



WITH YOU ALWAYS

Student Guard - Overseas Health Insurance Plan

Policy Number : 7101813791

Policy Schedule

Policy Holder Name	Ms ESHA HATEKAR
Policy Holder Address	A2-1502 PRISM SOCIETY, AUNDH Aundh PUNE MAHARASHTRA 411007
Policy Holder Contact No.	9607561110
Email ID	eshahatekar45@gmail.com
Customer GSTIN No.	

Policy Issue Date	14/06/2024
Insurance Plan	Ultimate
Zone	Worldwide Excluding USA/Canada
Travel Dates	From: 13/08/2024 To: 12/08/2025
Duration	365 days
Producer Code	0010805000

Travel assured, your journey is secure with us!

Thank you for choosing our Travel Insurance Policy.

Unlock Policy Details at Your Fingertips



Download now

TATA AIG App<https://taig.in/551c26a>

OR

You can also visit our website

www.tataaig.com

OR

WhatsApp us

[+91 9136160375](https://wa.me/919136160375)

Premium		
Premium	INR	12,859.00
IGST	INR	0.00
CGST	INR	1,157.00
SGST	INR	1,157.00
Total Premium	INR	15,174.00

For policy details,
Please scan the QR
code

Sr.No	Insured Name	Passport Number	Gender	Date Of Birth	Age	Nominee	Sponsor Name	Sponsor DOB	Sponsor Relation
1	Ms ESHA HATEKAR	Z7844241	Female	06/11/1998	25	Milind hatekar	Milind hatekar	13/08/1967	Father

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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

24x7 Toll Free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com

IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • Student Guard - Overseas Health Insurance Plan • UIN: TATTIOP23096V032223



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Agent/Intermediary Name	DIRECT
Agent/Intermediary License Code	TATA AIG
Agent/Intermediary Contact No.	18002667780
TATA AIG GSTIN	27AABCT3518Q1ZW
Service Accounting Code	9971

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Benefits	Maximum Coverage	Deductible
Checked Baggage Loss (Per Item 10% and Per Bag 50% Limit)*	\$2,000	
Baggage Delay~	\$150	After 12 hrs only
Accidental Death and Dismemberment	\$25,000	
Felonious Assault (AD & D)***	\$25,000	
Accident & Sickness Medical Expenses	\$2,50,000	\$100
Child Care benefits###	\$1,000	
Coverage for Pre-existing Conditions under A & S**###	\$2,500	
Maternity Benefit (Only Inpatient Treatment incl 1 month post Natal Cover) - Waiting Period - 10 Months###	\$2,000	
Ambulance Charges###	\$250	
Treatment for mental and nervous disorders: including alcoholism and drug dependency.###	\$1,000	
Cancer screening and mammography examinations###	\$1,500	
Physiotherapy###	\$500	
Sickness Dental Relief	\$400	\$100
Assistance	Included	
Emergency Medical Evacuation	\$15,000	
Repatriation of Remains	\$7,500	
Loss of Passport	\$250	\$30
Personal Liability	\$5,00,000	\$200
Study Interruption	\$15,000	
Sponsor Protection	\$20,000	
Compassion visit	\$7,500	
Bail Bond	\$5,000	
Hijack Cash Benefit (\$100 Per Day)	\$500	1 Day
Missed Connection/Missed Departure	\$750	\$75
Trip Delay (\$10 Per 12 Hrs.)	\$100	12 Hrs

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Fraudulent Charges (Payment Card Security)

\$1,500

Notes:

Notice of a medical condition/event must be provided to your assistance contact (see below) at time of care or as soon as possible after emergency care; failure to do so may affect benefits and coverage.

Cashless Settlements for Inpatient Treatment Abroad.

Reimbursement for outpatient medical expenses and travel emergencies.

#The benefits mentioned in this table are applicable for every single insured individually covered under this Policy. Sum insured is in USD (\$) wherever (\$) sign is mentioned and Coverage for Burglary is in INR.

**Pre-existing condition is covered only in case of life threatening unforeseen emergency.

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

~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% .

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

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

For complete set of benefits, terms & conditions, please refer to Policy wordings:

https://www.tataaig.com/s3/Student_Guard_Overseas_Health_Insurance_Plan_Policy_Wording_8198ba2303.pdf

Important : The coverage provided is subject to the details and declaration made in the proposal to the company and the attached Policy Wordings.

Declaration:

I/We hereby declare and state that all statements and information furnished in the proposal to the company and as captured in the above schedule of insurance are true and complete. If found that the said statements and information furnished/stated is incorrect or untrue in any respect or manner whatsoever, I agree and acknowledge that the insurance company shall not be liable in any manner whatsoever in respect of the insurance coverage under this Policy.

Consolidated Stamp Duty Paid to state exchequer

Signature of the Insured/Proposer: Ms ESHA HATEKAR

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In case you need any assistance please call or write to us:

For Cashless claims (For Insured only)	For Reimbursement Claims (For Insured Only)	US Medical Claims (For Providers Only)
<p>Customers calling from USA/Canada:</p> <ul style="list-style-type: none"> ☎ Please call: +1-833-440-1575 (Tollfree within US and Canada) ✉ Email : tata.aig@europ-assistance.in <p>Customers calling from countries other than USA/Canada & India:</p> <ul style="list-style-type: none"> ☎ Please call : +91 - 22 68227600 (Call back facility Available) ✉ Email : ea.tataclaims@europ-assistance.in 	<p>Claims Department :</p> <p>Tata AIG General Insurance company Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon (E), Mumbai, Maharashtra 400063.</p> <ul style="list-style-type: none"> 🌐 Visit our website : www.tataaig.com OR ✉ Email : customersupport@tataaig.com ☎ OR Call our 24x7 toll free helpline 1800-266-7780 (Accessible from all lines) OR 1800-22-9966 (Accessible from\BSNL/ MTNL Lines) 	<p>Plan Type: Ultimate Policy Certificate Number: 7101813791</p> <p>Mail Medical Claims to :</p> <p>Europ Assistance India Star Hub Building number 2, floor 7, Near ITC Maratha, Andheri E Mumbai - 400 059</p> <ul style="list-style-type: none"> ☎ Please call: +1-833-440-1575 (Tollfree within US and Canada) ✉ Email : tata.aig@europ-assistance.in 

Coverage of COVID - 19

We wish to bring it to the notice of our Overseas Travel Insurance customers, intermediaries, embassies, and consulates that this Policy offers coverage towards medical expenses related to COVID – 19, subject to policy terms and conditions.

Coverage for medical expenses is available up to the limits mentioned in the Policy Schedule for expenses incurred due to sudden and unexpected sickness or accident arising when insured is outside the Republic of India. Policy wordings can be referred for detailed terms and conditions.

Sum Insured: \$250000 per person (Sum Insured as per the plan opted)

Insured Name - 1 : Ms ESHA HATEKAR

Please get in touch with our customer support team at ✉ Email : customersupport@tataaig.com or call us at ☎ 1800 266 7780 for any clarifications/queries.

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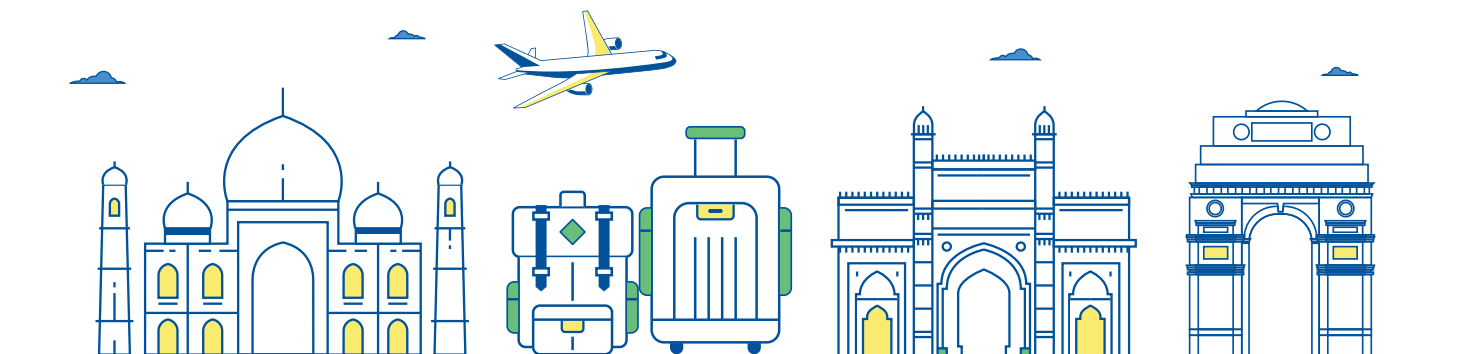
Student Guard - Overseas Health Insurance Plan

Policy Number : 7101813791

Policy Servicing Address

2ND FLOOR, CITI TOWER, 61, DR. S.S.RAO ROAD,,NEXT TO M.G.M HOSPITAL, PAREL(E), MUMBAI - 400012,MUMBAI - 400012,400012,MUMBAI

Regards,



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PROPOSAL FORM

1. This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of risk by us and receipt of premium.
2. The information declared by you in this form is the basis for issuance of the Policy.
3. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of the policy.

POS PAN No.*:
(Mandatory for POS Agent)

Proposal Form No. : PR/24/7100373280

Producer Name: DIRECT

Producer Code: 0010805000

Proposer Details

Proposer Name: Ms ESHA HATEKAR

Personal Details of person proposed for Insurance

Student Name: Ms ESHA HATEKAR

Date Of Birth: 06/11/1998

Gender: Female

Passport No: Z7844241

PAN Card No: APZPH8169K

In absence of Pan Card, please give details of any other authorised photo identification car Type and Number:

Pre-existing details (if any): Yes No If yes, Details:

Suffering since:

Residential Address: A2-1502 PRISM SOCIETY, AUNDH, Aundh,

City: PUNE

State: MAHARASHTRA

PIN: 411007

Tel. With area code: In India: 9607561110

While Overseas:

E-mail: eshahatekar45@gmail.com

Sources of funds (Tick where applicable): Salary Business If Others, please specify:Purpose of visit: Leisure Employment Business Study Others

Nominee Details

In the event of the death of the Proposer any payment due under the Policy shall become payable to the nominee in accordance with the Policy terms and conditions. The nominee must be an immediate relative of the Proposer. The nominee for all other Insured Persons proposed to be insured shall be the Applicant himself/herself

Nominee Name	DOB*	Relationship	Address
Milind hatekar		Father	

Travel Details

Single Trip Insurance: Plan A Plan B Ultimate Ultimate plus Supreme

Places of Study: SLOVAKIA (Slovak Republic)

Departure Date: 13/08/2024

Duration plan required for: 12/08/2025

Days: 365 days

Sponsor Details

Person Name: Milind hatekar

Date Of Birth: 13/08/1967

Gender:

Relationship with Student: Father

Residential Address: ,

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Sponsor Details

City:

State:

PIN:

Payment Details

Name of the Premium Payer: ESHA HATEKAR

Relationship with the proposer:

Premium Amount (in Rs.): 15,174.00

Instrument type: Cash Cheque Debit Card Credit Card Other, onlinePayment

Please make a Crossed Cheque/DD/pay Order in favour of 'TATA AIG General Insurance Company Limited' only.

BANK DETAILS

As per the Regulatory requirements, we can effect payment of refund / claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). For this purpose please submit the following details of the insured's bank account#

Name of the Account Holder:

Name of the Bank:

Branch:

Type of Account: SB Account Current Account Others (please specify):

Account Number :

IFSC Code of Bank :

If the premium cheque is not paid from the above mentioned account then a cancelled cheque leaf of the above mentioned account is to be attached. #mandatory if annualized premium is more than Rs.10,000

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/ We further declare that I/We will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory Authority.
- I authorize Tata AIG General Insurance Company Limited anesociate partners to contactmevia e-mail, phone or SMS.

Date: 14/06/2024

Place: MUMBAI

Ms ESHA HATEKAR
Signature of Proposer

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AML Guidelines:

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Nationality: Indian Non-Indian; If Non-Indian, please specify Country:

Type of Organization

- Corporations Governments Non-Governmental Organizations Society
 Trust Partnership International Organization Cooperatives Section 25 Company

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Signature of the Insured Person / Proposer: Ms ESHA HATEKAR

Date: 14/06/2024

Declaration : The content of this form along with product benefits, term/conditons and exclusions have been clearly explained to me. I/We have understand these and confirm to abide by the policy term and conditions.

Signature of the Proposer: Ms ESHA HATEKAR

Name & Signature of agent/intermediary: DIRECT

Code: 0010805000

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AGENT DECLARATION

I, DIRECT (Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company

License No.(Intermediary/Corporate TATA AIG Agent/Broker/Relationship Officer)

Name of the specified Person and code DIRECT and 0010805000

Place :MUMBAI

Date :14/06/2024

Signature of Agent :DIRECT

Vernacular Declaration

(Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer:

Ms ESHA HATEKAR

Name & Signature of agent / intermediary:

DIRECT

Prohibition of Rebates - Section 41 of the 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 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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Disclaimer: Insurance is a subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please refer sales brochure / policy wording carefully, before concluding a sale.

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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CUSTOMER INFORMATION SHEET

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

S.No.	Title	Description	Refer to Policy Clause Number
1.	Name of the Insurance Product / Policy	Student Guard - Overseas Health Insurance Plan	
2.	Policy Number	7101813791	
3.	Type of Insurance Product/Policy	Both Indemnity and Benefit	
4.	Sum Insured	Sum Insured Basis: Individual Sum Insured Sum Insured Amount: As per Sum Insured mentioned in Policy schedule	
5.	Policy Coverage (What the Policy Covers?)	<p>Section 1: Accidental Death and Dismemberment (Including Felonious Assault) - coverage for Death and Dismemberment arising due to an Accident or due to felonious assault while the insured is abroad.</p> <p>Section 2: Accident & Sickness Medical Expenses - provides coverage for medical expenses incurred towards the treatment due to accidental injuries/sickness.</p> <p>Special Extensions -</p> <ul style="list-style-type: none"> • Coverage for Pre-existing Conditions - Medical expenses due to Pre-existing Condition 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 condition would be reimbursed. The treatment for these emergency measures would be paid till the insured becomes medically stable or is relieved from acute pain. • Maternity Benefit - Coverage is towards Inpatient Medical expenses related to 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. • Childcare benefits - Coverage is towards the hospitalization of a child who is in between the age of 7 days - 90 days, and is hospitalized for 2 days or more for any ailment. • Treatment for mental and nervous disorders, including alcoholism and drug dependency 	

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- **Cancer screening and mammography examinations** - Coverage is towards reasonable and customary charges incurred for the Cancer Screening and mammographic examination which are done on recommendation of a physician. Any tests done as a part of preventive health check-up are not included under this benefit.
 - **Physiotherapy** - Coverage is for the ongoing physiotherapy to treat a disablement due to an accident unless this is recommended in writing by the treating registered medical practitioner.
- Section 3: Sickness Dental Relief** - provides coverage for the medical expenses incurred whilst overseas towards the treatment of sudden acute pain of Sound natural tooth which requires immediate dental treatment. Coverage of such expenses is limited to within 30 Days of date of the first treatment.
- Section 4: Assistance** - Medical Assistance, Medical Evacuation, Repatriation, Legal Assistance, Lost Luggage or Lost Passport, General Assistance, Pre-Departure Services, Emergency Travel Agency.
- Section 5: Emergency Medical Evacuation** - Medical evacuation of insured to nearest hospital or back to India for medical treatment subject to the certification by treating Physician that the severity or the nature of the Injury or Sickness warrants Emergency Evacuation.
- Section 6: Continuing Treatment (following Medical Evacuation to your Country of Origin)** - coverage for continuing medical treatment following the repatriation to country of origin provided claim under section 2 (ACCIDENT & SICKNESS MEDICAL EXPENSE) is accepted. Coverage is applicable for 60 days from the date of your return to your Country of origin up to the amount shown in the table of benefits.
- Section 7: Repatriation of Remains** - covers cost of repatriating mortal remains of the insured to India.
- Section 8: Baggage Loss (Common Carrier)** - covers loss, in the case of permanent loss of an entire piece of Checked Baggage, held in the care, custody and control of a Common Carrier, due to theft or due to misdirection by a Common Carrier or due to non- delivery at its destination while insured is a ticketed passenger on the Common Carrier
- Section 9: Baggage Delay** - We will reimburse You for the expense of necessary personal effects, if Your Checked Baggage is delayed or misdirected by a Common Carrier from the time You arrive at the destination stated on Your ticket.
- Section 10: Loss of Passport** - coverage for necessary and reasonable expenses for obtaining a duplicate or new passport.

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Section 11: Personal Liability - covers damages for claims legally filed on insured against property damage and medical expenses to others as a result of bodily injury caused by insured in an accident.

Section 12: Study Interruption - provides reimbursement of un used tuition fees if Insured suffers any of the following condition and is not able to continue his/her studies for the remaining part of a school semester for which Tuition has been paid.

- insured is hospitalized for more than one consecutive month for covered Injury / sickness or
- in case of terminal illness or
- in case medical repatriation or
- in case of death of immediate family member

Section 13: Sponsor Protection - In the event of injury to the Insured Person's Sponsor resulting in Death or Permanent Disablement, 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.

Section 14: Compassion Visit -

(a) Visit by Immediate Family Member If you are hospitalized for more than seven (7) consecutive days, we will cover the cost of a round trip economy class air ticket and accommodation expenses for an immediate family member to be at your bedside.

(b) Visit by Student In the event of death or hospitalization of your parents(s)/ spouse/child(ren) for more than Seven (7) consecutive days, we will cover the cost of a round-trip economy class air ticket if you are required to visit your home country.

Section 15: Bail Bond - covers bail bond cost 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 - distress allowance if insured's common carrier has been hijacked.

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.

Section 18: Trip Delay - coverage for additional expenses if insured trip is delayed for more than 12 hours due to inclement weather, strike with common carrier or equipment failure of the common carrier.

Section 19: Fraudulent Charges (Payment Card Security) - we will reimburse the unauthorized charges that you are responsible for on your lost or stolen payment card.

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IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • Student Guard - Overseas Health Insurance Plan • UIN: TATTIOP23096V032223



WITH YOU ALWAYS

Student Guard - Overseas Health Insurance Plan

Policy Number : 7101813791

6.	Exclusions (what the policy does not cover)	<p>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:</p> <ol style="list-style-type: none"> 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 Condition 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: <ol style="list-style-type: none"> a) suicide or attempted suicide b) willful self-inflicted illness or injury except injury in self-defense 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 	Exclusions
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		<p>11. ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or</p> <p>12. the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or</p> <p>13. External congenital anomalies or any complications or conditions arising therefrom; or</p> <p>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.</p> <p>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</p> <p>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;</p> <p>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</p> <p>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.</p> <p>19. Any Unproven / Experimental treatment, non-allopathic treatment, including but not limited to Ayurvedic, Homeopath or naturopathy treatments.</p> <p>20. Any non-medical expenses (list enclosed- Annexure - I)</p>	
7.	Policy Servicing	<p>Waiting period of 10 months from the effective date of Policy for 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 Extensions Point 1)</p>	Benefits Covered under the Policy

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8.	<p>Financial Limits of Coverage</p> <ul style="list-style-type: none"> • Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) • Deductible (It is a specified amount): <ul style="list-style-type: none"> - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) 	Please refer to point no. 4	General Terms and Clauses
9.	Claims/Claims Procedure	<p>Turn Around Time (TAT) for claims settlement: 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</p> <p>For Excluding Americas Policies: Call: +91 - 22 68227600 Email - EA.TATAclaims@europ-assistance.in</p>	General Terms and Clauses

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		<p>While in India</p> <p>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)</p> <p>Call these local helpline numbers in your respective cities from any other line:</p> <p>Mumbai - 66939500, Delhi - 66603500, Bangalore - 66272829, Pune - 66014156, Chennai - 66841050, Hyderabad - 66629882, Ahmedabad - 66610201</p> <p>Email: general.claims@tataaig.com</p> <p>Write to:</p> <p>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</p> <p>Visit the Website: www.tataaig.com</p> <ul style="list-style-type: none"> Claims for which prior intimation has not been given to the Assistance Companies must be lodged with TATA AIG within 30 days. However, it is advisable to register a claim abroad by informing the assistance companies on the applicable numbers (refer the policy certificate or the numbers as given above for the same). <p>Please note that issuance of claim reference number and claim form is not an admission of liability for any claim</p> <p>Claim form Website link -</p> <p>https://www.tataaig.com/downloads</p>	
10.	Policy Servicing	<p>Company Officials :</p> <ul style="list-style-type: none"> If you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1800-266-7780 or Senior Citizen No. 1800 22 9966 (tolled) or you may email to the customer service desk at customersupport@tataaig.com 	Redressal of Grievance
11.	Grievances/ Complaints	<p>IRDAI :</p> <ul style="list-style-type: none"> In case of no reply from Us within 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number 155255 (or) 1800 4254 732 or send email to complaints@irdai.gov.in <p>Ombudsman :</p> <ul style="list-style-type: none"> Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com). 	Redressal of Grievance

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12.	Things to remember	<p>Free Look Period:</p> <p>(a) Single Trip Insurance - Free look period is not applicable.</p> <p>(b) Annual Multi Trip Insurance - You have a period of 15 days from the date of receipt of the Policy document 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.</p> <p>Renewal Conditions:</p> <p>(i) The 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 Rs 350/- by Us.</p> <p>(ii) Annual Trip Insurance - The Annual Trip Insurance may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal.</p> <ul style="list-style-type: none"> • 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 • The policy shall be ordinarily renewable upon payment of premium unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or due to non- cooperation by the Insured or any misrepresentation under or in relation to this policy or poses a moral hazard. • Grace period in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received • We may extend the renewal automatically if opted by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms and paid the premium 	General Terms and Clauses
13.	Your Obligations:	<ul style="list-style-type: none"> • Please disclose all condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy. 	General Terms and Clauses

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Declaration by the Policy Holder : Ms ESHA HATEKAR

I have read the above and confirm having noted the details.

Place: Ms ESHA HATEKAR

Date: (Signature of the Policyholder)

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail .

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