

Group Accident Guard Policy Group Policy Schedule

<p>Policyholder Details Policyholder name : SREE RAMA ENGINEERING COLLEGE Policyholder Address : RAMI REDDY NAGAR, KARAKAMBADI ROAD, TIRUPATHI TIRUPATI (URBAN)-517507 ANDHRA PRADESH INDIA Cust GSTIN number:</p>	Policyholder Contact No.: Policyholder E-mail id: samayam.arun2222@gmail.com
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Intermediary code: AIG4523F
 Intermediary Contact No: 9177302222
 Intermediary Name: NUNNA SRILAKSHMI

Policy Number 0239842592 Renewal Number: 00 Endorsement Number: Place of Supply: ANDHRA PRADESH State Code: 37	Business Description: Educational Institute
Number of Lives Covered: 248	Territory Limit: Worldwide
Policy Type: Named	Operative Time:: 24 Hrs
Relationship Type: Employer Employee	Sum Insured Basis: Fixed
	Loan Type:
Sum Insured Type: Fixed	Total Sum Insured: INR 24800000
Maximum Sum Insured: INR 100000	Aggregate limit for any one accident: INR 6200000 Aggregate limit for any one year: INR 0
Age Group: 18 years to 70 years	Payment frequency: Annual
Policy Period: From 25/12/2024 00:01 Hrs To 24/12/2025 23:59 Hrs	

Premium details	
Net Premium (Rs):	41,773
UGST/SGST 9% (Rs.)	3,760
CGST 9% (Rs.)	3,760
Gross Premium (Rs)	49,292

GSTIN: 37AABCT3518Q1ZV-ANDHRA PRADESH, Service Accounting Code: 997133

Insured Description: Educational Institute

Sr. No.	Category Description	No. of Insured	AD	DM	PTD	PPD	Fixed Medex OPD	Fixed Medex IPD	Fixed Medex OPD and IPD	Variable Medex	Remarks
1	Category_1	248	100,000	100,000	100,000	100,000			60,000		

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

TATA AIG General Insurance Company Limited

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G. K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

Toll Free No. (24x7): 1800 266 7780 OR 1800 229966 (For Senior Citizens) | Email: customersupport@tataaig.com

IRDA of India Registration No: 108 | Website: www.tataaig.com | CIN: U85110MH2000PLC128425 | UIN: TATPAGP23093V032223

Coverage Details:

Sr No.	Coverages	Average SI Per Person	Deductible	Co pay(%)	Remarks
1	Permanent Total Disability	100000			Covered
2	Accidental Dismemberment and Paralysis	100000			Covered
3	Family Transportation Benefit	10000			Upto Rs. 10000 or Actuals, whichever is lower.
4	Permanent Partial Disability	100000			Covered
5	Accidental Medical Expenses	60000			Fixed INR 60000 for IPD with Sublimit of INR 30000 for OPD or actual claims, whichever is lower.
6	Funeral Benefits	10000			Rs 10000
7	Home Alteration and Vehicle Modification Benefit	10000			Rs. 10000
8	Accidental Death	100000			Only Permanent Employees of the company are covered.
9	Education Benefit	10000			10% of Principal SI or up to Rs 20000 or Actuals, whichever is lower for a maximum of 2 eligible children.
10	Temporary Total Disability	1000			1% of AD SI or INR 10000 or actual weekly salary for 104 Weeks whichever is less
11	Repatriation Of Remains	10000			Upto Rs 10000 or Actuals, whichever is lower.
12	Terrorism	100000			Covered
13	Fractures/Dislocation/Burns	10000			Rs. 10000
14	Ambulance Services	2000			Rs.2000
15	Coma	5000			Rs. 5000

Conditions if any :-

- In consideration of additional premium, Point No. 10 under Section 3- General Exclusions pertaining to Act of Terrorism stands deleted.
- Under Temporary Total Disability, such period of disability commences within <<30 Days>> after the date of the Accident causing such Injury.
- The Benefits which are mentioned in this Schedule shall only be available under the Policy.

Important Exclusions:

The Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, in respect of:

1. Any Pre-existing Condition (PED), any complication arising from it;
2. 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
3. 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.
4. Participation in an actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion

This is only a summary of the product features/terms/conditions/exclusions. For more details, please refer our website www.tataaig.com.

- i. Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.
- ii. Stamp Duty of Rs.20/- is paid as provided under N/A of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/55/2024/4453 Validity Period Dt.23/09/2024 To Dt.13/09/2027/4453 Date:06/09/2024

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General Conditions:

- 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** and if you have any objections you have the option of cancelling the **Policy** stating the reasons for cancellation and the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium shall be refunded.
- There will be no premium refund in case of cancellation due to non-disclosure of material facts, mis-representation or fraud. In case of non-cooperation, premium shall be refunded on short rate table basis as specified in the policy.
- Any product revision/modification/future withdrawal will be done with the approval of Insurance Regulatory & Development Authority of India and will be intimated to you at least 3 months in advance. In case of withdrawal, you have an option to migrate to our similar health insurance product.
- This Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy Schedule.

Claims Administrator Detail: Insured Person(s) can notify a **Claim** by sending an SMS **CLAIMS** to **5616181** or by calling **The Company's** 24x7 toll free helpline **1800-266-7780** or **1800-229966** (only for **senior citizen Policy** holders). Please use the **Claim** Intimation Form for intimation of a claim.

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 grievance redressal policy.

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.

Date: 25/12/2024
Place: TIRUPATHY

For Policy wordings, please scan the below QR code :



For TATA AIG General Insurance Company Limited
Digitally Signed by: **Shammi Kapoor**
Date: **07/01/2025**
Location: **Mumbai**

Policy Servicing Address

Peninsula Business Park, Tower A, 15th Floor, Ganpatrao Kadam Marg, Lower Parel, MUMBAI, MAHARASHTRA-400013

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RECEIPT**Receipt No. : 109791095225109**

Receipt Date : 25/12/2024

Policy No : 0239842592

Received with thanks from SREE RAMA ENGINEERING COLLEGE a sum of Rs. 49292 (Rupees Forty-Nine Thousand Two Hundred Ninety-Two And Paise Zero Only only) Cash Deposite, Bank Name - , towards.

Sr. No.	Policy Number	Total Premium	Utilized from the receipt for policy	Balance
1	0239842592	49292	49292	0

Note:

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and avoid.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

GSTIN : 37AABCT3518Q1ZV-ANDHRA PRADESH Service Accounting Code : 997133

Revenue (consolidated) Stamp Duty duly paid vide challan No. date for applicable cases.

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Annexure 3

Accidental Dismemberment And Paralysis

"The Percentage (%) of Sum Insured under (B2) Accidental Dismemberment and Paralysis as mentioned below shall supersede the policy wordings.

Nature of Losses	Up to Percentage(%) of Sum Insured
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
Permanent and incurable insanity	100
Permanent Total Loss of the Central Nervous System or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry our Daily Activities essential to life without full time assistance	100
Either Hand or Foot	50
Sight of One Eye	50
Speech or Hearing in Both Ears	50
Hearing in One Ear	25
Thumb and Index Finger of Same Hand	25
Quadriplegia	100
Paraplegia	50
Hemiplegia	50
Uniplegia	25
Permanent Total Loss of Mastication	100

Permanent Partial Disability

"The Percentage (%) of Sum Insured under (B2) Accidental Dismemberment and Paralysis as mentioned below shall supersede the policy wordings.

Nature of Losses	Up to Percentage(%) of Sum Insured
Loss of toes all	20
Great Toe	5
other than great toe if more than one toe lost each	1
Loss of ring finger	5
Loss of middle finger	6
Loss of index finger	10
Loss of thumb	15
Loss of four fingers	25
Loss of four fingers and thumb of one hand	40
Loss of hearing one ear	25
Loss of hearing both ears	50
Loss of little finger	4

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Customer Information Sheet/Know Your Policy

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

Sr.No.	Title	Description	Policy Clause No.	
1.	Name of the Insurance Product / Policy	Group Accident Guard		
2.	Policy Number	0239842592		
3.	Type of Insurance Product / Policy	Both Indemnity and Benefit		
4.	Sum Insured(Basis)	Fixed Sum Insured		
		Coverages	Sum Insured	Deductible
		Permanent Total Disability	100000	
		Accidental Dismemberment and Paralysis	100000	
		Family Transportation Benefit	10000	
		Permanent Partial Disability	100000	
		Accidental Medical Expenses	60000	
		Funeral Benefits	10000	
		Home Alteration and Vehicle Modification Benefit	10000	
		Accidental Death	100000	
		Education Benefit	10000	
		Temporary Total Disability	1000	
		Repatriation Of Remains	10000	
		Terrorism	100000	
		Fractures/Dislocation/Burns	10000	
Ambulance Services	2000			
Coma	5000			

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5.	Policy Coverage (What the Policy Covers?)	<p>The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Policy Wordings. Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance.</p> <p>Base Covers:</p> <ul style="list-style-type: none"> ● Accidental Death (B1) - The cover will pay the Sum Insured for Death of Insured Person, directly and independently resulting from an Accident within the Policy / Cover Period. ● Accidental Dismemberment and Paralysis (B2) - The coverage will pay a specified percentage of the Sum Insured to Insured Person within the Policy / Cover Period because of an Accident directly and independently resulting in one of the losses ● Permanent Total Disability (B3) - The coverage will pay the Sum Insured for Injury within the Policy / Cover Period because of an Accident, directly and independently resulting in Permanent Total Disability ● Permanent Partial Disability (B4) - The cover will pay a specified percentage of the Sum Insured for Injury to the Insured Person(s) which is total, continuous and permanent within the Policy / Cover Period, ● Accidental Medical Expenses - The Cover will reimburse up to the Sum Insured for Injury due to an Accident to the Insured Person(s) within the Policy / Cover Period <p>Inclusion of Covers Endorsements (Additional Covers):</p> <ul style="list-style-type: none"> ● Temporary Total Disability - The Cover will pay a weekly benefit Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance for an Injury to the Insured Person(s) within the Policy / Cover Period because of an Accident which directly and independently results in Temporary Total Disability, provided ● Ambulance Services - The Cover will reimburse up to Sum Insured per Hospitalisation for expenses incurred for transfer of the Insured Person due to Injury during the Policy / Cover Period by an Ambulance from the site of Accident to the nearest Hospital or from one Hospital to another Hospital. ● Coma - The Cover will pay Sum Insured per incidence mentioned in the Policy Schedule/ Certificate of Insurance for an Injury due to an Accident which results in Coma of specified severity from the date of Injury during the Policy / Cover Period. ● Education Benefit - The Cover will reimburse up to Sum Insured towards Education Fees to the Eligible Child / Children who is a full time student in any Institution at the time of such valid Claim ● Family Transportation Benefit - The Cover will reimburse actual expenses incurred for transportation of One (1) member of the immediate Family by the most direct route by a licensed Common Carrier up to the Sum Insured ● Funeral Benefits - The Cover will pay the Sum Insured towards funeral costs if an Insured Person sustains Injury which results into valid Claim under Accidental Death during the Policy / Cover Period ● Home Alteration and Vehicle Modification Benefit - The Cover will pay the Sum Insured towards funeral costs if an Insured Person sustains Injury which results into valid Claim under Accidental Death during the Policy / Cover Period for Insured Person's Home alteration and / or Vehicle Modification within the Policy / Cover Period due to Injury caused by an Accident 	Section (2)
6.	Exclusions	<p>Standard Exclusion</p> <p>Exclusions specific to this Policy, which can be waived on payment of additional premium</p> <p>1. Any Insured Person's participation in Adventure Sports for Leisure</p>	Section (3)

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	<p>performed under expert supervision of trained professional or racing or in winter sports, scuba diving within 50 meters from sea level, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, mountain biking other than cross-country or on tracks and trails, bushwalking within 3,000 meters from sea level, wind surfing (coastal waters within 3 nautical miles) hiking / trekking within 3000 meters from sea level, caving or potholing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating within coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person are trained or untrained;</p> <p>2. Terrorism as given in Exclusion - i.10 mentioned here with</p> <p>Exclusions specific to this Policy</p> <p>This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, in respect of:</p> <p>3. Any Pre-existing disease, any complication arising from it,</p> <p>4. The attending Physician who will be (a) Insured Person himself / herself or (b) Close Member of the Family who is covered in this Policy.</p> <p>5. Any claim of Insured Person arising from:</p> <ol style="list-style-type: none"> suicide or attempted suicide wilful self-inflicted illness or injury except injury in self-defence or to save life; or <p>6. 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</p> <p>7. Participation in an actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion;</p> <p>8. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Aircraft;</p> <p>9. War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionising radiation;</p> <p>10. any loss, damage cost or expense of whatsoever nature caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss;</p> <p>11. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel;</p> <p>12. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;</p> <p>13. Any Insured Person's participation in Professional or Adventure Sports other than mentioned in Exclusion i.1, or participation without expert supervision of trained professional;</p> <p>14. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent</p> <p>15. Any loss caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-existing disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy</p> <p>16. for any loss of which a contributing cause was Insured Person's actual or wilful participation in, an illegal act or any violation or attempted violation of the law or Insured Person's resistance to arrest;</p>	
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		<p>17. Confinement in a Hospital which is not Medically Necessary</p> <p>18. Mosquito bite and resultant diseases are excluded under the Policy.</p> <p>19. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy.</p>	
7.	Waiting Period	Please refer to point no. 4	
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	Financial limits as Covered Under The Policy
9.	Claims/Claims Procedure	<p>Intimation & Assistance:</p> <p>Insured Person(s) can notify a Claim by sending an SMS CLAIMS to 5616181 or by calling the company's 24x7 toll free helpline 1800-266-7780 or 1800 229966 (only for Senior Citizen Policyholders). Please use the Claim Intimation Form for intimation of a Claim.</p> <p>Insured Person(s) can even write to the company at general.claims@tataaig.com and scanned documents may be submitted at paclaim.support@tataaig.com to initiate claim processing.</p> <p>Please submit all documents to the Corporate Office at the address given below:</p> <p>A&H Claims Department:</p> <p>TATA AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063.</p>	Section (5)
10.	Policy Servicing	<p>Company Officials:</p> <p>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 (toll) or you may email to the customer service desk at customersupport@tataaig.com</p>	Other Terms and Conditions

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11.	Grievances/ Complaints	<p>Redressal of Grievance:</p> <p>In case of any grievance the insured person may contact the company 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</p> <p>Courier: Customer Support, TATA AIG General Insurance Company Limited, 7 and 8 Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Visit the Servicing Branch mentioned in the Policy Document</p> <p>The Insured Person may also approach the grievance cell at any of the company's branches with details of grievance.</p> <p>If Insured Person is not satisfied with the Redressal of Grievance through one of the above methods, Insured Person may contact the Grievance Officer at manager customersupport@tataaig.com.</p> <p>For updated details of Grievance Officer, kindly refer the link IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>If Insured Person is not satisfied with the Redressal of Grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of Grievance as per Insurance Ombudsman Rules 2017.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p>	Other Terms and Conditions
12.	Things to remember	Claims Payment	Other Terms and Conditions
13.	Your Obligations:	<p>i. In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or Claim experience information provided at the time of request for proposal, the policy shall be void ab-initio without any premium refund.</p> <p>ii. In case of non-employer-employee policies, the Company will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of Claim or otherwise, whether by Policyholder or any Insured Person or anyone acting on behalf of Policyholder or any Insured Person, and Certificate of Insurance shall be void ab-initio without any premium refund.</p>	Other Terms and Conditions

Declaration by the Policy Holder : SREE RAMA ENGINEERING COLLEGE

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

Place: TIRUPATI (URBAN)

SREE RAMA ENGINEERING COLLEGE

Date: 25/12/2024

(Signature of the Policyholder)

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

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