



# **TATA AIA LIFE INSURANCE COMPANY LIMITED**

**(Regd. No. 110)**

**(Herein called the Company)**

2<sup>nd</sup> Floor, Delphi B, Wing, Orchard Avenue, Hiranandani Business Park, Powai,  
Mumbai – 400076, Tel: +91 22 6647 9000  
Email: csindia@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)**

HEREBY AGREES, in accordance with and subject to the provisions of this Policy, to pay the benefits as provided by this Policy to the person or persons entitled thereto.

The provisions and conditions on the subsequent pages hereof form a part of this Policy as fully as if recited at length over the signatures hereto affixed.

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**

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**Tata AIA Life Group Total Suraksha Policy No.:**  
**UIN: 110N088V01**

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Policy No.

Registered Office: Delphi – 14<sup>th</sup> Floor, Tower A, Peninsula Business Park, Senapati Bapat Marg, Lower Parel, Mumbai – 400 013.

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## 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. **"Policyholder"** shall mean the group so named in the Policy Schedule attached hereto.
3. **"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.
4. **"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.
5. **"Policy Effective Date"** shall mean the date from which the coverage under this Policy becomes effective, as specified in the Policy Schedule attached hereto.
6. **"Members"** shall mean the persons so defined in the Policy Schedule attached hereto.
7. **"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.
8. **"Insured Members"** shall mean those members 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.
9. **"Joint Insured Members"** shall mean Eligible Members whom, in accordance with the provisions of Part III Section B are participating for joint-life insurance under a single loan.
10. **"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.
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. **"Date of Loss"** shall mean the date of death of the Insured Member.
14. **"Physician"** or **"Registered Medical Practitioner"** means only a person holding a degree of bachelor of medicine and bachelor of surgery (MBBS) or equivalent degrees and is registered and legally authorized by the Medical Council of India or the relevant authority in the geographical area of his practice to render medical or surgical services; but excluding a Physician or Registered Medical Practitioner who is the Insured himself or an agent of the Insured, an insurance agent, business partner(s) or employer/employee of the Insured or a member of the Insured's immediate family.

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

### **Section A – Eligibility**

Each Member of the Policyholder 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 co-borrower of the loan being covered hereunder. A maximum of one 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. Insured Members whose participation has been terminated and who re-apply for participation shall be considered as new Eligible Members. The Company reserves the right to request and review evidence of insurability for any Eligible Member electing to re-apply for the cover. The extent and terms of the cover will be determined by the Company, based on the evidences provided.
4. A minimum of 50 insured members are required to avail this group insurance policy. The membership can be compulsory or voluntary in nature.

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

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

1. The date of the expiration of the coverage term for which the premium payment is made on account of the Insured Member's insurance, as specified in his Certificate of Insurance.
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 for which the premium payment is made on account of the Insured Member's insurance as specified in his Certificate of Insurance.
4. The date communicated to the Policyholder by the Company as the date the Policy ceases to operate in a geographical area on account of war or an act of war, such date being determined at the discretion of the Company. The Policy may at the discretion of the Company, continue to be valid in those geographical areas which are as determined by the Company, unaffected by war or act of war."
5. The date on which the Insured Member surrenders the Certificate of Insurance for availing the surrender benefit.
6. In case of partial repayment of loan covered hereunder before the expiry of the term, the cover will continue for the benefit set at the outset and no surrender benefit is available in such case.
7. In case of 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.

### **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 to the Policyholder, in one lump sum, the Sum assured on the life of such Insured Member as of the Date of Death.
2. If subsequent to the Date of Loss, part of the Sum Insured as of 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 Company will only be liable to pay the Sum Insured under this Section 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 first 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 or date of any reinstatement whichever is later. The Policy's liability shall be limited to refund the premium paid in respect of such Insured Member without interest. If a Joint Insured Member commits suicide within one year after his Effective Date of Coverage or date of any reinstatement whichever is later, the policy's liability shall be limited to the return of the premium paid and the coverage of the surviving Joint Insured Members under that certificate of insurance shall cease.
2. No benefit is payable under this Policy when the date of death precedes the Effective Date of Coverage or date of any reinstatement whichever is later.

### **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 not later than thirty (30) days of the date of death of the Insured Member.

### **Section E - Filing Proof of Claim**

It shall be a condition precedent to the liability of the Company to make payment of any benefit hereunder that affirmative proof of loss and any appropriate forms as required by the Company as specified in the Policy Schedule must be completed and furnished, at the claimant's expenses, within ninety (90) days of the date of death of the Insured Member, unless specified otherwise. The Company reserves the right to require any additional proof and documents in support of the claim.

### **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 benefits under this Policy shall be made to the Policyholder to offset the outstanding on Insured Member's loan account with the Policyholder insured hereunder. Any balance Sum Insured remaining subsequent to this payment, shall be paid via the Policyholder to the Insured Member's nominee, legal representative, executor or administrator in case of death.
2. Payment to the Policyholder and / or to the Insured Member's nominee, legal representative, executor or administrator, as provided by this Section, shall release the Company from all liabilities under this Policy with respect to the 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. 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. Such change shall take effect on receipt of such notice by the Policyholder.

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.

## **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. The 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.
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 not 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 person except the person designated by the Company is authorized to waive, alter or amend this Policy or to extend the due date of any Premium, to amend these terms, conditions and exclusions or to waive any notice or proof of claim required by this Policy, or to extend the date before which any such notice or proof must be submitted. No change in this Policy shall be valid unless approved by the Company and evidenced by the endorsement hereon, or by amendment hereto signed by the Company.

### **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 F - Termination**

1. 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.
2. In the event of such termination coverage of the insured member shall continue for the duration for which premium payment is made on account of his coverage. Such Termination shall not affect any claims originating prior to or after the effective date of such termination.

#### **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.
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**

The 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, no premiums paid are to be returned.

### **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 J - Policy Non-Participating**

This Policy shall not participate in any surplus distribution by the Company.

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

There are no non-forfeiture benefits. However if the Insured Member prepays his loan with the Policyholder insured hereunder in full he will be entitled for surrender value. In such case the surrender value will be calculated by using the formula specified in the Policy Schedule attached hereto. .

### **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. All amounts from the Company will be payable at the issuing office shown on the Policy Schedule.

### **Section M – Free-look Period**

Insured member may cancel the insurance cover by making a written request to the company within 15 (fifteen) days from the receipt of the certificate of insurance. In such case premium paid in respect of his coverage less government duty/levy and expenses which may have been incurred for assessing the risk of the Insured Member shall be refunded.

### **Section N – Incontestability**

Provisions of Section 45 of the Insurance Act, 1938 shall be applicable.

## **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 1-800-11-9966. 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):

#### **Head of Customer Services – West Zone**

4th Floor, Simran Centre, 30-H, Parsi Panchayat Road, Andheri (E), Mumbai – 400069, Ph: 022 – 67060300

#### **Head of Customer Services – North Zone**

8th floor, Lotus Towers, New Friends Colony, New Delhi – 110092, Ph: 011 – 66565000

#### **Head of Customer Services – East Zone**

Tata AIA Life Insurance Co. Ltd., Chowringhee Court, 55 Chowringhee Road, 5th Floor, Kolkata – 700071, Ph: 033 – 22825155

#### **Head of Customer Services – South Zone**

Tata AIA Life Insurance Company Ltd, Rathnam Complex, 3rd Floor, 10/5, Kasturba Road, Bangalore – 560001, Ph: 080-66938999

#### **Customer Care Cell**

In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

#### **Head – Customer Services,**

Unit No. 302, Building No. 4, Infinity IT Park, Film City Road, Dindoshi, Malad (East), Mumbai – 400 097

E-mail: [life.complaints@tata-aia.com](mailto:life.complaints@tata-aia.com)

Tel: +91-22 6760 8000

Toll free number: 1-800-119966

Fax number: +91-22 6760 8180

#### **Ombudsman:**

In case you are not satisfied with the decision/resolution of the Company's, you may represent the case to the Ombudsman for redressal of the grievance, if the grievance pertains to:

- 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

#### **The list of Ombudsman addresses is given below;**

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.

## POLICY SCHEDULE

### ALLAHABAD BANK

**Attaching to and forming part of Tata AIA Life Group Total Suraksha  
Policy No.:**

Name of the Policyholder	:	
Policy Effective Date	:	
Member	:	Shall mean any person who is applying for a mortgage loan with the Policyholder on or after the Policy Effective Date. Definition of the member shall be specific to the group & its membership.
Entry Age	:	Minimum Entry Age: Maximum Entry Age:
Maximum Coverage Age	:	
Coverage Term	:	Minimum Coverage Term: Maximum Coverage Term:
Sum Insured	:	Each Insured Member shall be insured for a Sum Insured equivalent to the balance outstanding loan amount over the remaining term of the loan. The balance outstanding loan amount at any point in time is determined by the remaining indebtedness, accounting for payments made by the borrower(s) and the interest according to the loan schedule. Level Coverage can also be selected and in such case, the sum assured will remain unchanged throughout the term irrespective of the outstanding loan amount. For loans with deferred repayment and/or moratorium the coverage will follow the reducing sum assured schedule agreed with the policyholder.  Minimum Sum Insured: Rs. Maximum Sum Insured: Rs.
Non Medical Limit	:	Entry Age (Years)                      NML Rs.
Joint Life Insurance Coverage Discount	:	<b>Incase of Reducing Sum Insured:</b>  The above discount shall not apply to any substandard or extra premium imposed in respect of any Joint Insured Member.

		The above discount shall not apply to any premium payable in respect of any Joint Insured Member for rider benefit opted under the supplementary contract.
Surrender Value	:	<b>Under Reducing Sum Insured:</b> Surrender value = (50% of the premium paid) X (unexpired policy term / total policy term) X (Sum Insured benefit at the time of surrender / Sum Insured at inception)  <b>Under Level Sum Insured:</b> Surrender value = (50% of the premium paid) X (unexpired policy term / total policy term)
Service Tax	:	Service tax is applicable as per governing laws and the same shall be borne by the policyholder. Tata AIA Life Insurance Company Limited reserves the right to recover from the Policyholder, any levies and duties (including service tax), as imposed by the government from time to time.
Premium Rate	:	Annexure I
Reducing Sum Insured Schedule	:	Annexure II
Claims Procedure	:	Annexure III

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

\_\_\_\_\_  
C Kumaresh

Vice President Operations

Currency Basis: Indian Rupee

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: 110N088V01. Insurance is the subject matter of the solicitation.

## **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 within 30 Days from date of death.
2. The Policyholder will forward the intimation to Tata AIA Life Insurance Company Limited (Tata AIA Life) for registration of the Claim.
3. The Policyholder will advise the claimant to submit the required claim documents and will provide the relevant claim forms / formats.
4. Claimant will send the required claim documents / forms duly completed to the Policyholder.
5. The Policyholder will authorize the claim forms and forward the complete claim documents (including the outstanding statement of the loan if applicable) to Tata AIA Life.
6. Tata AIA Life will process and make payment for all the eligible claims subject to the terms and conditions of the policy within 7 working days from the date of receipt of all mandatory documents.
7. Tata AIA Life will intimate the Policyholder of any discrepancy / additional documents to be submitted, within 7 working days.
8. Tata AIA Life will intimate the Policyholder as well as claimant any repudiation of claim with reasons for the repudiation within 7 working days.

### **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 identity with Proof of Age of the deceased
4. Photo ID proof and relationship proof of claimant
5. Statement of outstanding loan principal as at date of death
6. Certificate of Insurance
7. Death Certificate issued by a Doctor
8. 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 need 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 Act 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