

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

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

Sl. NO	TITLE	DESCRIPTION	Policy clause number
1.	<b>Name of the Insurance Product / Policy</b>	Group Personal Accident & Business Travel Accident	
2.	<b>Policy Number</b>	<< <b>Policy Number /Certificate of Insurance Number</b> >>	
3.	<b>Type of Insurance Product / Policy</b>	Both Indemnity and Benefit	
4.	<b>Sum Insured (Basis)</b>	Sum Insured Basis: Individual Sum Insured Sum Insured Amount: As per Sum Insured mentioned in Policy schedule	

5.	<b>Policy Coverage (What the Policy covers)</b>	<p>The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Policy Wordings. Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance.</p> <p><b>Benefits Covered Under This Policy:</b> As opted and mentioned in the Policy Schedule</p>	<b>Benefits Covered Under the Policy</b>
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<p>6.</p>	<p><b>Exclusions</b></p>	<p>i. Standard Exclusions In addition to the Exclusions listed in this Policy this coverage section shall not cover:</p> <ol style="list-style-type: none"> <li>1. Any treatment of any disease, sickness or illness; or</li> <li>2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or</li> <li>3. 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</li> <li>4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or</li> <li>5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or</li> <li>6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or</li> <li>7. the diagnosis and treatment of acne; or</li> <li>8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or</li> <li>9. organ transplants that are considered experimental in nature; or</li> <li>10. well child care including exams and immunizations; or</li> <li>11. expenses which are not exclusively medical in nature; or</li> <li>12. any expenses incurred in India unless authorized and approved by us in advance; or</li> <li>13. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or</li> <li>14. treatment provided in a government Hospital or services for which no charge is normally made; or</li> <li>15. rest cures; or</li> <li>16. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to</li> </ol>	<p><b>Exclusions</b></p>
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		<p>inability to conceive a child; birth control, including surgical procedures and devices; or</p> <p>17. medical expenses covered under any workers' compensation or similar policy; or</p> <p>18. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or</p> <p>19. therapeutic services unless conclusive scientific evidence proves, as determined by Us, that it improves health outcome; or</p> <p>20. expenses incurred for Emergency Medical Evacuation.</p>	
7.	<b>Waiting Period</b>	As mentioned in the Policy Schedule	
8.	<p><b>Financial Limits of Coverage</b></p> <p>Deductible (It is a specified amount: 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> <p>Sub limit (it is a pre-defined limit and the Insurance Company will not pay any amount in excess of this limit</p>	As mentioned in the Policy Schedule	<b>Financial limits as Covered Under The Policy</b>

9.	<b>Claims/ Claim Procedure</b>	<p><b>Intimation &amp; Assistance</b></p> <p>Insured Person(s) can notify a Claim by sending an SMS CLAIMS to <b>5616181</b> or by calling The Company's 24x7 toll free helpline <b>1800-266- 7780</b> or <b>1800 229966</b> (only for senior citizen Policy holders). Please use the Claim Intimation Form for intimation of a Claim.</p> <p>Insured Person(s) can even write to The Company at <b>general.claims@tataaig.com</b> and scanned documents may be submitted at <b>paclaim.support@tataaig.com</b> to initiate Claim processing.</p> <p>Please submit all documents to the Corporate Office at the address given below:</p> <p><b>A&amp;H Claims Department</b></p> <p>Tata AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063</p>	<b>Other Terms and Conditions</b>
10.	<b>Policy Servicing</b>	<p><b>Company Officials:</b></p> <p>o If you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number <b>1800-266-7780</b> or Senior Citizen No. <b>1800 22 9966</b> (tolled) or you may email to the customer service desk at <b>customersupport@tataaig.com</b></p>	<b>Other Terms and Conditions</b>
11.	Grievance /Complaints	<p>In case of any grievance the Insured Person may contact through Website: <a href="http://www.tataaig.com">www.tataaig.com</a> Call us 24x7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a> 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>Visit the Servicing Branch mentioned in the policy document.</p>	<b>Other Terms and Conditions</b>

		<p>The insured person may also approach the grievance cell at any of the Company's branches with details of grievance.</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 <a href="mailto:manager.customersupport@tataaig.com">manager.customersupport@tataaig.com</a>.</p> <p>For updated details of grievance officer, kindly refer the link IRDAI Bima Bharosa Portal - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></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 as per Insurance Ombudsman Rules 2017. For updated list and details of Insurance Ombudsman Offices, please visit website <a href="http://www.cioins.co.in/ombudsman.html">http://www.cioins.co.in/ombudsman.html</a></p> <p>Grievance may also be lodged at IRDAI Bima Bharosa Portal - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	
12.	<b>Things to Remember</b>	<b>Claims Payment</b>	<b>Other Terms and Conditions</b>
13.	<b>Your obligations</b>	<p>i. In case of employer-employee policies, if any misrepresentation or non-disclosure of material facts or incorrect coverage or Claim experience information provided at the time of request for proposal, the policy shall be void ab-initio without any premium refund.</p> <p>ii. In case of non-employer-employee policies, the Company will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of Claim or otherwise, whether by Policyholder or any Insured Person or anyone acting on behalf of Policyholder or any Insured Person, and Certificate of Insurance shall be void ab-initio without any premium refund.</p>	<b>Other Terms and Conditions</b>

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