

## TATA AIG SMART MULTI ASSURE POLICY – BASE COVERS

**PART 1: PREAMBLE**

Tata AIG General Insurance Company Limited (**Company, We, Our, or Us**) will provide the insurance described in this **Policy** and any **Endorsements** to the **Policy**, to the **Insured** detailed in the **Policy Schedule/Certificate of Insurance**, including in reliance upon the statements contained in the **Proposal Form**, which shall be the basis of this **Policy** and are deemed to be incorporated herein, in consideration for the receipt of the **Premium** in full and in compliance with all the applicable terms, conditions and exclusions of this **Policy**.

The insurance provided under this **Policy** is in force for the Insured Person for the Cover Period specified in the **Certificate of Insurance** with respect to only such coverages as are indicated in the **Policy Schedule / Certificate of Insurance** and up to the **Sum Insured** set against each cover in the **Policy Schedule / Certificate of Insurance**. **Our** liability in aggregate during the **Cover period** shall not exceed the **Sum Insured** stated for the **Insured Person** in the **Certificate of Insurance**.

**PART 2: GENERAL DEFINITIONS**

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

<b>Word /s</b>	<b>Specific meaning</b>
<b>Accident</b>	means sudden, unforeseen and involuntary event, caused by external, visible and violent means.
<b>Assistance Service Provider (ASP)</b>	refers to an organization, or company or person as specified in the <b>Policy Schedule/Certificate of Insurance</b> which shall provide assistance services under certain covers in this Policy.
<b>ATM</b>	means an automatic teller machine.
<b>Bank</b>	A bank or any financial institution.
<b>Certificate of Insurance</b>	The document accompanying and forming part of the <b>Policy</b> issued to the <b>Insured Person</b> confirming the <b>Insured Person's</b> coverage under the <b>Policy</b> and setting out the <b>Insured Person's</b> detail and insurance cover under this <b>Policy</b> .
<b>Commencement Date</b>	It is the date and time from which the <b>Policy</b> begins, as specified in the <b>Policy Schedule</b> .
<b>Cover Period</b>	means the period specified as such in the <b>Certificate of Insurance</b> during which insurance cover is operative unless terminated or cancelled earlier as provided for in this Policy
<b>Deductible</b>	Where specified in the <b>Policy Schedule/Certificate of Insurance</b> , each admitted claim arising under this Policy shall be subject to the amount stated as the Deductible, which shall be borne by <b>You</b> at <b>Your</b> own risk, and We will only be liable to indemnify for that part of any admitted claim which is in excess of the amount of Deductible.
<b>Disclosure to Information Norm</b>	The <b>Policy</b> shall be void and all <b>Premium</b> paid thereon shall be forfeited to the <b>Company</b> in the event of established fraud.



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<b>Endorsement</b>	A written amendment to the Policy that We make (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original <b>Policy</b> .
<b>EMI</b>	EMI or EMI amount means and includes the amount of monthly payment required for the <b>Insured Person</b> to repay the <b>Loan</b> (including any interest) set forth in the amortization chart/loan agreement (including any amendments thereto) between the <b>Bank</b> and the <b>Insured Person</b> prior to the date of occurrence of the insured event under this <b>Policy</b> . For avoidance of doubt, it is clarified that any monthly payments that are overdue for payment prior to the occurrence of the insured event will not be considered, and for the purpose of this <b>Policy</b> , such payments shall be deemed as paid by the <b>Insured Person</b> .
<b>Family</b>	means <b>Your Spouse</b> , children, parents and/or other relatives normally living with <b>You</b> in <b>Your</b> home.
<b>Group Policyholder</b>	means the person/organization/legal entity named in the <b>Policy Schedule / Certificate of Insurance</b> who has concluded this <b>Policy</b> with <b>Us</b> on behalf of all <b>Insured Person</b> .
<b>Injury</b>	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 <b>Medical Practitioner</b> .
<b>Loan</b>	means the sum of money lent at interest or otherwise to the <b>Insured Person</b> by any <b>Bank</b> as identified by the Loan Account Number referred to in the <b>Certificate of Insurance</b> .
<b>Medical Practitioner</b>	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.
<b>Kutchra construction</b>	means building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
<b>Money</b>	means currency, coins and <b>Bank</b> notes in current use and having a face value
<b>Partial Loss</b>	means any loss other than <b>Total Loss</b> .
<b>Policy</b>	A contract between <b>You</b> and <b>Us</b> as stated in the following: <ul style="list-style-type: none"> <li>a. This <b>Policy</b> document,</li> <li>b. The <b>Policy Schedule /Certificate of Insurance</b> attached to this <b>Policy</b> document,</li> <li>c. Any <b>Endorsement</b> attached to and forming part of this <b>Policy</b> document,</li> <li>d. Any Add-on to this <b>Policy</b> that <b>You</b> may have purchased from <b>Us</b>,</li> <li>e. The proposals and all declarations made by <b>You</b> or <b>Group Policyholder</b> on <b>Your</b> behalf.</li> </ul>
<b>Policy Period</b>	means the period commencing from the <b>Commencement Date</b> as shown in the <b>Policy Schedule</b> and terminating at midnight on the expiry date as shown in the <b>Policy Schedule</b> or on the termination of or the cancellation of insurance as provided for in this <b>Policy</b> , whichever is earlier.
<b>Policy Schedule</b>	The document accompanying and forming part of the <b>Policy</b> that gives <b>details of Group Policyholder, Insured person/s</b> and insurance cover.
<b>Cover Year</b>	means a period of twelve months beginning from the start date of the <b>Cover period</b> and ending on the last day of such twelve-month period.



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	For the purpose of subsequent years, <b>Cover Year</b> shall mean a period of twelve months commencing after the end of the previous <b>Cover Year</b> and lapsing on the last day of such twelve-month period, till the <b>Cover period</b> , as mentioned in the <b>Certificate of Insurance</b>
<b>Premium</b>	The <b>Premium</b> is the amount <b>You</b> pay <b>Us</b> for this insurance. The <b>Policy Schedule /Certificate of Insurance</b> shows the amount of <b>Premium</b> for the <b>Policy</b> and all other taxes and levies.
<b>Proposal Form</b>	means the written application or proposal submitted, which forms the basis for this <b>Policy</b> , including any information, documentation, or declaration provided in connection thereto.  For the purpose of the <b>Insured Person's</b> cover, the Proposal Form shall also mean to include any enrolment form submitted in respect of the <b>Insured Person</b> .
<b>Pucca Construction</b>	Construction other than <b>Kutch construction</b> .
<b>Spouse</b>	<b>Your</b> wife or husband.
<b>Sum Insured</b>	It means the amount shown against each benefit/cover in the <b>Policy Schedule/Certificate of Insurance</b> , which shall be Our maximum liability for any and all claims made in respect of an <b>Insured Person</b> under that cover during the <b>Policy Period/Cover Period</b> .
<b>Total Loss</b>	A situation where the <b>Insured Property</b> or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the <b>Sum Insured</b> for that <b>Insured Property</b> or item or in total.
<b>We, Us, Our, Insurer, Company</b>	The TATA AIG General Insurance Company Limited that has provided Insurance Cover under this <b>Policy</b> .
<b>You, Your, Insured, Insured Person</b>	The person(s) whose name specifically appears as the <b>Insured</b> in the <b>Certificate of Insurance</b> .

### PART 3: BASE COVERAGES

The **Certificate of Insurance** will specify which of the following base covers/ benefits are in force for the **Insured Person** during the **Cover Period**.

All claims made under this **Policy** shall be subject to the terms, conditions and exclusions of the **Policy** and subject to availability of the **Sum Insured** and any applicable sub-limits specified against the respective cover.

Each claim or series of claims in respect of an **Insured Person**, which arise out of the same event shall be considered as a single claim for the purpose of this **Policy**, and be deemed to have arisen at the time of the first claim for the purpose of this **Policy**, including the notification requirements, application of the **Deductible**, and any sub-limits.

#### Base Covers (B1)

##### Cover 1: Home Building and Home Contents



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**We** will cover the **Insured** in respect of loss of or damage to the property belonging to the **Insured** as provided herein under this Section.

a. This Section covers **Your Home Building** and/or **Home Contents** as mentioned in the **Policy Schedule / Certificate of Insurance**.

b. If more than one person is **Insured** under this **Policy**, each of **You** is a joint policyholder. Any notice or letter **We** give to any of **You** will be considered as given to all of **You**. Any request, statement, representation, claim or action of any one of **You** will bind all of **You** as if made by all of **You**.

c. If **You** have mortgaged, pledged or hypothecated **Your Home Building** and/or **Home Contents** with a **Bank**, the **Policy Schedule/Certificate of Insurance** will show an 'Agreed Bank Clause' and the name of such **Bank**. The terms and conditions of this arrangement will be added to this **Policy** as an additional clause.

#### Clause A

Special meaning of certain words: Words stated in the table below have a special meaning throughout this cover, the **Policy Schedule/Certificate of Insurance** and **Endorsements**.

##### 1. Carpet Area-

- I. for the main building unit of **Your Home**, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;
- II. For any enclosed structure on the same site, it is the net usable floor area of such structure; and
- III. For any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of **Your Home**, it is 25% of its net usable floor area.

##### 2. Cost of Construction-The amount required to construct **Your Home Building** at the Inception of the **Cover Period**.

This amount is calculated as follows:

- a. **For residential structure of Your Home including Fittings and Fixtures: Carpet Area** of the structure in square meters X Rate of **Cost of Construction** at the inception of **the Cover Period**. The Rate of **Cost of Construction** is the prevailing rate of **Cost of Construction** of **Your Home Building** at the **inception of Cover Period** as declared by **You** and accepted by **Us** and shown in the **Certificate of Insurance**.
- b. **For additional structures:** the amount that is based on the prevailing rate of **Cost of Construction** at the inception of **Cover Period** as declared by **You** and accepted by **Us**.

##### 3. Home Contents: Those articles or things in **Your Home** that are not permanently attached or fixed to the structure of **Your Home**. **Home Contents** may consist of General Contents and/or **Valuable Contents**.

4. **General Contents- General Contents** are all the contents of household use in **Your Home**, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

5. **Valuable Contents-Valuable Contents** of **Your Home** consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.



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6. **Insured Property - Your Home Building and Home Contents**, or any item of property covered by this **Policy**.
7. **Sum Insured:** The amount shown as Sum Insured against this Cover in the **Certificate of Insurance** and as described in Cover 1: Clause C (4) and Cover 1: Clause D (2). It represents Our maximum liability for each cover or part of cover and for each loss.
8. **Your Home Building -Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per Cover 1: Clause C (2).

### Clause B. Insured Events

We give insurance cover for physical loss or damage, or destruction caused to **Insured Property** by the following unforeseen events occurring during the **Cover Period**.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B
	<b>We cover</b> physical loss or damage, or destruction caused to the <b>Insured Property</b> by	<b>We do not cover</b> any loss or damage, or destruction caused to the <b>Insured Property</b>
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-
4.	Earthquake, volcanic eruption, or - other convulsions of nature	-
5.	Storm, Cyclone, Typhoon, Tempest, - Hurricane, Tornado, Tsunami, Flood and Inundation	-
6.	Subsidence of the land on which <b>Your Home Building</b> stands, a Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion d. Defective design or workmanship or use of defective materials, or e. Demolition, construction structural alterations or repair of any property, or ground works or excavations.
7.	Bush fire, Forest fire, Jungle fire	-



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8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority,  or b. temporary or permanent dispossession of <b>Your Home</b> by unlawful occupation by any person.
11	Bursting or overflowing of water tanks, apparatus and pipes.	-
12	Leakage from automatic sprinkler installations.	a. repairs or alterations in <b>Your Home</b> or the building in which <b>Your Home</b> is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to <b>You</b> .
13	Theft within 7 (seven ) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside <b>Your Home</b> , or b. of any article or thing attached from the outside of the outer walls or the roof of <b>Your Home</b> , unless securely mounted

### Clause C. Home Building Cover

#### 1. What We cover

**We** cover physical loss or damage, or destruction of **Your Home Building** because of any Insured Event listed in Cover 1: Clause B. **We** also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under Cover 1: **Clause C (5) (f)**. Further, **We** pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by **You** and agreed by **Us** as specified under Cover 1: Clause C (6) while **Your Home Building** is not fit for living following loss or damage due to an insured event.

#### 2. Your Home Building

- a. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place
- b. **Your Home Building includes**





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- i. Fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
- ii. The following 'additional structures' if they are on the same site, and are used as part of **Your Home Building**:
  - a. garage, domestic out-houses used for residence, parking spaces or areas, if any
  - b. compound walls, fences, gates, retaining walls and internal roads,
  - c. verandah or porch and the like,
  - d. septic tanks, bio-gas plants, fixed water storage units or tanks,
  - e. solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in **Home Contents Cover**,
- iii. Any other structure shown in the **Certificate of Insurance**.

c. **Your Home Building** does not include Contents of **Your Home**.

### 3. Use for residence

- a. **We** will pay only if **Your Home Building** is used for the purpose of residence of **Yourself** and **Your Family**, or of **Your** tenant, licensee or employee.
- b. **We** will not pay if
  - i. **Your Home Building** is used as a holiday home, or for lodging and boarding, or
  - ii. **Your Home Building** or any part of **Your Home Building** is used for purposes other than residential except where it is used both for **Your** residence and for the purposes of earning **Your** livelihood if **You** are self-employed or **You** have shifted **Your** office to **Your Home Building** for a temporary period due to lockdown or closure of **Your** office ordered by a public authority.

### 4. Sum Insured

- a. The **Sum Insured** for the **Home Building** Cover is the prevailing **Cost of Construction** of **Your Home Building** at the inception of the **Cover Period** as declared by **You** and accepted by **Us** and will be the maximum amount payable in the event the Home Building is a **Total Loss**.
- b. If the **Cover Period** is more than one year, **We** will automatically increase **Your Sum Insured** during the **Cover Period** by 10% per annum on the inception of each **Cover Year** without additional **Premium** for a maximum of 100% of the **Sum Insured** at the inception of the initial **Cover Period**.
- c. The **Sum Insured** will be automatically increased each day by an amount representing 1/365th of 10% of **Sum Insured** at the inception of the **Cover Period** for annual policies.
- d. Restoration of **Sum Insured**: Except as stated in Cover 1: Clause F (III) (3) (b), the insurance cover will at all times be maintained during the **Cover Period** to the full extent of the respective **Sum Insured**. This means that after **We** have paid for any loss, the **Policy** shall be restored to the full original amount of **Sum Insured**. **You** must pay to **Us** proportionate **Premium** for the unexpired **Cover Period** from the date of loss. **We** can also deduct this **Premium** from the net claim that **We** must pay **You**.

### 5. What We pay

- a. If **You** make a claim under the cover for damage to **Your Home Building** due to any of the insured perils, **We** reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. **You** must spend for repairs, and claim that amount from **Us**.



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- b. **We** will calculate the amount of claim on the basis of the actual **Carpet Area** subject to the **Carpet Area** not exceeding that declared by **You/Group Policyholder** in the Proposal Form and stated in the **Certificate of Insurance**.
  - c. The maximum **We** will pay for all items together is the **Sum Insured** shown in the **Certificate of Insurance** for Home Building Cover. If the **Certificate of Insurance** shows any limit for any item, such limit is the maximum **We** will pay for that item.
  - d. If **Your Home Building** is a **Total Loss**, **We** will pay **You** the **Sum Insured** of the Home Building.
  - e. If only an additional structure is destroyed, **We** will pay **You** an amount equal to the **Cost of Construction** of the additional structure.
  - f. In addition to what Cover 1: Clause C (5) (c) provides for, **We** will pay **You** the following expenses:
    - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
    - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.
6. **Loss of Rent and Rent for Alternative Accommodation:** In addition to what Cover 1: Clause C (5) (c) provides for, **We** will pay the amount of rent **You** lose or alternative rent **You** pay while **Your Home Building** is not fit for living because of physical loss arising out of an Insured Event as follows:
- a. If **You** are living in **Your Home** as a tenant, and **You** are required to pay higher rent for the alternative accommodation, **We** will pay the difference between the rent for alternative accommodation and the rent of **Your Home Building**.
  - b. **We** will pay the loss under this cover for an accommodation that is not superior to **Your Home Building** in any way and in the same city as **Your Home Building**.
  - c. The amount of lost rent shall be calculated as follows: **Sum Insured** for Cover for Loss of Rent (as declared by **You** in the Proposal Form and specified by Us in the **Certificate of Insurance**) X Period necessary for repairs ÷ Loss of Rent Period opted for.
  - d. This cover will be available for the reasonable time required to repair **Your Home Building** to make it fit for living. The maximum period of this cover is three years from the date **Your Home Building** becomes unfit for living. **You** must submit a certificate from an architect or the local authority to show that **Your Home Building** is not fit for living.
  - e. Claim for loss of rent will be accepted only if **We** have accepted **Your** claim for loss for physical damage to **Your Home** under the Home Building Cover.

#### Clause D: Home Contents Cover

##### 1. What We Cover

**We** cover the physical loss or damage to or destruction of the **General Contents** of **Your Home** caused by an Insured Event as listed in Cover 1: Clause B. Valuable Contents of **Your Home** are not covered under this **Policy** unless **You** have purchased the add-on cover for the **Valuable Contents**.

##### 2. Sum Insured

- a. The **Sum Insured** for the **Home Contents** Cover is shown in the **Certificate of Insurance** and will be the maximum amount payable in the event the **Home Contents** are destroyed/lost completely.
- b. The cover has a built-in cover for the **General Contents** of **Your home** equal to 20% of the **Sum Insured** for **Home Building** Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided **You** have opted for both **Home Building** and **Home Contents** cover. If **You** choose to have a higher **Sum Insured** for **Home Contents**, **You** have to declare the **Sum Insured** in the Proposal Form and pay additional **Premium**.

Tata AIG General Insurance Company Limited - Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India

24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com  
IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN: IRDAN108RPMS0009V01202425





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- c. If **You** have purchased only **Home Contents** Cover, **You** have to declare the **Sum Insured** for the **General Contents** in the Proposal Form.
- d. The **Sum Insured** **You** have chosen for **General Contents** must be enough to cover the cost of replacement of the **General Contents**.
- e. If **You** want to cover the **Valuable Contents** in **Your Home**, **You** must opt for the Optional Cover for **Valuable Contents** on Agreed Value Basis (under **Home Contents** cover)
- f. Restoration of **Sum Insured**: Except as stated in Cover 1: Clause F (III) (3) (b), the insurance cover will at all times be maintained during the **Cover Period** to the full extent of the respective **Sum Insured**. This means that after **We** have paid for any loss, the **Policy** shall be restored to the full original amount of **Sum Insured**. **You** must pay to Us proportionate **Premium** for the unexpired **Cover Period** from the date of loss. **We** can also deduct this **Premium** from the net claim that **We** must pay **You**.

### 3. What We Pay

- a. If the **General Contents** of **Your Home** are physically damaged by any Insured Event, **We** will at Our option,
  - i. reimburse to **You** the cost of repairs to a condition substantially the same as its condition at the time of damage, or
  - ii. pay **You** the cost of replacing that item with a same or similar item, or
  - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum **We** will pay for **Home Contents** is the **Sum Insured** shown in the **Certificate of Insurance** for **Home Contents** Cover. If the **Certificate of Insurance** shows any limit for any item, or category or groups of items, such limit is the maximum **We** will pay for that item.

### 1. Optional Covers:

#### a. Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)

For **Valuable Contents**, a value may be agreed upon by **You** and **Us** based on a valuation certificate submitted by **You** and accepted by **Us**. However, **We** shall waive the requirement of valuation certificate if the **Sum Insured** opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh). **We** will cover **Valuable Contents** under this cover, in the following terms:

- i. If the **Valuable Contents** of **Your Home** are physically damaged by any Insured Event as mentioned in Cover 1 of the **Policy**, **We** will pay the cost of repairing such **Valuable Content** up to the **Sum Insured** as mentioned in the **Certificate of Insurance**.
- ii. If the **Valuable Contents** of **Your Home** are a **Total Loss**, **We** will pay the **Sum Insured** as mentioned in the **Certificate of Insurance** for such **Valuable Contents**. If the **Certificate of Insurance** shows any limit for any **Valuable Content**, or category of **Valuable Content** or groups of **Valuable Content**-, such limit is the maximum **We** will pay for that **Valuable Content**. Loss to only one item of a pair of **Valuable Content** or set does not constitute loss or damage to the entire pair or set of **Valuable Content**.

This cover is not applicable for Short term policies i.e policies with **Cover Period** less than a year

#### Clause E. Exclusions (What We do not cover) for all covers under this Cover

**We** do not cover losses and expenses for any loss or damage or destruction of the **Insured Property** that is directly or indirectly as a result of or is caused by or arising from events, stated below:

Tata AIG General Insurance Company Limited - Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India

24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN: IRDAN108RPMS0009V01202425



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1. **Your/Group Policyholder** deliberate, willful or intentional act or omission, or of anyone on **Your/ Group Policyholder's** behalf, or with **Your/ Group Policyholder's** connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
  - i. the pollution or contamination itself has resulted from an Insured Event, or
  - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper **Money**, cheques, vehicles, and explosive substances unless otherwise expressly stated in the **Policy/Certificate of insurance**.
7. Loss of any **Insured Property** which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any **Insured Property** removed from **Your Home** to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any **Insured Property** after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of **Your Home Building** that increases its **Carpet Area** by more than 10% of the **Carpet Area** existing at the inception of the **Cover Period** , or each successive **Cover Year**, unless **You** have paid additional **Premium** and such addition, extension or alteration is added by **Endorsement**.
12. Costs, fees or expenses for preparing any claim.

#### Clause F. Conditions:

##### I. Your Obligations

1. **Make true and full disclosure in the proposal and related documents**
  - a. **You/ Group Policyholder** have a duty of disclosure to tell Us everything **You/ Group Policyholder** know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. **You/ Group Policyholder** owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on **Your** behalf.
  - b. We have agreed to give **You** insurance cover entirely on the basis of the information **You/ Group Policyholder**, or anyone on **Your/ Group Policyholder** behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, **Your Family**, **Your Home Building** and Home Contents. The correct and complete information **You/ Group Policyholder** give is the basis of Our contract with **You/ Group Policyholder**. Our promise to pay is conditional upon the truth of these statements and on the assumption that **You/ Group Policyholder**, or anyone on **Your/ Group Policyholder** behalf, has not withheld any material information about **Yourself, Your Family, Your Home Building** and Home Contents.
2. **Obligation to take care: You must**



WITH YOU ALWAYS

- a. keep **Your** Home Building and Home Contents in good condition and well maintained, **You** must ensure that the structure of **Your** Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to **Your** Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy **Your** Home Building.
- 3. Inform change in circumstances: You must inform Us immediately if**
  - a. **You** change Your address,
  - b. **You** make any addition, alteration, extension to the structure of **Your** Home Building,
  - c. **You** let out Your Home Building, or **Your** Home Building will no longer be solely occupied by **You**,
  - d. **You** change the use of **Your** Home Building.
- 4. Allow inspection and investigation of claim: You** must allow, and give full cooperation to the survey/investigation of Your claim by **Us**. **You** must allow **Us**, and any surveyor, officer or other representative that **We** authorize, to inspect **Your Home Building** and **Home Contents** including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. **You** must answer all questions asked regarding **Your** claim truthfully and completely, and submit all relevant documents that **We** will require.
- 5. Make true statements and full disclosure in the claim and related documents**  
**You** must also give true and full information in **Your** claim and submit true documents. If **You** give any false information or document in the claim, or if **You** withhold any information or document (written or electronic), **We** have a right to refuse payment of **Your** claim. **We** may also cancel **Your Policy**.

## II. Renewal of Policy

1. **End of Policy:** This Policy will expire at the end of the **Policy Period**.
2. **Renewal is not automatic**, We may seek relevant information from **Group Policyholder** for the purpose of renewal. We can reject Your renewal only on grounds of established fraud on **Group Policyholder** part.
3. **Application for renewal:** If **Group Policyholder** wishes to renew the Policy, **Group Policyholder** must apply for renewal before the end of the **Policy Period** and pay the required **Premium** amount.

## III. Cancellation and Termination of Policy

### 1. Cancellation by You at any Time

You may cancel the **Certificate of Insurance** at any time by informing us. We shall refund the proportionate premium for the unexpired policy period provided there is no claim(s) under the Policy.

### 2. Cancellation by Group Policyholder

- a. **Group Policyholder** can cancel this **Policy** at any time by giving **Us** at least 15 days notice in writing. However, even if the **Group Policyholder** cancels the **Policy**, the respective **Certificate of Insurance(s)** already issued to various **Insured Person (s)** shall remain valid for the **Cover Period** specified in the respective **Certificates of Insurance**, unless such **Certificates of Insurance** are separately cancelled by the **Us**.
- b. No refund of **Premium** shall be due on cancellation of the **Certificate of Insurance** if a claim has been made by the **Insured Person** and is admissible-
- c. For the avoidance of doubt, **We** shall remain liable for any admissible claim that was made/reported prior to the effective date of cancellation of the **Certificate of Insurance**.



WITH YOU ALWAYS

- . The **Certificates of Insurance** may be cancelled by the **Group Policyholder** as under (Applicable in all cases where the entire premium is borne and paid by the group administrator):
  - A. If the **Certificate of Insurance** is cancelled by the **Group Policyholder** prior to commencement of **Cover Period**, the Company will refund, subject to retention of Rs100 plus applicable taxes towards administrative costs per **Certificate of Insurance**, the remaining premium amount.
- d. **Effect of cancellation of the Policy by the Group Policyholder:**

From the effective date of cancellation or termination of this **Policy** at the instance of **Group Policyholder**:

  - In respect of **Certificate of Insurance**, the **Company** shall remain obligated to indemnify the **Insured Person**, under the **Certificate of Insurance** and during the **Cover Period**, for claim(s), if any, as per the terms and conditions as specified under the **Policy Schedule/Certificate of Insurance** read with this **Policy** where such claim is made before or after the date of cancellation or termination of this **Policy**
  - The **Group Policyholder** would continue to be responsible for facilitating the claim for coverage provided prior to date of termination to the full extent of the **Cover Period** provided to the **Insured Person** under the **Certificate of Insurance**.
  - The **Company** shall not be obligated to indemnify the **Insured Person** if the **Insured Person** was enrolled by the **Group Policyholder** after the date of termination of the **Policy**
  - The **Company** and the **Group Policyholder** shall remain liable under the terms and conditions of this **Policy** to fulfil the obligations that have accrued at the date of cancellation or termination of this **Policy**.

### 3. Cancellation by Us:

- a. The **Policy** / Certificate of Insurance may be cancelled by the Company only on the grounds of established fraud, by giving minimum notice of 7 days to the Policyholder / Insured Person and the premium paid will be forfeited by the Company
- b. In case of **Total Loss of Your Home Building** in a long term **Policy** where You have decided not to reinstate **Your Home Building** in favour of a cash settlement of **Your** claim, We will cancel the **Policy** for the remaining duration of the **Policy Period/Cover Period**. In such a case **We** shall refund the proportionate **Premium** for the un-expired **Cover Years** after grossing up the **Premium** paid by **You** towards long term discount, if any.
- c. For the avoidance of doubt, the **Company** shall remain liable for any claim that was made prior to the effective date on which the **Certificate of Insurance/Policy** is cancelled, unless such claim was found to be fraudulent or the **Certificate of Insurance/Policy** was voided due to established fraud by the **Insured Person/Group Policyholder**.

### IV. Automatic termination of the Policy

This **Policy** will automatically end in the following cases:

- a. **Destruction of Your Home Building:** This **Policy** will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.  
You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.



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- b. **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. **Change of use of Your Home Building or Home Contents:** The Policy will end
  - i. if You change the use of Your Home Building from personal residence to any other purpose, or
  - ii. if You use any item of Home Contents for use that is not personal.
- d. **Sale of Your Home Building or Home Contents:** This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- e. **Effect of death**  
 In the event of the unfortunate death of the Insured during the **Cover Period**, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the **Cover Period** subject to all the terms and conditions of this Policy.

## V. Claims Procedure

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that You must do, and that You must not do. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

### 1. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to **Your** Home Building or Home Contents due to an Insured Event, **You** must immediately give notice to **Us** of the loss or damage. This is necessary for **Us** to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
  - i. the Policy Number,
  - ii. Your name,
  - iii. details of report to the police that **You** made,
  - iv. details of report to any Authority that **You** made,
  - v. details of the Insured Event,
  - vi. a brief statement of the loss,
  - vii. particulars of any other insurance of **Your** Home Building or any of **Your** Home Contents,
  - viii. details of loss or damage under any Optional Cover or Add-ons,
  - ix. submit photographs of loss or physical damage, wherever possible.

### 2. Steps to prevent loss and damage

- a. **You** must take all reasonable steps to prevent further loss or damage to **Your** Home Building and Home Contents.



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- b. Until **We** have inspected **Your** Home Building and Home Contents, and have given **Our** consent,
  - i. **You** must not sell, give away or dispose of any damaged items of any property for which **You** are making a claim;
  - ii. **You** must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
  - iii. **You** must not carry out repairs, unless such repairs are urgent and **You** cannot contact **Us**.

### 3. Immediate notice to Authorities

- a. As soon as any loss or damage occurs to the **Insured Property**, **You** must give immediate report to appropriate legal authorities. For example, **You** must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence /landslide/rockslide, **You** must inform the District Administration. In the event of impact damage of any kind or riot strikes, malicious damages and acts of terrorism, **You** must inform the police. If there is a theft within 7 (seven) days following an Insured Event **You** must inform the police.
- b. **We** may, but not necessarily, waive this condition if **We** are satisfied that by reason of extreme hardship it was not possible for **You** or any other person on **Your** behalf to give such report.

### 4. Submit Claim:

- a. Claim form:
  - i. **You** must submit **Your** claim in **Our** claim form at the earliest opportunity, but within 30 days from the date **You** first notice the loss or damage. The claim form is available in any of **Our** branches, and on **Our** web-site.
  - ii. **You** must state in **Your** claim the details of any other insurance policy that covers the damage or loss for which **You** have filed **Your** claim, whether **You** have purchased such other insurance, or someone else has purchased it for **You**.
- b. **We** shall not be liable for any loss or damage where delay on **Your** part has resulted into increase in the amount of assessed loss. If **We** disclaim liability for a claim **You** have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

### 5. Establish Loss:

- a. **You** must prove that the Insured Event has occurred, and the extent of physical loss or damage **You** have suffered with full details.
- b. When **We** request,
  - i. **You** must support **Your** claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by **You** for reconstruction/replacement/repairs.
  - ii. **You** must allow **Us**, **Our** officers, surveyors or representatives to inspect the loss or damage to **Your** Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.
  - iii. **You** must give **Us** authority to see the relevant records and get information about the Event and **Your** loss from the police or any other authority.

### 6. Fraudulent Claim

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24X7 Toll Free No: 1800 266 7780 Fax: 022 6693 8170 Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN: IRDAN108RPMS0009V01202425





WITH YOU ALWAYS

If **You**, or anyone on **Your** behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. **We** will not pay,
- ii. **We** can cancel the **Certificate of Insurance**: in such a case, **You** will lose all benefits under this **Certificate of Insurance** and **Premium** that **You** have paid, and
- iii. **We** can also inform the police, and start legal proceedings against **You**.

#### 7. Other Insurance

- a. If **You** have any other policy with **Us** or any other Insurance Company (taken by **You** or by anyone else for **You**) covering in whole or in part any claim that **You** have made under this **Policy**, **You** have a right to ask for settlement of **Your** claim under any of these policies.
- b. If **You** choose to claim under this **Policy** from **Us**, **We** will settle **Your** claim within the limits and the terms and conditions of this **Policy**.
- c. After **We** pay the amount under **Your** claim, **We** have the right to ask for contribution from the Insurers that have given **You** the other policies.
- d. **We** will ensure that **Our** actions do not impose any liability on **You**.

#### 8. Recovery action by Us

- a. When **We** accept and pay **Your** claim under the **Policy**, **We** can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to **Your** Home Building or Home Contents. **You** must give authority to **Us** to take such action and exercise this right effectively, when **We** request **You**, whether before or after making payment of **Your** claim. **You** must give all information, cooperation, assistance and help for this purpose. **You** must not do anything which will prejudice **Our** right. **We** can do this
  - i. without seeking **Your** consent,
  - ii. in **Your** name, and
  - iii. whether or not **Your** loss has been fully compensated.
- b. Any amount **We** recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount **We** have paid or must pay to **You**. **We** will pay **You** any balance.
- c. **You** can start legal proceedings against any person who has caused the loss or damage only with **Our** prior consent, and on conditions that **We** will impose. **You** must not compromise or settle any claim against such person without **Our** consent. If **You** recover any amount from such person, **You** must return to **Us** the amount **We** have paid for **Your** claim. **We** can take over the conduct of legal proceedings that **You** have started and continue the proceedings in **Your** name.

#### Clause H: Changes to covers

- a. **You/Group Policyholder** can choose to make changes to the covers of this **Policy** as may be permitted by **Us**, or increase or reduce any **Sum Insured**. **You/ Group Policyholder** must make a proposal or request for any change. It will be effective only after **We** have accepted **Your/ Group Policyholder** proposal, and **You/Group Policyholder** have paid the additional **Premium**, where applicable.
- b. This **Policy** (including the **Policy Schedule/Certificate of Insurance**, the proposal, declarations and Endorsements) consists of the entire contract between **Group Policyholder /You** and **Us**.

#### Clause I. Waiver of Underinsurance

Underinsurance does not apply to this cover. Thus, if **Your** Sum Insured calculated on the basis of the information that **You** provided, is less than the actual value at risk, the difference will not affect the amount **We** pay.

#### Clause J. Other Details

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## 1. Notices

- a. **We** will send any notice, letter or communication in writing to **Group Policyholder/You** at **Group Policyholder/Your** address mentioned in the **Policy Schedule/Certificate of Insurance**, and to **Group Policyholder/Your** email address that **Group Policyholder/You** have registered with **Us**.
- b. **You/Group Policyholder** will send any notice, letter, intimation or communication in writing to **Us** at **Our** branch office where **You/Group Policyholder** purchased this **Policy**. **Group Policyholder/You** can also send it at the address mentioned in the **Policy Schedule/Certificate of Insurance**.

## 2. Nomination for this Policy

**You** can nominate a person to receive the claim amount under this **Policy** in the event of **Your** death. **You** can make such nomination at the time **You** take the **Policy**, or later. **You** can also change the nomination at any time. **You** can make the nomination on **Our** nomination form available in **Our** office or from **Our** website: [www.tataaig.com](http://www.tataaig.com)

## 3. Applicable law and jurisdiction

This **Policy** will be subject to the laws of India, and to the jurisdiction of courts in India.

### Standard Special Clause

#### **Agreed Bank Clause**

If **You** have mortgaged, hypothecated or created any security over **Your** Home or any of its Contents in favour of a **Bank**, and the **Bank** has an interest in the **Policy**, the name of such **Bank** will also be shown in the **Policy Schedule/Certificate of Insurance** under the title 'Agreed Bank Clause'. If **You** choose to add the name of such **Bank** at any time during the **Cover Period**, this will be shown as an **Endorsement**.

Under this Clause **You** agree as follows:

- i. **We** shall pay to the **Bank** the entire amount that **We** are liable to pay under this **Policy**. Such **Bank** will receive it for its own demand, and as agent for any other person interested in the amount.
- ii When **We** pay the amount to the **Bank**, **Our** liability under this **Policy** will be discharged, and will be binding on all of **You** and all persons named as the **Insured**.
- iii Any notice or communication **We** make to the **Bank** under the provisions of this **Policy** shall be sufficient notice or communication to **You**.
- iv Any settlement or compromise that **We** make with the **Bank** will be binding on **You** and all persons named as the **Insured**. However, such settlement or compromise will not affect the rights of the **Bank** to recover any amount from **You** or any other person.
- v If **You** make any change in the use of **Your** Home or sell or transfer the **Insured Property**, such actions will not prejudice the interest of the **Bank** under the **Policy** and this clause, unless the condition has been broken by the **Bank** or its employees.
- vi If **You** commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the **Bank** shall notify **Us** of any change or ownership, or alterations and increase in risks as soon they become known to the **Bank**, and shall pay additional premium from the time of such change.
- vii. When **We** pay the amount to the **Bank**, **We** will become legally and automatically subrogated to all rights of the **Bank** to the extent of such payment. This will not impair or prejudice the rights of the **Bank** to recover any amount from **You** or any other person.

**N.B: The Bank shall mean the first named Financial Institution/Bank named in the Policy**

### Cover 2: Identity Theft

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**Clause A: Special Meaning of certain words:**

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

**Identity Theft** means the unauthorized and/or illegal use of **Your** personal information which is misused to open any **Bank** account and/or credit account with a **Bank** leading to any financial liability to You.

**Credit Accounts** means any credit arrangements from a qualified financial institution for personal use, such as credit card account, car/home loan account.

**Suit** means a civil proceeding seeking monetary damages as a result of **Identity Theft**, or a criminal proceeding in which **You** are charged with illegal acts committed by someone else while engaged in the theft of **Your** identity

**Discovery/Discovered** means the first manifestation of the **Insured Person's** becoming aware of an event or reasonably suspecting that such event has occurred under any of the covers of the Policy, and which would cause the **Insured Person** to reasonably assume that a loss covered under such cover has been or is likely to be incurred, even though the exact amount or detail of the loss may not be known at that time.

**Clause B: What We Cover:**

**We** will pay for **Your** expenses up to the **Sum Insured** subject to any **Deductible** as mentioned in the **Certificate of Insurance** resulting from **Your** efforts to resolve **Your Identity Theft**, and incurred up to 12 months after **You** first **Discovered** the Identity Theft.

The benefit under this cover is available for only one instance of Identity Theft in a **Cover Year**.

The following expenses are covered:

1. **Legal Expenses** – **We** will reimburse **You** for attorney and court fees incurred by **You** for:
  - a. Defending any **Suit** brought against **You** by a creditor or collection agency or someone acting on their behalf as a result of the **Identity Theft**;
  - b. Removing any civil or criminal judgment wrongfully entered against **You** as a result of the **Identity Theft**;
  - c. Challenging the accuracy or completeness of any information in **Your** consumer credit report provided this information is inaccurate and falsely provided to the credit agency or financial institution as a result of the **Identity Theft**.
2. **Lost Wages** - **We** will reimburse **You** for time taken off from work solely as a result of **Your** efforts to correct **Your** financial records that have been altered due to **Identity Theft**. Payment of lost wages includes compensation for whole or partial unpaid workdays. The cover will apply to salaried persons, and the basis of calculations for **Lost Wages** will be the daily rate of **Your** last drawn monthly salary. **You** must take these unpaid days within 12 months of intimating a claim.



3. **Obligation to pay** - If any **Credit Accounts** and or **Bank** accounts were opened in **Your** name without **Your** authorization, **We** will pay for **Your** actual loss from such unauthorized account. **We** will pay for **Your** legal obligation to pay a creditor when the account was created as part of **Your Identity Theft**.
4. **Miscellaneous Expenses** – **We** will reimburse the following expenses:
  - a. The cost of re-filing applications for **Credit Accounts** or **Banking** accounts that are rejected solely because the lender received incorrect information as a result of **Identity Theft**;
  - b. The cost of notarizing documents related to **Your Identity Theft**, long distance telephone calls, and certified mail reasonably incurred as a result of **Your** efforts to report an **Identity Theft** or to correct **Your** financial and credit records that have been altered as a result of **Your Identity Theft**;
  - c. The cost of contesting the accuracy or completeness of any information contained in **Your** credit history as a result of **Your Identity Theft**;
  - d. The cost of a maximum of 4 (four) credit reports from an entity approved by us. The credit reports shall be requested when **You** make a claim.

**Clause C: Conditions Precedent specific to this cover:**

Payment under this Cover is subject to the following conditions:

- a. The **Identity Theft** must be **Discovered** during the **Cover Period**.
- b. The fraudulent account must have been opened in **Your** name without **Your** authorization.
- c. Any false charge or withdrawal from the unauthorized opened account must be verified by **Your** financial institution.
- d. Coverage for false charges is limited to the amount **You** are held liable for by the financial institution.
- e. **We** will be permitted to inspect **Your** financial records.
- f. **You** will cooperate with us and help us to enforce any legal rights **You** or **We** may have in relation to **Your Identity Theft**; this may include **Your** attendance at depositions, hearings and trials, and giving evidence as necessary to resolve **Your Identity Theft**.
- g. **You** will only have to pay one **Deductible** per **Identity Theft** occurrence during the **Cover Period**.

**Clause D: Specific Exclusions applicable to this Cover:**

**We** shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

- a. Monetary losses other than those provided under Cover 2: clause B “What We Cover”
- b. Any physical injury, sickness, disease, disability, shock, mental anguish and mental injury including required care, loss of services or death;
- c. Requesting credit reports before the **Discovery of Your Identity Theft**;
- d. Any time taken off from self-employment or any workdays that will be paid by **Your** employer.

**Clause E: Claim Procedure**

In the event of a covered loss **You** shall:

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- a. Call us at 18002667780 or provide written intimation to make a claim within 15 days of discovering the **Identity Theft** to obtain proper forms and instructions;
- b. File a police report within 24 hours of discovering the **Identity Theft**;
- c. Notify **Your Bank(s)** or credit account issuer(s) of the **Identity Theft** within 6 hours of discovering the **Identity Theft**;
- e. Complete and return any claims forms including an authorization for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim;
- b. Provide proof that it was necessary to take time away from **Your** work if **You** make a claim for lost wages. **We** will ask **You** to submit proof from **Your** employer that **You** took unpaid days off, and **You** must have this information notarized;
- c. Send us copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;
- d. Take all reasonable and prudent action to prevent further damage to **Your** identity.
- e. Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;

Please note that the list of claim documents mentioned above is indicative and not exhaustive. We may ask for additional documents depending on the nature and circumstances of claim

This cover is not applicable for short term policies i.e. policies with **Cover period** less than a year.

### Cover 3: Digital Theft of Funds

#### Clause A: Special Meaning of certain words:

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

**Cyber Incident** means the introduction of malicious codes, programmes or digital instructions of a malicious nature, including malware, trojans, virus, worms or cryptoware received through SMS, file transfer, downloaded programs from Internet or any other digital means

**Discovery/Discovered** means the first manifestation of the **Insured Person's** becoming aware of an event or reasonably suspecting that such event has occurred under the cover, and which would cause the **Insured Person** to reasonably assume that a loss covered under cover has been or is likely to be incurred, even though the exact amount or detail of the loss may not be known at that time.

**Hacking** is an unauthorized access to exploit a computer system or a private network inside a computer system. It is an unauthorized access to or control over computer network security systems for some illicit purpose.

**Non-Fiat Currency** means any currency which is not backed by the promise of the government and is not recognized by the Reserve Bank of India as legal tender.

**Third Party** means any natural person and/ or legal person and/or association of persons except **You** and **Your Family**.

**Theft of funds** means any unauthorized digital or electronic transaction of money or currency, owned by **You** or held by a financial institution in an electronic form on behalf of **You**.

**Unauthorized Access** means improper access by a **Third party** without **Your** consent



### Clause B: What We Cover

We will indemnify **You** for digital **Theft of funds** up to the Sum Insured as mentioned in the **Certificate of Insurance** suffered by **You** as a result of:

- a. **Cyber Incident** or
- b. **Hacking**

of **Your Bank** Account, credit/debit card and/or mobile wallets as specified in the Certificate of Insurance which leads to the funds being debited by a **Third Party** subject to:

1. The digital **Theft of funds** occurring during the **Cover Period**
2. The Discovery of digital **Theft of funds** is no longer than 90 days from the date of occurrence of the incident.
3. **You** report to the issuing **Bank** or the mobile wallet company within 72 hours of **Discovery** of the digital Theft of funds.
4. **You** file a First Information Report (FIR) detailing digital **Theft of funds** within 72 hours upon **Discovery** of the digital **Theft of funds** by **You** or provide complaint letter acknowledgement from the police.
5. **You** provide **Us** evidence that the issuing **Bank** and/or the mobile wallet company is not reimbursing and/or shall not be reimbursing **You** for the digital **Theft of funds**.

The benefit under this cover is available only once in a **Cover Year**.

### Clause C. Conditions Precedent specific to this cover:

Payment under this cover is subject to the following conditions:

- **You** must take due care and reasonable precautions to safeguard details of **Your Bank** and/or credit cards/debit cards/mobile wallet and internet communications.
- For digital **Theft of funds** incurred while **You** are travelling outside of India, the following additional conditions shall be applicable:
  - A copy of FIR and/or a police acknowledgement receipt confirming the occurrence of digital **Theft of funds** dated within 5 days of first arrival into India
  - A copy of passport must be submitted to **Us** as a proof of travel and evidencing the dates of travel.
  - Travel duration should not exceed 2 months for a single trip outside of India (i.e. last departure from India to be no more than 2 months from latest date of arrival into India).

**Clause D. Specific Exclusions applicable to this Cover :** We shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following

- There was gross negligence by **You** in taking precautions to safeguard **Your** personal information, **Bank** accounts and/or credit cards /debit cards and or mobile wallets and internet communication PIN, Passwords etc. and such gross negligence directly leads to digital theft of funds however the onus of proving such gross negligence lies with **Us**,
- Sharing of **Your** sensitive account information, logins, OTPs, PIN/TAN, passwords etc. with any **Third party**;
- Theft of funds due to physical loss or theft of **Your** Computer system,





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- Withdrawal of funds via ATM made through **Your Bank** Account and/or Credit cards/Debit cards by a **Third Party**
- Theft of funds following a physical loss or theft of Credit cards /Debit cards **of the Insured Person.**
- Criminal and fraudulent Acts committed by **You**
- Any loss of Non-Fiat currencies including but not limited to cryptocurrencies such as Bitcoins.
- Any losses due to insolvency, liquidation, bankruptcy of an issuing **Bank** or mobile wallet company.

#### Clause E: Claim Procedure

In the event of a covered loss **You** shall:

- a. Call us at 18002667780 or provide written intimation to make a claim within 15 days of discovering the digital theft of funds
- b. File a police report within 72 hours of **Discovery** of the digital theft;
- c. Notify **Your Bank(s)** or credit account issuer(s) or mobile wallet company, as applicable, of the digital theft within 72 hours of **Discovery** of the digital theft;
- d. Complete and return any claims forms including an authorization for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim;
- e. Send us copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;
- f. Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;

Please note that the list of claim documents mentioned above is indicative and not exhaustive. We may ask for additional documents depending on the nature and circumstances of claim

This cover is not applicable for short term policies i.e. policies with **Cover Period** less than a year.

#### Cover 4: Fraudulent Charge on Loss of Card

##### Clause A: Special Meaning of certain words:

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

1. **Discovery/Discovered/Discovering** means the first manifestation of the **Insured Person's** becoming aware of an event or reasonably suspecting that such event has occurred under any cover, and which would cause the **Insured Person** to reasonably assume that a loss covered under the cover has been or is likely to be incurred, even though the exact amount or detail of the loss may not be known at that time
2. **Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without **Your** assistance, consent or co-operation.

##### Clause B: What We Cover

We will reimburse the unauthorized charges up to the **Sum Insured** as mentioned in the **Certificate of Insurance** that **You** are responsible for on **Your Lost or Stolen** credit/debit card, up to 1 month prior



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to **Your** first reporting the event to **Your** debit/credit card issuer(s) and upto 7 days post reporting of the event to **Your** debit/credit card issuer.

This Benefit under this cover is available only once in a **Cover Year**

**Clause C. Conditions Precedent specific to this cover:**

Payment under this cover is subject to the following conditions:

1. We will only pay for unauthorized charges for which **You** are responsible under the terms and conditions of **Your** credit/debit card.
2. The loss or theft of credit/debit card must be **Discovered** during the **Cover Period**.
3. **You** must report the loss or theft of **Your** credit/debit card to the issuer(s) within 3 hours after discovering **Your** lost or stolen credit/debit card.
4. **You** must comply with all terms and conditions by which **Your** credit/debit card is issued

**Clause D: Specific Exclusions applicable to this Cover:** We shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

1. Charges made on **Your** lost or stolen credit/debit card more than 1 month prior to **Your** first reporting the event to **Your** credit/debit card issuer(s) and 7 days post reporting of the event to **Your** credit/debit card issuer;
2. Charges made on **Your** credit/debit card if **Your** credit/debit card has not been lost or stolen;
3. Cash advances made with **Your** lost or stolen credit/debit card;
4. Charges incurred by a resident of **Your** household, or by a person entrusted with **Your** credit/debit card.

**Clause E: Claim Procedure:**

In the event of a covered loss:

1. **You** shall call us at 18002667780 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 credit/debit 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.
4. Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;

Please note that the list of claim documents mentioned above is indicative and not exhaustive. We may ask for additional documents depending on the nature and circumstances of claim

This cover is not applicable for Short Term policies. i.e. Policies with **Cover period** of less than a year.

**Cover 5: Key Replacement Cover**

**Clause A: Special Meaning of Certain Words**

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. Where the context so permits references to the singular shall also include references to the

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IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425 UIN: IRDAN108RPMS0009V01202425



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plural and references to the male gender shall also include references to all genders, and vice-versa in both cases.

- a. **Break-in** means to enter someone's property/vehicle illegally by actual force or violence of which there shall be visible marks made at the place of such entry, with the intent to steal or commit a violent act.
- b. **Vehicle** means **Your** car, truck, jeep, motorcycle, recreational vehicle, or camper.
- c. **Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without **Your** assistance, consent or co-operation.
- d. **Residence** means the place that is shown as the "insured mailing address" on the **Certificate of Insurance**.
- e. **OEM** means the Original Equipment Manufacturer, involved in the manufacture and production of the insured product.

**Clause B: What We cover:**

**We** will reimburse **You** for the following up to the **Sum Insured** as specified in **Certificate of Insurance** if the event specified occurs within the **Cover Period**:

1. Key Replacement – **We** will reimburse **You** for the cost of replacing **Your Residence** and/or **Your Vehicle** keys which are lost or stolen. The covered cost includes the money **You** paid to a locksmith to produce a new key or actual replacement by OEM's.
2. **Break-in** Protection – **We** will reimburse **You** for the cost of replacing **Your** locks and keys if there is a **Break-in** in **Your Residence** or **Your Vehicle**. The covered costs include the labor cost for replacing the lock.
3. Lock Out Reimbursement – **We** will reimburse **You** for the cost of obtaining a locksmith if **You** are locked out of **Your Residence** or **Your Vehicle** due to the loss or theft of **Your** keys.
4. Rental Car Reimbursement – **We** will cover the reasonable cost of a rental car if **Your Vehicle** keys are lost or stolen and it will take more than 24 hours to replace them;

These expenses will be paid for maximum two events during the **Cover period** in case the **Cover period** is more than a year and one event in case of **Policy** with **Cover period** of one year.

This cover is not applicable for Short term policies i.e. policies with **Cover period** less than a year.

**Clause C. Conditions Precedent specific to this cover:**

Payment under this Cover is subject to the following conditions:

For claims in relation to **Break-in** protection claims, **You** must provide an official police report that indicates the incident happened within the **Cover Period** in order for us to pay the claim; unless **You** are legally incapable of doing so.

**Clause D. Specific Exclusions applicable to this Cover**

**We** shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following

1. costs associated with **Lost or Stolen** keys for a residence other than **Your** primary residence;
2. The cost to replace keys to **Vehicles** that **You** do not own for personal use;

**Clause E: Claim Procedure**

In the event of a covered loss:

1. **You** shall call **Us** at 18002667780 or provide written intimation within 24 hrs. of discovering the loss to make a claim and obtain the proper forms and instructions;

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2. **You** shall file a police report within 24 hours of discovering a covered incident.
3. **You** shall fill out and return any claims forms and accompanying documents including police reports (where necessary), receipts for replacing locks and/or keys, and any other documents **We** may ask **You** to provide;
4. The claim forms and accompanying documents must be returned to us within 3 days of making the original claim.
5. Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;

Please note that the list of claim documents mentioned above is indicative and not exhaustive. We may ask for additional documents depending on the nature and circumstances of claim

### Base Covers (B2)

#### **Cover 6: ATM assault and robbery**

##### **Clause A: Special Meaning of Certain Words**

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

1. **Robbery** means the unlawful taking of **Money** or other property from **Your** care and custody by one who has caused or threatened **You** with bodily harm and has committed an illegal or violent act.
2. **Bodily injury** means 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**.

##### **Clause B: What We cover:**

**We** will reimburse **You** for the following up to the **Sum Insured** as specified in the **Certificate of Insurance** if the event specified occurs within the **Cover Period**:

1. **ATM Robbery** – **We** will reimburse **You** for the money **You** withdrew from any **ATM** around the world using **Your** Credit/Debit card if **You** lose such **Money** in a **Robbery** event that occurs within 15 minutes of the withdrawal of the money.
2. **Bodily Injury** – **We** will reimburse **You** for reasonable emergency first aid charges for bodily injury during a **Robbery** that is covered in (1) of this clause “ATM Robbery”.

Claim will be payable Once in a **Cover Year** in case of Annual or Long term **Policy**. In case of a Short term **Policy** i.e. for less than one year, claim will be payable once in the **Cover Period**.

##### **Clause C: Conditions Precedent specific to this cover:**

Payment under this cover is subject to following conditions:

1. **You** must provide an official police report that indicates that the incident happened within the covered time frame of 15 minutes after the withdrawal of the **Money** by **You**



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and within the **Cover Period** in order for us to pay the claim; unless **You** are legally incapable of doing so.

**Clause D: Specific Exclusions applicable to this Cover:**

**We** shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

1. damages and/or liabilities to any third parties;
2. Any damages or losses to anything other than the **Money You** withdrew from **Your Bank** account through **ATM**;
3. Losses and/or liabilities that happened before or after the **ATM robbery**;
4. charges for emergency first aid to anyone other than **You**.

**Clause E: Claim Procedure**

In the event of a covered loss:

1. **You** shall contact us at 18002667780 or provide written intimation within 24 hours from the **ATM Robbery** to obtain a claim form and instructions;
2. **You** shall complete, sign and return the claim form with the appropriate documents which include but are not limited to medical bills, police reports, 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.
4. **You** shall file a police report within 24 hours of happening of the incident.
5. Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;

Please note that the list of claim documents mentioned above is indicative and not exhaustive. We may ask for additional documents depending on the nature and circumstances of claim

**Cover 7: Lost Wallet Coverage**

**Clause A: Special Meaning of Certain Words**

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

1. **Replacement cost** means the amount it would cost to replace an item by a new item of similar specifications.
2. **Personal Papers** means identification documents issued by **Your** country, state including but not limited to **Your** driver's license and passport.
3. **Transportation tickets** means the tickets purchased for bus, subway or other type of public or private transportation.
4. **Unauthorized charges** means those charges which are incurred on the payment card after the physical loss of the payment card and without the knowledge or consent of the payment card holder as per provisions, terms and conditions of payment card issuer.
5. **Cheque(s)** means any **Bank** draft drawn against deposited funds to pay a specific sum to a specified payee on demand other than drafts with a stamped signature.



6. **Lost or Stolen** means having been inadvertently lost or having been stolen by a third party without **Your** assistance, consent or co-operation.
7. **Payment card** means an **ATM** card, credit card, charge card, prepaid card or debit card issued by a qualified financial institution for personal use only.

**Clause B: What We cover:**

**We** will reimburse **You** for the following, up to the sums specified below and always limited to the **Sum Insured** as specified in the **Certificate of Insurance** when **Your** wallet is lost or stolen during the **Cover Period**:

1. **Replacement costs** for the **Lost or stolen** wallet not exceeding Rs.1000.
2. Application fees for applying for new **Personal papers** and/or **Payment cards**.
3. **Money** and/or cheque(s) up to Rs.500 provided there is valid claim under 1 and 2 above.

Claim will be payable Once in a **Cover Year** in case of Annual or Long term **Policy**. In case of a Short term **Policy** i.e. for less than one year, claim will be payable once in the **Cover Period**.

**Clause C: Conditions Precedent specific to this cover:**

Payment under this Cover is subject to the following conditions:

**You** must provide an official police report that indicates the incident happened within the covered time frame in order for us to pay the claim; unless **You** are legally incapable of doing so.

**Clause D: Specific Exclusions applicable to this Cover:**

**We** shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

1. **Transportation tickets**, or other similar items that were in the lost or stolen wallet other than **Your Personal papers** and **Payment cards**;
2. losses that are caused by any events other than lost or stolen, such as fire, water, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs, or similar events;
3. damage caused to **Your** wallet and items inside due to **Accident**;
4. any fraudulent/**Unauthorized charges** on the **Lost or stolen Payment cards**;
5. any **Identity Theft** related costs that are caused by **Lost or stolen Personal papers** or **Payment cards**.

**Clause E: Claim Procedure**

In the event of a covered loss:

1. **You** shall contact us at 18002667780 or provide written intimation within 24 hours from the discovery of the incident to obtain a claim form and instructions;
2. **You** must file a police report within 6 hours from the discovery of the incident;
3. **You** shall complete, sign and return the claim form with the appropriate documents which include but are not limited to receipts, police reports, and any other documents **We** may ask **You** to provide;
4. The claims form and accompanying documents must be returned to **us** within 3 days of making the original claim.
5. Provide regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;





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Please note that the list of claim documents mentioned above is indicative and not exhaustive. We may ask for additional documents depending on the nature and circumstances of claim.

### Cover 8: Personal Accident

#### Clause A: Special Meaning of Certain Words

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

Word /s	Specific meaning
<b>Act of Terrorism</b>	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 organization(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.
<b>Adventure Sports</b>	means Recreational activities perceived as involving a high degree of risk. These activities involve either or speed, height, a high level of physical exertion, and highly specialized gear.
<b>Base Sum Insured</b>	means the <b>Sum Insured</b> as specified in the <b>Policy Schedule/Certificate of Insurance</b> against this cover for Personal Accident.
<b>Permanent Total Disability</b>	<b>Permanent Total Disability</b> means the <b>Insured Person</b> is unable to engage in each and every occupation or employment for compensation or profit for which the <b>Insured Person</b> is reasonably qualified by education, training or experience for the rest of <b>Insured Person's</b> life. If at the time of loss the <b>Insured Person</b> is unemployed, Permanent Total Disability shall mean <b>Injury</b> due to <b>Accident</b> leading to functional loss and the total and permanent inability to perform all of the usual and customary duties and activities of a person of like <b>Age</b> and sex.
<b>Professional Sports</b>	means a sports person whose annual income from sports or its allied services is in excess of 50%.
<b>Institution</b>	Any educational or training institution recognized by the appropriate Authority/Government of the respective state or country.
<b>Eligible Child / Children</b>	means named dependent children including adopted and step children of the <b>Insured Person</b> between Ages three (3) years and eighteen (18) years or upto twenty three (23) years if attending as a full time student with an accredited <b>Institution</b> of Higher Learning, who are unmarried, and receive the majority of maintenance and support from the <b>Insured Person</b> .
<b>Nominee</b>	means person nominated by the <b>Insured person</b> to receive the insurance benefits under this <b>Policy</b> , payable on the death of the insured person and as mentioned in the <b>Certificate of Insurance</b> .
<b>Pre-Existing Disease</b>	means any condition, ailment, <b>Injury</b> or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or



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	received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
--	---

## Clause B: What We Cover

### A1. Accidental Death

If an **Insured Person** suffers an **Accident** during the **Cover Period** anywhere in the world and such **Accident** is the proximate cause of his death within 365 days from the date of **Accident**, then **We** will pay the Base **Sum Insured** for this benefit as specified in the **Certificate of Insurance**.

### A2. Permanent Total Disability

**We** will pay the Base **Sum Insured** as specified in the **Certificate of insurance**, if **Injury** arising from an accident anywhere in the world, results in **You** suffering from **Permanent Total Disability**. The **Injury** must occur within the **Cover Period** as mentioned in the **Certificate of Insurance** and the disability should continue for 365 days from the date of **Accident** which caused the **Injury**. This waiting period of 365 days is not applicable for severance or amputation cases.

#### Specific Exclusions applicable to this Cover

**We** shall not be liable to make any payment for any claim ~~No amount shall be payable~~ under this cover in case of any **Permanent Total Disability**, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

1. medical care, treatment, or advice was recommended by or received from a **Medical practitioner**; or
2. any **Permanent Total Disability** from which the **Insured** suffered or which was present before the commencement of the **Cover Period**.

### A3. Education Benefit

If **We** have accepted a claim under Accidental Death cover or **Permanent Total Disability** cover, then **We** will in addition, pay an education benefit for **Eligible child/children**. **We** will pay the benefit to the **Eligible child/Children** who is a full time student in any **Institution** at the time of such Accidental Death/ **Permanent Total Disability**. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. This would be a onetime payment. **We** will pay maximum 10% of **Base Sum Insured** or Rs. 5 Lakhs whichever is lower irrespective of the number of **Eligible child/children**.

#### Specific Exclusions applicable to this Cover

The benefit is not payable for any term of enrollment as a full time student that begins after the date of the Insured Person's death or **Permanent Total Disability**.

### Clause C. Conditions Precedent specific to this cover:

Payment under this cover is subject to the following conditions:

- Our liability for each Insured Person under this **Policy** is restricted to 100% of the **Base Sum Insured**, irrespective of the number of claims.
- Upon payment of 100% of the **Sum Insured**, the cover shall terminate for the specific **Insured Persons**.
- **We** will pay the Base Sum Insured in case of Accidental Death less any amount payable under Permanent Total Disability of this cover as a result of the same Accident.



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- In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, We shall make the claim payments independent of payments received under other similar policies.
- Change of Nominee: No change of **Nominee** under this **Policy** shall bind **the Company**, unless consent thereto is formally endorsed thereon by **the Company's** authorized officer.

**Clause D. Specific Exclusions applicable to this Cover**

**We** shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following

- Any Pre-existing disease, **Injury** or disability, or any complication arising from it
- Diagnosis from the attending Physician who will be (a) **Insured Person** himself / herself or (b) Close Member of the **Family** who is covered in this **Policy**.
- Any claim of **Insured Person** arising from:
  - suicide or attempted suicide
  - wilful self-inflicted illness or **Injury** except **Injury** in self-defence or to save life;
- Injury/Accident** suffered by **Insured Person** being under the influence of intoxicating liquor or drugs or other intoxicants except where the **Insured Person** is not directly responsible for the **Injury / Accident** though under influence of intoxication
- Participation in an actual or attempted felony, riot, crime, misdemeanour (excluding traffic violations) or civil commotion
- Insured Person** is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning
- War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons and ionising radiation
- Arising or resulting from the **Insured Person** committing any breach of law with criminal intent
- Serving in any branch of the military or armed forces of any country, whether in peace or war, and in such an event We, upon written notification by **You**, shall return the pro rata **Premium** for any such period of service.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, burning nuclear fuel;
- The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;
- The Insured Person's** participation in any **Professional Sports** or **Adventure Sports**.
- infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease; or
- Insured Person's** actual or wilful participation in an illegal act or any violation or attempted violation of the law or **Insured Person's** resistance to arrest;
- Any loss resulting from, contributed or aggravated or prolonged by childbirth or from pregnancy.
- any loss or expense of whatsoever nature 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.

**Clause E: Specific Claim Documents Applicable to this Cover (Intimation & Assistance)**

Insured Person(s) or their representative can notify a Claim by sending an SMS CLAIMS to 5616181 or by calling The Company's 24x7 toll free helpline 1800-266-7780 or 1800 229966 (only for senior citizen Policy holders).

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Insured Person(s) can even write to The Company at [general.claims@tataaig.com](mailto:general.claims@tataaig.com) and scanned documents may be submitted at [paclaim.support@tataaig.com](mailto:paclaim.support@tataaig.com) to initiate Claim processing.

Please provide the following information at the time of intimation of Claim

- Policy Schedule/Certificate of Insurance
- Name of Injured person
- Date & Time of Loss, Location of accident
- Nature of Injury / Accident
- Policy Coverage under which Claim is preferred
- Name of Hospital / doctor where treatment taken
- Name / Location of police station, if case is reported with police
- E-mail ID & mobile/ telephone no. of Insured Person / Contact Person
- Please send a duly signed Claim form and all the information / documents mentioned below to The Company within One (1) month of the date of loss / Injury.

### 1. Claim Documentation

#### i. Accidental Death Claim:

- Duly completed claim form, including Attending Physician Statement if applicable
- Original \Attested copy of Death Certificate
- Copy of death summary, all previous medical records, if hospitalised / treatment given.
- Copy of Post Mortem report, if applicable and conducted
- Copy of FIR, if filed / Panchanama, if conducted
- Copy of recent Photograph & KYC documents of **Insured / Nominee** with cancelled cheque (with NEFT details of **Nominee** and CKYC form).
- **Nominee**-attested copy of news paper cutting, if any.
- Current **Loan** account statement as applicable

#### ii. Permanent Total Disability

- Duly completed claim form, including Attending Physician Statement if applicable
- Competent medical authority / Doctor like Civil Surgeon, confirming the Disability percentage / period and prognosis.
- Copy of Admission/ discharge card with complete medical records including relevant Investigation/ Lab reports (X-Ray, MRI etc.)
- Copy of FIR, if filed / Panchanama, if conducted
- Complete Photograph of **Insured** showing disabled body part.
- Copy of recent Photograph & KYC documents of **Insured / Nominee** with cancelled cheque (with NEFT details)
- Self-attested copy of news paper cutting, if any.
- Current **Loan** account statement as applicable

#### iii. Education Benefit

- Duly completed claim form
- Copy of admission form with identity card and fee payment receipt for Eligible child/children on the date of loss.
- Copy of Birth Certificate or any other valid document establishing age.
- Copy of Family card or Ration card reflecting the name of Eligible child/children.
- Copy of recent Photograph & KYC documents of **Insured / Nominee** with cancelled cheque or 1st page of **Bank** passbook giving the details of child with account no. (If child is minor, child should have a joint account along with the legal guardian / heir.)



Please note that the list of claim documents mentioned above is indicative and not exhaustive. **We** may ask for additional documents depending on the nature and circumstances of claim.

Please submit all documents to the Corporate Office at the address given below:

Accident & Health Claims Department  
Tata-AIG General Insurance Co. Ltd.  
7th and 8th Floor, Romell Tech Park,  
Cama Industrial Estate, Western Express Highway,  
Goregaon(E), Mumbai, Maharashtra 400063

### Cover 9: Loss of Income (Involuntary)

#### Clause A: Special Meaning of Certain Words:

Words stated in the table below have a special meaning throughout this **Policy**, the **Policy Schedule / Certificate of Insurance** and **Endorsements**. These words are expressed with their first letter in capital and bold. 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 all genders, and vice-versa in both cases.

Word /s	Specific meaning
<b>Redundancy</b>	is an event where an <b>Employer</b> relieves <b>Insured Person</b> from his current employment in view of <b>his</b> skill sets/job profile/role being obsolete and no longer necessary for the current <b>Employer</b> .
<b>Employer</b>	means an organization/company which has at least 500 active employees and having an annual turnover of Rs 500 crores in the last financial year

#### Clause B: What we cover

- i. Loss of Income of **Insured Person**: In the event of the **Insured Person** suffer loss of income due to loss of employment arising out of termination, dismissal, permanent suspension, retrenchment, **Redundancy** as per the **Employer's** rules/regulations on the Date of Relieving during the **Cover Period**, **We** will pay a fixed amount equal to the **Insured Person's** ongoing **EMI** or percentage of **EMI** which is due towards outstanding amount of **Loan** up to the **Sum Insured** as mentioned in the **Certificate of Insurance** on a monthly basis for the number of months as mentioned in the **Certificate of Insurance**
- ii. Concurrent Loss of Income: In the event **Insured Person** and his/her Spouse (henceforth mentioned as "Both") suffers loss of income during the **Cover Period** due to termination, dismissal, permanent suspension, retrenchment, **Redundancy** from their respective employments, imposed on Both by their respective employers as per the employer's rules/regulations on the date of relieving during the **Cover Period**, **We** will pay a fixed amount equal to the **Insured Person's** ongoing **EMI** or percentage of **EMI** which is due towards outstanding amount of **Loan** up to the **Sum Insured** as mentioned in the **Certificate of Insurance** on a monthly basis for an additional number of months equal to the number mentioned against this cover (Loss of Income) of **Insured Person** in the **Certificate of Insurance**.

#### Specific conditions for Concurrent Loss of Income:

- i. Date of loss of employment of **Your** Spouse should be within 3 months of **Your** date of loss of employment and both are simultaneously unemployed up to 3 months.
- ii. This Benefit will be payable only up to the number of months as specified in the **Certificate of Insurance**, and shall commence after completion of simultaneous unemployment period of 3 months as specified in condition above.



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- iii. Payment will cease from the time that any one of Both is re-employed or lapsation of the number of months as specifically mentioned in the **Certificate of Insurance**.

This cover is not applicable for short term policies i.e. policies with **Cover Period** of less than a year.

This cover is applicable only once in the **Insured Person's** lifetime.

**Clause C: Conditions Precedent specific to this cover:**

Payment under this cover is subject to following conditions:

- i. Both are salaried employees and in regular employment with the same **Employer** for at least 6 consecutive months and not on probation on the date of occurrence of covered events as mentioned in this cover.
- ii. Initial waiting period of 90 days shall be applicable from the date of commencement of the **Cover Period** during which no claim shall be payable under this cover.
- iii. We will pay on expiration of the waiting period from the date the employee (**Insured Person/Both**) suffered loss of income due to loss of employment arising out of covered events as mentioned in this cover provided the **Insured Person** remains unemployed at the end of this waiting period.
- iv. The **Insured Person** has been regularly paying **EMI** for last 3 months prior to being rendered unemployed due to termination, dismissal, permanent suspension, retrenchment or redundancy from his/her employment.
- v. Payment will cease from the time the Insured Person is re-employed or otherwise as specifically mentioned in the **Certificate of Insurance**.

**Clause D: Specific Exclusions applicable to this Cover**

**We** shall not be liable to make any payment for any claim under this cover, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

1. In the event of termination, dismissal, suspension or retrenchment of the **Insured Person** (or his/her spouse) being attributed to any dishonesty/mis-declaration or fraud on the part of the **Insured Person** (or his/her spouse) or his/her willful violation of any rules of the **Employer** or laws for the time being in force or any disciplinary action against the **Insured Person** (or his/her spouse) by his/her the **Employer**.
2. Any loss of income which is voluntary in nature
3. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or the **Insured Person** (or his/her spouse) not on the direct rolls of the **Employer**;
4. Any unemployment due to resignation, retirement whether voluntary or otherwise.
5. Unemployment at the time of commencement of the **Cover Period** or arising within the first 90 days of commencement of the **Cover-Period**.
6. Temporary dismissal or suspension of the **Insured Person** (or his/her spouse) from the employment by respective **Employer**.
7. Any unemployment from a job under which no regular monthly salary is provided to the **Insured Person** (or his/her spouse).
8. Any unemployment due to non-confirmation of employment after or during such period under which the **Insured Person** (or his/her spouse) was under probation.





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9. Any claim arising from the **Insured Person** or his/her Spouse who is Self-employed.
10. The **Insured Person** (or his/spouse) voluntarily becomes bankrupt or a company controlled directly by him/her is voluntarily placed into liquidation
11. Any **Insured Person** (or his/spouse) who has received or has been offered a severance package from his/her **Employer**.
12. Any payments that are overdue and unpaid by the **Insured Person** prior to the occurrence of the event
13. Any payment of fines and penalties imposed on the **Insured Person**
14. **Your** and/or **Your** spouse's fixed term employment contract of 12 months or more is ceased prior to the agreed termination date by **Your** employer, and /or by Your Spouse's employer.

#### Clause E: Specific Claim Documents Applicable to this Cover

1. Loss of income of **Insured Person**
  2. Any documents stating reason for termination/retrenchment/dismissal/**Redundancy**;
  3. Last 3 months salary slips of the **Insured Person**.
  4. Proof of loss of income/Non-employment - Form 26AS and Employee Provident Fund passbook copy of the **Insured Person**.
  5. Termination letter and relieving letter from the **Employer** of the **Insured Person**;
  6. Appointment / confirmation letter issued by the **Employer** of the **Insured Person**;
  7. Contact details of human resource personnel - mobile, email id, address and name of **Employer** and HR personnel;
  8. Proof of the **Insured Person's** job profile/role becoming redundant.
  9. Current **Loan** account statement;
  10. Regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in **Bank** account) and KYC (recent ID/address proof and photograph) details of the **Insured Person**;
  11. Copy of duly filled claim form
  12. Regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;
- 2. Concurrent Loss of Income:**
1. Marriage Certificate/Proof of marriage
  2. Last 3 months Salary Slips for Both
  3. Proof of Loss of Income/Non-Reemployment - Form 26AS and Employee Provident Fund Passbook for Both
  4. Appointment/Confirmation letter from the employer at the time of Claim for Both
  5. Termination letter of employer for Both
  6. Salary Bank account statement for Both
  7. Copy of duly filled claim form
  8. Regulatory requirements as amended from time to time, NEFT (to enable direct credit of claim amount in Bank account) and KYC (recent ID/address proof and photograph) details of the Insured Person;

Please note that the list of claim documents mentioned above is indicative and not exhaustive. **We** may ask for additional documents depending on the nature and circumstances of claim.

#### Part 4: General Exclusions

In addition to any specific exclusions set out under any cover or endorsement under this **Policy**, **We** shall not be liable to make payment for any claim under this Policy, directly or indirectly, caused by, based upon, arising out of, or in any way attributable to any of the following:

- A.** Losses that do not occur within the **Cover Period**;
- B.** Losses that result from or related to Business pursuits including **Your** work or profession;
- C.** Losses caused by illegal acts;
- D. Loss or** Damage caused by **Your** deliberate, wilful or intentional act or omission, or of anyone on **Your** behalf, or with **Your** connivance.
- E.** Losses that result from the direct actions of **Your Family**, or actions that a member of the **Family** knew of or planned.
- F.** Losses due to war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, uprising, military or usurped power, martial law, riot or the act of any lawfully constituted authority.
- G.** Losses due to the order of any government, public authority, or customers' officials.
- H.** Losses due to nuclear weapons material
- I. CONFISCATION:** Any damage due to confiscation, commandeering, requisition, detention or destruction by order of any government or lawfully constituted authority.

#### **J. NUCLEAR RISK**

Any damage to property, consequential loss, legal liability or **Injury**, illness, disease directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it or any losses due to nuclear weapons material

#### **K. CONSEQUENTIAL LOSS**

Consequential loss of any kind or description including any reduction of market value beyond the cost of repair or replacement.

#### Part 5: General Terms and Conditions

##### **A. Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of established fraud fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

##### **A. Condition Precedent:**

- i. Condition Precedent means a term or condition upon which **the Company's** liability under the **Policy** is conditional upon.
- ii. The due observance and fulfillment 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 **Group Policyholder** or any **Insured Person** shall be a condition precedent to **the Company's** liability to make any payment for claim(s) arising under the policy.

##### **B. Entire contract:**



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- i. This **Policy**, its Schedule, endorsement(s), proposal/enrolment form, Certificate of insurance constitutes the entire contract of insurance. No change in this **Policy/Certificate of insurance** shall be valid unless approved by **the Company** 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.
- C. **Fraud:**
- i. **The Company** will not be liable to pay under the **Policy/Certificate of insurance** and there shall be no refund of premium if any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by **Group Policyholder** or any **Insured Person** or anyone acting on behalf of **Group Policyholder** or an **Insured Person**.
- D. **Mis-representation or non-disclosure of material facts:**  
**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 request for proposal or a claim, whether by **Group Policy holder** or any **Insured Person** or anyone acting on behalf of **Group Policyholder** or any **Insured Person**.
- E. **Renewal conditions:**  
 The **Policy** may be renewed with the **Company's** consent. The benefits under the **Policy** or/and the terms and conditions of the **Policy**, including premium rate may be subject to change.. Unless renewed as herein provided, this **Policy** shall terminate at the expiration of the **Policy Period** for which premium has been paid / received. No renewal receipt shall be valid unless it is on the printed form of the **Company** and signed by an authorized official of the **Company**.
- F. **Withdrawal:**
- i. In the likelihood of this product being withdrawn in future, the **Company** will intimate **Group Policyholder/ Insured Person** about the same 3 months prior to expiry of the **Policy**.
  - ii. **Group Policy holder/ Insured Person** will have the option to migrate to similar insurance product available with the Company at the time of renewal.
- G. **Notices:**  
 Any notice, direction or instruction under this **Policy** shall be in writing and if it is to:
- i. **Group Policyholder / Insured Person**, then it shall be sent to **Group Policyholder / Insured Person** at **Group Policyholder / Insured Person's** address respectively specified in the **Policy Schedule / Certificate of Insurance** and **Group Policyholder** shall act for all **Insured Person s** for these purposes.
  - ii. **The Company**, it shall be delivered to the **Company's** address specified in the **Policy Schedule / Certificate of Insurance**. No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on the **Company's** behalf unless the **Company** have expressly stated to the contrary in writing.
- H. **Cancellation and Termination:**
1. **Cancellation by Insured Person - Certificate of Insurance**



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You may cancel the **Certificate of Insurance** at any time by informing us. We shall refund the proportionate premium for the unexpired policy period provided there is no claim(s) under the Policy

## 2. Cancellation by Group Policyholder

a. **Group Policyholder** may cancel this **Policy** at any time by giving **Us** at least 15 days notice in writing. However, even if the **Group Policyholder** cancels the **Policy**, the respective **Certificate of Insurance(s)** already issued to various **Insured Person (s)** shall remain valid for the **Cover Period** specified in the respective **Certificates of Insurance**, unless such **Certificates of Insurance** are separately cancelled by the **Us**.

b. No refund of **Premium** shall be due on cancellation of the **Certificate of Insurance** if a claim has been made by the **Insured Person** and is admissible-

c. For the avoidance of doubt, **We** shall remain liable for any admissible claim that was made/reported prior to the effective date of cancellation of the **Certificate of Insurance**.

The **Certificates of Insurance** may be cancelled by the **Group Policyholder** as under (Applicable in all cases where the entire premium is borne and paid by the group administrator):

A. If the **Certificate of Insurance** is cancelled by the **Group Policyholder** prior to commencement of **Cover Period**, the Company will refund, subject to retention of Rs100 plus applicable taxes towards administrative costs per **Certificate of Insurance**, the remaining premium amount.

### d. Effect of cancellation of the Policy by the Group Policyholder:

From the effective date of cancellation or termination of this **Policy** at the instance of **Group Policyholder**:

- In respect of **Certificate of Insurance**, the **Company** shall remain obligated to indemnify the **Insured Person**, under the **Certificate of Insurance** and during the **Cover Period**, for claim(s), if any, as per the terms and conditions as specified under the **Policy Schedule/Certificate of Insurance** read with this **Policy** where such claim is made before or after the date of cancellation or termination of this **Policy**
- The **Group Policyholder** would continue to be responsible for facilitating the claim for coverage provided prior to date of termination to the full extent of the **Cover Period** provided to the **Insured Person** under the **Certificate of Insurance**.
- The **Company** shall not be obligated to indemnify the **Insured Person** if the **Insured Person** was enrolled by the **Group Policyholder** after the date of termination of the **Policy**
- The **Company** and the **Group Policyholder** shall remain liable under the terms and conditions of this **Policy** to fulfil the obligations that have accrued at the date of cancellation or termination of this **Policy**.

## 3. Cancellation by Us:

- The Policy / Certificate of Insurance may be cancelled by the Company only on the grounds of established fraud, by giving minimum notice of 7 days to the Policyholder / Insured Person and the premium paid will be forfeited by the Company
- In case of **Total Loss of Your Home Building** in a long term **Policy** where You have decided not to reinstate **Your Home Building** in favour of a cash settlement of



**Your** claim, We will cancel the **Policy** for the remaining duration of the **Policy Period/Cover Period**. In such a case **We** shall refund the proportionate **Premium** for the un-expired **Cover Years** after grossing up the **Premium** paid by **You** towards long term discount, if any.

- c. For the avoidance of doubt, the **Company** shall remain liable for any claim that was made prior to the effective date on which the **Certificate of Insurance/Policy** is cancelled, unless such claim was found to be fraudulent or the **Certificate of Insurance**

**I. Reasonable Care:**

The **Insured Person** shall take all reasonable steps to safeguard the interests against contingency that may give rise to a Claim.

**J. Records to be maintained:**

The **Insured Person/Group Policyholder** shall keep an accurate record containing all relevant particulars and shall allow **The Company** or its representative(s) to inspect such records. The **Insured Person/Group Policyholder** shall furnish such information as **The Company** may require under this **Policy** at any time during the **Cover Period/Policy Period** or until final adjustment (if any) and resolution of all Claims under the **Certificate of Insurance/ Policy** .

**K. Assignment of Indemnities**

For loan/ credit linked policies only, if opted and specified as such in the Certificate of Insurance, It is hereby declared and agreed that:

- From the inception of the **Cover Period**, the monies payable by **the Company** to the **Insured Person** and all rights, title, benefits and interest of the **Insured Person** under this **Policy** stand assigned in favour of the Bank / Financial Institution as named in the **Certificate of Insurance**, to the extent of the **Loan** obtained by the **Insured Person** from the Bank/Financial Institution, as identified by the Loan Account Number specified in the **Certificate of Insurance**.
- Upon any monies becoming payable under this **Policy**, the same shall be paid by **the Company** to the Bank/Financial Institution as named in **Certificate of Insurance**. without any reference / notice to the **Insured Person**, but not exceeding the outstanding amount of the **Loan** which is due to the Bank/Financial Institution on the date that the claim becomes payable and in any event, not exceed the **Sum Insured** specified against the respective cover in the **Certificate of Insurance**. In the event of any claim amount payable under this Policy exceeding the amount outstanding under such **Loan**, We shall pay such component of the claim amount as is exceeding the outstanding amount under the Loan to the **Insured Person** or the Insured Person's legal heirs or representatives holding a valid succession certificate.
- Upon receipt of such monies in the manner as aforesaid by the Bank/Financial Institution as named in the **Certificate of Insurance**, the **Company** shall be completely discharged from all liability under the **Policy** and this discharge shall be binding on the **Insured Person** and the heirs, executors, administrators, successors or legal representatives of the **Insured Person**, as the case may be.
- That any adjustment, settlement, compromise or reference to arbitration in connection with any dispute between **the Company** and the **Insured Person** or any of them arising under or in connection with this **Policy**, if made by the Bank/Financial Institution shall be valid and binding on all parties insured hereunder but not so as to impair rights of the Bank/Financial Institution to recover the full amount of any claim it may have on other parties insured hereunder.



Assignment of Indemnities clause will be applicable for below specified covers only, if opted and specifically mentioned in the **Certificate of Insurance**.

- Cover 8: Personal Accident
- Cover 9: Loss of Income (Involuntary)
- Cover 11: Loss of Income (Commercial vehicle)
- Cover 12: Loss of Income (Disability & Listed Critical illness)
- Cover 23: Rescinding of Offer Letter
- Cover 24: Vacation Cancellation

**L. Consent of Nominee**

Consent of the **Nominee**, if any, shall not be a pre-requisite for any change of **Nominee** or to any other changes in this **Policy** .

**M. Claims Payment**

- **The Company** shall make the payment of Claim that has been admitted as payable by **the Company** under the **Policy** within 30 days of submission of all necessary documents and information and any other additional information required for the settlement of the Claim.
- All Claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of **Policyholders** Interests) Regulations, 2024 , as amended from time to time.
- In case of delay in payment of any claim that has been admitted as payable by **the Company** under the **Policy**, beyond the time period as prescribed under IRDAI (Protection of Policy holders Interests) Regulations, 2024, **the Company** shall pay interest at a rate which is 2% above the bank rate
- However, where the circumstances of a claim warrant an investigation in the opinion of **the Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, **the Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, **the Company** shall be liable to pay interest to the **Policy** holder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

**N. Assignment:**

**You** shall not be entitled to assign this **Policy** nor any interest or right under the Policy without prior written consent from **Us**.

**O. Governing Law**

This **Policy** shall be governed by the law of India.

**P. Subrogation (Not applicable to Personal Accident)**

The **Insured/Group Policyholder** under this **Policy** shall at the expense of the **Company** do and concur in doing/permit to be/or done all such acts and things that may be necessary or reasonably required by the **Company** for the purpose of enforcing any rights and remedies or obtaining relief or indemnity from other parties to which the **Company**





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shall be or would become entitled or subrogated upon the **Company** paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after the **Insured Person's** indemnification by the **Company**

#### Part 6: GRIEVANCES

We are committed to extend the best possible services to its Customers. However, if not satisfied with Our services and wish to lodge a complaint, please feel free to call Our 24X7 Toll free number 1800-266-7780/022-66939500 (tolled) or You may email to the Customer service desk at [customersupport@tataaig.com](mailto:customersupport@tataaig.com).

Our Grievance Redressal Officer

You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address: 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

E-mail: [Customersupport@tataaig.com](mailto:Customersupport@tataaig.com)

Visit the Servicing Branch mentioned in the Policy document

Nodal Officer

Please visit Our website at [www.tataaig.com](http://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 as per the detailed escalation matrix as given in Our website. In case the resolution is likely to take longer time, We will inform You of the same through an interim reply.

Insurance Ombudsman

If the Customer is not satisfied with the redressal of grievance through above methods, the Customer may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

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 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra and Nagar Haveli, Daman and Diu



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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	Karnataka
BHOPAL	Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60- B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh
BHUBANESWAR	Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).
DELHI	Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.



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GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Insurance Ombudsman 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 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
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	Rajasthan
KOCHI	Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Made a part of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email:	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki,



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	bimalokpal.lucknow@cioins.co.in	Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA	Insurance Ombudsman 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	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman 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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Prohibition of Rebates- Section- 41 of the Insurance Act, 1938 as amended by the 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



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/Certificate accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punished with a fine which may extend to ten lakhs rupees.

“Insurance is the subject matter of the solicitation”. Please read the wordings carefully before concluding the sale.

S. 64VB of The Insurance Act, 1938:

“Commencement of risk cover under the Policy /Certificate is subject to receipt of payable premium by Tata AIG General Insurance Company Limited

#### **Part 7. INFORMATION ABOUT US**

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai, Maharashtra, India. Website: [www.tataaig.com](http://www.tataaig.com)

Customer Service: [customersupport@tataaig.com](mailto:customersupport@tataaig.com)