Travel Guard Plus

TATA AIG INSURANCE
WITH YOU ALWAY

POLICY SCHEDULE

Agent/ Intermediary name: DIRECT **Agent/Intermediary code/ License Number:** 0010805000 **Agent/Intermediary Contact No.:** 18002667780	**Policy Issuing Office** : MUMBAI **Policy Servicing Office**: MUMBAI **Proposal No**: PR/24/7100509121	For policy details, Please scan the QR code
Policyholder name: Mr Rishi khiani	**Policy Number**: 7101939645	
Address: 23 Beach View, Breach candy, , MUMBAI, MAHARASHTRA, India, 400026	**Purpose of Trip**: Personal	
Trip Duration: 16 **Maximum No. of Trip days**:	**Type of Policy**: Single Trip **Visa Type**: Non Immigrant	
Zone of visit: Worldwide Including USA/Canada	**Countries of visit**: UNITED STATES OF AMERICA	
Flight Details:	**Customer GSTIN No**:	
Plan Opted: Silver Plus	**Sublimit**: Without Sublimit	
Policyholder E-mail id: rishi@kaam.com	**Policyholder Contact No**: 9819090300	
Number of Insured Person(s): 2	**Policy Issue Date** : 19/08/2024	
Type of Cover: Individual		
Policy Period Start Date : 20/08/2024	**Policy Period End Date** : 04/09/2024	

INSURED PERSON'S DETAILS :

Sr No.	Name	Sex	DOB	Age	Passport No.	Relation with Proposer	Pre-Existing Condition (YES/No)	Pre-existing Conditions (If yes)	Suffering since(if yes to Pre-existing Conditions)
1	Mr rishi khiani	Male	12/08/1974	50	Z4233667		No		
2	Ms Sharina Suresh Malkani	Female	31/03/1976	48	Y5735846		No		

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 preferably should be an immediate relative of the **Insured Person**. The nominee for all other **Insured Persons** proposed to be **Insured Persons** shall be the Applicant himself/herself unless declared otherwise

Nominee Name	Date of Birth	Relationship with the Proposer	Address of the Nominee
Aashir Khiani		Son	
Aashir Khiani		Son	

SCHEDULE OF BENEFITS:

Coverages	Sum Insured	Deductible
Medical Expenses- Injury and / or Illness	Unlimited Sum Insured with USD 1,00,000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED upto USD 5,000 Sum insured- life threatening conditions	USD 100
Emergency Medical Evacuation	Upto Section - Medical Expenses- Injury and / or Illness Sum Insured	
Repatriation of Mortal Remains	25% of Section - Medical Expenses- Injury and / or Illness Sum Insured (over and above)	
Accidental Death & Disablement(Overseas)	AD:USD 10,000, Disablement:USD 10,000, Total - USD 10,000	
Emergency Medical Dental Expenses	USD 400	USD 50
Delay of Checked-in Baggage	4 hours delay : USD 40	
Loss of Checked-in Baggage	USD 200	
Loss of Passport	USD 250	USD 25
Personal Liability	USD 1,00,000	USD 200
Trip Curtailment	USD 500	USD 50
Trip Cancellation	USD 500	USD 50
Missed Flight/Connection	USD 250	
Bounced Hotel / Airline booking	USD 500	USD 50
Fraudulent Charges	Per Occurrence Limit USD 250; Aggregate Limit USD 500	
Emergency Extension of the Policy	7 days	
Home Content Burglary (In Rs.)	INR 1,00,000	INR 5000
Hijack/Kidnap Daily Allowance	USD 75(Per 12 hours max 10 days)	
Accommodation Extension	USD 250 per day Max upto 10 days	
Loss of International driving license	USD 100	
Flight Cancellation	USD 75	

Premium Details	
Gross Premium (pre-tax) - Base Plan	4201.4
Total Premium (pre-tax) before discount(s)	4201.4
Discount as applicable (Family)	105.0
Final Premium (pre-tax)	4096.4
CGST (9%)	368.7
SGST (9%)	368.7
Final Premium (post-tax)	4833

Conditions/Sublimits (if any):

- For full Terms and Conditions please refer to our Policy Wordings on our website www.tataaig.com.
- Smart Payment (Flight Delay and Flight Cancellation) - Not applicable
- As per benefit and add on and premium as received by Company The Coverage available under the **Policy is as mentioned in this Policy Schedule.**
- Cashless Settlements for Inpatient Treatment Abroad.
- Reimbursement for outpatient medical expenses and travel emergencies.

Special Conditions (if any):

Assistance Company Details: Europ Assistance India Pvt. Ltd

Claims Administrators Details:

For Cashless claims (For Insured only)	For Reimbursement Claims (For Insured Only)	US Medical Claims (For Providers Only)
Customers calling from USA/Canada:	**Claims Department :**	Plan Type : Silver Plus
Please call: +1-833-440-1575 (Tollfree within US and Canada)	TATA AIG General Insurance Company Ltd.	Policy Certificate No.: 7101939645
Email : tata.aig@europ-assistance.in	7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon (E), Mumbai, Maharashtra 400063.	
		Mail Medical Claims to the below address:
Customers calling from countries other than USA/Canada & India:	Visit our website : www.tataaig.com OR	Europ Assistance India Pvt. Ltd., Star Hub Building number 2, Floor 7, Near ITC Maratha, Andheri E Mumbai – 400 059
Please Call : +91 - 22 68227600 (Call back facility Available)	Email at customersupport@tataaig.com	Please call : +1-833-440- 1575 (Tollfree within US and Canada)
Email : ea.tataclaims@europ-assistance.in	OR	Email id : tata.aig@europ-assistance.in
	Customers calling from India: Please call our toll free helpline number 1800-266-7780 (24x7).	
	OR 1800-22-9966 (Accessible from BSNL/MTNL Lines)	
	For Customers calling from outside India: Please Call : +91 22 66939500	

GSTIN : 27AABCT3518Q1ZW - MUMBAI

Service Accounting Code : 9971

Policy servicing address : 2ND FLOOR, CITI TOWER, 61, DR. S.S.RAO ROAD,,NEXT TO M.G.M HOSPITAL, PAREL(E), MUMBAI - 400012,MUMBAI - 400012,62606600,400012,MUMBAI

Policy Servicing/Grievances/Complaints:
The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint / claim, please feel free to call our 24X7 Toll free number 1800-266-7780 or you may email to the customer service desk at customersupport@tataaig.com.. Senior citizens can call our dedicated line at 1800 22 9966. Please refer The Company's website for the detailed grievance redressal policy.

Prohibition of Rebates – Section 41 of Insurance Act, 1938 as amended by Insurance Laws I (Amendment) Act, 2015.

- 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
- 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

Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please read policy wordings carefully before concluding a sale.

For Tata AIG General Insurance Company Limited

Digitally Signed by: Malpa Devi Maharana
Date: 19/08/2024
Location: Mumbai

Place: MUMBAI

Stamp Duty Registration Details :
Consolidated Stamp Duty has been paid to the State Exchequer

Policy / Schedule No. : 7101939645 Date Issued : 19/08/2024

Coverage of COVID - 19

With reference to outbreak 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 : $100000 per person (Sum Insured as per the plan opted)

Insured Name-1 : Mr rishi khiani

Insured Name-2 : Ms Sharina Suresh Malkani

Please get in touch with our Customer Support team at www.customersupport@tataaig.com or call us at 1800 266 7780 for any clarifications/queries.

PROPOSAL FORM

(Please write in BLOCK letters and use black ink. To help us serve you better, kindly ensure that the form is completely filled.)

POS PAN no.*:
(Mandatory for POS Agents, wherever applicable)

Proposal form No. : PR/24/7100509121

Branch/office Code: 90200

Policy Issuing Office: MUMBAI

Policy Servicing Office: MUMBAI

Agent/ Intermediary Name: DIRECT

Agent/Intermediary Code : 0010805000

Agent/Intermediary Contact No: 18002667780

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 and receipt of Premium by Us.
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 form and also might lead to cancellation of the Policy.

PROPOSER DETAILS

Name of the Proposer: Mr Rishi khiani

Date Of Birth: 12/08/1974 Gender: Male

PAN Card No: ADAPK6640B

Residential Address: 23 Beach View, Breach candy, , MUMBAI, MAHARASHTRA

Pincode: 400026 Tel. With area code in India:

While Overseas:

Email: rishi@kaam.com

Are you a TATA Employee, If so Employee number:

Do / Did you have any Health or Motor Policy with us in the immediately preceding one year*. If so, please provide policy number and policy period for Loyalty Discount:

Source of funds: ☐ Salaried ☐ Business ☐ If others, please specify details:

Travel Details

Purpose of visit: ☑ Personal ☐ Business

Trip is: ☑ Worldwide ☐ Worldwide Excluding USA and Canada ☐ Schengen countries

Country(ies) of Visit: UNITED STATES OF AMERICA

Departure from India: 20/08/2024 Return to India: 04/09/2024

Flight Details:

Details of Persons proposed for Insurance:

Sr No.	Name	Sex	DOB	Passport No.	Aadhar Card/PAN Card Details	Relation with Proposer	Pre-Existing Condition (YES/No)	Pre-existing Conditions (If yes)	Suffering since(if yes to Pre-existing Conditions)	Residential Address	Plan
1	Mr rishi khiani	Male	12/08/1974	Z4233667	ADAPK6640B		No				Silver Plus
2	Ms Sharina Suresh Malkani	Female	31/03/1976	Y5735846	ADAPK6640B		No				Silver Plus

Do you want Physical Copy of this Policy document? No

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 preferably should be an immediate relative of the **Insured Person**. The nominee for all other **Insured Persons** proposed to be **Insured Persons** shall be the Applicant himself/herself unless declared otherwise

Nominee Name	DOB	Relationship with the Proposer	Address of the Nominee
Aashir Khiani		Son	
Aashir Khiani		Son	

Note:

Please note the following.

- The Sublimits are applicable for the Age of 56 years onwards as per table below. You can opt for plans with no Sublimits (Except Titanium and Titanium Plus) by paying additional premium.
- The Sublimits are applicable for same **illness/injury** in case of **Hospitalisation, Day Care Treatment and OPD treatment**
- The Sublimits under this benefit are not applicable for plans of Schengen Countries (plans where Schengen Countries are mentioned in Geographical Scope)
- Plan -
  a. Individual / Family
     1. The maximum persons that may be covered under a Policy shall be 6.
     2. Family means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Eligible Children and/or, Insured Person's parents and parents-in-law.
     3. ligible Children refer to named dependent children including adopted and step children of the Insured Person between Ages three (3) months twenty five (25) years who are unmarried, who permanently reside with the Insured Person, and receive the majority of maintenance and supp from the Insured Person
  b. Single Trip / Annual Multi Trip: Single Trip
     If Multi-Trip, please provide No of days required (30/45/60/90/120/150/180 days) Days
  c. With sub-limits / Without sub-limits: Without Sublimit
  d. Plan required: Silver Plus Silver/ Silver Plus/ Silver Plus – Plan A / Silver Plus – Plan B/Gold/ Gold – Plan A / Gold – Plan B/ Platinum/ Platinum – Plan A / Platinum – Plan B/ Titanium / Titanium Plus / Instant Gratification / Copper / Senior/ Senior Plus/ Super Senior*
  e. Add-on Bundle: (You can opt one or more as per requirement)*
  f. Optional Assistance Services: ☐ Yes ☑ No

*For more details on the Plans please refer Annexure 1 below.

Proposer's Bank Deatils

Name of the Bank Account Holder: Mr Rishi khiani

Bank Account No. &Account Type:

Name of the Bank:

Branch

MICR Code :

(9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code:

(11 character code appearing on your cheque leaf)

(I understand that any refund due on the premium payment to be directly credited to my aforesaid Bank Account.)

Premium Payment Details:	
Payment by:	OnlinePayment
Amount:	4833
	(Amount in words: Four Thousand Eight Hundred and Thirty Three)
Bank Name:	HSBC BANK
Cheque No./DD No.	
Name of the Cardholder	
Cheque/DD date:	2024-08-19 06:49:35
Name of the Premium Payer:	RISHI KHIANI
Details of NEFT/IMPS/UPI/Wallet	OnlinePayment

In case of payment made through Cheque/DD then please issue an A/c payee instrument in favour of "Tata AIG General Insurance Company Limited"
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 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 am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the 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 further declare that I 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 declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share information/data/details provided by me to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement.

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: Mr Rishi khiani

Name & Signature of agent/intermediary: DIRECT Code: 0010805000

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: Mr Rishi khiani

Name & Signature of agent/intermediary: DIRECT

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: NA

Type of Organization making the payment (Please tick)

☐ Limited Company ☐ Government organization ☐ Non-Governmental Organization (NGO) ☐ 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 Proposer: Mr Rishi khiani Date: 19/08/2024

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 Agent/Broker/Relationship Officer)

Name of the specified Person and code: DIRECT & 18002667780

Place: MUMBAI Date: 19/08/2024

Signature of 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

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.

ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Application Number: Date: 19/08/2024

Name of the Proposer: Mr Rishi khiani

We acknowledge with thanks the receipt of your application for TRAVEL GUARD PLUS, TATA AIG General Insurance Company Limited and amount by cash / cheque / Demand Draft / others OnlinePayment of amount of Rs. 4833 Neither the submission to us of the proposal form nor any payment towards this proposal form obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a proposal form for insurance, it shall be subject to the policy terms and conditions and the risk commencement date shall be on or after the realization of full premium amount. Where the premium is paid in instalment all instalments should be received by us on or before their due dates and our liability to make any payment under the policy shall only accrue post receipt of all instalments. We shall have no liability to accept the proposal in the event of non-fulfillments of additional information requested by us or to make any payment if proposal is under process & claim arises in the interim period before the decision on the proposal is given by us.

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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	Travel Guard Plus	
2.	Policy Number	7101939645	
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	

Coverages	Sum Insured	Deductible
Medical Expenses- Injury and / or Illness	Unlimited Sum Insured with USD 1,00,000 per incident\loss, arising out of the same illness/injury. Maximum liability - PED upto USD 5,000 Sum insured- life threatening conditions	USD 100
Emergency Medical Evacuation	Upto Section - Medical Expenses- Injury and / or Illness Sum Insured	
Repatriation of Mortal Remains	25% of Section - Medical Expenses- Injury and / or Illness Sum Insured (over and above)	
Accidental Death & Disablement(Overseas)	AD:USD 10,000, Disablement:USD 10,000, Total - USD 10,000	
Emergency Medical Dental Expenses	USD 400	USD 50
Delay of Checked-in Baggage	4 hours delay : USD 40	
Loss of Checked-in Baggage	USD 200	
Loss of Passport	USD 250	USD 25
Personal Liability	USD 1,00,000	USD 200
Trip Curtailment	USD 500	USD 50
Trip Cancellation	USD 500	USD 50
Missed Flight/Connection	USD 250	
Bounced Hotel / Airline booking	USD 500	USD 50
Fraudulent Charges	Per Occurrence Limit USD 250; Aggregate Limit USD 500	
Emergency Extension of the Policy	7 days	
Home Content Burglary (In Rs.)	INR 1,00,000	INR 5000
Hijack/Kidnap Daily Allowance	USD 75(Per 12 hours max 10 days)	
Accommodation Extension	USD 250 per day Max upto 10 days	
Loss of International driving license	USD 100	
Flight Cancellation	USD 75	

5.	Policy Coverage (What the Policy Covers?)	**Base Covers:** 1. Medical Expenses – If during an Insured Journey while this Policy is in effect, You sustain an Injury or Illness, we will reimburse the Reasonable and Customary Charges in respect of the covered Medical Expenses during the Hospitalization or Day Care Treatment or OPD treatment (including any tele-medicine) 2. Repatriation Of Mortal Remains: In the unfortunate event of death, we will reimburse for covered expenses reasonably incurred to repatriate your body from the place of death to your usual place of residence in India. 3. Accidental Death and Disablement: We will pay the Sum Insured in case of Death and Dismemberment arising due to an Accident while you are on Insured Journey. 4. Emergency Medical Dental Expenses: We will reimburse You for Dental Benefits taken during the Insured Journey. It will also reimburse the expenses incurred for the same incident upto 30 Days from the date of first treatment, after the payment of the Dental Benefits. 5. Delay Of Checked-In Baggage: We will pay the Sum Insured if the Checked Baggage is delayed or misdirected by a Common Carrier subject to the time-based deductible	Benefits Covered under the Policy

		6. Loss Of Checked-In Baggage: We will pay the Sum Insured in the case of permanent loss of an entire piece of Checked-in Baggage held in the care, custody and control of a Common Carrier 7. Loss Of Passport: We will reimburse You for necessary and reasonable expenses towards the prescribed fee payable to the concerned authorities for issue of an emergency certificate and/or the cost for applying for the passport in India. 8. Personal Liability: We will indemnify You against Your actual legal liability including the defence costs incurred or which You are liable to pay to a third party for the third party's bodily injury or property damage due to an incident while you are on Insured Journey 9. Flight Delay: We will pay the Sum Insured if the flight on which the Insured is travelling is delayed from its Scheduled time of Departure. 10. Trip Curtailment: We will reimburse You covered expenses for necessary curtailment (Shortening and / or alteration) of the insured journey and You have to directly return to Usual place of residence. 11. Trip Cancellation: We will reimburse the non-refundable travel ticket cost and / or accommodation costs in case of your overseas Insured Journey is cancelled prior to scheduled departure from India. 12. Missed Flight/Connection: We will reimburse You the non-refundable travel ticket costs if You miss any flight whilst on your Insured Journey. 13. Bounced Hotel / Airline Booking: We will reimburse You for actual additional and reasonable expenses incurred for booking alternative flight or accommodation arrangements in case of bounced booking of pre-booked accommodation or flight. 14. Fraudulent Charges: We will reimburse You for the unauthorized charges on Eligible Card, upto twelve (12) hours prior to first reporting of the event to the issuer, if the charges are made on Eligible Card when it is Lost or Stolen whilst on an Insured Journey. 15. Emergency Extension: Extension of the Policy Period is granted upto a period of days from the Policy Period End date, if the extension is deemed necessary while you are on Insured Journey 16. Home Content Burglary: Will reimburse You for the repair cost, in case of partial loss or replacement cost for a similar item, in case of total loss of the Contents at Your Home, caused by Burglary and/or attempted Burglary during Your Insured Journey. Usual Place of Residence in India 17. Hijack/Kidnap Daily Allowance: We will pay You the Sum Insured for every 12 hours period up to the maximum number of Days for distress allowance if You are kidnapped or the Common Carrier in which You are travelling is hijacked while you are on Insured Journey. 18. Accommodation Extension: We will reimburse You the reasonable expenses for additional accommodation expenses while you are on Insured Journey if You are unable to travel on the Scheduled Date of Departure 19. Loss Of International Driving License: Will pay the Sum Insured, for obtaining duplicate international driving license either overseas or within 30 Days upon return to the Usual Place of Residence in India, if You lose Your international driving license whilst on Insured Journey. 20. Flight Cancellation: We will pay You the Sum Insured in the event of cancellation of scheduled departure of the international flight whilst on Insured Journey. 21. Loss Of Personal Baggage: We will reimburse You the purchase cost of the lost Personal Baggage arising out of Theft or Burglary, when in Your custody, whilst on Insured Journey	

		22. Personal Accident in India: We will pay for Death and Disablement arising due to an Accident while on Insured Journey in India 23. Compassionate Travel/Stay: We will reimburse You for the actual cost of the to and fro economy class ticket and accommodation for one of Your Immediate Family Member to attend to Your medical emergency during Your Insured Journey 24. Loss Of Cash: We will reimburse You for any loss of currency arising out of Theft or Robbery during Insured Journey 25. Up-Gradation to Business Class: We will reimburse You the actual expenses incurred for up-gradation of Your existing economy class air ticket to a business class air ticket in the event of insured getting hospitalized during his insured journey. 26. Rental Vehicle Cover: We will reimburse You for rental vehicle excess in case Your rental vehicle is stolen, damaged or involved in a collision. It also covers the towing fees for the rental vehicle while you are on Insured Journey 27. Rental Vehicle Return: We will reimburse You for the delay charges levied as per vehicle hiring agreement by the rental company if the rental vehicle in Your custody meets with accident, is damaged or is involved in a collision which directly results in a delay while you are on Insured Journey 28. Alternative Transport Expenses: We will reimburse You the cost of alternate transport taken due to shortened or diverted Scheduled Transport Arrangement while you are on Insured Journey. 29. Pandemic Cover: We will pay You the Sum Insured in the event You are diagnosed with, and are required to Quarantine Yourself during the Policy Period whilst on Insured Journey, due to the same Illness which has been declared as a pandemic by the appropriate government authority or the World Health Organization. 30. Hospital Daily Cash: We will pay You the Sum Insured for each continuous and completed 24 hours of hospitalization while you are on Insured Journey 31. Missed Booking: We will reimburse You the covered expenses for non-refundable amount of the overseas Event ticket or Non-refundable unused portion of travel tours / packages excluding accommodation costs if You are not able to attend the pre-booked Event or commence tours/packages due to non-commencement of Insured Journey. 32. Visa Rejection: We will reimburse You the Visa Fee paid by You for the Insured Journey, if Your Visa is rejected for no fault or negligence of yours	
		Add On Bundles: **1. Cruise Bundle** a. Missed Cruise: We will reimburse You for non-refundable travel ticket costs if You miss any cruise while you are on overseas Insured Journey. b. Common Carrier – Cruise Interruption: We will reimburse You the expenses incurred towards any alternate travel bookings made due to any unexpected Injury or Illness to You while on a Cruise, resulting in Your Hospitalization on dry land while you are on overseas Insured Journey	

		2. Travel Plus Bundle a. Accompaniment Of Minor Child: We will reimburse You for actual cost of a round trip economy airfare ticket on a Scheduled Airline from India for Your Immediate Family Member designated by Your Eligible Family to bring Your Child back to residence in India b. Frequent Flyer Cover: We will reimburse You for the amount, equivalent to the conversion factor of the frequent flyer/reward program service provider, if your Insured Journey is cancelled c. Loss To Electronic Portable Items We will reimburse You the replacement cost for an item of similar make and model, in the event of theft of Your Electronic Portable Items, during the Policy Period, whilst on the Insured Journey. **3. Accident Bundle** a. Lifestyle Modification Cover: We will reimburse You for the cost of artificial limbs and any modifications to Your home or vehicle necessitated due to disablement arising as a result of an Accident whilst on an overseas Insured Journey b. Child Education Benefit: We will pay the Sum Insured for the education of the surviving Eligible Children of the Insured, in case of the death of the insured while on overseas Insured Journey c. Coma Cover: We will pay the Sum Insured in case the Insured is in a comatose state due to an accident while on overseas Insured Journey d. Adventure Sports: It provides coverage for expenses arising out of any Injury suffered while participating in Adventure Sports, in a non-professional capacity and performed under expert supervision of trained professionals whilst on an overseas Insured Journey **Optional Assistance Services:** Care at Home: It provides medical assistance to your family members at home while You are Overseas Automated Luggage Tracking Service: It provides assistance in tracking your checked-in luggage if it is delayed when you are on Insured Journey. Lost and Found Passport Service: It provides assistance in tracking your passport if it is lost while you are overseas.	
6.	Exclusions (what the policy does not cover)	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/Medical Practitioner 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; 2. Any Pre-existing Condition or any complication arising from it unless in case of Life-Threatening Condition. 3. Any claim of Insured Person arising from: a. suicide or attempted suicide b. will-full self-inflicted illness or injury except injury in self-defense or to save life; or 4. Any claim arising from Adventure Sports, unless expressly covered under any particular Benefit; 5. Any claim of the Insured Person arising from sexually transmitted conditions;	Exclusions

		6. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalisation of the Insured Person arising or resulting from the Insured Person committing any breach of law with criminal intent; 7. The Insured Person whilst being under the influence of intoxicating liquor or drugs or other intoxicants, suffers Injury / Accident, except where the Insured Person is not directly responsible for the Injury / Accident though under influence of intoxication; 8. Where the Insured Person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or the Scheduled Airline; 9. Any claim for death or disablement (whether of a permanent nature or of a temporary nature) or Hospitalisation of the Insured Person, due to war (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds; 10. Any claim resulting or arising from or any consequential loss caused by or contributed to or arising from: a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. b. Nuclear weapon material. c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. d. Nuclear, chemical and biological terrorism; 11. Performance of manual work for employment or any other potentially dangerous occupation; 12. Congenital Anomalies or any complications or conditions arising therefrom; 13. Osteoporosis (porosity and brittleness of the bones due to loss of protein form the bones matrix) or pathological fracture (any fracture in an area where Pre-existing Condition has caused the weakening of the bone), if osteoporosis or pathological fracture diagnosed prior to the Policy Period, unless arising out of an Injury; 14. Any claim due to the pregnancy of the Insured Person including resulting childbirth, miscarriage, abortion or complication of any of these except complications in pregnancy due to Accident of the Insured Person during the Insured Journey; 15. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law; 16. Liability arising out of the Insured Person's engagement in any criminal or illegal act; 17. Any claim incurred outside the territorial limits of the Geographical Scope or the Insured Journey that are mentioned in the Policy Schedule; 18. Any non-Medical Expenses (list enclosed - Annexure I); 19. Individuals travelling on immigrant visa beyond 120 Days.	
7.	**Waiting Period**	Not Applicable	

8.	**Financial Limits of Coverage** • Deductible (It is a specified amount): o Up to which an insurance company will not pay any claim, and o Which will be deducted from total claim amount (if claim amount is more than the specified amount)	**Deductibles:** 1. Medical Expenses- Injury and / or Illness and Emergency Medical Evacuation: USD 100 2. Emergency Medical Dental Expenses: a. Silver, Silver Plus, Silver Plus - Plan A, Silver plus - Plan B, Gold, Gold -Plan A, Gold - Plan B, Platinum, Platinum - Plan A, Platinum - Plan B, Titanium and Titanium Plus - USD 50 b. Senior and Senior Plus - USD 75 3. Delay of Checked-in Baggage - 4 Hours 4. Loss of Passport - USD 25 5. Personal Liability: a.Silver, Silver Plus, Gold, Senior, Senior Plus Copper- Non-Medical and Super Senior - USD 200 b.Platinum, Titanium and Titanium Plus - USD 250 6. Flight Delay: 4 Hours 7. Trip Curtailment: a. Silver, Silver Plus, Silver Plus - Plan B, Copper Non-Medical Plan - USD 50 b. Gold, Gold Plus - Plan B - USD 75 c. Platinum, Platinum - Plan B, Titanium, Titanium Plus, Senior, Senior Plus and Super Senior - USD 100 8. Trip Cancellation: a. Silver, Silver Plus, Silver Plus - Plan B, Gold, Gold -Plan B, Senior, Senior Plus and Super Senior, Copper Non-Medical Plan - USD 50 b. Platinum, Platinum - Plan B, Titanium and Titanium Plus - USD 100 9. Bounced Hotel and Airline Booking: a. Silver, Silver Plus, Silver Plus - Plan B, Senior, and Super Senior - USD 50 b. Gold, Gold -Plan B and Senior Plus - USD 75 c. Platinum, Platinum -Plan B, Titanium and Titanium Plus, - USD 100 10. Home Content Burglary - INR 5000 11. Hijack/Kidnap Daily Allowance - 12 Hours 12. Loss of Baggage and Personal Effects - USD 30	**Financial limits as Covered Under The Policy**

- Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)

Coverages	Plans			
Sublimits applicable on IPD Treatment & Day Care Treatment and OPD	Silver, SilverPlus, SilverPlus-PlanA, SilverPlus-PlanB, Senior, Senior Plus and SuperSenior	Gold, Gold, Gold-PlanA, Gold-PlanB	Platinum, Platinum-PlanA, Platinum-PlanB, Titanium	Titanium Plus
Hospital Room Rent and Boarding expenses	USD 1500 per Day up to 30 Days	USD 1750 per Day up to 30 Days	USD 2000 per Day up to 30 Days	USD 2500 per Day up to 30 Days
Emergency Room Services	USD 1500	USD 1750	USD 2000	USD 2500
ICU Charges	USD 3000 per Day up to 7 Days	USD 3250 per Day up to 7 Days	USD 3250 per Day up to 7 Days	USD 4000 per Day up to 10 Days
Surgical Treatment Expense	USD 12.5K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 13K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 15K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services	USD 22.5K for surgical treatment expense with an additional sublimit of 25% of surgical treatment for Anesthetist services
Physician consultation charges	USD 125 per Day upto 10 visits	USD 175 per Day upto 10 visits	USD 250 per Day upto 10 visits	USD 350 per Day upto 10 visits
Diagnostic Tests.	Up to USD 750	Up to USD 1000	Up to USD 1500	Up to USD 2500
Ambulance Service (Not applicable for OPD)	Up to USD 500	Up to USD 600	Up to USD 750	Up to USD 1000
Pharmacy	Up to USD 2000	Up to USD 2000	Up to USD 2000	Up to USD 2000
Miscellaneous Expenses	Up to USD 500	Up to USD 500	Up to USD 500	Up to USD 500

Cases with package rates, where Individual line item billing are not available, the below would be paid:-

Coverages	Plans			
Sublimits applicable on IPD Treatment & Day Care Treatment and OPD	Silver, Silver Plus, Silver Plus- Plan A, Silver Plus- Plan B, Senior, Senior Plus and Super Senior	Gold, Gold - Plan A, Gold - Plan B	Platinum, Platinum - Plan A, Platinum -Plan B, Titanium	Titanium Plus
Surgical	USD 27,500	USD 30,500	USD 35,000	USD 45,000
Non- Surgical (Medical manage ment cases)	USD 13,000	USD 15,000	USD 17,500	USD 20,000

9.	**Claims/Claims Procedure**	For Policies with Geographical Scope as Worldwide Please Call+1-833-440-1575 (Tollfree within US and Canada) Email: tata.aig@europ-assistance.in Geographical Scope as Other than Worldwide Call: +91-22 68227600 Email: EA.TATAclaims@europ-assistance.in While in India, contact at below numbers for any claim related assistance - Toll Free No 1800 266 7780 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: Tata AIG General Insurance Company Limited 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063	**Other Terms and Conditions**
10.	**Policy Servicing**	**Company Officials:** • 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**	**Other Terms and Conditions**

11.	**Grievances/Complaints**	In case of any grievance the Insured Person may contact through: Website: www.tataaig.com Call Us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email Us at customersupport@tataaig.com Write to Us at: Customer Support, Tata AIG General Insurance Company Limited 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Visit the Servicing Branch mentioned in the Policy. The Insured Person may also approach the grievance cell at any of The Company's branches with details of grievance. Nodal Officer : Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch. After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply. Escalation Level 1 For lack of a response or if the resolution still does not meet Your expectations, You can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, We will send Our response within a period of 8 Days from the date of receipt of Your complaint on this email id. Escalation Level 2 For lack of a response or if the resolution still does not meet Your expectations, You can write to the Head - Customer Services at head.customerservices@tataaig.com. After examining the matter, We will send You Our final response within a period of 7 Days from the date of receipt of Your complaint on this email id. Within 30 Days of lodging a complaint with Us, if You do not get a satisfactory response from Us and You wish to pursue other avenues for redressal of grievances, You may approach the Insurance Ombudsman appointed by the IRDAI under the Insurance Ombudsman Scheme. For the latest list of Insurance Ombudsman, please refer to the IRDAI website at https://www.irdai.gov.in/ and the Ombudsman website at http://www.cioins.co.in/ombudsman.html.	Other Terms and Conditions
12.	**Things to remember**	1. **Free Look Period** The Free Look Period will be applicable for policies with the Policy Period of one (1) year. The Insured Person will be allowed a period of fifteen Days from the date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same, if not acceptable. If the Insured Person has not made any claim during the Free Look Period, the Insured Person shall be entitled to:	**Other Terms and Conditions**

		a. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges; or b. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover; or c. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 2. **Travel Extension** The maximum number of travel Days under a Single Trip that may be insured, under the Policy, shall be one year. Any extension, if accepted by Us is subject to the medical condition and claim history of the Insured Person and will be at the Company's discretion. For extension of the Policy, the Insured Person shall submit a declaration letter in the format given by Us clearly mentioning the claims filed during the Policy Period and also that he / she is unaware of any existing health condition which could result in a claim during the extension period. The Company reserves right to ask for additional information, treatment history, treatment papers for assessing the extension request. If the Insured Person does not declare the claims filed or the claims that are to be filed under the Policy or any other material information, then any extension of the Policy, if granted shall be deemed to be invalid. No refund of premium will be given in case of extensions so invalidated. The Company will also not be liable to pay any claim filed under the extended Policy. The premium payable for the extension of the Policy during the Trip duration shall be the premium payable for the overall Trip duration (including the extension) less the initial premium already paid. The premium payable for the extension of the Policy during the Trip will be as per the applicable Trip band and Age band slab. In an extended policy, the Insured Person shall be entitled to all benefits payable on fixed basis for which no claim has been made in the earlier in the same Policy. For indemnity-based benefits, balance Sum Insured shall be available during the extended Policy Period, this is irrespective of the fact whether the Policy number of the extended cover remains same or gets changed. 3. **Cancellation of Policy:** i. Single Trip: Your Policy will terminate on the last Day of Policy for which premium has been paid or on return to India from the date of commencement of the Insured Journey, whichever is earlier. This Policy is not cancellable or refundable in any other circumstance. ii. Annual Multi Trip: This Policy will terminate on the Policy Period End Date mentioned in the Policy Schedule for which the premium has been paid. This Policy may be cancelled by the Insured Person by giving Us notice of atleast fifteen (15) Days. However, the Insured Person's coverage under this Policy ends on the earliest of: 1. The Policy Period End Date, as stated above; or 2. The Policy termination date; or 3. The date on which the Insured Person request, in writing, that his or her coverage be terminated is received by us; or 4. Termination of the Insured Journey.	

4. **Refund of Premium on Cancellation by Insured**
   a. Early Return (Single Trip)
   In case You return from the Insured Journey atleast 21 Days prior to expiry of the Policy Period, We will refund the difference of premium between premium charged and chargeable for immediate next slab of the actual number of utilized days (as per travel slab) subject to no claims being incurred on the Policy.

   b. Cancellation prior to Policy Start date
   Cancellation of the Policy may be done only prior to Policy Start Date stated in the Policy Schedule and will be subject to deduction of cancellation charge (Rs 250/ - plus applicable taxes) by Us.

   In the event of Cancellation of Policy there shall be no further liability on the Company under the policy.

   c. Cancellation (Annual Multi Trip)
   We will cancel the Policy after Policy Start Date from the date of receipt of notice and premium will be refunded as per grid given below:

Time for which Policy is in force	Refund of Premium
15 days	90% of the annual rate
1 month	85% of the annual rate
2 months	70% of the annual rate
3 months	60% of the annual rate
4 months	50% of the annual rate
5 months	40% of the annual rate
6 months	35% of the annual rate
Exceeding 6 Months	Nil refund

5. **Time of Payment of Claim**
   a. 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.
   b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person(s) from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank rate.
   c. 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.
   d. In case of delay beyond stipulated 45 Days, the Company shall be liable to pay interest to the Insured Person(s) at a rate 2% above the Bank rate from the date of receipt of last necessary document to the date of payment of claim.
   (In this clause, "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)

13.	**Your Obligations:**	Please disclose all condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy. Disclosure of other material information during the Policy Period	**Other Terms and Conditions**

Declaration by the Policyholder : Mr Rishi khiani

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

Place: MUMBAI **Mr Rishi khiani**

Date:19/08/2024 **(Signature of the Policyholder)**

Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet