible insurance

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Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Property Irregularity Report (obtained from Airline).
5. Copies of Correspondence with the Airline/Accommodation authorities/Others confirming the loss and details of compensation.
6. Proof of loss in writing from **Common Carrier** management or Accommodation management.
7. Copy of FIR and Final Police Report in case of theft stating the loss of items.
8. Itemized list of lost items along with the Invoices and receipts of the lost items.

5. ACCOMMODATION CONTINGENCIES

5.1. Add on - Accommodation Cancellation

Definitions specific to this coverage:

1. **Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses** means non-refundable charges for meals and lodging which were necessarily incurred by the **Insured Person**.
3. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Strike:** Means any labor disagreement, which interferes with the normal departure and arrival or departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

Coverage:

The Company will reimburse **Covered Expenses** as mentioned in **Policy Schedule / Certificate of Insurance** in the event of cancellation of **Insured Person's Trip** before the scheduled departure due to:

1. **Illness** and / or **Injury** requiring **Hospitalisation** or death of **Insured Person**, **Insured Person's Traveling Companion**, **Insured Person's Spouse** and/or **Parent** and/or **Child(ren)**, **Insured Person's Traveling Companion's Spouse** and/or **Parent** and/or **Child (ren)**.

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2. Occurrence of **Catastrophe**
3. Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority** which the **Insured Person** could not reasonably avoid or plan ahead in time.
4. Cancellation caused by Government regulations or control
5. Cancellation by **Common Carrier** which was scheduled for departure for such **Trip**.

In the event of same claim being admissible under both **3.12. Add on - Trip Interruption** and **5.1. Add on - Accommodation Cancellation**, the amount that is payable under this Coverage **5.1. Add on - Accommodation Cancellation** shall not be admissible under **3.12. Add on - Trip Interruption**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any of the covered causes for **Trip Cancellation**, which were known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Medical records / Death certificate of insured, companion or **Immediate Family Member**.
5. Details / supporting documents of amount refunded by Accommodation and food bills.
6. Copy of Ticket and copies of Correspondence with the Airline related to trip cancellation.
7. Any other documentary evidences, like news paper cutting etc. related to Mass bandhs or widespread **Strikes/Catastrophe** acknowledged/published by **Public Authority** if any.

5.2. Add on - Bounced Booking of Accommodation

Definitions specific to this coverage:

1. **Covered Expenses:** Means the difference of cost for an alternate accommodation incurred by the **Insured Person** for lodging in a similar room type and accommodation at the same location coinciding with the same time period for which the Original booking was done. Such **Covered expenses** shall also cover reasonable and necessary **Transportation** expense incurred to reach alternate accommodation from the Original accommodation booked.

Coverage:

The Company will reimburse Covered Expenses as mentioned in **Policy Schedule / Certificate of Insurance** if the **Insured Person** is denied a check-in in the accommodation, during **Trip**, in which the **Insured Person** had done a confirmed reservation prior to the check-in date, provided that:

1. The **Insured Person** should have reached the accommodation for check-in within the stipulated hours as per the rules and regulations of the place of accommodation.
2. The **Insured Person** should be carrying all requisite documents required to be produced at the time of check-in
3. The **Insured Person** should have provided sufficient financial guarantee / advance required at the time of booking / check-in.
4. **Insured Person** should not pose any health, safety or security risk for the accommodation.
5. Not more than one **Claim** will be accepted under this Coverage.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this coverage shall not cover any **Claim** arising out of the following under this Coverage:

1. Any booking for which **Insured Person** is unable to furnish proof of booking/payment, and bounced booking.
2. Any contractual breach by **Insured Person** including but not limited to non-adherence to the terms and conditions of the booking service provider.
3. If **Insured Person** had any waitlisted booking irrespective of whether such bookings have been promised to be confirmed later.
4. Where the alternative arrangements for accommodation is provided by accommodation provider within reasonable time period of commencement of stay covered by the earlier confirmed accommodation booking.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly filled and signed by the **Insured Person**.
2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
3. Copy of cancelled cheque/NEFT form.
4. Correspondence with Accommodation service provider or hotel booking agency for confirmed advance booking and the reason for bounced booking of the Accommodation.
5. Details / supporting documents of amount refunded by Accommodation.

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5.3 Add on- Emergency Accommodation Extension

Definitions specific to this coverage:

1. **Covered Expenses** means additional lodging charges (excluding telephone costs, meals and beverages) for a maximum of 3 consecutive days necessarily incurred by **Insured Person**, in the place of his **Hospitalization**.

Coverage:

The **Company** will reimburse the **Covered Expenses**, in the event of extension of **Insured Person's Trip** beyond the **Policy / Certificate End date** due to the **Insured Person's Hospitalization**, whilst on **Trip**, for more than 2 consecutive days during the **Policy / Certificate Period**.

The coverage will trigger only if the **Insured person's** extended stay in the Accommodation was not part of the planned stay or covered under the original hotel booking;

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this coverage shall not cover: -

1. Any extension opted in furtherance of business or personal reasons.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. **The Company** may call for additional documents/information as relevant. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly filled and signed by the **Insured Person**.
2. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking of **Insured Person**.
3. Copy of cancelled cheque/NEFT form.
4. Medical practitioner confirmation of the medical condition.
5. Payment receipt of current stay and extension of hotel booking with the documentation.
6. Copy of Medical records/discharge summary of **Hospitalisation** /treating doctor's report and Prescription.
7. Copy of diagnostic reports/Pathological/Radiological reports, if any

6. OTHER CONTINGENCIES

6.1. Add on - Adventure Sports Cover

Definitions specific to this Cover

1. **Adventure Sports** means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.

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Coverage

If the **Insured Person** participates in **Adventure Sports** performed under expert supervision of trained professionals whilst on a **Trip**, the **Company** will pay / reimburse for a **Claim** arising out of an **Injury** during participation in such **Adventure Sports** under the following coverages whichever have been opted under this **Policy Schedule /Certificate of Insurance** as per the applicable :

- 1.1.a Base Cover - Medical Expenses – Accident and illness
- 1.1.b Base Cover - Medical Expenses – Accident only
- 1.3. Extension - Emergency Medical Evacuation
- 1.4. Extension - Repatriation of Mortal Remains
- 1.5 Extension -Post – Hospitalization
- 2.1.a. Base Cover-Accidental Death (24 Hours)
- 2.1.b. Base Cover-Accidental Death (Common Carrier Only)
- 2.2. Extension - Permanent Total Disability

Admissibility and assessment of **Claim** arising out of **Adventure Sports** shall be as per the terms, conditions and limits as applicable to the above-named coverages

Coverage is exclusively for non- professional activities, wherein the **Insured Person** engages in **Adventure Sports** only for leisure.

If this Coverage is opted, then Section 4.A.2: Exclusion stands modified to the extent above

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Documentation as in 1.1. Medical Expenses, 1.3 Extension – Emergency Medical Evacuation, 1.4 Extension – Repatriation of Mortal Remains, 1.5 Extension- Post-Hospitalisation, 2.1 Accidental Death and 2.3 Extension – Permanent Total Disability

6.2. Add on - Personal Liability

Definitions specific to this coverage:

1. **Third Party:** Means any individual other than **Insured Person** or his **immediate Family Members** or his **Travelling Companion** or members of the **Family** which the **Insured Person** may be visiting on the **Trip**.

Coverage:

Property Damage

The **Company** will reimburse up to The **Company's** limit of liability for the **Property Damages** for

which **Insured Person** is legally liable whilst on a **Trip**. If a **Claim** is made and a suit is brought by a **Third Party** against **Insured Person** for **Property Damage** caused by an occurrence to which this coverage applies.

Medical Payment to Others

The **Company** will reimburse **Medical Expenses** that are incurred or medically ascertained within one (1) year from the date of an **Accident** causing bodily **Injury** to a **Third Party** whilst on **Trip** for which **Insured Person** is legally liable. This coverage applies only if the **Bodily Injury** is caused by **Insured Person's** activities.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Liability which arises out of an intentional act of the **Insured Person** and the **Insured Person** had prior knowledge of the consequences that may arise because of such act.
2. Any liability **Claim** which is intimated or brought post twelve (12) months from the date of occurrence of an event leading to a liability **Claim**.
3. Liability arising out of or in connection with a Business engaged in by **Insured Person**. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business.
4. Liability arising out of the rental or holding for rental of any part of any premises by **Insured Person**.
5. Liability arising out of the **Insured Person's Place of Residence**.
6. Liability arising out of the rendering of or failure to render professional services.
7. Liability arising out of a premise, watercraft or aircraft that is owned by, rented to or rented by **Insured Person**.
8. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, watercraft or aircraft.
9. Liability arising out of the transmission of a communicable Disease by **Insured Person**.
10. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.
11. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization.
12. Liability under any contract or agreement.
13. **Property damage** to property owned by **Insured Person**.
14. **Property damage** to property rented to, occupied, or used by or in the care of **Insured Person**.

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15. Bodily **Injury** to any person eligible to receive any benefits voluntarily provided or required to be provided by **Insured Person** under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law.
16. Suits or legal actions arising from **Insured Person's Immediate Family Member** or **Traveling Companion** or **Immediate Family Member** of a **Traveling Companion** against **Insured Person**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Full statement of the facts in writing along with Witness statements.
5. Any other documents relevant to the incident, including Summons, Legal Notice etc.
6. Any other information and/or document relevant to the incident/**Claim**.

6.3. Add on - Electronic Equipment Cover

Definition specific to this Coverage

1. **Contents:** Means the following not used for Business or Business Purposes, so long as they are owned by **Insured Person** and/or his **Family** and are legally responsible for them:
 - a) Household goods, such as furniture, fixtures, fittings, **Home** appliances, interior decorations and items of like nature excluding portable **Electronic Equipment**.
 - b) **Personal effects** such as clothes and other articles of personal nature likely to be worn, used or carried but excluding deeds, bonds, bill of exchange, promissory notes, cheques, money, jewellery and valuables, document of any kind and cash.
2. **Theft:** Means an act of illegally permanently depriving **Insured Person** and /or **Insured Person's Immediate Family Member** of the possession of the **Contents** by any person by violent or forceful means or otherwise.
3. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
4. **Electronic Equipment:** Shall mean any Laptop, Tablet, Mobile Phone or SLR / DSLR carried by the **Insured Person** for personal and official use. However, accessories like Headphones, Charger, Mouse, Stylus etc. shall be excluded from this definition
5. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.

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Coverage

The **Company** will reimburse for loss incurred by the **Insured Person** arising out of **Theft** or accidental damage of the portable **Electronic equipment**, whilst on **Trip** during the **Policy / Cover period**, provided that the liability of **The Company** shall in no case exceed the sub-limit of each item subject to the aggregate liability under this cover as specified in the **Policy Schedule / Certificate of Insurance**.

The Sublimit for each item will be 25% of the aggregate liability of this coverage.

Loss incurred will be payable in the following manner: -

- a) In the event of a total loss of an item **The Company** shall be liable to pay lower of, the Replacement cost of the item (or, if not readily available, then an item of equivalent but not better quality) or the purchase value, less depreciation applicable as per the table give below.

Age of the Equipment	Depreciation %
0 – 6 months	30%
6 – 12 months	45%
12 – 18 months	60%
18 > months	75%

- b) In the event of partial loss of an item on account of any damage, **The Company** shall be liable to pay the Cost of repair or refurbishment. However, the liability of **The Company** under partial loss shall not exceed the amount it would have paid in case such an item was a total loss.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover: -

1. Expenses for any loss or destruction, which will be paid or refunded by the **Common Carrier**, hotel, agent or any other provider of travel and/or accommodation.
2. Expenses for any loss of stored data or re-creation of such stored data.
3. Expenses for any loss, damage of Portable **Electronic Equipment** caused due to the **Insured Person's** fault (willful negligence on behalf of the user).
4. Expenses for any actual or alleged loss or destruction arising from detention, confiscation or distribution by customs, police or other **Public Authorities**.
5. General wear and tear
6. Consequential Loss or legal liability of any kind.
7. Manufacturing defects and or Pre-Existing defects
8. Functional Failure which is covered under extended warranty.
9. Climatic Conditions and maintenance Cost

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10. Any functioning or malfunctioning of the internet or similar facility, or of any intranet or private network or similar facility,
11. Any corruption, destruction, distortion, erasure or other loss or damage to data, software, or any kind of programming or instruction set.
12. Loss of use or functionality whether partial or entire of data, coding, program, software, any computer or computer system or other device dependent upon any microchip or embedded logic, and any ensuing liability or failure of the **Insured Person** to conduct business. This shall not exclude subsequent damage not otherwise excluded which itself results from an insured peril
13. Loss or damage due to misplacement, misuse, reckless, abusive, willful or intentional conduct associated with handling and use of the covered item.
14. Any cosmetic loss or damage including but not limited to scratches and dents that do not otherwise affect the functionality of the covered item.
15. Loss or damage arising out of the misuse of or use other than in accordance with manufacturer's recommendation of, or use of any accessory which has not been approved by the manufacturer with the insured appliances

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Copy of FIR/Final Police Report for loss of items.
5. Itemized list of lost items along with Invoices or bills/receipts of items lost.

6.4. Add on - Home Content Burglary

Definition specific to this Coverage

1. **Contents:** Means the following not used for Business or Business Purposes, so long as they are owned by **Insured Person** and/or his **Family** and are legally responsible for them:
 - a. Household goods, such as furniture, fixtures, fittings, **Home** appliances, interior decorations and items of like nature excluding portable **Electronic Equipment**.
 - b. **Personal effects** such as clothes and other articles of personal nature likely to be worn, used or carried but excluding deeds, bonds, bill of exchange, promissory notes, cheques, money, jewellery and valuables, document of any kind and cash.

2. **Theft:** Means an act of illegally permanently depriving **Insured Person** and /or **Insured Person's Immediate Family Member** of the possession of the **Contents** by any person by violent or forceful means or otherwise.
3. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
4. **Domestic Staff:** Means any person employed by Insured Person solely to carry out domestic duties associated with **Insured Person's Place of Residence** but does not include any person employed in any capacity in connection with any Business, trade or profession.
5. **Electronic Equipment:** Shall mean any Laptop, Tablet, Mobile Phone or SLR / DSLR carried by the **Insured Person** for personal and official use. However, accessories like Headphones, Charger, Mouse, Stylus etc. shall be excluded from this definition.
6. **Kutcha Construction:** Means buildings having walls and/or roofs of wooden planks, thatched leaves, grass, bamboo, plastic, cloth, asphalt, canvas, tarpaulin or the like.
7. **Robbery:** means the unlawful taking of the **Insured Person's** property, by a person or person(s), using violence or the threat of violence and who has/have caused or threatened physical harm to the **Insured Person**, the **Insured Person's Spouse** and/or **Children**.

Coverage

The Company will reimburse the loss and/or damage caused to the **Contents** of the **Insured Person's Place of Residence** due to **Burglary** or attempted **Burglary** or **Robbery** while the Insured Person is on **Trip**. Liability of **The Company** under this Coverage for any single item shall not exceed 20% of the **Sum Insured**.

Loss incurred will be payable in the following manner: -

In the event of a total loss of an item **The Company** shall be liable to pay lower of, the Replacement cost of the item (or, if not readily available, then an item of equivalent but not better quality) or the purchase value, less depreciation applicable as per the table give below.

Age of the Content	Depreciation %
0 – 1 Year	20%
1 – 2 Year	35%
2 – 3 Year	50%
3 – 4 Year	70%
> 4 Years	80%

In the event of partial loss of an item on account of any damage, **The Company** shall be liable to pay the cost of repair or refurbishment. However, the liability of **The Company** under partial loss shall not exceed the amount it would have paid in case such an item was a total loss.

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Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. If **Insured Person** and/or his **Family** and/or **Domestic Staff** are in any way involved in concerned or with the actual or attempted Burglary.
2. **Kutchha Construction.**
3. Loss or damage to livestock, motor vehicles, pedal cycles, money, securities for money, stamp, bullion, deeds, bonds, bills of exchange, promissory notes, stock or share certificates, business books, manuscripts, documents of any kind, unset precious stones, jewellery, valuables, ATM or credit cards
4. Consequential Loss or legal liability of any kind.
5. Loss, destruction, **Theft, Burglary** or damage to portable **Electronic Equipment.**
6. Loss or damage caused by use of key in **Place of Residence** or any duplicate thereof belonging to **Insured Person**, unless such key has been obtained by assault or violence or any threat thereof.
7. Loss, destruction or damage to any electrical machine, apparatus, fixture or fitting arising from or occasioned by over running, excessive pressure, short circuiting, arcing self-heating or leakage of electricity.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person.**
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Incident details.
5. Copy of FIR, Panchanama etc.
6. Copy of estimate loss acknowledged by Police.
7. Any other documentary evidences, like newspaper cutting etc. if any.

6.5. Add on - Travel with Pet Cover

Definitions specific to this coverage:

1. **Pet:** Means a household animal kept for companionship and a person's enjoyment, as opposed to wild animals or livestock, laboratory animals, working animals or sport animals and not for the purposes of commerce or research.

Coverage:

- a) **The Company** will reimburse the expenses of the medical treatment of the **Insured Person's Pet** which is travelling along with the **Insured Person**, if the **Pet** suffers any **Injury** due to an **Accident** whilst on a **Trip**.
- b) **The Company** will also reimburse the costs for kennel fees for **Pets** owned and travelling along with the **Insured Person** in the event that **Insured Person** is **Hospitalized as Inpatient** and this results in a delayed return for more than 24 consecutive hours at the end of the original pre-booked **Trip**, maximum up to days as mentioned in the **Policy Schedule/Certificate of Insurance**

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. Any Facts or matters, which might result in the curtailment of the **Trip**, which the **Insured Person** was or should have been aware
2. Expenses for Costs for **Transportation** of mortal remains of the **Insured Person's Pet** from the **Place of Death** to the **Place of Residence** of the **Insured Person**.
3. Pet that has been not validly transported and accommodated in accordance with the rules of **Common Carrier**, hotel or other provider of accommodation.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking
4. Treating Doctor's report for **Insured Person/Pet**.
5. Copy of Medical records/discharge summary and Prescription if applicable for **Insured Person/Pet**.
6. Original Bills/Receipts /Kennel fees for pet.
7. Copy of diagnostic reports/Pathological/Radiological reports, if any for **Insured Person/Pet**.
8. Original invoice and receipt for accommodation expenses.

6.6. Add on - Replacement and Rearrangement - Business Trip Only

Definition specific to this Coverage

1. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.

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2. **Travel Expenses** for this Coverage shall mean, the cost incurred in -

- To and fro fare for the replacement of the **Insured Person** who will perform the duties which were being undertaken by the **Insured Person**. Such to and fro fare will be from the **Place of Origin** to the place where **Insured Person** was working.

Or,

- To and fro fare of the **Insured Person** from the place where **Insured Person** was working to his **Place of Destination**

Coverage

The Company will reimburse **Travel Expenses** incurred whilst on a **Trip** as a result of:

- Disablement of **Insured Person** which totally prevents him from carrying out the **Insured Person's** occupational duties provided that such disablement has lasted (or is proven by medical evidence to be likely to last) more than Seven (7) Days.
- Death of **Insured Person's Immediate Family member**.
- Compulsory quarantine, jury service or witness call of an **Insured Person** or **Travelling Companion**.
- Insured Person's Place of Residence** or Business being rendered uninhabitable 10 Days or less prior to intended travel on a **Trip** as a result of Accidental damage
- Insured Person's** presence being required by the police following **Burglary** or attempt there at the **Insured Person's Place of Residence or Business**.

Conditions

- Liability under this Cover shall be admissible either for the replacement or for the **Insured Person** and not both
- To and fro journey should complete within six (6) months.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

- Pregnancy and resulting childbirth, miscarriage or disease of the female organs of reproduction.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

- Claim form duly completed and signed by **Insured Person**.
- Copy of cancelled cheque/NEFT form.

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3. Copy of original and new Ticket & Boarding Pass of **Insured Person** with original scheduled itinerary and date of booking.
4. Copy of Ticket and Boarding pass for the replacement.
5. Employer confirmation with reason for the replacement of the **Insured person**.
6. Copy of Medical records/discharge summary in case of **Hospitalisation** /Treating Doctor's report and Prescription if applicable.
7. Copy of diagnostic reports/Pathological/Radiological reports, if any.
8. Certificate from competent medical authority / Doctor like Civil Surgeon, confirming the Disability - percentage of disability/ period and prognosis for **Insured Person**.
9. Copy of Death Certificate with a cause of death of **Immediate Family Member**.
10. Copy of Bills of Travel tickets for insured and replacement.
11. Original invoice and receipt for accommodation expenses for the replacement.

6.7. Add on - Key Replacement

The Company will reimburse the **Insured Person**, up to **Sum Insured** as mentioned in the **Policy Schedule / Certificate of Insurance**, for replacing the keys of **Place of Residence** and/or the keys of the vehicle, which the **Insured Person** owns, which are lost or stolen whilst the **Insured Person** is on **Trip**, provided that such keys are carried in person by the **Insured Person** whilst on **Trip**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Copy of FIR/Police Report (Stating the loss of items),
5. Proof of loss in writing -for Loss of key.
6. Expenses towards the Replacement of lost Key of residence/vehicle.

6.8 Add on – Terrorism Cover

Definitions specific to this coverage:

1. **Act of Terrorism** means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious,

ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.

Coverage:

In lieu of payment of additional premium clause no: Section 4- Exclusion 4.A.3 under Policy Wordings stands deleted

6.9. Compassionate Visit

6.9.a. Add on - Compassionate Visit Travel

The Company will reimburse actual cost of a round trip economy airfare ticket on a scheduled airline for an **Immediate Family Member** of the **Insured Person** to travel to the place of **Hospitalisation** where **Insured Person** is under **Emergency Care** due to **Illness/ Injury** whilst on a **Trip**.

Provided that

- The treating **Medical Practitioner** advises that the attendance of an **Immediate Family Member** is necessary.
- Insured Person** is alone at the place of **Hospitalisation** and such **Hospitalisation** is for at least three (3) continuous days.
- Such **Immediate Family Member's** departure from the **Place of Origin** should be within the **Hospitalisation** period.
- Such **Immediate Family Member's** return journey to **Place of Destination** does not commence later than the actual return date or **Cover Period End Date** of the **Insured Person**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

- Claim form duly completed and signed by **Insured Person**.
- Copy of cancelled cheque/NEFT form.
- Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
- Copy of Medical records / Discharge summary.
- Copy of diagnostic reports/Pathological/Radiological reports, if any..
- Copy of new Ticket & Boarding Pass of **Immediate Family Member**
- Copy of original scheduled itinerary for the **Insured Person**.

6.9.b. Add on - Compassionate Visit Stay

Definitions specific to this coverage:

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1. **Covered Expenses** means any charges for meals and lodging which were necessarily incurred for **Immediate Family Member** at the place of **Hospitalization**.

Coverage:

The Company will reimburse **Covered Expenses** for an **Immediate Family Member** at the place of **Insured Person's Hospitalisation** who is under **Emergency Care** due to **Illness/ Injury**, whilst on a Trip.

Provided that

- a) The treating **Medical Practitioner** advises that the attendance of an **Immediate Family Member** is necessary.
- b) **Insured Person** is alone at the place of **Hospitalisation** and such **Hospitalisation** is for at least three (3) continuous days.
- c) **Immediate Family Member** is available till discharge of the **Insured Person**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Copy of Medical records /discharge summary in case of **Hospitalisation** / Treating Doctor's report and prescription if applicable.
5. Copy of diagnostic reports/Pathological/Radiological reports of the **Insured Person**.
6. Bills and receipts for accommodation and meals of **Immediate Family Member** during the compassionate visit.
7. Copy of new Ticket & Boarding Pass for **Immediate Family Member**.

6.10 Add on - Pandemic Cover

Coverage

The Company will pay a fixed amount in the event the **Insured Person**, whilst on a **Trip**, is diagnosed with the same **Illness** which has been declared as a pandemic as at a Phase 4 or higher level by the World Health Organization.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**
2. Copy of cancelled cheque/NEFT form
3. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
4. Proof that this illness has been declared as a pandemic as at a Phase 4 or higher level by the World Health Organization.
5. Copy of Medical records/discharge summary in case of **Hospitalisation**/ Treating Doctor's report and Prescription if applicable
6. Copy of diagnostic reports/Pathological/Radiological reports of the **Insured Person**.

6.11 Add on -Major Travel Event Cover

Definitions specific to this coverage:

1. **Major Travel Event** means:
 - Which has been declared as a pandemic as at a Phase 4 or higher level by the World Health Organization by appropriate Authority in the place of visit.
 - Any event leading to **Quarantine** of the **Insured Person**
 - For which a warning against non-essential travel is issued by the Indian government.
 - Major industrial accident in the place of visit.
 - Any event leading to airspace or multiple airport closures directly impacting the **Trip**.
2. **Quarantine** means isolation of an individual either due to Diagnosis or suspected infection of **Pandemic**, by appropriate Authority in the place of visit. For the purposes of this Policy, such Quarantine should be done in a Government Authorized Quarantine Centre on advice of a medical practitioner or Central or the State Government Authorities. Self-isolation and home-quarantine falls out of purview of this definition.

Coverage:

Coverage as detailed in 3.3 Add on - Trip Cancellation, 3.4 Add on - Trip Cancellation – Due to Event Cancellation and 3.12 Add on - Trip Interruption are extended to cover for **Claim** as admissible under the respective Add-ons , arising out of a **Major Travel Event**

The above Coverage is subject to the Trip being booked prior to the occurrence of **Major Travel Event**.

Exclusion

In addition to the General Exclusions listed in this **Policy**, this coverage shall not cover: -

1. Self Isolation and Home Quarantine

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Documentation as in 3.3 Add on - Trip Cancellation, 3.4 Add on - Trip Cancellation – Due to Event Cancellation, 3.12 Add on - Trip Interruption.

6.12 Add On- Quarantine Cover

Definitions specific to this coverage:

1. **Quarantine** means isolation at the place of visit of an individual due to diagnosis of the disease within the period of the trip provided such disease has been declared as **Pandemic**. For the purpose of this Policy, such Quarantine, on advice of a medical practitioner or Central or the State Government Authorities, should be done either at the place of accommodation which the **Insured Person** had booked before the commencement of trip or any accommodation specifically declared as a Quarantine facility or in a Government Authorized Quarantine Centre.
2. **Pandemic** means an out-break of disease which has been declared at a Phase 4 or higher level by the World Health Organization.

Coverage:

The Company will pay a fixed amount in the event the **Insured Person** is quarantined for at least 7 consecutive days whilst the **Insured Person** is on Trip.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this coverage shall not cover: -

1. The **Insured Person** should not have travelled against the travel advisory, whether in-force or freshly issued by Government of India at any time during the **Policy Period**.
2. Cluster Containment operations carried out by State or Central Government or self-isolation to contain the spread of **Pandemic**.
3. Testing done at a Diagnostic center other than the ones authorized by the Union Health Ministry of India shall not be recognized under this **Policy**.
4. Home **Quarantine** or **Quarantine** at any relative or friends place.
5. Any other kind of **Quarantine** which is outside the scope of definition of **Quarantine**.
6. In case the **Insured Person** had stayed with a person who is either Diagnosed or is suspected positive with the infection of the **Pandemic**, provided the gap between such co-habitation and the Trip start date is lesser than the prescribed isolation period for such **Pandemic**.

Claims documentation specific to this Coverage:

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1. Claim form duly filled and signed by the **Insured Person**.
2. Copy of Ticket with original scheduled itinerary and date of booking of **Insured Person**.
3. Copy of cancelled cheque/NEFT form.
4. Notice or equivalent proof of Quarantine
5. Identity proof of the patient.
6. Bills of the Hotel and a written proof of Quarantine by the Hotel.
7. Medical Bills and Reports in case the treatment was taken along with the report on positive Diagnosis of the infection.

6.13 Add On-Catastrophe Evacuation

Definitions specific to this coverage:

1. **Catastrophe:** Means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption at locations which are forming part of the trip.
2. **Covered Expenses:** Means expenses, which are incurred for **Transportation of Insured Person's Emergency Evacuation**. All **Transportation** arrangements made for evacuating the **Insured Person** must be by the most direct and economical route possible.

Coverage:

The **Company** will reimburse **Covered Expenses** for returning to **Place of Destination** from the **Trip** on account of an **Emergency Evacuation** arising out of **Catastrophe** necessitating immediate Evacuation in order to avoid risk of personal **Injury** or **Illness**.

An **Emergency Evacuation** must be arranged and authorized in advance by the **Assistance Company**.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. The **Company** may call for additional documents/information as relevant. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly filled and signed by the **Insured Person**.
2. Copy of Ticket with original scheduled itinerary and date of booking of **Insured Person**
3. Copy of cancelled cheque/NEFT form.
4. Copy of Notification is issued by the Government of the City where **Insured Person** is visiting, that people which include the **Insured Person**, should leave the City.

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6.14 Add on -Loss of Cash

Definitions specific to this coverage:

1. **Checked-In Baggage** means the baggage entrusted by **Insured Person** and accepted by **Common Carrier for Transportation** for which a baggage receipt is issued to **Insured Person**.
2. **Theft** means an act of illegally permanently depriving **Insured Person** and /or **Insured Person's Immediate Family Member** of the possession of the contents by any person by violent or forceful means or otherwise.
3. **Burglary** means an act involving the unauthorized and forcible entry to or exit from the **Insured Person's Place of Residence** with an intent of committing a **Theft**.
4. **Electronic Equipment:** Shall mean any Laptop, Tablet, Mobile Phone or SLR / DSLR carried by the **Insured Person** for personal and official use. However, accessories like Headphones, Charger, Mouse, Stylus etc. shall be excluded from this definition.
5. **Robbery** means the unlawful taking of the **Insured Person's** property, by a person or person(s), using violence or the threat of violence and who has/have caused or threatened physical harm to the **Insured Person**, the **Insured Person's Spouse** and/or **Children**.

Coverage:

The **Company** will indemnify the **Insured Person** for any loss of Cash arising out of **Theft, Robbery** or dacoity in relation to **Insured Person** during **Trip**.

The **Company** shall not be liable for:

- a) Any loss which will be paid or refunded by the **Common Carrier**, hotel, agent or any other provider of travel and/or accommodation.
- b) Any loss of Valuables, any kinds of securities or tickets.
- c) Any loss of Cash contained in **Checked-in Baggage**.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. This shall exclude all the items that are carried / transported under a contract of affreightment.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by **Insured Person**.
2. Copy of passport/Visa with Entry & exit stamp.
3. Copy of cancelled cheque/NEFT form.

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4. Copy of Ticket & Boarding Pass with original scheduled itinerary and date of booking.
5. Copy of FIR/Police Report (Stating the loss of cash), subject to relevant authorities having jurisdiction at the place of the loss within 48 hrs. after the incident.
6. Proof of loss in writing from **Common Carrier** or Accommodation authorities with compensation details.

7. Rental Vehicle Contingencies

The Company will pay or reimburse under Add on-7.1 – Rental Vehicle Cancellation and / or 7.2- Rental Vehicle No show as per the Benefit / terms & conditions defined under the respective clauses provided the :

- i. **Rental Agreement** is in the name of the **Insured Person**.
- ii. The **Insured Person** holds a valid driving license for the period for which the vehicle has been rented and which is effective at the time of insured journey.

7.1 Add on- Rental Vehicle Cancellation

Definitions specific to this coverage:

1. **Catastrophe:** means an unexpected natural event, such as an earthquake, tsunami or flood which causes widespread loss, damage, or disruption in the **Place of Origin**.
2. **Covered Expenses** means the non-refundable booking charges incurred by the **Insured Person** for the **Rental Vehicle** which is not recoverable from any other source.
3. **Public Authority:** Means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, and command, determine, or judge.
4. **Rental Agreement** means the contract of hire between the **Insured Person** and the **Rental Company**.
5. **Rental Company** means a company, or agency, fully licensed by the relevant local regulatory authority to provide **Rental Vehicles**.
6. **Rental Vehicle** means any passenger vehicle, rented by the **Insured Person** under a **Rental Agreement** from the **Rental Company**. Such **Rental Vehicle** should be for the **Insured Person** or **Insured Person's Family's** usage for the purpose of **Trip**.
7. **Strike:** Means any labor disagreement, which interferes with the normal departure of **Scheduled Airlines/Scheduled Railways** and is defined as legal by relevant authorities in the respective **Place of Origin**.

Coverage:

The Company will reimburse **Covered Expenses** in the event of cancellation of the **Rental Vehicle** booking by the **Insured Person**, prior to commencement of the **Trip** due to:

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- Illness and / or Injury requiring **Hospitalisation** or death of **Insured Person**, **Insured Person's Traveling Companion**, **Insured Person's Spouse** and/or **Parent** and/or **Child (ren)**, **Insured Person's Traveling Companion's Spouse** and/or **Parent** and/or **Child (ren)**.
- Occurrence of a **Catastrophe**.
- Mass bandhs or widespread **Strikes** acknowledged / published by **Public Authority**, which the **Insured Person** could not reasonably avoid or plan ahead in time.
- Trip Cancellation caused by Government regulations or control.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy**, this Coverage shall not cover: -

1. Cancellation due to any reason, which was known to **Insured Person** prior to the booking date of **Insured Person's Trip** or **Policy** issue date whichever is later.

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents.

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of **Rental Vehicle** Booking Bills with original scheduled itinerary and date of booking.
4. Medical records / Death certificate of insured, companion or **Immediate Family Member**.
5. Details / supporting documents of amount refunded by **Rental Company**.
6. Any other documents evidences, like newspaper cutting etc. related to Mass bandhs or widespread **Strikes/Catastrophe** acknowledged/published by **Public Authority** if any.
7. Copy of **Rental Agreement**

7.2 Add on- Rental Vehicle No Show

Definitions specific to this coverage:

1. **Rental Agreement** means the contract of hire between the **Insured Person** and the **Rental Company**.
2. **Rental Company** means a company, or agency, fully licensed by the relevant local regulatory authority to provide **Rental Vehicles**.
3. **Rental Vehicle** means any passenger vehicle, rented by the **Insured Person** under a **Rental Agreement** from the **Rental Company**. Such **Rental Vehicle** should be for the **Insured Person** or **Insured Person's Family's** usage for the purpose of **Trip**.

Coverage

The Company will pay a fixed amount as mentioned in the **Policy Schedule / Certificate of Insurance** in the event the **Rented Vehicle** is not delivered to the **Insured Person** by the time and place mentioned in the **Rental Agreement**.

Compensation for such cancellation shall be payable after the application of **Time Deductible** on the Scheduled Arrival time.

Exclusions Specific to this coverage:

In addition to the General Exclusions listed in this **Policy** this Coverage shall not cover: -

1. No show arising out of **Insured Person** not completing the paperwork/registration formalities required by the **Rental Company**.
2. No show arising out of any due payment not made by **Insured Person**

Claims documentation specific to this Coverage:

Below is a general check-list of documents. This should be read in conjunction with Policy Wordings - Section 5, Claim procedure and Documents

1. Claim form duly completed and signed by the **Insured Person**.
2. Copy of cancelled cheque/NEFT form.
3. Copy of **Rental Vehicle** Booking Bills with original scheduled itinerary and date of booking.
4. Copies of Correspondence with the **Rental Company** certifying with reason for No Show.

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