

Policy Wordings

Student Guard – Overseas Health Insurance Plan

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

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

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

For Tata AIG General Insurance Company Limited



Authorised Signatory

Tata AIG General Insurance Company Limited

Registered Office:

Peninsula Business Park,
Tower A, 15th Floor, G. K. Marg,
Lower Parel, Mumbai- 400013.

Toll free no. 1800 2667780 or 1800 22 9966 (Senior Citizen)

Visit us at www.tataaig.com

IRDA of India Registration No.:108,

CIN: U85110MH2000PLC128425

Student Guard – Overseas Health Insurance Plan

UIN: IRDAI/NL-HLT/TAGI/P-T/V.II/237/14-15



WITH YOU ALWAYS

Part A: General Definitions

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

1. **Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome** - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).
3. **Age** - means completed years as at the Effective Date.
4. **Any one illness** - means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home/Physician where treatment may have been taken.
5. **Assistance Company** - as designated in the Policy schedule.
6. **Cashless service/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 approved.
7. **Common Carrier** - means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.
8. **Contribution** - is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured.

This clause shall not apply to any benefit offered on fixed benefit basis.
9. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
10. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.

- **External Congenital Anomaly** - which is in the visible and accessible parts of the body.
11. **Day** - means a period of 24 consecutive hours.
 12. **Disclosure to information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
 13. **Disease/Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.
 - (a) **Acute Condition** - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - (b) **Chronic Condition** - is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.
 14. **Deductible** - is a cost sharing requirement that provides that the Insurer will not be liable for a specified US Dollar amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.
 15. **Emergency or Emergency Care** - means management for a severe 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 impairment of the Insured Person's health.
 16. **Grace Period** - means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Such facility is only applicable in Annual trip Policies.

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17. **Hospital** - means any institution established for In-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities OR the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR comply with all minimum criteria as under:
 - has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
18. **Hospitalisation or Hospitalised** - means admission in a Hospital for a minimum of 24 consecutive hours In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hour.
19. **IRDA of India** - means Insurance Regulatory and Development Authority of India.
20. **Immediate Family Member** - means an Insured Person's legal spouse; siblings; siblings-in-law; parents; parents-in-law; legal guardian, legal child(ren); step-parents; who reside in India.
21. **Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner/Physician.
22. **Inpatient/Inpatient Care** - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
23. **Insured Period(s)** - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy and any subsequent period for which the Policy may be renewed.
24. **Insured Person** - means the Insured Person between Age 16 years to Age 35 years who resides permanently in India, named in the Policy Schedule as being eligible to become insured under this Policy and for whom an individual Proposal Form for insurance has been received and approved by Us.
25. **Insured Journey** - means any journey undertaken within Policy

period and which commences when the passenger boards the aircraft for onward overseas journey and terminates when he disembarks on return to India or the Policy Expiration date whichever is earlier.

26. **Medical Advise** - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
27. **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.
28. **Medically Necessary** - means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
29. **Nervous Disorder** - would mean any disorder of the nervous system which would require the insured to incur Covered Medical Expenses as defined in the policy.
30. **Notification of Claim** - is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
31. **Physician/Medical Practitioner** - means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license, or a licensed medical practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

The attending Physician/Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or (c) anyone who is living in the same household as the Insured.
32. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, papers or riders.

33. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
34. **Pre-existing Condition** - means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to commencement of the first Policy issued by the Insurer.
35. **Proposal Form** - means the basis of this Policy and is deemed to be attached and which forms a part of this Policy.
36. **Professional Sports** - means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.
37. **Renewal** - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods. This is applicable only in annual multi trip policies.
38. **Reasonable and Customary Charges** - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.
39. **Scheduled Airline** - means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
40. **Serious Injury or Sickness** - means Injury or Sickness certified as being dangerous to life by a legally qualified Physician.
41. **Sickness** - means illness first manifested and contracted, and commencing after the Effective Date of the Policy Schedule.
42. **Sound Natural Teeth** - means natural teeth that either are unaltered or are fully restored to their normal function and are Disease-free, have no decay and are not more susceptible to Injury than unaltered natural teeth.
43. **Subrogation** - means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
44. **An 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 organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

45. **Traveling Companion** - means up to two (2) named person(s) who is/are booked to accompany You on the Trip.
46. **Trip** - means any journey during the Insured Period which starts and finishes in India and involves a destination(s) outside India;
47. **Tuition** - means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.
48. **Unproven/Experimental** - treatment is a treatment, including but not limited to drug experimental therapy, which is not based on established medical practice.
49. **War** - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
50. **We, Us, Our** - means Tata AIG General Insurance Company Limited.
51. **You/Your/Yourself** - means the Insured Person(s) who is named in the Policy Schedule.

Part B: General Exclusions

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

1. where the Insured Person is travelling against the advice of a Physician; 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; or
2. expenses related to Pre-existing Condition or any complication arising there from unless due to life threatening unforeseen emergency subject to maximum amount shown in the table of benefits; or
3. suicide, attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder – unless specified in Special Extensions sub section of Part D Section 2 : ACCIDENT & SICKNESS MEDICAL EXPENSE, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection; or

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4. serving in any branch of the Naval, Military or Air Forces of any country, whether in peace or War
5. being under the influence due to usage/abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
6. participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
7. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or
8. any loss arising out of 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
9. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
10. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
11. External congenital anomalies or any complications or conditions arising therefrom; or
12. 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 Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained. This exclusion does not apply to injuries resulting from inter collegiate sports.
13. any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, except for those expenses specified in Special Extensions section, or
14. for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest;
15. any loss, injury, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo; or
16. any loss, injury, damage or legal liability directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.
17. Any Unproven/Experimental treatment, non allopathic treatment, including but not limited to Ayurvedic, Homeopath or naturopathy treatments.
18. Any non medical expenses (list enclosed – Annexure I)

Part C: Uniform Provisions

- Effective Date:** (For Single Trip/For Annual Trip Insurance) : Your Policy will start on the Effective Date & hour as specified on the Policy Schedule or date and time of departure from India, whichever is later, provided total premium has been paid and realised by Us.
- Expiration Date:**
 - Single Trip Insurance:** Your Policy will terminate on the last day for which premium has been paid or on return to India whichever is earlier.
 - Annual Trip Insurance:** This Policy will terminate on the Expiration Date shown in the Policy Schedule for which the premium has been paid or on return to India whichever is earlier.

As an exception, the Policy shall not be treated as terminated for the Insured Person visiting India. The coverage in such cases shall cease during this time period the Insured Person is in India. However, it will commence again only when the Insured Person is back at the original destination overseas as declared in the Proposal form. Such visit is restricted to maximum 2 trips during the year, each trip not exceeding 30 days.

Further, However We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts, or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. If you cancel the Annual Trip Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred and/or no travel has happened up to the date of cancellation. In the event a claim has occurred and/or travel has happened there shall be no return of premium.

Short rate table:

Cancellation	ANNUALLY
Up to 1 month	25% of Annual Premium
Up to 3 months	37.5% of Annual Premium
Up to 4 months	50% of Annual Premium
Up to 6 months	62.5% of Annual Premium
Up to 8 months	87.5% of Annual Premium
Above 8 months	100% of Annual Premium

These are retention scales.

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

(i) **Single Trip Insurance:** The Single Trip Insurance is non-renewable, not cancelable and not refundable while effective. Cancellation of the Policy may be done only prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of Rs. 350/- by Us.

(ii) **Annual Trip Insurance:** The Annual Trip Insurance may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

Cancellation of the Policy may be done prior to the Effective Date stated in the Policy Schedule and will be subject to deduction of cancellation charge of Rs. 350/- by Us.

The policy shall be ordinarily renewable upon payment of premium unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or due to non cooperation by the Insured or any misrepresentation under or in relation to this policy or poses a moral hazard.

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

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

We will not apply any additional loading on your policy premium at renewal based on claims experience.

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

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will also change if you move into a higher age group, or change the plan.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company.

This policy will be renewed till the Insured attains a completed age of 35 years thereafter it will not be renewed.

4. **Territory:** This Policy applies to incidents anywhere in the world outside India unless limited by Us through endorsement or specifically restricted in the Policy, Policy schedule or as given in the General exclusion to this Policy.
5. **Other Contribution:** If at the time of a claim there is another insurance Policy or other contract in Your or the Insured Person's name which covers the Insured Person for the same expense or loss, (in part or in whole), then the Insured Person shall have the right to require a settlement of his claim in terms of any of his 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 the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in Part A – General Definitions. This clause shall only apply to indemnity sections of the policy and shall not apply to any benefit offered on fixed benefit basis.
6. **Concealment or Fraud:** The entire Policy will be void if, whether before or after a loss, You have, related to this insurance,
- (a) intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance;
 - (b) engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
 - (c) made false statements.
7. **Claim Procedure :**
- (i) **Notice of Claim/Loss:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than 30 Days after an actual or potential loss begins. If Your property covered under this Policy is lost or damaged, You must:
 - (a) notify us as soon as possible;
 - (b) take immediate steps to protect, save and/or recover the covered property;
 - (c) give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
 - (d) notify the police or other appropriate authority in the case of robbery or theft within 24 hours.
 - (ii) Any medical services or series of services with a cost greater than \$ US 1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such

services are authorized in advance by the Assistance Company.

- (iii) **Claim Forms:** We, upon receipt of a notice of claim, will furnish You/Your representative with such forms as We may require for filing proofs of loss.
- (iv) **Time for Filing Claim Forms and Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days from the date of intimation to Us. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

You shall obtain and furnish Us with all original bills, receipts and any other documentation upon which a claim is based and shall also give Us in a timely fashion such additional documentation, information and assistance as We may require in dealing with the claim.

- (v) **Supporting documentation & examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 30 days from the date of intimation to Us. Such documentation will include but is not limited to the following:
 - i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Original Bills & Receipts including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of treatment taken.
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
 - vii. Any other document as requested by Claims Department which is relevant to the coverage under the policy.

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- (vi) **Time of Payment of Claim:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents/information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2017. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2% at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.
- (vii) **Payment of Claim:** All claims under this Policy that are payable to the You shall be paid in Indian currency.
8. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single Arbitrator within 30 Days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising two Arbitrators - one to be appointed by each of the parties to the dispute/ difference, and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996.
- It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.
9. **Medical Examination:** We, at Our own expense, shall have the right and opportunity to examine You through Our appointed agents whose details will be notified to You when and as often as We may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.
10. **Legal Actions:** Without prejudice to Uniform Provision 8 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.

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

11. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
12. **Reasonable Care and Assistance:** You must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You must also make every effort to get back any property which has been lost.

In addition, You must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

13. **Settlement of Loss:** Claims for damage and/or destruction shall be paid within a reasonable time when proof of the damage and/or destruction is presented to us. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable proof of loss and the value involved to us.
14. **Valuation:** We will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.
15. **Subrogation:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or You shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably require of You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.
16. **Dispute Resolution Clause and Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:
 - (a) **Nature of Coverage:** This Policy is not a general health insurance policy. Coverage for medical expenses in Part D: Coverage of this Policy is intended for Your use in the event of a sudden and unexpected Sickness or Accident arising when You are outside the Republic of India.

- (b) **Pre-existing Exclusion:** This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-existing Condition.
- (c) **Prior Consultation:** Any medical services or series of services with a cost greater than \$1, shall not be covered by this Policy unless You consult with the Assistance Company in the manner set out in the conditions of this Policy..
- (d) **Choice of Law:** This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 8, above and otherwise by the Indian courts.
17. **Extension of The Policy:** We may in Our sole and absolute discretion extend a Short Term Policy once during the Insured's Journey, provided that:
- We receive a declaration of the health of the Insured Person, specifying any health symptoms or conditions suffered by the Insured Person during the Insured Journey.
 - We receive Your request for extension of the Policy and the applicable premium before the expiry date of the Policy Period.
 - The Insured Person has not made a claim before We receive Your request for extension of the Policy.
 - We are under no obligation to extend the Policy or to extend the Policy on the same terms whether as to premium or otherwise.
18. **Free Look Period :**
- (a) Single Trip Insurance – Free look period is not applicable.
- (b) Annual Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.
19. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to any Travel insurance policy available with us.

Part D: Coverage

Section 1: ACCIDENTAL DEATH AND DISMEMBERMENT

(Including Felonious Assault)

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

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

Table of Losses

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

"Loss" with regard to:

- hand or foot means actual severance through or above the wrist or ankle joints respectively;
- 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;
- speech means the total and irrecoverable loss of speech.
- hearing means entire and irrecoverable loss of hearing of both ears.

Definitions:

Felonious Assault - means any willful or unlawful use of force upon You that is a felony or a misdemeanor in the jurisdiction in which it occurs and which results in bodily harm to You.

Limitation

1. If the Insured Person is riding on a motorcycle or any other two wheeled motorized mode of conveyance as driver or as passenger the maximum Principal Sum payable is \$5000 USD.
2. The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule to this Policy.

Exposure

For the purposes of the Accidental Death and Dismemberment benefits above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring during the Trip will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life if while on a Trip Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

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

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

Section 2: ACCIDENT & SICKNESS MEDICAL EXPENSE

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred overseas by You up to the maximum stated in the Policy Schedule for the treatment of an Injury or Sickness sustained by You while this Policy is in effect. Any medical services or series of services with a cost greater than \$ US 1 shall not be covered by this Policy unless You consult with the Assistance Company and the cost for such services are authorized in advance by the Assistance Company.

Limitations

1. In no event will benefits continue to be provided by Us for any Covered Medical Expenses incurred after the Expiration Date of the Policy or Your return to India whichever is earlier. No benefits are payable for outpatient Covered Medical Expenses incurred after the Expiration date of the Policy.

However if, You are still confined in a Hospital overseas after the Expiration Date of the Policy, and Emergency Medical Evacuation is not appropriate or recommended by the

Assistance Company, and continued treatment overseas as an Inpatient in a Hospital is Medically Necessary, we will continue to provide the benefits for Covered Medical Expenses incurred to the earlier of your Hospital Discharge or 60 Days after the Expiration Date of the Policy.

2. If the Insured Person is riding on a motorcycle or any other two wheeled motorized mode of conveyance as driver or as passenger the maximum Principal Sum payable is USD 10,000.
3. Expenses related to Pre-existing Condition or any complication arising there from unless due to life threatening unforeseen emergency subject to maximum amount shown in the table of benefits.

Definition:

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

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

Exclusion

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

1. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
2. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
3. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
4. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
5. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
6. the diagnosis and treatment of acne; or
7. deviated septum, including sub mucous resection and/or other surgical correction thereof; or

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8. organ transplants that are considered experimental in nature; or
9. well child care including exams and immunizations; or
10. expenses which are not exclusively medical in nature; or
11. any expenses incurred in India unless authorized and approved by Us in advance; or
12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or Sickness has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; This however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician; or
16. medical expenses covered under any workers' compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose.
18. Any non medical expenses (list enclosed – Annexure I)

Special Extensions

Notwithstanding the above, the Policy has following extensions as specifically provided in the schedule of benefits.

- 1) Only Inpatient Medical expenses related to pregnancy, termination of pregnancy and termination of pregnancy as a result of physician's advice to terminate pregnancy due to medical reasons and not due to insured person's choice to terminate pregnancy subject to waiting period of 10 months from the effective date of Policy.
- 2) Medical expenses related to treatment for mental and nervous disorders, including alcoholism and drug dependency are covered subject to maximum amount as provided in the schedule of benefits under Plan B, Plan Ultimate, Ultimate Plus, Supreme Plan.
- 3) Medical Expenses related to Cancer Screening and mammographic examination on recommendation from a physician is covered subject to maximum amount as provided in the schedule of benefits. Expenses would be paid for the Reasonable and customary charges incurred for these test. Any tests done as a part of preventive health check-up are not included under this benefit.
- 4) Medical expenses due to Pre-existing Condition in case of Life threatening unforeseen emergency subject to maximum amount as provided in the schedule of benefits. In such event, measures solely designed to relieve acute pain, provided to the Insured by the Physician for Disease/accident arising out of a pre-existing

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condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain.

- 5) For ongoing physiotherapy to treat a disablement due to an accident as described in Hazard, unless this is recommended in writing by the treating registered medical practitioner, upto the amount as stated in the policy schedule.
- 6) Childcare benefits – We will pay upto the maximum amount as provided in the schedule of benefits, if the child is in between the age of 7 days - 90 days, and is hospitalized for 2 days or more for any ailment.

Section 3 : SICKNESS DENTAL RELIEF

We will pay benefits for the Reasonable and Customary Charges, subject to the Deductible, shown in the Policy Schedule, actually incurred if as a result of sudden acute pain, which occurs without warning to one or more of Your Sound Natural Teeth requiring Immediate Dental Treatment during the course of an overseas Insured Journey. Dental benefits will be provided for Medically Necessary filling of the tooth or surgical treatment, services, or supplies, subject to the per tooth and per occurrence limits shown in the Policy Schedule. Dental benefits shall be limited to treatment sustained to Sound Natural Teeth. Covered emergency dental expenses are those incurred overseas during the Insured Journey within 30 Days of date of the first treatment.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule to this Policy.

Definition:

Immediate Dental Treatment - means treatment commencing within 24 hours or reasonable time of the sudden acute pain first occurring.

Exclusion:

In addition to the General Exclusions listed in this Policy, this coverage section shall not cover Immediate Dental Treatment in the Republic of India.

Section 4 : ASSISTANCE

Assistance Company will provide the following services as described below.

Medical Assistance - As soon as the Assistance Company is notified of a medical emergency resulting from Your Accident or Sickness, the Assistance Company will contact the medical facility or location where You are located and confer with the Physician at that location to determine the best course of action to be taken. If possible and if appropriate, Your family Physician 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,

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recommending or securing the availability of services of a local Physician and arranging Hospital confinement of You where, in its discretion, deems such confinement appropriate.

Medical Evacuation - When, in the opinion of the Assistance Company's medical panel, it is judged medically appropriate to move You to another location for treatment or return You to India, the Assistance Company will arrange the evacuation, utilizing the means best suited to do so, based on the medical evaluation of the seriousness of Your condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Assistance Company.

Repatriation - the Assistance Company agrees to make the necessary arrangements for the return of Your remains to India in the event You die while this policy is in effect as to You.

Legal Assistance - If You are arrested or are in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to You, Assistance Company will, if required, provide You with the name of an attorney who can represent You in any necessary legal matters.

Lost Luggage or Lost Passport - If You, outside India, notify the Assistance Company that Your luggage or passport has been lost, the Assistance Company will endeavor to assist You by contacting the appropriate authorities involved and providing direction for replacement.

General Assistance - the Assistance Company will serve as a central point for translation and communication for You during emergencies. The Assistance Company agrees to provide to You advice on contacting and using services available from consulates, government agencies, translators and other service providers that can help with travel problems. In addition, the Assistance Company will provide insurance coordination, verifying coverage of You, guaranteeing payment to the medical provider, based on confirmation of benefits, a charge to credit card(s) and coordinating the payments, documentation and translation to ease claim filing when You return to India.

Pre-Departure Services - prior to Your departure, upon request the Assistance Company will provide hazard information about foreign locations, information about immunization requirements and passport or visa requirements, general information about weather and State Department and private service warnings about travel to certain locations. The Assistance Company will also arrange for special medical care en-route (i.e. dialysis, wheelchairs, etc.). Subject to receiving reasonable notice of this request.

Emergency Travel Agency - the Assistance Company agrees to provide You with 24 hour travel agency service for airline and hotel reservations. The Assistance Company will also arrange payment for Your airline tickets and other travel services, using Your credit cards. Prepaid ticket

pickup at airline counters or ticket delivery by mail or courier will also be arranged by the Assistance Company for You.

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 You only. The Assistance Company assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You 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.

You are responsible for the cost of services arranged by the Assistance Company for You. The Assistance Company will access this Policy and/or other insurance Policy benefits to which You may be entitled, and/or Your credit cards or other forms of financial guarantees provided by you, in order to facilitate payment for such services.

Section 5 : EMERGENCY MEDICAL EVACUATION

We will pay the Reasonable and Customary Charges up to the maximum shown in the Policy Schedule for covered expenses incurred if Injury or Sickness results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by the Assistance Company or a Physician who certifies that the severity or the nature of Your Injury or Sickness warrants Your Emergency Evacuation.

Covered expenses are those for Transportation and medical treatment, including medical services and medical supplies necessarily incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting You; and (c) arranged and authorized in advance by the Assistance Company.

Definitions:

Emergency Evacuation - means: (a) Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; (b) after being treated at a local Hospital, Your medical condition warrants Transportation to the country where the Trip commenced to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Transportation - means any land, water or air conveyance required to transport You during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

Section 6 : CONTINUING TREATMENT (FOLLOWING MEDICAL EVACUATION TO YOUR COUNTRY OF ORIGIN)

Following your repatriation to your Country of Origin and provided your claim under section 2 Medical Expenses has been accepted by us, we

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will also pay for your continuing Medical Expenses which relate to the same injury or Sickness for which a valid claim has been paid under section 2 Medical Expenses, upto the amount shown in the table of benefits, provided any costs covered under this section are incurred within 60 days from the date of your return to your Country of origin.

Section 7 : REPATRIATION OF REMAINS

We will pay benefits up to the amount stated in the Policy Schedule for covered expenses reasonably incurred to return Your body to India if You die during a Trip. Benefits will not exceed the maximum shown in the Policy Schedule. All Repatriation of Remains arrangements must be approved in advance by Assistance Company.

Covered expenses include, but are not limited to, expenses for: (a) embalming; (b) cremation; (c) coffins; and (d) transportation.

Section 8 : BAGGAGE LOSS (Common Carrier)

We will pay benefits if Your Checked Baggage, which is in the care, custody and control of a Common Carrier, is lost due to theft or due to misdirection by a Common Carrier while You are a ticketed passenger on the Common Carrier during the Trip.

We will reimburse You, subject to the Deductible and up to the maximum shown in the Policy Schedule, for the cost of replacement of the entire baggage and its contents. All claims must be verified by the Common Carrier and a PIR (Property Irregularity Report) is issued confirming the loss.

The maximum amount to be reimbursed per bag is 50%, and the maximum value per article contained in any bag is 10%, of the amount stated in the Policy Schedule. There is also a combined maximum limit of 10% of the amount stated in the Policy Schedule for the following: jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, furs, articles trimmed with or made mostly of fur.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitations:

Benefits for Baggage Loss will be in excess of any amount paid or payable by the Common Carrier responsible for the loss.

Benefits for Baggage Loss will be in excess of all other valid and collectible insurance. If at the time of the occurrence of any loss there is other valid and collectible insurance in place, We will be liable only for the excess of the amount of loss, over the amount of such other insurance, and any applicable Deductible.

Exclusions:

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

1. excluded classes of property: animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except

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bicycles while checked as baggage with a 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, money, securities such as credit cards, debit cards, checks, traveler checks, 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 insured under any other insurance Policy, or otherwise reimbursed by a Common Carrier;
3. loss of Your baggage sent in advance or souvenirs and articles mailed or shipped separately.
4. Any loss of checked in baggage amounting to a damage / partial loss or not amounting to permanent loss.

Section 9 : BAGGAGE DELAY

We will reimburse You for the expense of necessary personal effects, up to the maximum stated in the Policy Schedule, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than the Deductible shown on the Policy from the time You arrive at the destination stated on Your ticket.

You must be a ticketed passenger on a Common Carrier. Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection.

Definition:

Checked Baggage - means a piece of baggage which was checked in and in the custody of a Common Carrier and for which a claim check has been issued to You by a Common Carrier.

Limitation:

If upon further investigation it is later determined that Your baggage checked with the Common Carrier has been lost, any amount claimed and paid to You under the Baggage Delay Policy Section will be deducted from any payment due to You under the Baggage Loss (Common Carrier) Section as applicable.

Exclusion:

In addition to the General Exclusions listed in this Policy, this coverage section shall not cover any Delay of checked in baggage on the return to India.

Section 10 : LOSS OF PASSPORT

We will reimburse You, subject to any Deductible, if You lose Your passport and incur necessary and reasonable expenses in connection with obtaining a duplicate or new passport up to the maximum stated in the Policy Schedule. The Deductible if any, shall apply to each insured event and shall be borne by You.

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Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. loss or damage to passport due to delay or from confiscation or detention by customs, police or other authority;
2. theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
3. loss or theft of passport left unattended by You unless located in a locked hotel room or apartment and an appropriate sized safety deposit box was not available.

Section 11 : PERSONAL LIABILITY

Property Damage:

If a claim is made or a suit is brought against You for Property Damage caused by an Occurrence to which this coverage applies, We will pay up to the amount stated in the Policy Schedule, subject to any applicable Deductible, for Our limit of liability for the damages for which You are legally liable.

Medical Payments to Others:

We will pay the necessary medical expenses that are incurred or medically ascertained within one year from the date of an Accident causing Bodily Injury. Medical expenses means reasonable charges for medical, surgical, X-ray, dental, ambulance, Hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to You or regular residents of Your household. As to others, this coverage applies only if the Bodily Injury is caused by Your activities.

Definitions:

Business - means trade, profession or occupation.

Occurrence - means an Accident, including continuous or repeated exposure to substantially the same general harmful conditions, which results, during the Trip, in Bodily Injury or Property Damage.

Property Damage - means destruction of or loss of use of tangible property.

Residence Premises - means the dwelling where You reside.

Bodily Injury - means bodily harm, Sickness or Disease, including required care, loss of services and death that results.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover and We will not be liable under this section for any:

1. liability which is expected by or intended for You; or
2. liability arising out of or in connection with a Business engaged in

- by You. 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; or
3. liability arising out of the rental or holding for rental of any part of any premises by You; or
 4. liability arising out of the rendering of or failure to render professional services; or
 5. liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by You; or
 6. liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft; or
 7. liability arising out of the transmission of a communicable Disease by You; or
 8. liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or
 9. 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; or
 10. liability under any contract or agreement; or
 11. Property Damage to property owned by You; or
 12. Property Damage to property rented to, occupied, or used by or in the care of You; or
 13. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by You under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
 14. Suits or legal actions arising from Your Immediate Family Member, or Traveling Companion or Immediate Family Member of a Traveling Companion against You.

Section 12 :-Study Interruption

In the event of Hospitalization of the insured person of more than one consecutive month from either a covered Injury or Sickness or in the case of Terminal Sickness or in the case of a medical repatriation or in case of the death of an immediate family member, which prohibits the Insured Person from continuing his/her studies for the remaining part of a school semester for which Tuition has been paid, the Company shall reimburse the Insured Person the Tuition fees which has already been advanced to the educational institution, up to the amount stated in the Policy Schedule.

In the event of a claim, only the figures shown on an official invoice (s) from the educational institution for payment of said Tuition fees, shall be

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used for calculating any reimbursement paid by the company It cannot exceed the maximum amount stated in the Schedule of Benefits under this policy.

Exclusions

With respect to this Section of Study Interruption, this Policy does not cover any loss, fatal or non-fatal, directly or indirectly, in whole or in part, caused by or resulting from:

- a) Routine physical check-up and/or any related thereto;
- b) A trip, the purpose of which was to obtain medical care
- c) Cosmetic or plastic surgery except as a result of an accident
- d) Elective surgery
- e) Any mental and nervous disorders rest cures or stress of any kind
- f) Alcoholism or drug addiction, or use of any drug or narcotic agent
- g) Any treatment provided by a family member
- h) The commission of a felony offence
- i) Specific named hazards, hand gliding, mountaineering rock climbing, sky diving, professional or amateur racing and piloting an aircraft
- j) Treatment paid for or furnished under any other individual or group Policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid or under any mandatory government program or facility set up for treatment without cost to any individual.

Section 13: Sponsor Protection

Sponsor protection benefit is added to the core benefits with the following maximum limits:

The Term "Sponsor" as used in the Policy shall mean any individual responsible for paying the Tuition fees of the student of his full-time study in a registered educational institution outside of his home country.

The term "Educational Institution": shall mean any school, vocational institute, polytechnic, college, university or institute or higher learning which is duly licensed to provide educational services by trained services by trained or qualified teacher and where the Insured Person is registered as a full-time student.

Provision

In the event of injury to the Insured Person's Sponsor as stated in the Enrolment Form resulting in Death or Permanent Disablement as defined in this Policy, the Company shall reimburse the insured person the Tuition Fee incurred for the remaining period of this education upto the maximum limit stated in the Schedule of benefits.

N.B. An insured person cannot claim under Part D (Study interruption, Sponsor Protection) for the same event.

Section 14 : Compassion visit

In the event the Insured Person is Hospitalized for more than Seven (7) consecutive days, and his medical condition forbids his repatriation and no adult member of his immediate family is present, the Assistance Company, will provide a round trip economy class air ticket, or first class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital.

Additionally, the company will refund for the costs of the stay, of the immediate family member, upto the amount stated in the policy schedule. In any event the Company's total liability for round trip transport and for daily allowances (accommodation, meals and transportation) shall not exceed the maximum amount stated in the Policy Schedule, under this Policy.

In the event of death, or hospitalisation of the Insured Person's parent(s) spouse/child for more than Seven (7) consecutive days due to injury or sickness, as defined in the Policy, Assistance Company, will provide a round trip economy class air ticket, or first class railway ticket, to allow the Insured at his bedside of his parent's)/spouse/child. In any event, the Company's total liability for round-trip transport shall not exceed the maximum amount stated in the Schedule of Benefits, under the Policy.

Section 15 : BAIL BOND

We will pay bail bond costs You incur, as a result of false arrest or wrongful detention by any government or foreign power up to the amount stated in the Policy Schedule.

Section 16 : HIJACK CASH BENEFIT

We will pay You a distress allowance as shown in the Policy Schedule for every 24 hour period during which any Common Carrier in which You are traveling has been Hijacked, where as a direct

consequence, Your Trip has been disrupted up to a maximum amount stated in the Policy Schedule subject to any applicable Deductible.

Definition:

Hijacked - means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which You are traveling as a passenger.

Section 17 : MISSED CONNECTIONS/MISSED DEPARTURE

We will reimburse Reasonable Additional Expenses due to Missed Connections, or missed departure by Your scheduled airline, on your onward / return journey, subject to the maximum shown in the Policy Schedule, if the missed connection / departure is due to a Covered Hazard during the course of an Insured Journey.

The deductible excess in respect of this benefit will be applicable if any, and shall be of an amount as specified in the Schedule to this Policy.

Covered Hazards: Delay in Scheduled Common Carrier failing to get You to Your destination in time due to

1. Inclement Weather; or
2. Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your return journey; or
3. Equipment Failure of a Common Carrier.

You may claim only Trip Delay or Missed departure / missed connection, not both

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities in the respective countries.

Reasonable Additional Expense - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge.

Specific Exclusions:

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

1. Expenses that you would have incurred during the normal course of your trip.
2. Missed connections due to an Covered Hazard which was made public or known to You prior to the purchase of this Policy.
3. Your failure to allow sufficient time to get to the departure point.
4. Claims not supported by a written report from the appropriate authorities.

Claims that are not justifiable given the circumstances, for example; the fear of a probable event which did not take place but led to missed connections.

Section 18 : TRIP DELAY

We will reimburse Reasonable Additional Expenses for Trip Delay, subject to the maximum shown in the Policy Schedule, if Your Trip is delayed for more than 12 hours due to a Covered Hazard.

The deductible in respect of this benefit will be applicable if any and shall be of an amount as specified in the Schedule to this Policy.

Covered Hazards:

1. delay of a Common Carrier caused by Inclement Weather; or
2. delay due to a Strike or other job action by employees of a Common Carrier scheduled to be used by You during Your Trip; or
3. delay caused by Equipment Failure of a Common Carrier.

Definitions:

Equipment Failure - means any sudden, unforeseen breakdown in the Common Carrier's equipment that caused a delay or interruption of normal trips.

Inclement Weather - means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

Strike - means any labor disagreement which interferes with the normal departure and arrival of a Common Carrier, and is defined as legal by the relevant authorities in the respective countries.

Reasonable Additional Expense - means any expenses for meals and lodging which were necessarily incurred as the result of a covered hazard and which were not provided by the Common Carrier or any other party free of charge.

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover any delay due to an insured Covered Hazard which was made public or known to You prior to the purchase of this Policy.

Section 19 : Fraudulent Charges (Payment Card Security)

I. What We Cover

If your payment card as specified in the schedule is lost or stolen, we will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card, up to 12 hours prior to your first reporting the event to your payment card issuer(s).

II. Coverage Exclusions

We will not pay for any expenses or loss for:

1. Charges made on your lost or stolen payment card more than 12 hours prior to your first reporting the event to your payment card issuer(s);
2. Charges made on your payment card if your payment card has not been lost or stolen;
3. Cash advances made with your lost or stolen payment card;
4. Charges incurred by a resident of your household, or by a person entrusted with your payment card / sim card.

III. Coverage Conditions

1. We will only pay for unauthorized charges for which you are responsible under the terms and conditions of your payment card.
2. You must report the loss or theft of your payment card to the issuer(s) within 3 hours after discovering your lost or stolen payment card event.
3. You must comply with all terms and conditions by which your payment card is issued.

IV. Duties After An Accident or Loss

In the event of a covered loss:

1. You shall call us at 1800119966 or provide written intimation to make a claim and obtain the proper forms and instructions within 24 hours from discovering an unauthorized charge was made on your lost or stolen payment card;
2. You shall complete and return any documents including but not limited to claim forms, police reports, demands, notices, and any other documents we may ask you to provide;
3. The claims form and accompanying documents must be returned to us within 3 days of making the original claim.

Specific Exclusion:

We will not cover the following:

- A. Losses that do not occur within the policy period;
- B. Losses that result from or related to business pursuits including your work or profession;
- C. Losses caused by illegal acts;
- D. Losses that you have intentionally caused;
- E. Losses that result from the direct actions of a relative, or actions that a relative knew of or planned.
- F. Losses due to the order of any government, public authority, or customers' officials.
- G. Terrorism Exclusion Warranty

Not with standing any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an 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 organisation(s) or government(s), committed for political, religious, ideological or similar purpose

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including the intention to influence any government and/or to put the public, or any section of the public in fear.

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

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

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Specific conditions:

A. Valid Account

Wherever payment is made by payment card, Your payment card account must be valid and in good standing for coverage to apply. Benefits will not be paid if, on the date of occurrence your payment card account is in delinquency, collection, or cancellation status.

B. Excess of Other Insurance Coverage

Coverages provided by this policy are EXCESS; this means that if, at the time of occurrence, you have other valid and collectible insurance - such as but not limited to homeowner's or renter's insurance - this policy will only cover that amount not covered by such other insurance, up to the limits of the specific coverage. If the event is covered by more than one of the policy coverages, we will only pay the amount from the coverage under which you first filed the claim.

D. Governing Law

This Policy shall be governed by the law of India.

E. Policy Period

The maximum policy period for this policy is one year. This coverage will continue as long as the premium is paid, except if coverage is otherwise cancelled under this policy.

F. Concealment or Fraud

If You or anyone acting on Your behalf put forward any claim under this Policy knowing the same to be false or fraudulent, as regards amount or otherwise, this Policy shall be void in its entirety and be of no effect whatsoever and all claims that You may have made for an indemnity under it shall be forfeited.

G. You must use all reasonable means to avoid future loss at and after the time of loss.

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H. Duties After an Accident or Loss

We have no duty to provide coverage under this policy unless there has been full compliance with the duties that are detailed in each coverages section. You are required to cooperate with us in investigating, evaluating and settling a claim.

Coverage limitations:

For each of the coverage, we will pay up to the maximum amount per occurrence and per policy period as shown in the Policy Schedule.

Part E: Scope of Coverage

Hazard H 1

24-HOUR PROTECTION (Insured Journey Only)

During the course of an Insured Journey, unless specifically restricted in the Policy

Hazard H 2

COMMON CARRIER

We will pay the Principal Sum shown in the Policy Schedule or the Schedule of Benefits if Injury to You results in loss of life while riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any Common Carrier provided that, this Hazard shall not apply while You are riding in or on, or boarding or alighting from, any civilian aircraft that does not hold current a valid Airworthiness Certificate and is piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.

The term "Airworthiness" certificate used in this Hazard shall mean the standard Airworthiness Certificate issued by the aviation agency or the governmental authority having jurisdiction over civil aviation in the country of its registry.

This Hazard shall not apply while such Insured Person is riding in any civilian aircraft while it is being used for any Specialized Aviation Activity(ies), other than as expressly described herein, unless previously consented to in writing by Us.

Part F: Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact our Assistance Company – **AIG Travel Assist** through:

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For Excluding Americas Policies :

Call: +603-2118-0782 or +603-2118-0784 (Toll Worldwide)

Email (assistance): TGAP.TATAmedical@travelguard.com

Email (claims): TGAP.TATAclaims@travelguard.com

For the Americas Policies:

Please Call : +1-866-866-2619 (Toll Free within US & Canada)

: +1-817-826-7017 (Reverse Charge/Collect from other places)

Email:tata.aig@aig.com

While in India, contact at below numbers for any claim related assistance -

Toll Free No 1800 119966 from BSNL/MTNL Landline or 1800 22 9966

(only for senior citizen policy holders)

Call these local helpline numbers in your respective cities from any other line:

Mumbai - 66939500, Delhi – 66603500, Bangalore – 66272829,

Pune – 66014156, Chennai – 66841050, Hyderabad – 66629882,

Ahmedabad – 66610201

Email:general.claims@tataaig.com

Write to:

Tata AIG General Insurance Company Limited

A-501, 5th Floor, Building No. 4, Infinity Park,

Gen. A. K. Vaidya Marg, Dindoshi, Malad (E),

Mumbai, India - 400 097.

— Part G: Grievance Lodgment Stage —

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

Call us 24X7 toll free helpline 1800 266 7780

Email us at customersupport@tataaig.com

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

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

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

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

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the

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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 & Contact details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal. ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652048/26652049 Email: bimalokpal. bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201/2769202 Fax: 0755 - 2769203 Email: bimalokpal. bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461/2596455 Fax: 0674 - 2596429 Email: bimalokpal. bhubaneswar@ecoi.co.in	Orissa
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

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Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044-24333668/24335284 Fax: 044 - 24333664 Email: bimalokpal. chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239633/23237532 Fax: 011 - 23230858 Email: bimalokpal. delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205 Fax: 0361 - 2732937 Email: bimalokpal. guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court” Lane, Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040-65504123/23312122 Fax: 040 - 23376599 Email: bimalokpal. hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302 005. Tel.: 0141 - 2740363 Email: Bimalokpal. jaipur@ecoi.co.in	Rajasthan

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Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
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, 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
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

Office of the Ombudsman	Address & Contact details	Jurisdiction of Office Union Territory, District
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250/2514252/ 2514253 Email: bimalokpal. noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, 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.

Part H: Schedule of Benefits

Part 1

Sum(s) insured in US\$		Plan A	Plan B
Medical Insurance			
AD&D 24 Hours		10,000	25,000
Felonious Assault (AD & D)		5,000	5,000
Accident & Sickness Medical Expenses Reimbursement	Deductible	50,000	1,00,000
		100	100
Ambulance Charges		250	250
**Coverage for Pre existing Conditions under A&S		500	1000
Maternity Benefit (Only Inpatient Treatment incl 1 month post Natal Cover) - Waiting Period - 10 Months		500	1,000
Child Care Benefits		250	500
Treatment for mental and nervous disorders: including alcoholism and drug dependency,		0	500
Cancer screening and mammography examinations		250	500
Physiotherapy		500	500
Sickness Dental Relief		250	300
	Deductible	100	100
Assistance Services		Included	Included

Sum(s) insured in US\$		Plan A	Plan B
Medical Insurance			
Emergency Evacuation		5,000	10,000
*Continuing Treatment (following Medical Repatriation to your Country of Origin)		NA	NA
Repatriation of Remains		2,500	5,000
Baggage Loss (Checked)	Deductible- per baggage	500	1,000
		10% per article / 50% per bag	10% per article / 50% per bag
Baggage Delay (After 12 hours only)		0	50
Loss of passport		250	250
	Deductible	30	30
Personal Liability		1,00,000	1,00,000
	Deductible	200	200
Study Interruption		7,500	7,500
Sponsor Protection		10,000	10,000
Compassionate Visit (2-Way) Visit		1,500	5,000
Bail Bond		500	1,000
Hijack Cash Benefit		100 per day (Max 500)	100 per day (Max 500)
	Deductible	1 Day	1 Day
Missed Connection/ Missed Departure		250	500
	Deductible	25	50
Trip Delay		10 per 12 hr (Max 100)	10 per 12 hr (Max 100)
	Deductible	12 Hrs	12 Hrs
Fraudulent Charges (Payment Card Security)		500	1000

Part 2

Sum(s) insured in US\$		Ultimate	Ultimate Plus	Supreme
Medical Insurance				
AD&D 24 Hours		25,000	30,000	50,000
Felonious Assault (AD & D)		25,000	25,000	25,000
Accident & Sickness Medical Expenses Reimbursement	Deductible	2,50,000	5,00,000	5,00,000
		100	100	100
Ambulance Charges		250	500	500
**Coverage for Pre existing Conditions under A&S		2500	5000	5000
Maternity Benefit (Only Inpatient Treatment incl 1 month post Natal Cover) - Waiting Period - 10 Months		2,000	2,500	3,000
Child Care Benefits		1,000	1,250	1,500
Treatment for mental and nervous disorders: including alcoholism and drug dependency,		1,000	2,000	2500
Cancer screening and mammography examinations		1,500	2,500	3,000
Physiotherapy		500	500	500
Sickness Dental Relief	Deductible	400	500	500
		100	100	100
Assistance Services		Included	Included	Included
Emergency Evacuation		15,000	25,000	25,000
* Continuing Treatment (following Medical Repatriation to your Country of Origin)		NA	NA	20,000
Repatriation of Remains		7,500	10,000	10,000
Baggage Loss(Checked)	Deductible - per baggage	2,000	2,500	2500
		10% per article / 50% per bag	10% per article / 50% per bag	10% per article / 50% per bag
Baggage Delay (After 12 hours only)		150	250	250
Loss of passport	Deductible	250	250	250
		30	30	30
Personal Liability	Deductible	5,00,000	5,00,000	5,00,000
		200	200	200
Study Interruption		15,000	25,000	25,000
Sponsor Protection		20,000	25,000	25,000
Compassionate Visit (2-Way) Visit		7,500	10,000	10,000

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Sum(s) insured in US\$		Ultimate	Ultimate Plus	Supreme
Bail Bond		5,000	5,000	5,000
Hijack Cash Benefit	Deductible	100 per day (Max 500)	100 per day (Max 500)	100 per day (max 500)
		1 Day	1 Day	1 Day
Missed Connection/Missed Departure	Deductible	750	1000	1000
		75	100	100
Trip Delay	Deductible	10 per 12 hr (Max 100)	10 per 12 hr (Max 100)	10 per 12 hr (Max 100)
		12 Hrs	12 Hrs	12 Hrs
Fraudulent Charges (Payment Card Security)		1500	2000	2000

Annexure – 1

Sr. No.	List of excluded expenses ("Non-Medical") under indemnity Policy -	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable

25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable

51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY	Exclusion in policy

	TRANSMITTED DISEASES	unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM/HIV/AIDS ETC IS DETECTED/DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately

80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	SAVLON	Not Payable- Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable- Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable

	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable

115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable

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143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \HYDROGEN PEROXIDE\ SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for

157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	hospital use in OT or ward or for dressings in hospital Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed

170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case f PIVD requiring traction s this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre

		hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

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 liable for penalty which may extend to ten lakh rupees.