

Customer Information Sheet/know Your Policy

This document provides key information about your policy. You are also advised to go through your policy document.

| S No | Title | Description | Policy Clause No. |
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| 1. | Name of the Insurance Policy | Corona Kavach Policy, Tata AIG General Insurance Company Ltd. | |
| 2. | Policy Number | << Policy Number >> | |
| 3. | Type of Insurance Policy | Both Indemnity and Benefit – Policy has elements of both, The Base Cover is on Indemnity basis (which cover insured loses) and Optional Cover is on Benefit Basis (which pays a fix amount under the policy on the occurrence of a covered event. | |
| 4. | Sum Insured (Basis) (Along with amount) | <<Sum Insured Amount>> As per Sum Insured mentioned in Policy Schedule Sum Insured represents Our maximum, total and cumulative liability under the Policy, for all the Insured Person(s) covered in aggregate, for the respective Policy Year | |
| 5. | Policy Coverage (What the policy covers?) | <p>1. Covid Hospitalization Expenses: The Hospitalization expenses incurred by the insured person for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p> <p>2. Home Care Treatment Expenses: Insurer shall cover the costs of treatment of COVID incurred by the Insured person on availing treatment at home maximum up to 14 days per incident In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID, a) Diagnostic tests undergone at home or at diagnostics centre b) Medicines prescribed in writing c) Consultation charges of the medical practitioner d) Nursing charges related to medical staff e) Medical procedures limited to parenteral administration of medicines f) Cost of Pulse oximeter, Oxygen cylinder and Nebulizer</p> <p>3. AYUSH Treatment:</p> | Section (2) |

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| | | <p>The Medical expenses incurred on hospitalization under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre shall be covered up to the Sum Insured without any sub-limits.</p> <p>4. Pre Hospitalization - Medical expenses incurred in 15 days before the hospitalisation.</p> <p>5. Post Hospitalization - Medical expenses incurred in 30 days after the hospitalisation</p> <p>Optional Cover (For cover applicable to you, please refer your Policy Schedule):</p> <p>6. Hospital Daily Cash: The Company will pay 0.5% of sum insured per day for each 24 hours of continuous hospitalization for treatment of Covid following an admissible hospitalization claim under this policy. The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person</p> | |
| 6. | Exclusions | <p>Standard Exclusions</p> <p>1. Medical Exclusions</p> <p>I. Investigation and Evaluation (Code- Excl 04)</p> <p>II. Rest cure, rehabilitation and respite care (Code- Excl 05)</p> <p>Specific Exclusions (Exclusions other than as those mentioned above)</p> <p>1. Medical Exclusions</p> <p>i. Any claim in the relation to COVID where it has been diagnosed prior to policy start date.</p> <p>ii. Any expenses incurred on Day Care treatment and OPD treatment.</p> <p>iii. Diagnosis /Treatment outside the geographical limits of India.</p> <p>iv. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy.</p> <p>v. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or Home care treatment</p> | Section (3) |

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| | | <p>vi. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. However, treatment authorized by the government for the treatment of COVID shall be covered.</p> <p style="text-align: center;">2. Non-Medical Exclusions</p> <p>i. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.</p> <p>This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3)</p> | |
| 7. | Waiting period | Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded | Section (3) |
| 8. | <p>Financial limits of coverage</p> <p>i. Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount:</p> <ul style="list-style-type: none"> - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) <p>Any other limit (as applicable)</p> | <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub-limit</p> <p style="padding-left: 40px;"><u>Benefit Specific Sub-limit:</u></p> <ul style="list-style-type: none"> • Road Ambulance- Upto ₹2,000 per hospitalization <p>Any Other limit:</p> <ul style="list-style-type: none"> • Covid Hospitalization Cover- Upto Sum Insured • AYUSH Treatment Upto Sum Insured • Pre Hospitalization – Upto 15 days • Post Hospitalisation – Upto 30 days <p>Optional Cover (For cover applicable to you, please refer your Policy Schedule):</p> <ul style="list-style-type: none"> • Hospital Daily Cash - 0.5% of sum insured per day for each 24 hours of continuous hospitalization, maximum up to 15 days during a policy period in respect of every insured person. | Section (2) |

| 9. | Claims/Claims Procedure | <p>Claim procedure:</p> <ul style="list-style-type: none"> • <u>For Cashless Service:</u> <ol style="list-style-type: none"> 1. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. 2. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/ TPA for authorization. 3. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. 4. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. 5. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. 6. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement. ▪ <u>For Reimbursement of Claim:</u> <p>For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable) /Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="557 1323 1396 1758"> <thead> <tr> <th>SI No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td>3</td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </tbody> </table> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours ii. TAT for cashless final bill authorization: 4 hours <p>Assistance:</p> | SI No | Type of Claim | Prescribed Time limit | 1 | Reimbursement of hospitalization and pre hospitalization expenses | Within thirty days of date of discharge from hospital | 2 | Reimbursement of post hospitalization expenses | Within fifteen days from completion of post hospitalization treatment | 3 | Reimbursement of Home Care expenses | Within thirty days from completion of home care treatment | Section (5) |
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| 2 | Reimbursement of post hospitalization expenses | Within fifteen days from completion of post hospitalization treatment | | | | | | | | | | | | | |
| 3 | Reimbursement of Home Care expenses | Within thirty days from completion of home care treatment | | | | | | | | | | | | | |

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| | | <ol style="list-style-type: none"> 1. Please refer to our website <www.tataaig.com> or call us on our toll free number at <1800-266-7780> to get details on our empanelled hospitals and list of Excluded providers/ Blacklisted Hospitals. 2. Helpline number: Toll Free: <1800 266 7780> or <1800 22 9966> (only for Senior Citizen policyholders) | |
| 10. | Policy Servicing | Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) | Section (4) |
| 11. | Grievances/Complaints | <p><u>Redressal of Grievance</u></p> <p>In case of any grievance the insured person may contact the company through:</p> <p>Website: www.tataaig.com</p> <p>Toll free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)</p> <p>E-mail: customersupport@tataaig.com</p> <p>Courier: Customer Support, Tata AIG General Insurance Company Limited, 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>Escalation level 1:</p> <p>If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at manager.customersupport@tataaig.com.</p> <p>For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/product/tata-aig-customerredressal-policy)</p> <p>Escalation to Insurance Ombudsman</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/ region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure – B in the policy wordings document.</p> | Section (4) |
| 12. | Your Obligations | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy. | |