

Group Personal Accident And Business Travel Accident Policy

Schedule of Insurance

Agent/Broker Name - RIMPY KAKKAR
 Agent/Broker License Code - 8791691
 Agent/Broker Contact No -9811950804(mobile or landline)

Policy Number: 0238825977
Renewal: 01
Endorsement: 00
Policyholder Name: CITY ASSOCIATES
Address: 2ND FLOOR, A-196, HARGOBIND ENCLAVE,
 EAST DELHI, DELHI,
 DELHI - 110092
 DELHI
 DELHI
 INDIA
 07AAEFC8368B1ZJ(GSTIN Number)
 Place of supply -DELHI
 State code -07

Contact number :
Insurance Period :- **Effective Date** 02/02/2022 **Expiry Date** 01/02/2023
 (Beginning at 12:01 AM and ending at Midnight of the expiry date)

Business Description: Service Industry
Beneficiary : As designated by each insured person on file with the Company

Eligible Persons 32 (Classification of Insured)

The following persons shall be eligible for Insurance hereunder :

Age group : From 18 To 70 Years ()

Hazards : 24-Hour Protection


Sr No	Description of Insured Persons / Category / Designation	No. per category
1	Employees	32

POS PAN No:

POS Aadhar No:

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TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg,
 IRDA Registration No.108, CIN No:U85110MH2000PLC128425, PAN:AABCT3518Q, UIN No:TATHLIP21195V022021

Total No. of Employees / Members Covered :- 32	
Policy Comment:- As Per Annexure	
AGGREGATE LIMIT :- (PER ACCIDENT) Rs 12,000,000.00 This Policy will only be in force if the schedule is signed by a person We have authorised	
Provisional Premium (Rs)*	54271.97
UGST/SGST @9 % (₹)	4884.48
CGST @9 % (₹)	4884.48
Total Premium (Rs)	64041.00
GSTIN : 07AABCT3518Q1ZY - DELHI Service Accounting Code : 997133	
* Subject to final reconciliation at the end of the policy period.	
The stamp duty Of Rs 60/ -paid In cash Or demand draft Or by pay order,vide Receipt/ Challan no: LOA/CSD/198/2021/4893dated the29/11/2021.	
Producer Code	0013069000
Producer Name	RIMPY KAKKAR
Producing Office	DELHI
Issued at	DELHI
Issued Date	05/02/2022
	For TATA-AIG General Insurance Company Limited
	
	Authorized Signatory

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Policy Number: 0238825977 01 00

Schedule of Benefits & Principal Sum Insured per Person for all Classes:														
Sr No	Category/Designation	Name	No. of Persons	Avg / Fixed Sum Insured (₹) - Maximum Upto										
				AD Only	DM Only	PTD Only	PPD Only	Weekly	Acc.Hosp.Cash	Per Mille Rate *				
1	Employees	As Per Declaration	32	1,200,000.000	1,200,000.000	1,200,000.000	1,200,000.000	0.000	0.00	0.9583333				
AD - Accidental Death, DM - Dismemberment, PTD - Permanent Total Disability, PPD - Permanent Partial Disability, AME - Accident Medical Expenses Weekly - No. of Weeks - NIL Hospital Cash - No. of days -														
<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">Category</td> <td style="width: 15%;">No of weeks for TTD</td> </tr> <tr> <td>Employees</td> <td>NIL</td> </tr> </table>											Category	No of weeks for TTD	Employees	NIL
Category	No of weeks for TTD													
Employees	NIL													
Total Capital Sum Insured ₹ 12,000,000.00														
<ul style="list-style-type: none"> * Calculation for per Mille Rate (Post Tax) = Annual premium/ Sum Insured (employee) x 1000 Calculation for Endorsement premium / person = per mille rate/1000 * Sum insured * {(Expiry date – Endorsement Effective Date) + 1}, Please note that the endorsement is booked subject to availability of the buffer amount & the endorsement per person premium may vary due to capping on Weekly Indemnity or Accident Medical Expenses or Sum Insured 														

Applicable to all categories mentioned above

Education Benefit	- 10% of CSI or 1 Lac, whichever is lower
Family Transportation Benefit	- 5000
Modification Benefit	- 5000
Terrorism	- Covered

24-Hour Protection	- Covered
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Policy Number: 0238825977 01 00

Policy Type: Unnamed Policy

Other Exception:

POS PAN No:

POS Aadhar No:

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RECEIPT

Receipt No. : 101001027561177

Receipt Date : 05/02/2022

Policy No : 0238825977 01 00

Received with thanks from CITY ASSOCIATES a sum of **13,570.00** (Rupees Thirteen Thousand Five Hundred Seventy And Paise Zero Only)

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0238825977 01 00	64,041.00	64,041.00	64,041.00

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 void.
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 : 07AABCT3518Q1ZY - DELHI Service Accounting Code : 997133

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IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

POS PAN No:

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Attached to and forming part of Policy No. 0238825977 01 00

Part E. COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Limitation

With regard to the Accidental Death of an Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured.

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

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EMERGENCY FAMILY TRAVEL

When, following an Injury which results in a Loss payable under the section entitled "Accidental Death and Dismemberment Indemnity" of this policy, an Insured Person is confined in a hospital, outside 150 kilometers from his residence, within three hundred and sixty-five (365) days of the accident and the attending physician recommends the personal attendance of a member of the immediate family, this benefit will refund the actual expenses incurred by the immediate family member of transportation by the most direct route by a licensed common carrier to the confined Insured Person, upto the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

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Part E. COVERAGE

Section: HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

If an Insured Person:

1. suffers one of the following Injuries listed under the Accidental Dismemberment and Paralysis Coverage Section of the Policy under the circumstances described in a Hazard is payable while this Policy is in effect; and,
2. did not; prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

the Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the Accident causing such loss(es), up to the maximum amount stated in the Policy Schedule for all such losses caused by the same Accident.

Definition:

Covered Home Alteration and Vehicle Modification Expenses - means one-time expenses that:

1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to one motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or driveable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:

1. made on behalf of the Insured Person;
2. recognized by a nationally-recognized organization providing support and assistance to wheelchair users;
3. carried out by individuals experienced in such alterations and modifications; and
4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Exclusion:

In addition to the General Exclusions listed in this Policy, this coverage shall not cover any expense for or resulting from any condition for which the Insured Person is entitled to benefits under any Worker's Compensation Act or similar law.

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Attached to and forming part of Policy No. 0238825977 01 00

It is hereby declared & agreed upon that the "Terrorism Exclusion" under SECTION III - GENERAL POLICY EXCLUSIONS (Nos. 8 & 9) have been deleted.

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism

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Part E. COVERAGE

Section : ACCIDENTAL DISMEMBERMENT
(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum

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%
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%

"Loss" with regard to:

1. hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. eye means entire and irrecoverable loss of sight;
3. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Limitation

With regard to the Accidental Death of a named Insured Person Age Seventeen (17) or below, the maximum Principal Sum payable is 10% of the principal sum insured .

Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - (a) infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - (b) medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

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Part E. COVERAGE

Section: TUITION BENEFIT (Education Benefit) :-

We will pay the following benefit if You suffer Accidental Death during the circumstances described in a Hazard, such that an Accidental Death benefit is payable under the Policy.

For the Eligible Children - We will pay a benefit to or on behalf of Your Eligible Children on the date of the Accident causing Your death and who on the date of Your death:

- (1) is a full time student in any Educational Institution; and
(2) The benefit will be paid for each year of the Eligible Childrens continuous enrollment as a full time student in an Institution of Higher Learning to a maximum of four (4) consecutive years or the date the Eligible Children reaches age 23 whichever comes first. The total amount of the benefit each year is equal to the least of :

1. The actual tuition (exclusive of room and board) charged by that institution for enrollment during that year for that child;
2. Percentage of Your Principal Sum, as shown in the policy schedule, on the date of the Accident causing death;
3. Amount, as mentioned in the policy Schedule

The applicable portion of the yearly benefit for each term of enrolment is payable upon receipt of proof of enrolment for that term.

We will pay an amount equal to Percentage of Your Accidental Death Principal Sum as shown in the policy schedule ,for each Eligible Child but not to exceed 50% of the Accidental Death Principal Sum combined for all of Your Eligible Children

Eligible Children who cease to be enrolled as a full time student become permanently ineligible for the benefit, even if he or she enrolls at a later date. The benefit is not payable for any term of enrollment as a full time student that begins before that date of the Insured Persons death.

It is hereby declared & agreed upon that the claim payment will be as per below:

- In the case of a student's death, all eligible claims will be paid in favor of the Parent as per the first name appearing in institute's records in the event of non availability of nominee details.
- In the case of death of an Insured Parent, all eligible claims will be paid in favor of the institution towards education continuity of the student.

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Part E. COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

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Attached to and forming part of Policy No. 0238825977 01 00

Section : PERMANENT PARTIAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent at the end of this period, a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Accidental Dismemberment, or Permanent Total Disability, or Permanent Total Loss of Use sections of this Policy as the result of the same Accident.

Scale: Sum	Percentage of Principal
1. Loss of toes - all	20%
Great toe	5%
Other than great toe , if more than one toe lost, each	1%
2. Loss of hearing - both ears	50%
3. Loss of hearing - one ear	25%
4. Loss of four fingers and thumb of one hand	40%
5. Loss of four fingers	25%
6. Loss of thumb	15%
7. Loss of index finger	10%
8. Loss of middle	6%
9. Loss of ring finger	5%
10. Loss of little finger	4%

"Loss" with regard to:

- (a) toe, finger, thumb means actual complete severance from the foot or hand;
- (b) hearing means entire and irrecoverable loss of hearing .

When more than one form of disability results from one Accident, We add the percentages from each together. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule

If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

We will assess at our discretion any disability not specifically mentioned by considering the nature of the disability alongside the percentages given to the specific types of disability above. The Insured Person's occupation will not be a relevant factor.

If the Insured Person has an existing medical condition and they suffer Injury , We will assess:

- (a) whether the Insured Person's medical condition has contributed to their disability; and
- (b) whether the disability makes the Insured Person's medical condition worse.

In either case We will assess the difference between the Insured Person's medical condition before, and their disability after the Accident. Any payment We make will be based on the difference, expressed as a percentage, and applied to the appropriate benefit above or in the Scale.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Partial Disability - means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis from a Physician.

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

- 1. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
- 2. medical or surgical treatment except as may be necessary solely as a result of Injury.

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Attached to and forming part of Policy No. 0238825977 01 00

Part F. SCOPE OF COVERAGE:

Hazard H-1

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard H-1 apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-1 applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian / scheduled aircrafts aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity(ies).

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