

**TATA AIA LIFE INSURANCE COMPANY LIMITED**  
**(Regd. No. 110)**

*(Herein called the Company)*

14<sup>th</sup> floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai – 400 013  
Email: credit.life@tataaia.com

In consideration of the application for this Policy, and the payment in advance of the premium computed and payable as provided hereinafter, by

**Policy Holder Name**

**(Herein called the Policyholder)**

**PREAMBLE**

This policy document has been issued by Tata AIA Life Insurance Company Limited to the policy holder named herein above, in order to provide life insurance cover to the members under the Group who have availed of loans from the policy holders. The insurance policy has been issued on the basis of information provided in the master application form, and other related documents. As a benefit to the Insured Member the principal outstanding loan will be covered by the sum assured of each member under this.

IN WITNESS WHEREOF, TATA AIA LIFE INSURANCE COMPANY LIMITED has caused this Policy to be executed at the Issuing Office as of its Date of Issue to take effect on the Policy Effective Date.

**FOR AND ON BEHALF OF TATA AIA LIFE INSURANCE COMPANY LIMITED**

\_\_\_\_\_  
Authorized Signatory

Place of Issue:

Issuing Office:

Date of Issue:

This product is underwritten by Tata AIA Life Insurance Company Limited (Regn. No. 110) and approved by IRDA vide UIN: 110N088V02

Insurance is the subject matter of the solicitation.

## POLICY SCHEDULE

|                               |  |
|-------------------------------|--|
| Name of Policy                | <b>Tata AIA Life Insurance Group Total Suraksha</b>  |
| Policyholder                  | Name :   |
| Policy Effective Date         |  |
| Entry Age                     | Minimum Entry Age:<br>Maximum Entry Age:   |
| Maximum Coverage Age          |  |
| Coverage Term                 | Minimum Coverage Term:<br>Maximum Coverage Term:   |
| Sum Insured                   | <p><b>Reducing Sum Assured</b><br/>Under this option, the Sum Assured payable shall be as per the Reducing Sum Insured Schedule indicated in Annexure II</p> <p><b>Level Sum Assured</b><br/>Under this option, the Sum Assured payable shall be as specified in the Certificate of Insurance</p> <p>Minimum Sum Insured: Rs. _____ (not less than Rs. 1,000)<br/>Maximum Sum Insured: Rs. _____</p> |
| Non Medical Limit             | Entry Age (Years)                      NML Rs.   |
| Currency of Payment           |  |
| Premium Mode                  | Single premium   |
| Agent / Broker                | Name :<br>License no. :<br>Address :<br>Contact no. :<br>Email :   |
| Surrender Value               | <p><b>Under Reducing Sum Insured:</b><br/>Surrender value = (65% of the premium paid less government levy) X (unexpired policy term / total policy term) X (Sum Insured benefit at the time of surrender / Sum Insured at inception)</p> <p><b>Under Level Sum Insured:</b><br/>Surrender value = (65% of the premium paid less government levy) X (unexpired policy term / total policy term)</p>   |
| Participating                 | No   |
| Service Tax                   | All Government levies and duties (including Service tax) are applicable as per governing laws and the same shall be borne by the Policyholder.   |
| Premium Rate                  | Annexure I   |
| Reducing Sum Insured Schedule | Annexure II  |
| Claims Procedure              | Annexure III   |

## - PROVISIONS -

|  |    |
|--|----|
| PART I - DEFINITIONS                                 | 4  |
| PART II – ELIGIBILITY, PARTICIPATION AND TERMINATION | 5  |
| Section A – Eligibility                              | 5  |
| Section B - Participation                            | 5  |
| Section C - Termination of the Cover                 | 5  |
| Section D – Force Majeure                            | 6  |
| PART III - BENEFIT PROVISIONS                        | 6  |
| Section A – Death Benefit                            | 6  |
| Section B – Joint Life Insurance Coverage            | 6  |
| Section C – Exclusions                               | 6  |
| Section D - Notice of Claim                          | 6  |
| Section F - Examination                              | 7  |
| Section G - Payment of Benefits                      | 7  |
| Section H – Nomination                               | 7  |
| PART IV - GENERAL PROVISIONS                         | 7  |
| Section A - Enrolment Forms                          | 7  |
| Section B - Premium Payments                         | 7  |
| Section C - Premium Rate                             | 7  |
| Section D - The Contract                             | 8  |
| Section E – Certificate of Insurance                 | 8  |
| Section G - Data Required                            | 8  |
| Section H - Misstatement                             | 9  |
| Section I - Applicable Law                           | 9  |
| Section K – Non-Forfeiture Benefit                   | 9  |
| Section L - Currency and Place of Payment            | 9  |
| Section M – Free-look Period                         | 9  |
| CONSUMER INFORMATION                                 | 9  |
| GRIEVANCE MECHANISM                                  | 10 |
| Annexure I – PREMIUM RATES                           | 14 |
| Annexure II – REDUCING SUM INSURED SCHEDULE          | 15 |
| Annexure III - CLAIM PROCEDURE                       | 16 |

## PART I - DEFINITIONS

In this Policy, where consistent with the contents, the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **"Company"** shall mean the Tata AIA Life Insurance Company Limited.
2. **"Certificate of Insurance"** means the certificate the Company issues to an Insured Member to confirm his coverage under the Policy. Coverage in respect of an Insured Member shall commence from the Effective Date of Coverage mentioned therein.
3. **"Date of Loss"** shall mean the date of death of the Insured Member.
4. **"Effective Date of Coverage"** shall mean the commencement date of the insurance coverage in respect of each Insured Member under this Policy, as specified in his Certificate of Insurance.
5. **"Eligible Members"** shall mean those members who satisfy and continue to satisfy the eligibility criteria specified in Part II, Section A of this Policy, and are eligible to participate in the insurance plan under this Policy.
6. **"Insured Members or Joint Insured Member"** shall mean those member/s who are and continue to be Eligible Members and who in accordance with the provisions of Part II Section B of this Policy, are participating in the insurance plan under this Policy.
7. **"Members"** Shall mean any person who is applying for a loan with the Policyholder on or after the Policy Effective Date.
8. **"Policy"** shall mean this agreement, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto signed by the Company, the application attached hereto of the Policyholder, the Policy Schedule, the member enrolment forms of the Insured Members and the Certificate of Insurances issued hereunder together constitute the entire contract between the parties.
9. **"Policyholder"** in this contract shall mean the Master Policyholder
10. **"Policy Effective Date"** shall mean the date from which the coverage under this Policy becomes effective, as specified in the Policy Schedule attached hereto.
11. **"Sum Insured"** shall mean the amount of benefit payable on the occurrence of an insured event and will be as specified in the Policy Schedule.
12. **"Nominee"** shall mean the person(s) nominated by the insured member to receive the insurance benefits payable in the event of the death of the insured member.
13. **"Mid Joiner"** shall mean a member who enrolls into the policy at anytime after the policy effective date.

## **PART II – ELIGIBILITY, PARTICIPATION AND TERMINATION**

### **Section A – Eligibility**

Each Member of the Group Master Policy shall be eligible to apply for insurance coverage under this Policy subject to fulfilment of the following conditions:

1. The Member is a natural person
2. He has attained the Minimum Entry Age but is not over Maximum Entry Age as defined in the Policy Schedule attached hereto, at his last birthday.
3. The proposed term of insurance coverage at his Effective Date of Coverage shall not be less than the Minimum Coverage Term or more than the Maximum Coverage Term as defined in the Policy Schedule attached hereto.
4. The initial Sum Insured at the Effective Date of Coverage shall not be less than the Minimum Sum Insured or more than the Maximum Sum Insured as defined in the Policy Schedule attached hereto.
5. The member is a primary borrower or a Joint / co-borrower of the loan being covered hereunder. A maximum of one joint / co-borrower may become eligible for joint life insurance hereunder with respect to any one single loan.

### **Section B - Participation**

1. Each Eligible Member may apply through the Policyholder to participate in this Policy by completing the member enrolment form including the Health Declaration / Health Questionnaire available with the Policyholder and submitting satisfactory evidence of insurability to the Company. The Policyholder shall forward the member enrolment forms to the Company for underwriting the risk.
2. Medical examination as determined by the Company shall be required for all Eligible Members whose total Sum Insured (under this Policy and other policies issued by the Company) and entry age exceeds the Non Medical Limit of the Policy. Medical examination may also be required for Eligible Members not exceeding the Non Medical Limit as determined by the Company on a case to case basis for underwriting the risk.
3. A minimum of 50 insured members are required to avail this group insurance policy at inception. The membership can be compulsory or voluntary in nature. The policy will continue as per original terms and conditions even if the number of Insured members falls below 50 during the term of the policy.
4. In case of surrender of group policy by the master Policyholder, there is an option provided to the individual member of the group, to continue the policy as an individual policy, on the same terms and conditions that of the group policy, with prior written intimation.

### **Section C - Termination of the Cover**

The insurance coverage hereunder of any Insured Member of the group shall automatically cease on the earliest of the following dates:

1. The date of the expiration of the coverage term.
2. The date on which the Insured Member attains the Maximum Age for Coverage as defined in the Policy Schedule attached hereto.
3. Date of Death of the Insured Member, before the expiration of the coverage term.
4. The date on which the Insured Member request for surrender of Certificate of Insurance for availing the surrender benefit.

#### **Section D – Force Majeure**

If the performance by the Company of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or any other circumstances beyond the anticipation or control of the Company, the performance of this contract with prior approval of the IRDA shall be wholly or partially suspended during the continuance of the FORCE MAJEURE EVENT AND THE COMPANY WILL RESUME THE CONTRACT TERMS AND CONDITIONS WHEN SUCH EVENT CEASE TO EXIST.

### **PART III - BENEFIT PROVISIONS**

#### **Section A – Death Benefit**

1. Upon receipt of due proof of the death of an Insured Member, in the form and manner specified by the Policy, the Company shall pay, the Sum assured on the life of such Insured Member as on the Date of Death in the manner as mentioned in Part III Section G of this Policy.
2. If subsequent to the Date of Loss, part of the Sum Insured as on the Date of Loss is repaid by anyone other than the Company, the Policyholder shall return that part of the Sum Insured to the nominee / legal heir of the Insured Member.
3. If the Company becomes liable to make a payment for the Death Benefit, the coverage of the Insured Member under his Certificate of Insurance and this Policy will cease and no further benefits would be payable. In any event the maximum liability of the Company is limited to Sum Insured in respect of the Insured Member and his Certificate of Insurance.

#### **Section B – Joint Life Insurance Coverage**

If the Joint Life Insurance Coverage is in effect:

1. The Death Benefit shall apply to the Joint Insured Members (two lives only).
2. The death benefit shall be paid on receipt of proof of death of the any of the Joint Insured Member to die and the insurance coverage for the surviving Joint Insured Member under the same certificate of insurance shall automatically cease.
3. If both Joint Insured Members die at the same time, only one death benefit shall be payable in respect of the first Insured Member stated on the certificate of insurance.

**Joint Life / Co- borrower Discount:** In case of Joint Life Insurance Coverage, a discount would be offered to the younger life depending upon the term of coverage, as specified in the Policy Schedule.

#### **Section C – Exclusions**

1. No death benefit shall be payable if an Insured Member commits suicide, while sane or insane, within one year from his Effective Date of Coverage. The Policy's liability shall be limited to refund the premium paid less government levy in respect of such Insured Member without interest. If a Joint Insured Member commits suicide within one year from his Effective Date of Coverage, the policy's liability shall be limited to the return of the premium paid less government levy and the coverage of the surviving Joint Insured Members under that certificate of insurance shall cease. Where a specific request is received from the master policyholder to continue the cover on the surviving member, such request shall be treated as a new member with applicable premiums.
2. No benefit is payable under this Policy when the date of death precedes the Effective Date of Coverage.

#### **Section D - Notice of Claim**

As a condition precedent to the Company's liability to make any payment under Part III Section A all claims must be notified in writing to the Company preferably within thirty (30) days of the date of death of the Insured Member, However any delay in notifying shall require to be substantiated to the satisfaction of the company.

### **Section F - Examination**

The Company shall have the right and opportunity to call for an autopsy if required.

### **Section G - Payment of Benefits**

1. Payment of the benefits under this Policy shall be made in the name of the nominee / legal heir of the insured member through the master policyholder.
2. Such payment, shall release the Company from all liabilities under this Policy with respect to the Master Policyholder and the Insured Member for whom the claim has been settled.

### **Section H – Nomination**

1. Each Insured Member shall, using the forms provided by the Company, designate a Nominee or Nominees to whom the benefits under this Policy shall be payable in the event of the death of the Insured Member. Such designation shall be filed with the Policyholder/Company. If at the death of the Insured Member there is no designated Nominee or Nominees filed with the Policyholder, or if such Nominee or Nominees predecease the Insured Member, the benefits shall be payable to the legal heir of the Insured Member.
2. During the Insured Member's lifetime, he shall be entitled to change the Nominee by giving written notice to the Policyholder/Company. Such change shall take effect on receipt of such notice by the Company. In the event of death of the Insured Member, the Policyholder will provide to the Company the name(s) of the Nominee or Nominees to whom the benefits shall be payable. Payment of the benefits to such Nominee or Nominees shall release the Company from all claims and demands whatsoever under this Policy in respect of the Policyholder and the Insured Member for whom the claim has been settled. Where the Nominee is minor, the Insured member shall appoint an Appointee to receive the insurance benefit in the event of the death of the insured member during minority of the Nominee.

## **PART IV - GENERAL PROVISIONS**

### **Section A - Enrolment Forms**

Unless otherwise specified in the Policy Schedule, the Policyholder shall furnish member enrolment forms for each Insured Member. The format of the enrolment form will be provided by the Company. The Policyholder shall retain a copy of the enrolment forms for records.

### **Section B - Premium Payments**

1. A single premium is payable in respect of each Insured Member at the time his enrolment, to the Company at either the issuing office or at its head office, based on the premium rates as determined by the Company and specified in the Policy Schedule. Company reserves the right to impose additional premium in respect of Insured Members that represent a substandard risk, as determined by the Company based on its underwriting guidelines and practices.
2. In the case of Joint Life Insurance Coverage, premiums will be calculated separately for each Joint Insured Member as per their respective entry age with applicable Joint Life Insurance Coverage Discount specified in the Policy Schedule attached hereto.

### **Section C - Premium Rate**

1. Tata AIA Life Insurance Company Limited reserves the right to change the premium for new members under the existing policy by giving a notice period of 31 days to the Policyholder subject to approval from IRDA where required.

2. Such Premium rate changes, if any, shall be made effective only in respect of new Insured Members who participate after the effective date of such change.

#### **Section D - The Contract**

1. All statements relating to material facts made by the Policyholder, or by the Insured Members, shall, in the absence of fraud, be deemed representations and warranties.
2. The rights of the Policyholder or of any Insured Member under the Policy shall not be affected by any provision other than those contained in this Policy.
3. No amendments to this Policy will be effective, unless such amendments are expressly approved in writing by the Company and duly approved by IRDA as per prevailing laws and norms where required.
4. If any of the information provided is found to be incomplete or incorrect thus leading to a fraud or misrepresentation, notwithstanding any other Provision under the Policy, subject to such fraud or misrepresentation being established in accordance with Section 45 of Insurance Act, 1938 the Company reserves the right to cancel the policy and pay the surrender value to the Insured member or the master Policyholder as the case may be.
5. In case of partial repayment or full repayment of the loan before the expiry of the term, the cover will continue for the benefit set at the outset unless the Insured Member surrenders the Certificate of Insurance for availing Surrender Benefit as defined in the Policy Schedule attached hereto.
6. This Policy may be terminated by either the Policyholder or by the Company by providing ninety (90) days' prior written notice of termination to the other party before the date of which such termination shall become effective.

#### **Section E – Certificate of Insurance**

The Company shall issue to the Policyholder, for delivery to each Insured Member accepted for coverage under this policy, a Certificate of Insurance certifying that the person so named therein has become an Insured Member under the Policy and coverage shall commence in respect of such Insured Member from the Effective Date of Coverage. The Certificate of Insurance shall only be issued if the member satisfies the underwriting criteria laid down by the Company and the requisite premium against his enrolment is received by the Company.

#### **Section G - Data Required**

1. The Policyholder shall maintain a record with respect to each Insured Member under this Policy, showing the Insured Member's name, sex, age or date of birth, Sum Insured, the Effective Date of Coverage, the date insurance terminates or terminated, changes, with dates noted, of classification, nominee details and other pertinent information as may be necessary to carry out the terms of this Policy. An updated copy of the member details is to be shared with Tata AIA Life on a regular basis.
2. Clerical error in keeping the records shall not invalidate the Policy or the insurance coverage of an Insured Member otherwise validly in force nor continue a Policy or the insurance coverage of an Insured Member otherwise validly terminated, but upon the discovery of such error, it shall be rectified at the earliest.
3. The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Insured Member in connection with the Policy, and other records as may have a bearing on the insurance under this Policy, shall be open for inspection by the Company at all reasonable times.
4. Any personal information collected or held by the Company with respect to each Insured Member under this Policy may be held, used and disclosed by the Company to individuals or organizations associated with the Company with regard to matters pertaining to the Insured Member's coverage.
5. It shall be the responsibility of the Policyholder to ensure that the personal information provided to the Company is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses,



costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to carry out the aforesaid.

#### **Section H - Misstatement**

Certificate of Insurance is issued at the age and sex shown on the Certificate of Insurance which is the Insured Member's declared age at last birthday and declared sex in the member enrollment form. If the age and/or sex is misstated and higher premium should have been charged, the benefit payable under this Policy will be what the premiums paid would have purchased at the correct age/sex of the Insured Member. If the Member's age is misstated and lower premium should have been charged, the Company will refund any excess premiums paid without interest. Where a misstatement of age or other relevant facts has caused a Member to be insured hereunder when he is otherwise ineligible for any insurance, or where such statement has caused a Member to remain insured when he would otherwise be disqualified in accordance with the terms and limitations of this Policy, his entire insurance shall be void and there shall be a return of premiums paid in respect of the Member, provided always that where there is fraud on the part of the Policyholder or Insured Member, Clause 4 of Section D under Part IV shall be applicable.

#### **Section I - Applicable Law**

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and shall be enforced in accordance with the laws of India.

#### **Section K – Non-Forfeiture Benefit**

On Surrender of the coverage the Insured member will be entitled for a surrender value as mentioned in the policy schedule

#### **Section L - Currency and Place of Payment**

All amounts payable either to or by the Company will be paid in the currency shown on the Policy Schedule. Such amounts will be paid by a negotiable bank draft or cheques drawn on a bank in the country in which the currency of the Policy is denominated or any other mode. All amounts from the Company will be payable at the issuing office shown on the Policy Schedule.

#### **Section M – Free-look Period**

If Master Policyholder is not satisfied with the terms & conditions/ features of the policy, Master Policyholder has the right to cancel the Policy by providing written notice to the Company and receive a refund of all premiums paid without interest after deducting a) Proportionate risk premium for the period on cover, b) Stamp duty and medical examination costs which have been incurred for issuing the Policy. Such notice must be signed by Policyholder and received directly by the Company within 15 days after Policyholder receive the Mater policy. The said period of 15 days shall stand extended to 30 days, if the policy is the member has been enrolled through Distance marketing mode, which includes solicitation through any means of communication other than in person.

### **CONSUMER INFORMATION**

#### **INSURANCE ACT 1938, Section 45:**

No policy of life insurance effected before the commencement of this Act shall after expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act, shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts, which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

**INSURANCE ACT 1938 Section 41 - Prohibition of Rebates:**

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 PUNISHABLE WITH FINE WHICH MAY EXTEND TO FIVE HUNDRED RUPEES

**POLICYHOLDER'S SERVICING**

With regard to any query or issue related to the Policy, the Policyholder can contact the Company through the Company toll free number which is 18002095000. In case of a change in the toll free number the same will be communicated to the Policyholder. The Policyholder shall from time to time whenever he deems it fit and necessary for availing of better facilities from the Company may provide written authorization of the name of the persons to be contacted for enquiries if any or any change of address under the Policy.

**GRIEVANCE MECHANISM**

In case you have any complaint / grievance, you may approach our office at any of the following address or e-mail us at [customercare@tata-aia.com](mailto:customercare@tata-aia.com):

**1. Resolution of Grievances**

Customers can register their grievances through multiple service avenues:

- Call our helpline numbers at 1-800-267-9966 (toll free) / 1-860-266-9966 (local call charges apply)
- Email us at [customercare@tataaia.com](mailto:customercare@tataaia.com)
- Login to online policy account on [www.tataaia.com](http://www.tataaia.com)
- SMS SERVICE to 58888 to receive a call back from our Customer Service Representative
- Visit any of the nearest Tata AIA Life branches
- Contact your agent
- Write to us at any of the following address:

**Customer Service Manager**

Tata AIA Life Insurance Company Limited  
Delphi - B Wing, 2nd Floor, Orchard Avenue,  
Hiranandani Business Park, Powai,  
Mumbai – 400076

- We shall acknowledge customer's grievance within 3 business days by providing customer with the name of the Grievance Redressal Executive who is a qualified and a competent personnel responsible to handle customer's grievance and who shall call customer for any clarifications.
- We shall provide customer with an equitable resolution within 10 working days of receipt of his grievance by way of communicating with customer in his mode of communication
- In case the customer wishes to contact us during the course of our assessment, he can contact any of the above mentioned touch points in this regard

**2. Escalation Mechanism**

In case you are not satisfied with the decision of the above offices, or have not received any response within 10 business days, they may write to the following official for resolution:

**Head – Customer Services**

Tata AIA Life Insurance Company Limited Delphi - B Wing, 2nd Floor, Orchard Avenue, Hiranandani Business Park, Powai,  
Mumbai - 400076

Alternatively, an e-mail at [life.complaints@tataaia.com](mailto:life.complaints@tataaia.com) or [head.customerservice@tataaia.com](mailto:head.customerservice@tataaia.com)

Additionally, we also wish to provide you with the following escalation matrix:

|                           |                       |
|---------------------------|-----------------------|
| 1st level of Escalation – | Head Customer Service |
| 2nd level of Escalation – | Head Operations       |
| 3rd level of Escalation – | Compliance Officer    |

We request our customers to kindly follow the escalation mechanism in case of non receipt of the response from the concerned persons mentioned above.

### **3. Ombudsman:**

For still further escalations, customers may represent the case to the Ombudsman for Redressal of the grievance, if it pertains to the following:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

Please refer to our website [www.tataaia.com](http://www.tataaia.com) for further details in this regard.

The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:

- Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- Within a period of one year from the date of rejection by the insurer
- If it is not simultaneously under any litigation

**List of Ombudsman**

| S.No | Office of the Ombudsman | Contact Details  | Areas of Jurisdiction  |
|------|-------------------------|--|--|
| 1.   | Ahmedabad               | Shri P. Ramamoorthy,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>2 <sup>nd</sup> Floor, Ambica House, Nr. C.U. Shah College, Ashram Road,<br>Ahmedabad - 380 014.<br>Tel.: 079-27546840, Fax: 079-27546142<br>Email <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>                     | Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu                                 |
| 2.   | Bhopal                  | Insurance Ombudsman, Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel<br>Near New Market, Bhopal (M.P.) - 462 023.<br>Tel.: 0755-2569201 Fax: 0755-2769203<br>Email <a href="mailto:bimalokpalbhopal@airtelmail.in">bimalokpalbhopal@airtelmail.in</a>        | Madhya Pradesh & Chhattisgarh  |
| 3.   | Bhubaneshwar            | Shri B. P. Parija,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>62, Forest Park, Bhubaneshwar-751 009<br>Tel.: 0674-2596455 Fax: 0674-2596429<br>Email <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>   | Orissa   |
| 4.   | Chandigarh              | Shri Manik Sonawane,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>S.C.O. No.101-103,<br>2 <sup>nd</sup> Floor, Batra Building, Sector 17-D, Chandigarh-<br>160 017.<br>Tel.: 0172-2706468 Fax: 0172-2708274<br>Email: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>                            | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh               |
| 5.   | Chennai                 | Insurance Ombudsman, Office of the Insurance Ombudsman,<br>Fathima Akhtar Court, 4 <sup>th</sup> Floor, 453 (old 312), Anna Salai,<br>Teynampet, Chennai-600 018.<br>Tel.: 044-24333668 /5284 Fax: 044-24333664<br>Email: <a href="mailto:chennaiinsuranceombudsman@gmail.com">chennaiinsuranceombudsman@gmail.com</a>       | Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry) |
| 6.   | New Delhi               | Shri Surendra Pal Singh,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Bldg.,<br>Asaf Ali Road, New Delhi-110 002.<br>Tel.: 011-23239633<br>Fax: 011-23230858<br>Email <a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a>                                     | Delhi & Rajasthan  |
| 7.   | Guwahati                | Shri D. C. Choudhury,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>"Jeevan Nivesh", 5 <sup>th</sup> Floor, Near Panbazar Overbridge, S.S.<br>Road, Guwahati-781 001 (Assam).<br>Tel.:0361-2132204/5 Fax: 0361-2732937<br>Email <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a> | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura        |
| 8.   | Hyderabad               | Insurance Ombudsman, Office of the Insurance Ombudsman, 6-<br>2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool,<br>Hyderabad-500 004.<br>Tel: 040-65504123 Fax: 040-23376599<br>Email <a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a>  | Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry        |

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| 9.  | Kochi   | Shri R. Jyothindranathan,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>2 <sup>nd</sup> Floor, CC 27/2603, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015.<br>Tel: 0484-2358759 Fax : 0484-2359336<br>Email iokochi@asianetindia.com | Kerala, UT of (a)<br>Lakshadweep , (b) Mahe – a<br>part of UT of Pondicherry       |
| 10. | Kolkata | Ms. Manika Datta<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>4 <sup>th</sup> Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta –<br>700 072.<br>Tel:033 22124346/(40) Fax: 033 22124341<br>Email:iombsbpa@bsnl.in                                  | West Bengal, Bihar,<br>Jharkhand and UT of<br>Andaman & Nicobar Islands,<br>Sikkim |
| 11. | Lucknow | Shri G. B. Pande,<br>Insurance Ombudsman, Office of the Insurance Ombudsman,<br>Jeevan Bhawan, Phase-2, 6 <sup>th</sup> Floor, Nawal Kishore Road,<br>Hazaratganj, Lucknow-226 001.<br>Tel: 0522 -2231331 Fax: 0522-2231310<br>Email insombudsman@rediffmail.com           | Uttar Pradesh and<br>Uttaranchal   |
| 12. | Mumbai  | Insurance Ombudsman, Office of the Insurance Ombudsman,<br>S.V. Road, Santacruz(W), Mumbai-400 054.<br>Tel: 022-26106928 Fax: 022-26106052<br>Email ombudsmanmumbai@gmail.com  | Maharashtra , Goa  |

**Annexure I – PREMIUM RATES**

**Policyholder:**

**Policy No:**

**Annexure II – REDUCING SUM INSURED SCHEDULE**

Policyholder:

Policy No:

## Annexure III - CLAIM PROCEDURE

Policyholder:

Policy No:

### Claim Process:

1. The claimant will intimate the Policyholder on the occurrence of an insured event preferably within 30 Days from date of death, however any delay in notifying shall require to be substantiated to the satisfaction of the company.
2. The Policyholder will forward the intimation to Tata AIA Life Insurance Company Limited (Tata AIA Life) for registration of the Claim.
3. The claimant shall also intimate Tata AIA Life about the status of the claim / claim documents given to the Master Policyholder.
4. The Policyholder will advise the claimant to submit the required claim documents and will provide the relevant claim forms / formats.
5. Claimant will send the required claim documents / forms duly completed to the Policyholder.
6. The Policyholder will authorize the claim forms and forward the complete claim documents (including the principal outstanding statement of the loan if applicable) to Tata AIA Life.
7. Tata AIA Life will process and make payment for all the eligible claims subject to the terms and conditions of the policy within timelines prescribed by Policyholder Protection Regulation, 2002.
8. Tata AIA Life will intimate the Policyholder of any discrepancy / additional documents to be submitted, as per timelines prescribed by Policyholder Protection Regulation, 2002
9. Tata AIA Life will intimate the Policyholder as well as claimant any repudiation of claim with reasons for the repudiation as per timelines prescribed by Policyholder Protection Regulation, 2002

### List of Claim requirements:

#### A. In case of Natural Death:

1. Death Claim Form and Physicians Statement in original \*
2. Death Certificate issued by the Municipal Authority
3. Photo Identity card or other proof of identify with Proof of Age of the deceased
4. Photo ID proof and relationship proof of claimant
5. Statement of principal outstanding loan as at date of death
6. Application form for Insurance (HD / HQ)
7. Indemnity Bond (on Rs. 200/- non-judicial stamp paper) confirming the details of the person entitled to receive the policy benefit if any
8. Certificate of Insurance
9. Death Certificate issued by a Doctor
10. Autopsy Report, if performed

#### B. Death due to Illness: In addition to documents above in (A)

1. Discharge Card of the Hospital where admitted
2. Past hospital or clinical record if available

#### C. Death due to Accident: In addition to documents above in (A & B)

1. Police Report such as First Information Report, Final Investigation Report etc.
2. Post Mortem Report
3. Proof of accident (Panchnama & Photograph)

1. Claim Form No 1 - Please ensure that all the relevant fields are duly filled and the claim form is duly signed by the authorized signatory and stamped with Policyholder seal.
  - a) Clauses 1 to 17: Provide details of the deceased member
  - b) Clauses 18 to 20: Provide details as asked if death due to accident
  - c) Clauses 29 to 36: Details of individual claimant
2. Claim Form No 2 (Attending Physician Statement): Please ensure the Attending Physician Statement is duly filled and signed by the Attending Physician of the Deceased. All questions in the same needs to be duly answered.
3. Photo ID Card with Proof of Age (Original/Attested true copy): Following Documents can be submitted as ID Proof

❖ Passport



- ❖ Driving License
- ❖ Voter's Card
- ❖ Photo Ration Card

Important Note: If ID Proof does not include proof of age, a separate document for Proof of Age Required

**Important Note:**

All documents except the originals must be certified true copy from Gazetted Officers, Magistrate or Special Executive Magistrate (SEM) or the Authorized Signatory of the Policyholder

Tata AIA Life reserves the right to modify the list of claim documents based on Claims Experience reviewed from time to time.

Tata AIA Life reserves the right to ask for additional documents as may be required for processing of claim on a case to case basis.

Tata AIA reserves the right to investigate the claims which may warrant investigation and the same would be completed within the timelines prescribed by Policyholder Protection Regulation 2002.

**For any further assistance please write to;**

Credit Life Claims, Tata AIA Life Insurance Company Limited, 2<sup>nd</sup> Floor, Delphi B, Wing, Orchard Avenue, Hiranandani Business Park, Powai, Mumbai – 400076, Tel: +91 22 6647 9000