

Preamble

While this policy is in force we will pay the insured person the benefits as mentioned in the policy schedule or certificate of insurance, if the insured event occurs during the Policy Period subject to:

- i. The terms, conditions and exclusions of this Policy,
- ii. Statements in the proposal/enrolment form and information disclosed to Us by You or on Your behalf and on behalf of all persons to be insured which is incorporated into the Policy and is the basis of it.

Commencement of risk cover under the policy is subject to receipt of premium by Us.

Our liability at any time shall not exceed the maximum sum insured applicable for the benefit as specified in Your policy schedule or Certificate of insurance.

In case of any other sum insured and coverage restrictions, the same shall be clearly specified in Your Policy schedule/Certificate of Insurance.

Section 1 – Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

i. Standard Definitions

1. Accident

An accident means sudden, unforeseen and involuntary event caused by external,

visible and violent means.

2. Congenital Anomaly

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

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

3. Deductible

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

A deductible does not reduce the Sum Insured.

4. Grace Period

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.

5. Hospital

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

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

6. Hospitalization

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

7. Illness

Illness means a sickness or a disease or pathological condition leading to the

impairment of normal physiological function and requires medical treatment.

(a) Acute condition

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

(b) Chronic condition

A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
- ii. it needs ongoing or long-term control or relief of symptoms;
- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
- iv. it continues indefinitely;
- v. it recurs or is likely to recur;

8. Injury

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

9. Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital

formore than 24 hours for a covered event.

10. Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

11. Medical Advice

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

12. Medical Practitioner

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

13. Medically Necessary Treatment

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the illness or injury suffered by the insured;

- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

14. Renewal

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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

15. Surgery or Surgical Procedure

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

16. Unproven/Experimental treatment

Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

- ii. **Specific Definitions(Definitions other than as mentioned under Section 1 (i) above)**

1. Age

Means the completed age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth.

2. Policyholder

The Policyholder shall be the Employer who has taken the group insurance policy as a service benefit to his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.

3. Proposal and Enrolment Form

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

4. We/Us/Our

We/US/Our means TATA AIG General Insurance Company Limited.

5. You/Your/Yourself

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

6. Portability

Portability means the right accorded to an individual health insurance policyholder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer

or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.

Section 2 – Benefits

B1. Inpatient Hospitalization Benefit

We will pay the fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance in the event the insured person is hospitalized as an Inpatient due to below listed maternal complications during the policy period.

i. Maternal complications include:

Condition complicating pregnancy and requiring medical management	Benefit Amount Payable (Rs.)
Major	
Disseminated Intravascular Coagulation	100% of Inpatient Hospitalization Benefit sum insured
Septic Shock	100% of Inpatient Hospitalization Benefit sum insured
Intermediate	
Eclampsia	50% of Inpatient Hospitalization Benefit sum insured
Embolism (pulmonary/ amniotic)	30% of Inpatient Hospitalization Benefit sum insured
Minor	

Pre-Eclampsia	25% of Inpatient Hospitalization Benefit sum insured
Rheumatic Heart Disease	25% of Inpatient Hospitalization Benefit sum insured
Epilepsy	25% of Inpatient Hospitalization Benefit sum insured
Post-partum renal failure	20% of Inpatient Hospitalization Benefit sum insured

ii. Surgical Complications

Condition complicating pregnancy and requiring medical management	Benefit Amount Payable (Rs.)
Major	
Hysterectomy	100% of Inpatient Hospitalization Benefit sum insured
Ectopic pregnancy	100% of Inpatient Hospitalization Benefit sum insured
Intermediate	
Post-Partum Haemorrhage	50% of Inpatient Hospitalization Benefit sum insured

Abruptio Placentae (premature separation of placenta)	50% of Inpatient Hospitalization Benefit sum insured
Uterine Rupture	50% of Inpatient Hospitalization Benefit sum insured
Inversion of Uterus	50% of Inpatient Hospitalization Benefit sum insured
Minor	
Obstructed labour	30% of Inpatient Hospitalization Benefit sum insured
Tear of bladder or rectum	30% of Inpatient Hospitalization Benefit sum insured

Additional 10% of Inpatient Hospitalization Benefit Sum insured would be payable in case of birth of girl child.

For the purpose of this policy, maternal complications as listed above shall mean:

- a. **Disseminated intravascular coagulation** means the pathological process characterized by the widespread activation of the clotting cascade that results in the formation of blood clots in the small blood vessels throughout the body.
- b. **Septic Shock** (maternal Sepsis) is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or postpartum period.
- c. **Eclampsia** means a life threatening

pregnancy complication that causes a pregnant woman, usually previously diagnosed with preeclampsia (high blood pressure and protein in the urine), to develop seizures or coma.

- d. **Amniotic fluid embolism** means an obstetric complication in which amniotic fluid, enters the blood stream of the mother to trigger a cardio respiratory arrest and/or massive bleeding.
 - e. **Pre-Eclampsia** means a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys associated with proteinuria and which usually begins after 20 weeks of pregnancy in women whose blood pressure had been normal prior to the initiation of the pregnancy.
 - f. **Postpartum haemorrhage** requiring hysterectomy wherein bleeding occurs subsequent to expulsion of placenta.
 - g. **Abruptio Placentae** means form of antepartum hemorrhage where the bleeding occurs due to premature separation of normally situated placenta from the wall of the uterus.
 - h. **Placenta previa** means a condition when the placenta is implanted partially or completely over the lower uterine segment.
 - i. **Uterine Rupture** means dissolution in the continuity of the uterine wall any time beyond 28 weeks of pregnancy.
- B2. Institutional Delivery Benefit**

In case where child is delivered in a hospital (i.e. institutional delivery), we will pay fixed

benefit amount of Rs.1000 per delivery (in case of girl child – Rs. 2000 per delivery) irrespective of the number of children-Single, twins or more, taken birth during the delivery.

This benefit is over and above the base sum insured.

B3. Family Transportation Benefit

In the event where the insured person needs to travel to a hospital for delivery of child where such hospital is located at least 10 Kms away from the insured person's place of residence and for the return journey, we would pay Rs.500 per delivery (in case of girl child Rs. 1500 per delivery).

This benefit is over and above the base sum insured.

B4. Intensive Care Unit (ICU) Daily Cash Benefit

In the event where the insured person is admitted in ICU due to listed maternal complications as mentioned under B1 – inpatient hospitalization benefit, we will pay fixed benefit amount of Rs. 500 per day upto 10 days of hospitalization subject to a deductible of 4 days.

This benefit is over and above the base sum insured.

B5. High Risk Pregnancy Check-up Benefit

In the event where the insured person requires out-patient consultations, we would pay Rs. 200 per consultation and upto maximum of 5 such consultations for below listed maternity complications:

- i. Pre-eclampsia

- ii. Eclampsia
- iii. Gestational Diabetes
- iv. Cardiac disease
- v. Epilepsy
- vi. Intra-uterine growth retardation
- vii. Elderly primi (> 30 years)

This benefit is over and above the base sum insured.

B6. Congenital Anomalies

In the event of maternity event happening within the policy period and the delivered child is diagnosed with any congenital anomalies (internal or external) within the policy period, we would pay a fixed benefit of Rs. 2000 per child.

This benefit is over and above the base sum insured.

Limitations

- i. Upon payment of claim for 2 deliveries under this policy, the Certificate of Insurance shall automatically cease to exist.
- ii. In the event of more than 1 claim during the policy year under B1 – Inpatient Hospitalization Benefit, our maximum liability shall be restricted to 100% of the sum insured.

Section 3 – Exclusions

Specific Exclusions

1. Waiting Period

We are not liable for any claim arising due to a condition for which consultation, investigation, treatment or admission

started within 90 days from policy commencement date, unless explicitly stated otherwise. In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force.

2. Medical Exclusions

We will not make any payment for any claim in respect of any Insured Person, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- i. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- ii. Any non-allopathic treatment
- iii. Claim for any other maternal complications other than the ones listed under the benefit B1 – Inpatient hospitalization benefit
- iv. Claims related to normal or caesarean delivery except in condition B2 (institutional delivery) & B3 Family Transportation Benefit
- v. Cost of antenatal health check ups related to maternal conditions other than the ones listed under the benefit B5 (High Risk Pregnancy Check up benefit)

3. Non-Medical Exclusions

- i. Any claim incurred after date of

proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.

- ii. All expenses incurred by the Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified that the Claim incurred at such Hospital/institution shall not be payable (except claims related to life-threatening maternal complications as listed under B1 – Inpatient Hospitalization Benefit). The updated list of such Hospitals can be obtained through the Company's website or Call Center.

unless a valid endorsement is passed in the policy.

2. Insured Person

- i. Only those persons named as an Insured Person in the Policy Schedule/ Certificate of insurance shall be covered under this Policy.
- ii. In case of refund of premium being generated on the Policy due to deletion of Insured Persons, the same will be refunded or adjusted accordingly against the future premium installments due on the Policy.
- iii. Mid-term addition of Insured Person/s:

Mid-term addition of insured person/s shall be allowed in the event of following:

1. Intimation is given to Us by a defined & agreed date and shall be subjected to IRDAI (Insurance Regulatory and Development Authority of India) group insurance policies guidelines, 2005 and any subsequent amendments as published by the Regulator from time to time.
2. Requisite premium has been paid to Us.

If any of the conditions (1) & (2) above are not met, coverage will commence only from the date of intimation to Us or premium remittance whichever is later.

- iv. Mid-term deletion of Insured Person/s:

Section 4 – General Terms and Clauses

Specific Terms and Clauses

1. Condition Precedent

- i. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- ii. The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.
- iii. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- iv. No change in this Policy shall be valid

a. In case of Employer-Employee Policies:

- The coverage for existing Insured Person/s will automatically expire from date of cessation of employment except where it is agreed in advance to continue the cover, till expiry of the policy, even after the insured person/s leaves the group.
- Pro-rata refund of premium would be made on intimation provided such intimation is made by a defined date and no claim is made by the Insured Person/s.

b. In case of non Employer-Employee Policies, the coverage shall automatically expire from the date the insured person/s exits the scheme except where it is agreed in advance to continue the cover, till expiry of certificate, even after the insured person/s leaves the group.

In case of refund of premium being generated on the Policy/ Certificate of Insurance due to deletion of Insured Persons, the same will be refunded or adjusted accordingly against the future premium installments due on the Policy.

endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this policy shall be valid unless approved by Us and such approval be endorsed hereon.

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

4. Fraud

- i. We will not be liable to pay under the policy if any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person.
- ii. In the event of fraud done by a primary member, in case of employer-employee policies, the coverage in respect of that insured person shall be terminated and there shall be no refund of insured person's premium. Subsequent to this, such insured person/s shall not be covered even during renewals.
- iii. In the event of fraud done by a primary member, in case of non-employer-employee policies, the certificate of insurance shall be terminated ab initio without any premium refund.

3. Entire Contract

- i. This Policy, its Schedule,

5. Mis-representation, or non-disclosure of material facts

- i. In case of any mis-representation or non-disclosure of material facts or incorrect coverage or claim experience information provided by the policy holder at the time of request for proposal, the policy shall be void ab-initio without any premium refund.
- ii. We will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of claim or otherwise, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, certificate of insurance shall be void ab-initio without any premium refund.

Policy or within the grace period of 30 days from the expiry of the Policy. Grace Period of 30 days for renewing the Policy/Certificate of Insurance is provided under this Policy. If the renewal is made within the grace period, continuity of benefits will be allowed. We will not be liable to pay for any claim under this policy that occur during the grace Period.

- iv. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.
- v. Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You at least 3 months in advance.

6. Renewal conditions

- i. The Policy is ordinarily renewable lifelong unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.
- ii. The Policy/Certificate of Insurance may be renewed by upfront payment of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal.

Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.
- iii. The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the

7. Option to Migrate

We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:

- i. Insured Person has been insured with Us under this Policy
- ii. This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age and certainly at the time of renewal only.
- iii. Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy

years, provided the policy has been maintained without a break.

We have expressly stated to the contrary in writing.

8. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- ii. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

9. Portability

We shall allow portability under this policy which shall be in accordance with portability guidelines as defined by the IRDAI from time to time.

10. Notices

- i. Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - a. Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.
 - b. Us, it shall be delivered to Our address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless

11. Termination

- i. You may terminate this Policy / Certificate of Insurance at any time by giving Us written notice, and the Policy/ Certificate of Insurance shall terminate when such written notice is received.
- ii. In case of master policy, each Certificate of Insurance will get terminated on the earliest of the following dates:
 - a. The date You or We cancel the Certificate of Insurance
 - b. The member leaves the group

The insured person has an option to continue the cover till the expiry of the Certificate of Insurance in case of condition (b) as mentioned above.

- iii. If no claim has been made under the Policy/Certificate of Insurance, then We will refund premium in accordance with the short rate table below:

Length of time Policy in force	1
Upto 1 Month	85.00%
>1 month &Upto 3 Months	70.00%
>3 months &Upto 6 Months	50.00%
>6 months &Upto 12 Months	Nil

- iv. We may at any time terminate this Policy /Certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your

address shown in the Schedule to this Policy.

- v. In the event of termination of this Policy/Certificate of insurance on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.
- vi. In the event the policy/Certificate of insurance is terminated on grounds of non-cooperation of the Insured Person the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 15 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

12. Free Look Period

- i. You have a period of 15 days from the date of receipt of the Policy /Certificate of Insurance to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy/Certificate of insurance stating the reasons for cancellation.
- ii. You will be refunded the premium paid by You after adjusting the stamp duty charges and proportionate risk premium.
- iii. You can cancel Your Policy/Certificate of insurance only if You have not made

any claims under the Policy.

- iv. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.
- v. Free look provision is not applicable and available at the time of renewal of the Policy.

Section 5 – Claims Procedure and Claims Payment

Conditions when a claim arises

A. Intimation & Assistance

You can notify a claim by sending an SMS **CLAIMS** to **5616181** or by calling our 24x7 toll free helpline **1800-266-7780**. Please use the Claim Intimation Form for intimation of a claim

You can even write to us at general.claims@tataaig.com and scan documents may be submitted at paclaim.support@tataaig.com to initiate claim processing

- Do keep your policy/certificate number and also keep a set of copy of claim documents with you
- Please quote your policy/certificate number and Claim Number in all your correspondences
- Please provide the following information at the time of intimation of claim
 - Name of Insured person
 - Date & Time of Loss,
 - Nature of maternal complications/claim details
 - Name of hospital / doctor where treatment taken

- E-mail ID & mobile/ telephone no. of insured
 - Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. The Company will examine and relax this time limit mentioned herein depending upon the merits of the case.
- ii. 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.
 - iii. Such documentation will include the following:
 - a. Our claim form, duly completed and signed for on behalf of the Insured Person. We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss or you may download the claim form from our Web site.
 - b. Copy of all maternity related medical reports, case histories, investigation reports, indoor case papers/ treatment papers (if available) discharge summaries.
 - c. A precise diagnosis of the treatment for which a claim is made.
 - d. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements.
 - e. For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact Us through:

B. Claim Notification

It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within seven (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. 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.

We 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 Person.

C. Supporting Documentation & Examination

- i. You or someone claiming on Your behalf shall provide Us with documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment.

Website : www.tataaig.com

SAKHI- TATA AIG MATERNAL CARE MICRO INSURANCE PRODUCT



Toll Free No.: 1800 266 7780/

For Senior Citizens: 1800 22 9966

Courier:

Accident & Health Claims
Department (SAKHI – Tata AIG
Maternal Care)

Tata AIG General Insurance Co.
Ltd.

7th and 8th Floor, Romell Tech Park,
Cama Industrial Estate, Western
Express Highway, Goregaon(E),
Mumbai, Maharashtra 400063

We at our own expense, shall have the right and opportunity to examine insured persons through Our Authorised Medical Practitioner whose details will be notified to insured person when and as often as We may reasonably require during the pendency of a claim hereunder.

D. Claims Payment

- We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.

- In the event of Your death, We will make payment to the Nominee (as named in the Schedule).
- This Policy only covers medical treatment taken within India and payments under this Policy shall only be made in Indian Rupees within India.
- We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document
- We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2017.

Section 6 - Dispute Resolution

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 call our 24X7 Toll free number 1800-266-7780 or you may email to the customer service desk at customersupport@tataaig.com. Senior citizens can call our dedicated line at 1800 22 9966.

Nodal Officer

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

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

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write

to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure We will send Our response within a period of 8 days from the date of receipt at this email id.

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 final response within a period of 7 days from the date of receipt of your complaint on this email id.

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 IRDAI under the Insurance Ombudsman Scheme.

Annexure A

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

SN	Centre	Address & Contact
1	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@cioins.co.in
2	Bengaluru	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in

SAKHI- TATA AIG MATERNAL CARE MICRO INSURANCE PRODUCT



WITH YOU ALWAYS

SN	Centre	Address & Contact
3	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 Email: bimalokpal.bhopal@cioins.co.in
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
5	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 Email: bimalokpal.chandigarh@cioins.co.in
6	Chennai	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in
7	New Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in
8	Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
9	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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
10	Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in

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12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
13	Lucknow	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in
14	Mumbai	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/ 27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in
15	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.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in