

Policy Wordings

Preamble

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

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

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

Definitions

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

i. Standard Definitions

1. **Accident** - Means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Any one illness** - Means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home/Physician** where treatment may have been taken.
3. **Cashless service/facility** - Means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
4. **Condition precedent** - Means a policy term or condition upon which the insurer's liability under the **Policy** is conditional upon.
5. **Congenital Anomaly** - Means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly - Which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly - Which is in the visible and accessible parts of the body.
6. **Day** - Means a period of 24 consecutive hours.
7. **Deductible** - Is a cost sharing requirement that provides that the **insurer** will not be liable for a

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specified US Dollar amount in case of indemnity policies and for a specified number of days/hours in case of **hospital** cash policies which will apply before any benefits are payable by the Insurer. A **Deductible** does not reduce the sum insured.

The **Deductible** is applicable per event.

8. **Grace Period** - Means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of **Pre-Existing Diseases (PED)**. Coverage is not available for the period for which no premium is received. The **Grace Period** for payment of premium is thirty days.

Such facility is only applicable in Annual trip/Long trip Policies.

9. **Hospital** - Means any institution established for In-patient care and day care treatment of **Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities OR the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR comply with all minimum criteria as under:
- Has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 **Inpatient** beds in all other places,
 - Has qualified nursing staff under its employment round the clock,
 - Has qualified **Medical Practitioner(s)** in charge round the clock,
 - Has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
10. **Hospitalisation or Hospitalised** - Means admission in a **Hospital** for a minimum of 24 consecutive hours In-patient care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hour.
11. **Injury** - Means accidental physical bodily harm excluding **Illness** or **disease** solely and directly caused by external, violent and visible and evident means which is verified and certified by a **Medical Practitioner/Physician**.
12. **Inpatient/Inpatient Care** - Means treatment for which the **Insured Person** has to stay in a **Hospital** for more than 24 hours for a covered event.
13. **Medical Expenses** - Means those expenses that an **Insured Person** has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a **Medical Practitioner**, as long as these are no more than would have been payable if the **Insured Person** had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- 14. Medically Necessary** - Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
- Is required for the medical management of the **Illness** or injury suffered by the insured;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - Must have been prescribed by a **Medical Practitioner**;
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 15. Reasonable and Customary Charges** - Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the **Illness/Injury** involved.
- 16. Subrogation** - Means the right of the insurer to assume the rights of the **Insured Person** to recover expenses paid out under the **Policy** that may be recovered from any other source.

ii. **Specific Definitions**

- Age** - Means completed years as at the effective date.
- Assistance Company** - As designated in the **Policy schedule**.
- Common Carrier** - Means any civilian land or water conveyance or **Scheduled Airline** in each case operated under a valid license for the transportation of passengers for hire.
- Disclosure to information norm** - The **Policy** shall be void and all premium paid hereon shall be forfeited to the **Company**, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Disease/Illness** - Means a sickness or a **Disease** or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy Period** and requires medical treatment.
 - Acute Condition** - Is a **Disease, Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the **Disease/Illness/Injury** which leads to full recovery.
 - Chronic Condition** - Is defined as a **Disease, Illness, or Injury** that has one or more of the following characteristics:
 - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - It needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it

- d. it continues indefinitely
 - e. it comes back or is likely to come back
7. **Emergency or Emergency Care** - Means management for a severe **Illness or Injury** which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a **Medical Practitioner** to prevent death or serious impairment of the **Insured Person's** health.
 8. **IRDA of India** - Means Insurance Regulatory and Development Authority of India.
 9. **Immediate Family Member** - Means an **Insured Person's** legal spouse; siblings; siblings-in-law; parents; parents-in-law; legal guardian, legal child(ren); step-parents; who reside in India.
 10. **Insured Period(s)** - Means with respect to the **Policy**, the period commencing with the effective date of the **Policy** and terminating with the **Expiration Date** of the **Policy** as stated in the **Policy** and any subsequent period for which the **Policy** may be renewed.
 11. **Insured Person** - Means the **Insured Person** between **Age 16 years to Age 35 years** who resides permanently in India, named in the **Policy Schedule** as being eligible to become insured under this **Policy** and for whom an individual **Proposal Form** for insurance has been received and approved by Us.
 12. **Insured Journey** - Means any journey undertaken within **Policy** period and which commences when the passenger boards the aircraft for onward overseas journey and terminates when he disembarks on return to India or the **Policy Expiration date** whichever is earlier.
 13. **Long Trip** - Means any **Trip** with duration of more than 1 year.
 14. **Medical Advise** - Means any consultation or advice from a **Medical Practitioner** including the issue of any prescription or repeat prescription.
 15. **Nervous Disorder** - Would mean any disorder of the nervous system which would require the insured to incur **covered medical expenses** as defined in the policy.
 16. **Notification of Claim** - Is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
 17. **Physician/Medical Practitioner** - Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license, or a licensed **Medical Practitioner** acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

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

- 19. Policy Schedule** - Means the Policy Schedule attached to and forming part of the Policy.
- 20. Pre-Existing Disease (PED)** means any condition, ailment or Injury or Disease:
- That is/are diagnosed by a **Physician** not more than 36 months prior to the date of commencement of the **Policy** issued by the insurer; or
 - For which medical advice or treatment was recommended by, or received from, a **Physician**, not more than 36 months prior to the date of commencement of the **Policy**.
- 21. Proposal Form** - Means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- 22. Professional Sports** - Means a sport, which remunerates a player in excess of 50% of his or her income as a means of their livelihood.
- 23. Renewal** - Means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the renewal continuous for the purpose of all waiting periods.
- 24. Scheduled Airline** - Means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
- 25. Serious Injury or Sickness** - Means **Injury** or **Sickness** certified as being dangerous to life by a legally qualified **Physician**.
- 26. Sickness** - Means **Illness** first manifested and contracted, and commencing after the effective date of the **Policy Schedule**.
- 27. Sound Natural Teeth** - Means natural teeth that either are unaltered or are fully restored to their normal function and are **Disease-free**, have no decay and are not more susceptible to **Injury** than unaltered natural teeth.
- 28. An Act of Terrorism** - Means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- 29. Traveling Companion** - Means up to two (2) named person(s) who is/are booked to accompany **You** on the **Trip**.
- 30. Trip** - Means any journey during the **Insured Period** which starts and finishes in India and involves a destination(s) outside India;

31. **Tuition** - Means all legally required registration fees charged by the registered and accredited educational institution named in the Application Form for required courses (and any applicable laboratory fee for participation in said courses, exclusive of any extra-curricular course fees), and any cost for the use of facilities for attending said courses. For the purpose of this definition, costs associated with room and board and/or textbooks (whether required or not) are not covered.
32. **Unproven/Experimental** - It is a treatment, including but not limited to drug experimental therapy, which is not based on established medical practice.
33. **War** - Means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
34. **We, Us, Our** - Means TATA AIG General Insurance Company Limited.
35. **You/Your/Yourself** - Means the Insured Person(s) who is named in the Policy Schedule.

Benefits Covered under the Policy

Section 1: Accidental Death and Dismemberment

(Including Felonious Assault)

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

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

Table of Losses

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

“Loss” with regard to:

- (a) Hand or foot means actual severance through or above the wrist or ankle joints respectively;

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- (b) Eye means entire and irrecoverable loss of sight;
- (c) Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
- (d) Speech means the total and irrecoverable loss of speech.
- (e) Hearing means entire and irrecoverable loss of hearing of both ears.

Definitions:

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

Limitation

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

Exposure

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

Disappearance

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

Exclusions:

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

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

Section 2 : Accident & Sickness Medical Expense

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

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Limitations

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

However, if **You** are still confined in a **Hospital** overseas after the **Expiration Date** of the **Policy**, and **Emergency Medical Evacuation** is not appropriate or recommended by the **Assistance Company**, and continued treatment overseas as an **Inpatient** in a **Hospital** is **Medically Necessary**, we will continue to provide the benefits for **Covered Medical Expenses** incurred to the earlier of **your Hospital** discharge or 60 Days after the **Expiration Date** of the **Policy**.

2. Expenses related to **Pre-Existing Disease (PED)** or any complication arising there from unless due to life threatening unforeseen **emergency** subject to maximum amount shown in the table of benefits.

Definition:

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

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

Exclusion

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

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

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

Special Extensions

Not with standing the above, the **Policy** has following extensions as specifically provided in the schedule of benefits.

- 1) Only **Inpatient Medical Expenses** related to pregnancy, termination of pregnancy and termination of pregnancy as a result of **Physician's** advice to terminate pregnancy due to medical reasons and not due to **Insured Person's** choice to terminate pregnancy subject to waiting period of 10 months from the effective date of **Policy**.
- 2) **Medical Expenses** related to treatment for mental and **Nervous Disorder**, including alcoholism and drug dependency are covered subject to maximum amount as provided in the schedule of benefits under Plan B, Plan Ultimate, Ultimate Plus, Supreme Plan.
- 3) **Medical Expenses** related to Cancer Screening and mammographic examination on recommendation from a **Physician** is covered subject to maximum amount as provided in the schedule of benefits. Expenses would be paid for the **Reasonable and Customary Charges** incurred for these tests. Any tests done as a part of preventive health check-up are not included under this benefit.
- 4) **Medical Expenses** due to **Pre-Existing Disease (PED)** in case of Life-threatening unforeseen **Emergency** subject to maximum amount as provided in the schedule of benefits. In such event, measures solely designed to relieve acute pain, provided to the Insured by the **Physician** for **Disease/Accident** arising out of a **Pre-Existing Disease (PED)** would be reimbursed. The treatment

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for these **Emergency** measures would be paid till the insured becomes medically stable or is relieved from acute pain.

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

Section 3 : Sickness Dental Relief

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

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

Definition:

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

Exclusion:

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

Section 4: Assistance

Assistance Company will provide the following services as described below.

Medical Assistance - As soon as the **Assistance Company** is notified of a medical emergency resulting from **Your Accident** or **Sickness**, the **Assistance Company** will contact the medical facility or location where **You** are located and confer with the **Physician** at that location to determine the best course of action to be taken. If possible and if appropriate, **Your family Physician** will be contacted to help arrive at a decision as to the best course of action to be taken. The **Assistance Company** will then organize a response to the medical emergency, doing whatever is appropriate, including, but not limited to, recommending or securing the availability of services of a local **Physician** and arranging **Hospital** confinement of **You** where, in its discretion, deems such confinement appropriate.

Medical Evacuation - When, in the opinion of the **Assistance Company's** medical panel, it is judged medically appropriate to move **You** to another location for treatment or return **You** to India, the **Assistance Company** will arrange the evacuation, utilizing the means best suited to do so, based on the

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medical evaluation of the seriousness of **Your** condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the **Assistance Company**.

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

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

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

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

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

Emergency Travel Agency - The **Assistance Company** agrees to provide **You** with 24 hour travel agency service for airline and hotel reservations. The **Assistance Company** will also arrange payment for **Your** airline tickets and other travel services, using **Your** credit cards. Prepaid ticket pickup at airline counters or ticket delivery by mail or courier will also be arranged by the **Assistance Company** for **You**.

Disclaimer of Liability

In all cases the medical professional or any attorney suggested by the **Assistance Company** shall act in a medical or legal capacity on behalf of **You** only. The **Assistance Company** assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. **You** shall not have any recourse to the **Assistance Company** by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

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

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Section 5 : Emergency Medical Evacuation

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

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

Definitions:

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

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

Section 6: Continuing Treatment (Following Medical Evacuation To Your Country Of Origin)

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

Section 7 : Repatriation Of Remains

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

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

Section 8 : Baggage Loss (Common Carrier)

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

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CIN: U85110MH2000PLC128425 • TATA AIG Travel Insurance – Student UIN: TATTIOP25044V052425

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

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

Definition:

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

Limitations:

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

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

Exclusions:

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

1. Excluded classes of property: animals, motor vehicles (including accessories), motorcycles, boats, motors, any conveyance, (except bicycles while checked as baggage with a **Common Carrier**), snow skis, household effects, antiques, electronic equipment such as computers (including software and accessories), personal data assistants or handheld computers, cellular phones, digital video disc player, compact disc player, video camcorder, eyeglasses or sunglasses, contact or corneal lenses, artificial teeth, bridges or prosthetic limbs, hearing aids, money, securities such as credit cards, debit cards, checks, traveler checks, membership cards, tickets or documents, business good or samples, data recorded on tapes, cards, discs or otherwise, musical instruments, perishables and consumables;
2. Loss to property insured under any other insurance **Policy**, or otherwise reimbursed by a **Common Carrier**;
3. Loss of **Your** baggage sent in advance or souvenirs and articles mailed or shipped separately.
4. Any loss of checked in baggage amounting to a damage / partial loss or not amounting to permanent loss.

Section 9 : Baggage Delay

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

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

Definition:

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

Limitation:

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

Exclusion:

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

Section 10 : Loss Of Passport

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

Exclusions:

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

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

Section 11 : Personal Liability

Property Damage:

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

Medical Payments to Others:

We will pay the necessary **Medical Expenses** that are incurred or medically ascertained within one year from the date of an **Accident**, causing **Bodily Injury**. **Medical Expenses** means reasonable charges for

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medical, surgical, X-ray, dental, ambulance, **Hospital**, professional nursing, prosthetic devices and funeral services. This coverage does not apply to **You** or regular residents of **Your** household. As to others, this coverage applies only if the **Bodily Injury** is caused by **Your** activities.

Definitions:

Business - Means trade, profession or occupation.

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

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

Residence Premises - Means the dwelling where **You** reside.

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

Exclusions:

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

1. Liability which is expected by or intended for **You**; or
2. Liability arising out of or in connection with a **Business** engaged in by **You**. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the Business; or
3. Liability arising out of the rental or holding for rental of any part of any premises by **You**; or
4. Liability arising out of the rendering of or failure to render professional services; or
5. Liability arising out of a premises, water craft or aircraft that is owned by, rented to or rented by **You**; or
6. Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft; or
7. Liability arising out of the transmission of a communicable **Disease** by **You**; or
8. Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse; or
9. Liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug Agency or equivalent or similar organization; or
10. Liability under any contract or agreement; or
11. **Property Damage** to property owned by **You**; or
12. **Property Damage** to property rented to, occupied, or used by or in the care of **You**; or

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13. **Bodily Injury** to any person eligible to receive any benefits voluntarily provided or required to be provided by **You** under any worker's compensation law, non-occupational disability law or occupational Diseases law, or similar law; or
14. Suits or legal actions arising from **Your Immediate Family Member**, or Traveling Companion or **Immediate Family Member** of a **Traveling Companion** against **You**.

Section 12 :-Study Interruption

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

In the event of a claim, only the figures shown on an official invoice (s) from the educational institution for payment of said **Tuition** fees, shall be used for calculating any reimbursement paid by the company. It cannot exceed the maximum amount stated in the Schedule of Benefits under this **Policy**.

Exclusions

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

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

Section 13: Sponsor Protection

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

The term "**Sponsor**" as used in the **Policy** shall mean any individual responsible for paying the **Tuition** fees

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of the student of his full-time study in a registered educational institution outside of his home country.

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

Provision

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

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

Section 14 : Compassion visit

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

Additionally, **the Company** will refund for the costs of the stay, of the **Immediate Family Member**, upto the amount stated in the **Policy Schedule**. In any event **the Company’s** total liability for round trip transport and for daily allowances (accommodation, meals and transportation) shall not exceed the maximum amount stated in the **Policy Schedule**, under this **Policy**.

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

Section 15 : Bail Bond

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

Section 16 : Hijack Cash Benefit

We will pay **You** a distress allowance as shown in the **Policy Schedule** for every 24 hour period during which any **Common Carrier** in which **You** are traveling has been **Hijacked**, where as a direct consequence, **Your Trip** has been disrupted up to a maximum amount stated in the **Policy Schedule** subject to any applicable **Deductible**.

Definition:

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

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Section 17 : Missed Connections/Missed Departure

We will reimburse reasonable additional expenses due to missed connections, or missed departure by **Your** scheduled airline, on your onward / return journey, subject to the maximum shown in the **Policy Schedule**, if the missed connection / departure is due to a **Covered Hazard** during the course of an **Insured Journey**.

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

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

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

You may claim only **Trip** delay or missed departure / missed connection, not both

Definitions:

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

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

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

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

Specific Exclusions:

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

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

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

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Section 18 : Trip Delay

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

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

Covered Hazards:

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

Definitions:

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

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

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

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

Exclusion:

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

Section 19 : Fraudulent Charges (Payment Card Security)

I. What We Cover

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

II. Coverage Exclusions

We will not pay for any expenses or loss for:

1. Charges made on your lost or stolen payment card more than 12 hours prior to your first reporting the event to your payment card issuer(s);
2. Charges made on your payment card if your payment card has not been lost or stolen;

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3. Cash advances made with your lost or stolen payment card;
4. Charges incurred by a resident of your household, or by a person entrusted with your payment card / sim card.

III. Coverage Conditions

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

IV. Duties After An Accident or Loss

In the event of a covered loss:

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

Specific Exclusion:

We will not cover the following:

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

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

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed

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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.

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

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

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

Exclusions

i. Specific Exclusions

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

1. Where the **Insured Person** is travelling against the advice of a **Physician**; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition; or
2. Expenses related to **Pre-Existing Disease (PED)** or any complication arising there from unless due to life threatening unforeseen **Emergency** subject to maximum amount shown in the table of benefits; or
3. Any claim of **Insured Person** arising from:
 - a) Suicide or attempted suicide
 - b) Wilful self-inflicted **Illness** or **Injury** except **Injury** in self-defence or to save life; or
4. Sexually transmitted conditions; or
5. Mental or nervous disorder – unless specified in Special Extensions sub section of Section 2 : **ACCIDENT & SICKNESS MEDICAL EXPENSE**, anxiety, stress or depression; or
6. Serving in any branch of the Naval, Military or Air Forces of any country, whether in peace or War
7. Being under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the **Injury / Accident** though under influence of intoxication.; or
8. Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion; or
9. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or
10. Any loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or

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11. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
12. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
13. External congenital anomalies or any complications or conditions arising therefrom; or
14. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained. This exclusion does not apply to injuries resulting from inter collegiate sports.
15. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, except for those expenses specified in Special Extensions section, or
16. For any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest;
17. Any loss, **Injury**, damage or legal liability arising directly or indirectly from: Travel in, to, or through Afghanistan, Cuba or Democratic Republic of Congo; or
18. Any loss, **Injury**, damage or legal liability directly or indirectly by: Any terrorist or member of a terrorist organization, narcotics trafficker, or purveyor of nuclear, chemical or biological weapons.
19. Any Unproven/Experimental treatment, non-allopathic treatment, including but not limited to Ayurvedic, Homeopath or naturopathy treatments.
20. Any non-medical expenses (list enclosed – Annexure I)

General Terms and Clauses

i. Specific Terms and Clauses

1. **Effective Date: (For Single Trip/For Annual Trip Insurance/For Long Trip):** Your Policy will start on the **Effective Date** & hour as specified on the **Policy Schedule** or date and time of departure from India, whichever is later, provided total premium has been paid and realised by Us.

Expiration Date:

- (i) **Single Trip Insurance:** Your Policy will terminate on the last **Day** for which premium has been paid or on return to India whichever is earlier.
- (ii) **Annual Trip/Long Trip Insurance:** This Policy will terminate on the **Expiration Date** shown in the **Policy Schedule** for which the premium has been paid or on return to India whichever is earlier.

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

Further, However **We** may cancel this **Policy** at any time on grounds of mis-representation, established fraud, non-disclosure of material facts, by getting a 15 Days notice delivered to **You**, or mailed to **Your** last address as appears in **Our** records. The **Policy** shall stand cancelled ab-initio and there will be no refund of premium. **You** may cancel the Annual Trip/Long Trip **Policy** by giving us 7 days' notice in writing and in such an event, the **Company** shall refund proportionate premium for unexpired **Policy Period** provided no claim has occurred and/or no travel has happened up to the date of cancellation. In the event a claim has occurred there shall be no refund of premium.

3. **Renewal Conditions:** This **Policy** will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Proposal Form and Schedule, whichever is earlier.
 - (i) **Single Trip Insurance:** The Single Trip Insurance is non- renewable, not cancelable and not refundable while effective. Cancellation of the **Policy** may be done only prior to the Effective Date stated in the **Policy Schedule** and will be subject to deduction of cancellation charge of ₹350/- by **Us**.
 - (ii) **Annual Trip/Long Trip Insurance:** Cancellation of the **Policy** may be done prior to the Effective Date stated in the **Policy Schedule** and will be subject to deduction of cancellation charge of ₹350/- by **Us**.

Any revision/modification in the product will be done with the approval of the Authority and will be intimated to **You** at least 3 months in advance.

4. **Territory:** This **Policy** applies to incidents anywhere in the world outside India unless limited by **Us** through endorsement or specifically restricted in the **Policy**, **Policy Schedule** or as given in the General exclusion to this **Policy**.
5. **Multiple policies:** In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen **Policy**.

Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

If the amount to be claimed exceeds the sum insured under a single policy, the **Insured Person** shall have the right to choose insurer from whom he/she wants to claim the balance amount and we will assist the **Insured Person** in facilitating the same.

Where an **Insured Person** has policies from more than one insurer to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6. **Concealment or Fraud:** The entire **Policy** will be void if, whether before or after a loss, **You** have, related to this insurance,

- (a) Intentionally or recklessly or otherwise concealed or misrepresented what we consider to be any material fact or circumstance;
- (b) Engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
- (c) Made false statements.

7. **Claim Procedure:**

(i) **Notice of Claim/Loss:** It is a condition precedent to **Our** liability hereunder that written notice of claim must be given by **You** to **Us** within 7 days after an actual or potential loss begins or as soon as reasonably possible, and in any event no later than 30 Days after an actual or potential loss begins. If **Your** property covered under this **Policy** is lost or damaged, **You** must:

- (a) Notify us as soon as possible;
- (b) Take immediate steps to protect, save and/or recover the covered property;
- (c) Give immediate notice to the carrier or bailee who is or may be liable for the loss or damage;
- (d) Notify the police or other appropriate authority in the case of robbery or theft within 24 hours.

(ii) Any medical services or series of services with a cost greater than \$ US 1 shall not be covered by this **Policy** unless **You** consult with the **Assistance Company** and the cost for such services are authorized in advance by the **Assistance Company**.

(iii) **Claim Forms:** **We**, upon receipt of a notice of claim, will furnish **You/Your** representative with such forms as **We** may require for filing proofs of loss.

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

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

(v) **Supporting documentation & examination:** **You** or someone claiming on **Your** behalf shall provide **Us** with all documentation, medical records and information **We** may request to

establish the circumstances of the claim, its quantum or **Our** liability for the claim within 30 days from the date of intimation to **Us**. Such documentation will include but is not limited to the following:

- i. **Our** claim form, duly completed and signed for on behalf of the **Insured Person**.
- ii. Original Bills & Receipts including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of treatment taken.
- iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- iv. A precise diagnosis of the treatment for which a claim is made.
- v. A detailed list of the individual medical services and treatments provided and a unit price for each.
- vi. Prescriptions that name the **Insured Person** and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- vii. Any other document as requested by Claims Department which is relevant to the coverage under the policy.

(vi) **Time of Payment of Claim:**

- i. **The Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, **the Company** shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. 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.
- iv. In case of delay beyond stipulated 45 days, **the Company** shall be liable to pay interest to the policyholder 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)

(vii) **Payment of Claim:** All claims under this **Policy** that are payable to the **You** shall be paid in Indian currency.

8. Medical Examination: **We**, at **Our** own expense, shall have the right and opportunity to examine

You through **Our** appointed agents whose details will be notified to **You** when and as often as **We** may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to obtain a post mortem examination report of **Your** body as permitted by law. **Your** or **Your** estate's compliance with the need for such examination report is a **Condition Precedent** to establishing liability under the **Policy**.

9. **Legal Actions:** Without prejudice to Uniform Provision 8 above, no action at law or in equity shall be brought to recover on this **Policy** prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this **Policy**.

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

10. **Compliance with Policy Provisions:** Failure to comply with any of the provisions contained in this **Policy** shall invalidate all claims hereunder.

11. **Reasonable Care and Assistance:** **You** must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. **You** must also make every effort to get back any property which has been lost.

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

12. **Settlement of Loss:** Claims for damage and/or destruction shall be paid within a reasonable time when proof of the damage and/or destruction is presented to us. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. **You** must present acceptable proof of loss and the value involved to us.

13. **Valuation:** **We** will not pay more than the actual cash value of the property at the time of loss. Damage will be estimated according to actual cash value with proper deduction for depreciation. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

14. **Subrogation:** In the event of any payment under this **Policy**, **We** shall be subrogated to all **Your** rights of recovery thereof against any person or organization or **You** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights and provide whatever assistance **We** might reasonably require of **You** in the pursuance of **Our Subrogation** rights. **You** shall take no action after the loss to prejudice such rights.

15. **Dispute Resolution Clause and Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this **Policy**:

(a) **Nature of Coverage:** This **Policy** is not a general health insurance policy. Coverage for **Medical Expenses** in Part D: Coverage of this **Policy** is intended for **Your** use in the event of a sudden and unexpected **Sickness** or **Accident** arising when **You** are outside the Republic of India.

- (b) **Pre-existing Exclusion:** This **Policy** is not designed to provide an indemnity in respect of medical services, the need for which arises out of a **Pre-existing Disease (PED)**.
- (c) **Prior Consultation:** Any medical services or series of services with a cost greater than \$ 1, shall not be covered by this **Policy** unless You consult with the **Assistance Company** in the manner set out in the conditions of this **Policy**.
- (d) **Choice of Law:** This **Policy** will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 13, above and otherwise by the Indian courts.

16. Extension of The Policy: We may in Our sole and absolute discretion extend a Short-Term **Policy** once during the Insured's Journey, provided that:

- We receive a declaration of the health of the **Insured Person**, specifying any health symptoms or conditions suffered by the **Insured Person** during the **Insured Journey**.
- We receive Your request for extension of the **Policy** and the applicable premium before the expiry date of the **Policy Period**.
- The **Insured Person** has not made a claim before We receive Your request for extension of the **Policy**.
- We are under no obligation to extend the **Policy** or to extend the **Policy** on the same terms whether as to premium or otherwise.

17. Free Look Period :

- (a) **Single Trip Insurance** - Free look period is not applicable.
- (b) **Annual Trip/Long Trip Insurance** - You have a period of 30 days from the date of receipt of the **Policy** document, whether received electronically or otherwise, to review the terms and conditions of this **Policy** provided no trip has been commenced. If You have any objections to any of the terms and conditions, You have the option of cancelling the **Policy** stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your **Policy** only if You have not made any claims under the **Policy**. All Your rights under this **Policy** will immediately stand extinguished on the free look cancellation of the **Policy**. Free look provision is not applicable and available at the time of renewal of the **Policy**.

18. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to any Travel insurance policy available with us.

Other Terms and Conditions

A. Valid Account

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

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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B. Excess of Other Insurance Coverage

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

D. Governing Law

This Policy shall be governed by the law of India.

E. Policy Period

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

F. Concealment or Fraud

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

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

H. Duties After an Accident or Loss

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

Coverage limitations:

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

Hazard H 1

Scope of Coverage

24-HOUR PROTECTION (Insured Journey Only)

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

Hazard H 2 COMMON CARRIER

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

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

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

Claim Related Information

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

For Excluding Americas Policies:

Call: +91 – 022 68227600

Email - EA.TATAclaims@europ-assistance.in

For the Americas Policies

Please call: +1-833-440-1575 (Toll free within US and Canada)

Email - tata.aig@europ-assistance.in

While in India, contact at below numbers for any claim related assistance - Toll Free No 1800 119966 from BSNL/MTNL Landline or 1800 22 9966 (only for senior citizen policy holders) Call these local helpline numbers in your respective cities from any other line: Mumbai - 66939500, Delhi – 66603500, Bangalore – 66272829, Pune – 66014156, Chennai – 66841050, Hyderabad – 66629882, Ahmedabad – 66610201

Email: general.claims@tataaig.com

Write to: A&H 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.

Redressal of Grievance

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number **1800-266-7780** or **022-66939500** (toll charges apply), or email us at **customersupport@tataaig.com**. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at **manager.customersupport@tataaig.com**.

Escalation Level 2

If you still need assistance, reach out to the Head of Customer Services at **head.customerservices@tataaig.com**. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction. You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: **<https://bimabharosa.irdai.gov.in/>**

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The name and address of the Insurance Ombudsman of competent jurisdiction are as below:

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: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@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 Chhattisgarh.
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, Puducherry Town 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 Insurance Ombudsman	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

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GUWAHATI	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: bimalokpal.lucknow@cioins.co.in	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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

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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 Buddha 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).

As per Regulation 25 of IRDAI (Protection of Policyholders Interests, Operations and Allied Matters of the Insurers) Regulation 2024 and any subsequent amendments henceforth.

List of excluded expenses (non-medical) under indemnity policy are uploaded on Our website. Please login to <https://www.tataaig.com/downloads/Others/Annexure-I-List of Optional Items>

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WITH YOU ALWAYS

TATA AIG Travel Insurance – Student



Prohibition of Rebates – Section 41 of Insurance Act, 1938 as Amended by Insurance Laws (Amendment) Act, 2015:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 64 VB of the Insurance Act, 1938: Commencement of risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

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Schedule of Benefits

Part 1

Sum(s) Insured in US\$ Medical Insurance		Plan A	Plan B
AD&D 24 Hours		10,000	25,000
Delonious Assault (AD &D)***		5,000	5,000
Accident & Sickness Medical		50,000	1,00,000
Expenses Reimbursement	Deductible	100	100
Ambulance Charges ###		250	250
**Coverage for Pre-Existing Disease (PED) under A&S###		500	1000
Maternity Benefit (Only Inpatient Treatment incl 1 month post Natal Cover) – Waiting Period - 10 Months ###		500	1,000
Child Care Benefits ###		250	500
Treatment for mental and nervous disorders: including alcoholism and drug dependency ###		0	500
Cancer screening and mammography examinations ###		250	500
Physiotherapy ###		500	500
Sickness Dental Relief		250	300
	Deductible	100	100
Assistance Services		Included	Included
Emergency Evacuation		5,000	10,000
*Continuing Treatment (following Medical Repatriation to your Country of Origin) ##		NA	NA
Repatriation of Remains		2,500	5,000
Baggage Loss (Common Carrier)*		500	1,000
	Deductible-Per baggage	10% per article / 50% per bag	10% per article / 50% per bag
Baggage Delay *		0	50
Loss of passport		250	250
	Deductible	30	30
Personal Liability		100000	100000
	Deductible	200	200

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

24*7 Toll free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com • IRDA of India Registration No.: 108

CIN: U85110MH2000PLC128425 • TATA AIG Travel Insurance – Student UIN: TATTIOP25044V052425

Study Interruption		7,500	7,500
Sponsor Protection		10,000	10,000
Compassionate Visit (2-Way) Visit		1,500	5,000
Bail Bond		500	1,000
Hijack Cash Benefit		100 per day (Max 500)	100 per day (Max 500)
	Deductible	1 Day	1 Day
Missed Connection/Missed Departure		250	500
	Deductible	25	50
Trip Delay		10 per 12 hr (Max 100)	10 per 12 hr (Max 100)
	Deductible	12 Hrs	12 Hrs
Fraudulent Charges (Payment Card Security)		500	1000

Part 2

Sum(s) insured in US\$		Ultimate	Ultimate Plus	Supreme
Medical Insurance				
AD&D 24 Hours		25,000	30,000	50,000
Felonious Assault (AD & D)***		25,000	25,000	25,000
Accident & Sickness Medical Expenses Reimbursement		2,50,000	5,00,000	5,00,000
	Deductible	100	100	100
Ambulance Charges###		250	500	500
**Coverage for Pre existing Disease (PED) under A&S###		2500	5000	5000
Maternity Benefit (Only Inpatient Treatment incl 1 month post Natal Cover) - Waiting Period - 10 Months ###		2,000	2,500	3,000
Child Care Benefits ###		1,000	1,250	1,500
Treatment for mental and nervous disorders: including alcoholism and drug dependency###		1,000	2,000	2500
Cancer screening and mammography examinations ###		1,500	2,500	3,000

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Physiotherapy###		500	500	500
Sickness Dental Relief		400	500	500
	Deductible	100	100	100
Assistance Services		Included	Included	Included
Emergency Evacuation * Continuing Treatment (following Medical Repatriation to your Country of Origin)		15,000	25,000	25,000
		NA	NA	20,000
Repatriation of Remains		7,500	10,000	10,000
Baggage Loss (Common Carrier)*	Deductible - per baggage	2,000 10% per article / 50% per bag	2,500 10% per article /50% per bag	2500 10% per article /50% per bag
Baggage Delay *		150	250	250
Loss of passport		250	250	250
	Deductible	30	30	30
Personal Liability		5,00,000	5,00,000	5,00,000
	Deductible	200	200	200
Study Interruption		15,000	25,000	25,000
Sponsor Protection		20,000	25,000	25,000
Compassionate Visit (2-Way) Visit		7,500	10,000	10,000
Bail Bond		5,000	5,000	5,000
Hijack Cash Benefit		100 per day (Max 500)	100 per day (Max 500)	100 per day (Max 500)
	Deductible	1 Day	1 Day	1 Day
Missed Connection/Missed Departure		750	1000	1000
	Deductible	75	100	100
Trip Delay		10 per 12 hr (Max 100)	10 per 12 hr (Max 100)	10 per 12 hr (Max 100)
	Deductible	12 hrs	12 hrs	12 hrs
Fraudulent Charges (Payment Card Security)		1500	2000	2000

#Reimbursement of purchase of necessary personal effect, due to baggage delay overseas

*The maximum amount to be reimbursed per bag is 50%, and the maximum value per article contained in any bag is 10%

**Pre-Existing Disease (PED) is covered only in case of life threatening unforeseen emergency

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WITH YOU ALWAYS

TATA AIG Travel Insurance – Student



##Coverage is applicable within 60 days from the date of your return to your country of origin

***Included under the benefit limit of Accidental Death and Dismemberment (AD & D)

###Included under the benefit limit of Accident & Sickness Medical Expenses

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