Policy Wordings

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance cover, described in this Policy and any endorsements thereto, for the Insured Period, as defined in the Policy schedule. The insurance cover provided under this Policy is only with respect to such and so many of the benefits upto the Sum Insured as mentioned in the Policy Schedule. Commencement of risk cover under the policy is subject to receipt of premium by us.

The statements contained in the Proposal signed by the Policyholder (You) shall be the basis of this Policy and are deemed to be incorporated herein. The insurance cover is governed by and subject to, the terms, conditions and exclusions of this Policy.

For Tata AIG General Insurance Company Limited

Authorized Signatory

Appendix II: Endorsements

A. Inclusion of Covers Endorsements (Additional Covers)

It is hereby agreed that any and all endorsements issued with this Policy or endorsed thereon in shall be expressly subject to the terms and conditions and exclusions of this Policy, except to the extent expressly varied by the endorsement and shall become applicable only upon endorsement and after Our receipt of requisite additional premium. All other Policy terms, conditions and exclusions shall remain unchanged.

A1 Inclusion of Critical Illness Cover

A1.1 Inclusion of Critical Illness Cover on Benefit basis

If an Insured Person is diagnosed with any of the listed & defined Critical Illnesses during the Policy Year, We will pay the Critical Illness Sum Insured specified in the Policy Schedule/Certificate Of Insurance provided that:

i. This cover shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. The payment of the Benefit shall be subject to survival of the Insured Person for the period specified as Survival Period for Critical Illness in the Policy Schedule/Certificate Of Insurance from the date of diagnosis of the Critical Illness.

iii. Upon Our admission of the first claim under this Benefit in respect of an Insured Person in any Policy Year, the cover under this Benefit shall automatically terminate in respect of that Insured Person.

iv. Our total and cumulative liability in respect of an Insured Person under this Benefit will be limited to the Critical Illness Sum Insured opted.

v. This Benefit is paid as a lump sum amount and is **over and above** the In-patient Sum Insured.

A1.2 Inclusion of Critical Illness Cover on Indemnity basis

If an Insured Person is diagnosed with any of the listed & defined Critical Illnesses during the Policy Year, We will pay the expenses incurred in relation to In-patient Treatment, Pre-Hospitalisation Expenses, Post-hospitalisation Expenses, Day Care Procedures, Domiciliary Treatment and Organ Donor Expenses upto the Sum Insured specified in the Policy Schedule/ Certificate Of Insurance, provided that:

i. This cover shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. Our total and cumulative liability during the Policy Year for an Insured Person under this cover will be limited to the Critical Illness Sum Insured opted **over and above** the In-patient Sum Insured and Corporate Floater (if opted).

iii. This Benefit payable will be on an indemnity basis.

iv. Any Restored Sum Insured will not be available for coverage under this Section. Restored sum insured shall mean the Inpatient Sum Insured reinstated upon exhaustion of the Sum Insured during the policy period.

A1.3 Definitions of Critical Illness

A "Critical Illness" shall mean any one of the following critical illness with specific meaning as defined in the policy:

Sl. No.	Critical Illness
1	Blindness
2	Cancer
3	Open Chest CABG
4	Creutzfeldt Jakob Disease
5	Kidney Failure Requiring Regular Dialysis
6	Open Heart Replacement or Repair of Heart Valves
7	Major organ Transplant
8	Motor Neutron Disease with permanent symptoms
9	Multiple Sclerosis with persisting symptoms
10	Myocardial Infarction (First Heart Attack of specific severity)
11	Permanent Paralysis of Limbs
12	Primary Pulmonary Hypertension
13	Progressive Scleroderma
14	Stroke resulting in permanent symptoms
15	Third Degree Burns

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1 *Blindness*

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or ;

ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2 *Cancer*

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

The following are excluded:

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

3 *Open Chest CABG*

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

ii. The following are excluded:

a. Angioplasty and/or any other intra-arterial procedures

4 *Creutzfeldt-Jakob disease*

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

5 *Kidney Failure requiring regular dialysis*

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

6 *Major Organ Transplant*

i. The actual undergoing of a transplant of:

a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

ii. The following are excluded:

a. Other stem-cell transplants

b. Where only Islets of Langerhans are transplanted

7 *Motor Neuron Disease with Permanent Symptoms*

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

8 *Multiple Sclerosis with persisting symptoms*

i. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

ii. Other causes of neurological damage such as SLE and HIV are excluded.

9 *Myocardial Infarction (First Heart Attack of specific severity)*

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

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

b. New characteristic electrocardiogram changes

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

ii. The following are excluded:

a. Other acute Coronary Syndromes

b. Any type of angina pectoris

c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

10 *Open Heart Replacement or Repair of Heart Valves*

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

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

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11 Permanent Paralysis of Limbs

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

12 Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

  i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

  ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

13 Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

a. Localised scleroderma (linear scleroderma or morphea);

b. Eosinophilicfascitis; and

c. CREST syndrome.

14 Stroke resulting in permanent symptoms

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

ii. The following are excluded:

  a. Transient ischemic attacks (TIA)

  b. Traumatic injury of the brain

  c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

15 Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

A1.4 Specific Conditions Applicable to Critical Illness Cover

i. The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed surgical procedures for the first time.

ii. Waiting Period as specified in the policy schedule / Certificate of Insurance shall be applicable for this benefit from the policy commencement date.

iii. Survival Period as specified in the policy schedule / Certificate of Insurance shall be applicable for this benefit from the date of diagnosis.

A1.5 Specific Exclusions Applicable to Critical Illness Cover

In addition to the policy exclusions, following exclusions shall be applicable for this critical illness cover. We will not pay for critical illness benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

i. Any Pre-existing Condition, or its related conditions arising from it, or

ii. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed , or

iii. Any Critical Illness/Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

A2 Inclusion of Corporate Floater

A2.1 Inclusion of Corporate Floater for Critical Illness

We will provide a Corporate Floater of amount as specified in the policy schedule/Certificate of Insurance during the Policy Period for listed Critical Illnesses.

i. This sum insured will be available for those insured person, who have already exhausted their sum insured limit subject to a per person limit as specified in the policy schedule/ Certificate of Insurance.

ii. However, the amount is restricted to, as specified in the policy schedule/Certificate of Insurance, coverage of listed Critical Illnesses in respect of all insured persons as mentioned on policy schedule/certificate of insurance.

iii. The Corporate Floater will not be available to Dependent Parents & Parent in laws.

The Corporate Floater will not be available if any benefit is restricted by sublimit.

A2.2 Inclusion of Corporate Floater for All Illnesses

We will provide a Corporate Floater of amount as specified in the policy schedule/Certificate of Insurance during the Policy Period for all illnesses.

i. This sum insured will be available for those insured person, who have already exhausted their sum insured limit subject to a per person limit as specified in the policy schedule/ Certificate of Insurance.

ii. However, the amount is restricted to, as specified in the policy schedule/Certificate of Insurance, coverage of all Illnesses in respect of all insured persons as mentioned on policy schedule/certificate of insurance.

iii. The Corporate Floater will not be available to Dependent Parents & Parent in laws.

The Corporate Floater will not be available if any benefit is restricted by sublimit.

A3 Inclusion of Nursing Allowance

We will pay for expenses related to the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital up to the limit as specified in the policy schedule/Certificate of Insurance, provided that:

i. the Medical Practitioner treating the Insured Person recommends the provision of such care for medical reasons,

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ii. We have accepted an inpatient Hospitalisation claim under Benefit In-patient Treatment

iii. This benefit payable shall be part of in-patient sum insured

A4 Inclusion of Consumables Benefit

We will pay for expenses incurred, for consumables which are listed in 'Items for which optional cover may be offered by insurers' under 'Guidelines on Standardization in Health Insurance, 2016', which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury.

Following items shall be excluded from scope of this coverage:

i. Items of personal comfort, toiletries, cosmetics and convenience shall be excluded from scope of this coverage.

ii. External durable devices like Bilevel Positive Airway Pressure (BIPAP) machine, Continuous Positive Airway Pressure (CPAP) machine, Peritoneal Dialysis (PD) equipment and supplies, Nimbus/water/air bed, dialyzer and other medical equipments.

For this claim to be paid, the main claim must be admissible under sections - Inpatient Treatment or Day care procedures of this policy.

This benefit payable shall be part of in-patient sum insured.

A5 Inclusion of Out-patient cover

A5.1 Inclusion of Out-patient cover with Sum Insured limit over and above In-patient Sum Insured

We will pay the Reasonable and Customary Charges incurred in respect of medical treatment availed on out-patient basis during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. Out-patient services shall include only consultations, diagnostics, prescribed medicines and physiotherapy upon advice of the qualified medical practitioner.

The benefit payable would be over and above inpatient sum insured limit.

A5.2 Inclusion of Out-patient cover with Sum Insured limit within In-patient Sum Insured

We will pay the Reasonable and Customary Charges incurred in respect of medical treatment availed on out-patient basis during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. Out-patient services shall include only consultations, diagnostics, prescribed medicines and physiotherapy upon advice of the qualified medical practitioner.

The benefit payable would be within inpatient sum insured limit.

A6 Inclusion of Vision Care cover

We will pay the reasonable and customary Charges incurred, in respect of eye examination by an optometrist or ophthalmologist and cost of lenses to correct refractory errors, during the Policy Year, up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that :

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. We will not pay for the following:

a. Cost of frames for the prescribed lenses.

b. Sunglasses, unless medically prescribed by a Medical Practitioner.

c. Medical or surgical Treatment of the eye.

d. Lenses which are not medical necessary and are not prescribed by an optometrist or ophthalmologist.

iii. The benefit payable would be upto the limit mentioned on policy schedule/certificate of insurance.

A7 Inclusion of Health-Check up

We will pay the reasonable and customary Charges incurred, in respect of health check up, during the Policy Year in, up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. The eligibility of the Insured Person, frequency of heath check ups and dependency of health check ups on claim status will be as defined in the Policy Schedule/ Certificate of Insurance.

iii. The benefit payable would be upto the limit mentioned on policy schedule/certificate of insurance.

A8 Inclusion of Hospital Cash Benefit

We will pay the Hospital Daily Cash Benefit as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed 24 Hours of Hospitalisation during the Policy Year, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. Any claim shall be payable under this Benefit after applying the opted number of days of deductible as specified in the Policy Schedule/ Certificate of Insurance.

iii. All Benefits will be available up to the maximum number of coverage days selected per Policy Year.

iv. In case of Hospitalisation the Daily Cash Benefit will be twice the Hospital Daily Cash Benefit amount specified in the Policy Schedule/ Certificate of Insurance under cover for which the claim qualifies.

v. For this claim to be paid, the main claim must be admissible under sections - Inpatient Treatment or Day care procedures of this policy.

vi. The Benefit under this cover will be upto the limit mentioned on policy schedule/certificate of insurance.

A9 Inclusion of Restore Sum Insured Benefit

We will automatically restore the Inpatient Sum Insured upon exhaustion of the Sum Insured during the policy period. This benefit can be availed once during the policy period subject to the following conditions:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. The restored sum insured can be used for all claims made by the insured person(s) who have not claimed earlier under Sections – Inpatient Treatment, Pre/post Hospitalization expenses and day care procedures. In case the insured has claimed under these sections, then this automatic restoration benefit is available for admissions due to unrelated illness/diseases. However, this benefit for related illness/diseases would be available, in case of claimed insured person(s), for admissions after 45 days from the date of discharge of the earlier claim.

iii. In case of Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy on floater basis

iv. This benefit shall be applicable annually for policies with tenure of more than 1 year.

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v. The unutilized restored sum insured cannot be carried forward.

A10 Inclusion of Emergency Air ambulance cover

We will pay for ambulance transportation of the Insured Person in an airplane or helicopter subject to amount specified on the policy schedule/Certificate of Insurance, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.

The Medical Evacuation should be prescribed by a Medical Practitioner and should be Medically Necessary.

This benefit shall only be payable if We have accepted an inpatient treatment claim for the Insured member under In Patient Treatment benefit.

This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

The Benefit under this cover shall be part of inpatient sum insured.

A11 Inclusion of Personal Accident cover

The Benefit under Personal Accident Covers have a separate sum insured.

A11.1 Accidental Death

If an Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident then We will pay to Insured person's beneficiary or legal representative the benefit Sum Insured specified in the Policy schedule/Certificate of insurance.

Disappearance

We will pay the benefit for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, subject to all other terms and provisions of the Policy.

This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

In addition to the claim documents mentioned under Section 5 (4-iv) of base cover policy wordings, following claim documents would be required for this benefit:

- Original \Attested copy of Death Certificate
- In case of disappearance where death certificate is not issued, missing complaint report filed with the police authorities or police inquest/investigation report Copy of death summary, all previous medical records, if hospitalised / treatment given.

A11.2 Permanent Total Disability

We will pay the sum insured as specified in the policy schedule/ Certificate of Insurance if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule/Certificate of insurance and the disability should continue for 365 days from the date of accident which caused the injury. This waiting period of 365 days is not applicable for severance or amputation cases.

If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the sum insured mentioned on the policy schedule/ Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Irrecoverable Loss of sight of both eyes
- Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
- Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
- Irrecoverable Loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.

This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

In addition to the claim documents mentioned under Section 5 (4-iv) of base cover policy wordings, we would require certificate from Civil Surgeon or Medical Superintendent/Dean of government hospital/medical board,, confirming the Disability percentage / period and prognosis.

A11.3 Transportation of mortal remains

If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount as specified in the policy schedule/Certificate of insurance towards transporting the mortal remains of the insured from the place of the accident or the hospital to his residence.

A11.4 Funeral Expenses

If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount as specified in the policy schedule/Certificate of insurance towards funeral expenses.

A11.5 Education benefit

If we have accepted a claim under Accidental Death benefit, then we will in addition pay an amount as specified in policy schedule/ Certificate of insurance towards child education. The benefit is payable for each child who has not reached the age of 23 years and is enrolled as a full time student in an educational institution recognized by the Government of India. This would be a onetime payment irrespective of no. of dependent children. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child.

In addition to the claim documents mentioned under Section 5 (4-iv) of base cover policy wordings, following claim documents would be required for this benefit:

- Copy of admission form with identity card for child/children at the time of date of loss.
- Copy of Birth Certificate or any other valid document establishing age.
- Copy of Family card or Ration card reflecting the name of child/children.

A11.6 Specific Exclusions Applicable to Personal Accident Cover

The following exclusions will be applicable in addition to the exclusions under the Base Cover –Section 3:

i. Any Pre-existing injury/disability, or any complication arising from it, or

ii. Any physical disability which existed prior to first risk inception date which was not disclosed, or

iii. Intentional self- Injury, suicide,

iv. Any psychiatric disorder

v. Arising or resulting from the insured person(s) committing any breach of law with criminal intent; or

vi. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or

vii. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or

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viii. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or

ix. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or

x. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or

xi. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism.

xii. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or

xiii. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

A12 Inclusion of Deductible

A12.1 Per Claim Deductible

The Deductible amount specified in the Policy Schedule/ Certificate of Insurance as the Per Claim Deductible shall be applicable on all claims made by an Insured Person during the Policy Year, as specified on the policy schedule/Certificate of insurance, provided that:

i. The Per Claim Deductible will be applied on all claims under indemnity based coverages on the admissible claim amount in respect of all insured persons as mentioned on policy schedule/certificate of insurance.

ii. The Deductible amount will be applicable on the basis of the admissible claim amount after applying the Sub Limits of the Policy.

A12.2 Annual Aggregate Deductible

The Deductible amount specified in the Policy Schedule/ Certificate of Insurance shall be applicable on the aggregate of all claims made by an Insured Person if covered under the Policy on an Individual basis or by the family if covered under the Policy on a Floater basis during the Policy Year, provided that:

i. The Annual Aggregate Deductible will be applied on all claims under indemnity based coverages on the admissible claim amount.

ii. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the Sub Limits of the Policy.

A13 Inclusion of Co-payment

The Insured Person will pay the percentage specified in the Policy Schedule/ Certificate of Insurance as Co-Payment and We will pay the balance amount that We assess as payable in respect of any claim under the Policy made by an Insured Person.

The Co-Payment percentage will be applicable on all claims as specified on the policy schedule/Certificate of insurance.

The co-payment percentage will be applicable on all claims under indemnity based coverages on the admissible claim amount in respect of all insured persons as mentioned on policy schedule/ certificate of insurance.

B. Extension of Covers

B9 Pre/Post Natal Cover

B9.1 Extension on Inpatient Basis

Subsequent to this endorsement, base covers section B9 – Pre/ Post Natal cover is modified as below:

Pre/post-natal Hospitalisation Medical Expenses on any treatment availed from the date of conception till the date of discharge from the Hospital immediately after delivery as an inpatient in a hospital, upto limit as specified in the policy schedule /Certificate of Insurance.

All other policy terms and conditions remain unaltered.

B10 Baby day one Cover Extension

B10.1 Baby day one cover Extension on Inpatient basis

Subsequent to this endorsement, base covers section B10 – Baby day one cover is modified as below:

We will pay the Medical Expenses incurred during the Policy Year up to the sum insured as specified on policy schedule/certificate of insurance, in case the new born baby requires hospitalization within 90 days from the date of birth.

All other policy terms and conditions remain unaltered.

B10.2 Baby day one cover Extension on Outpatient basis

Subsequent to this endorsement, base covers section B10 – Baby day one cover is modified as below:

We will pay the Medical Expenses incurred during the Policy Year up to the sum insured as specified on policy schedule/certificate of insurance, in case the new born baby requires consultations, diagnostic tests and prescribed medicines within 90 days from the date of birth.

All other policy terms and conditions remain unaltered.

B12 Waiting Period (exclusion)

B12.1 30 days Waiting Period

Subsequent to this endorsement, Section 3 –General Exclusions (1-i) is modified as below:

We are not liable for any claim arising due to a condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from policy commencement date except claims arising due to an accident for the sum insured as specified in the policy schedule /Certificate of Insurance.

In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force.

All other policy terms and conditions remain unaltered.

Extensions:

B12.1.A Relationship Based Waiting Period

This 30 days waiting period shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

B12.1.B Tenure Based Waiting Period

This 30 days waiting period shall be applicable to Primary insured person/ Dependents of Primary insured person who has not completed specified no. of years with the employer.

B12.2 Specified Diseases/Illnesses/Procedures Waiting Period

Subsequent to this endorsement, Section 3 –General Exclusions (1-ii) is modified as below:

A waiting period, as specified on the policy schedule/Certificate of Insurance, from the policy commencement date will be applicable to the medical and surgical treatment of illnesses, disease or surgical procedures mentioned below, for the sum insured as specified in the policy schedule/Certificate of Insurance, unless necessitated due to cancer:

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24X7 Toll Free No: **1800 266 7780** or **1800 22 9966** (For Senior Citizens) • Fax: 022 6693 8170 • UIN: TATHLGP19012V011819
Email: **customersupport@tataaig.com** • Website: **www.tataaig.com** • IRDAI Registration No: 108 • CIN: U85110MH2000PLC128425

The following Illnesses/diseases would be covered after a waiting period as specified on the policy schedule/Certificate of Insurance, irrespective of the treatment undergone, medical or surgical:

a. Tumors, Cysts, polyps including breast lumps (benign)
b. Polycystic ovarian disease
c. Fibromyoma
d. Adenomyosis
e. Endometriosis
f. Prolapsed Uterus
g. Non-infective arthritis
h. Gout and Rheumatism
i. Osteoporosis
j. Ligament, Tendon or Meniscal tear (due to injury or otherwise)
k. Prolapsed Inter Vertebral Disc (due to injury or otherwise)
l. Cholelithiasis
m. Pancreatitis
n. Fissure/fistula in anus, haemorrhoids, pilonidal sinus
o. Ulcer & erosion of stomach & duodenum
p. Gastro Esophageal Reflux Disorder (GERD)
q. Liver Cirrhosis
r. Perineal Abscesses
s. Perianal / Anal Abscesses
t. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.
u. Benign Hyperplasia of prostate
v. Varicocele
w. Cataract
x. Retinal detachment
y. Glaucoma
z. Congenital Internal Diseases

The following treatments are covered after a waiting period as specified on the policy schedule/Certificate of Insurance, irrespective of the illness for which it is done:

a. Adenoidectomy
b. Mastoidectomy
c. Tonsillectomy
d. Tympanoplasty
e. Surgery for nasal septum deviation
f. Nasal concha resection
g. Surgery for Turbinate hypertrophy
h. Hysterectomy
i. Joint replacement surgeries Eg: Knee replacement, Hip replacement
j. Cholecystectomy
k. Hernioplasty or Herniorraphy
l. Surgery/procedure for Benign prostate enlargement
m. Surgery for Hydrocele/ Rectocele
n. Surgery of varicose veins and varicose ulcers

All other policy terms and conditions remain unaltered.

Extensions:

B12.2.A Relationship Based Waiting Period

This first year waiting period shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

B12.2.B Tenure Based Waiting Period

This first year waiting period shall be applicable to Primary insured person/Dependents of Primary insured person who has not completed specified no. of years with the employer.

B12.3 Pre-existing Disease Waiting Period

Subsequent to this endorsement, Section 3 –General Exclusions (1-iii) is modified as below:

Pre-existing conditions shall be covered after a waiting period of <<>> months from the policy commencement date for the sum insured as specified in the policy schedule /Certificate of Insurance.

All other policy terms and conditions remain unaltered.

Extensions:

B12.3.A Relationship Based Waiting Period

This pre-existing disease waiting period shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

B12.3.B Tenure Based Waiting Period

This pre-existing disease waiting period shall be applicable to Primary insured person/ Dependents of Primary insured person who has not completed <<>> years with the employer.

B12.4 Nine months waiting Period for maternity

Subsequent to this endorsement, Section 3 –General Exclusions (1-iv) is modified as below:

Nine months waiting period for maternity shall apply to the Primary Insured/his Dependents from the policy commencement date.

All other policy terms and conditions remain unaltered.

B12.4.A Tenure Based Waiting Period

This nine months maternity waiting period shall be applicable to Primary insured person/ Dependents of Primary insured person who has not completed <<>> years with the employer.

B12.5 Inclusion of Psychiatric/Mental Disorder Treatment on Inpatient basis

Subsequent to this endorsement, Section 3 –General Exclusions (2-iv) stands deleted and modified coverage wordings are as below:

We will cover the Medical Expenses up to the limit specified in the Policy Schedule /Certificate of Insurance for In-patient treatment in a recognised psychiatric unit of a Hospital including consultations, diagnostics, counselling and/or therapy and medication. The In-patient treatment under this Benefit must at all times be administered under the direct control of a registered psychiatrist.

This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

The Benefit under this cover shall be part of inpatient sum insured.

All other policy terms and conditions remain unaltered.

B12.6 Inclusion of Congenital External Cover

Subsequent to this endorsement, Section 3 –General Exclusions (2-vii) stands deleted and modified coverage wordings are as below:

We will pay Medical Expenses incurred towards treatment of Congenital External Anomalies and its complications up to the limits as specified in the Policy schedule / Certificate of Insurance.

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The Benefit under this cover shall be part of inpatient sum insured.

All other policy terms and conditions remain unaltered.

B12.7 Inclusion of Infertility Treatment Cover

Subsequent to this endorsement, Section 3 –General Exclusions (2-xiv) stands modified as mentioned below:

We will pay the Medical Expenses incurred during the Policy Year, for diagnostic infertility services to determine the cause of infertility, Treatment and procedures, provided that:

i. Our maximum liability for each Policy Year is subject to the limits specified in the Policy schedule / Certificate Of Insurance for Treatment of infertility as In-patient Hospitalisation, Day Care Treatment or OPD treatment once a Policy year.

ii. The Benefit payable will be a part of the In-patient Sum Insured.

iii. We will pay for the Medical Expenses incurred in relation to the following:
   a. Fertility hormones
   b. Artificial insemination
   c. Surgery
   d. Assisted reproductive technology (ART)

iv. We will not pay in respect of following:
   a. Surrogate or vicarious pregnancy;
   b. Treatments related to infertility caused due to contraceptives or birth control methods/its complications/voluntary sterilization procedures

The Benefit under this cover shall be part of inpatient sum insured.

All other policy terms and conditions remain unaltered.

B12.8 Inclusion of Refractive Error Correction cover (beyond +/- 5)

Subsequent to this endorsement, Section 3 –General Exclusions (2-xv) stands deleted and modified coverage wordings are as below:

We will pay the Reasonable and Customary Charges up to the limit specified in the Policy Schedule /Certificate of Insurance, incurred during the Policy Year, in respect of correction of refractive errors, beyond +/- 5, of one or both the eyes, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. Correction procedures include Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted.

We will not pay for any other non-Surgical Procedures under this benefit.

The benefit payable would be upto the limit specified on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

B12.9 Inclusion of Vaccination cover

Subsequent to this endorsement, Section 3 –General Exclusions (2-xix) stands deleted and modified coverage wordings are as below:

We will, on a reimbursement basis, pay the Reasonable and Customary Charges incurred during the Policy Year in relation to vaccination expenses as per the World Health Organization (WHO) recommendations for Routine Immunisation of the New Born Baby till he/she completes 2 years of Age, provided that:

i. Coverage of the New Born Baby on birth shall be subject to addition of the New Born Baby into the Policy by way of an endorsement or at the next Renewal whichever is earlier on payment of the requisite premium.

ii. The Benefit will be limited to the Sub Limit specified in the Policy Schedule/ Certificate of Insurance and would be a part of the Inpatient Sum Insured.

iii. The benefit payable would be upto the limit specified on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

B12.10 Inclusion of Dental out-patient cover

Subsequent to this endorsement, Section 3 –General Exclusions (2-xxii) stands deleted and modified coverage wordings are as below:

We will pay the reasonable and customary charges incurred in respect of dental treatment during the Policy year , up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. We will only pay for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same, and

iii. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer

iv. The benefit payable would be upto the limit specified on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

B12.11 Inclusion of AYUSH cover

Subsequent to this endorsement, Section 3 –General Exclusions (2-xxiii) stands deleted and modified coverage wordings are as below:

We will cover for expenses incurred on in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy in any of the following:

i. government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers excluding centre for spas, massage and health rejuvenation procedures.

ii. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)

iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
   - has at least fifteen in-patient beds;
   - has minimum five qualified and registered AYUSH doctors;
   - has qualified paramedical staff under its employment round the clock;
   - has dedicated AYUSH therapy sections;
   - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel..

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Email: **customersupport@tataaig.com** • Website: **www.tataaig.com** • IRDAI Registration No: 108 • CIN: U85110MH2000PLC128425

This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance for an amount as specified on the policy schedule/Certificate of insurance.

The Benefit under this cover shall be part of inpatient sum insured.

All other policy terms and conditions remain unaltered.

B12.12 Inclusioernal Aids

Subsequent to this endorsement, Section 3 –General Exclusions (3-ix & xii) stands deleted and modified coverage wordings are as below:

We will pay the reasonable and customary Charges incurred, in respect of provision of external aids & appliances, during the Policy Year up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that:

i. This benefit shall be applicable to all insured persons as mentioned on policy schedule/certificate of insurance.

ii. For the purposes of this Endorsement, External Aids and Appliances means spectacles, contact lenses, hearing aids, abdominal belts (used post-hernia and related surgeries), belts for prolapsed inter-vertebral disc (PIVD), crutches, wheel-chair and trusses (used post-hernia and related surgeries),

iii. For this claim to be paid, the main claim must be admissible under sections - Inpatient Treatment or Day care procedures of this policy.

iv. The Benefit under this cover shall be part of inpatient sum insured.

All other policy terms and conditions remain unaltered.

C. Deletion of Covers

C1 Deletion of Limit on Room rent/Room Category

Subsequent to this endorsement, Section 1 –Base covers (B1-i) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C2 Deletion of Associated Medical Expenses

Subsequent to this endorsement, Section 1 –Base covers (B1-ii-a) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C3 Deletion of Co-Payment in case of higher room category

Subsequent to this endorsement, Section 1 –Base covers (B1-ii-b) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C4 Deletion of Limit on treatment/illness/surgery/medical condition

Subsequent to this endorsement, Section 1 –Base covers (B1-iii) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C5 Deletion of Pre/Post Hospitalization Expenses

Subsequent to this endorsement, Section 1 –Base covers (B2&B3) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

Coverage for Pre/Post hospitalization expenses under section 1 stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

C6 Deletion of Day Care Procedures cover

Subsequent to this endorsement, Section 1 –Base covers (B4) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C7 Deletion of Domiciliary Treatment cover

Subsequent to this endorsement, Section 1 –Base covers (B5) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C8 Deletion of Organ donor cover

Subsequent to this endorsement, Section 1 –Base covers (B6) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C9 Deletion of Ambulance cover

Subsequent to this endorsement, Section 1 –Base covers (B7) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C10 Deletion of Maternity cover

Subsequent to this endorsement, Section 1 –Base covers (B8) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance and following exclusion shall be applicable:

Pregnancy , voluntary termination of pregnancy, maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to - Inpatient Hospitalization only and miscarriage due to accident.

In case of deletion of Maternity Cover, the cover for Pre/Post Natal event (B9) stands automatically deleted.

Rest all other policy terms and conditions remain unaltered.

C11 Deletion of Pre/Post Natal cover

Subsequent to this endorsement, Section 1 –Base covers (B9) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C12 Deletion of Baby Day one cover

Subsequent to this endorsement, Section 1 –Base covers (B10) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

C13 Deletion of Family Transportation benefit

Subsequent to this endorsement, Section 1 –Base covers (B11) stands deleted for all insured persons as mentioned on policy schedule/certificate of insurance.

All other policy terms and conditions remain unaltered.

Grievance Lodgment Stage

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

Call us 24X7 toll free helpline 1800 266 7780

Email us at customersupport@tataaig.com

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24X7 Toll Free No: **1800 266 7780** or **1800 22 9966** (For Senior Citizens) • Fax: 022 6693 8170 • UIN: TATHLGP19012V011819
Email: **customersupport@tataaig.com** • Website: **www.tataaig.com** • IRDAI Registration No: 108 • CIN: U85110MH2000PLC128425

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

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

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

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

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

Escalation Level 1

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

Escalation Level 2

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

LIST OF INSURANCE OMBUDSMAN OFFICES

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080-26652048/26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201/ 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461/2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 - 2706196/ 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044-24333668/24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239633/23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane, Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040-65504123/23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302 005. Tel.: 0141 - 2740363 Email: Bimalokpal. jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033-22124339/22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522-2231330/2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Bagpat, Bareilly, Bijnor, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250/2514252/2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Flr, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Grievance Redressal Procedure:

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

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 prospectus or tables of the Insurer.
2. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED WITH A FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Disclaimer: "Insurance is the subject matter of the solicitation". For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/Policy wordings carefully, before concluding a sale.

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