

TATA AIA LIFE INSURANCE COMPANY LIMITED
(Reg. No. 110)

(Herein called the Company)

14TH Floor, Tower A Peninsula Business Park, Senapati Bapat Marg, Lower Parel (West), Mumbai -400013

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 defined Group in this policy. The insurance policy has been issued on the basis of information provided in the master application form, and other related documents.

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: 110N004V02 Insurance is the subject matter of the solicitation.

TATA AIA LIFE INSURANCE GROUP TERM LIFE (UIN: 110N004V02) POLICY NO. XXXX

POLICY SCHEDULE

Name of Policy **TATA AIA LIFE INSURANCE GROUP TERM LIFE**

Policy holder Name :

Policy Effective Date :

Policy Anniversary : <exact date and month> of each year

Members :

Termination Age :

Classification & Plan/Benefit basis :

Sum Insured : The table of sums assured for different categories is as follows

Class of Members	Amount

Note: The above table is only applicable for Employer - Employee cases.

Changes in Classification to be Effective :

No-Evidence Limit :

Non Medical Limit

Mode of Payment :

Agent / Broker

Name :

License no. :

Address :

Contact no. :

Email :

Premium Due Dates :

Modal Premium Rates for First Policy Year :

Certificate of Insurance (whether applicable)

Active Service (Whether applicable)

Enrolment form (whether required)

Service Tax

All Government levies and duties (including Service tax) as applicable as per governing laws and the same shall be borne by the policyholder.

Participating

No

Currency Basis : Indian Rupee

Place of Issue : Mumbai, India

Date of Issue :

FOR AND ON BEHALF OF TATA AIA LIFE INSURANCE COMPANY LIMITED

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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. **“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, and the member enrolment forms, if any, of the Insured Members, which together constitute the entire contract between the parties.
3. **“Policyholder”** in this contract shall mean the Master Policyholder
4. **“Policy Effective Date”** shall mean the date from which the coverage under this Policy becomes effective.
5. **“Policy Anniversary”** shall mean the anniversary of the Policy Effective Date or the date otherwise specified in the Policy Schedule.
6. **“Policy Year”** shall mean a period of twelve (12) consecutive months beginning with the Policy Effective Date and subsequent Policy Anniversaries.
7. **“Members”** shall mean the persons so defined in the Policy Schedule attached hereto.
8. **“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
9. **“Sum Insured”** means the amount of benefit payable on occurrence of an insured event and will be as specified in the policy schedule.
10. **“Eligible Members”** shall mean Members who, are not otherwise disqualified by reason of the matters set out herein, are entitled to participate in the insurance plan under this Policy.
11. **“Insured Members”** shall mean Eligible Members who, in accordance with the provisions of Part II Section A, are participating in the insurance plan under this Policy.
12. **“Employer Employee Group”** shall mean Groups where Employer Employee relationship exists between the master policy holder and the member in accordance with the relevant laws.
13. **“Non Employer Employee Group”** shall means group other than Employer Employee where a clearly evident relationship between the member and the Group Policy holder for the services other than insurance exist.
14. **“Scheme”** means this Policy or any other similar policy previously taken by the Policy holder for the Insured Members.
15. **“Active Service”** shall mean for employees to be employed with the Policyholder on a full time permanent basis and who are actively working on a day which is one of the Policyholder’s scheduled work days and are performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder’s business establishments, or at some location to which the Policyholder’s business requires him to travel. An employee will be considered in Active Service on a day which is not one of the Policyholder’s scheduled workdays only if he was performing in the customary manner all of the regular duties of his employment on the preceding scheduled workday. In the case of association groups, Active Service shall mean for the Members to be actively working on a full time permanent basis at his normal place of work and performing in the customary manner all the regular duties of his work. Any exception to this shall be at the discretion of the Company.
16. **“Nominee”** shall mean the person(s) nominated by the Insured Member to receive the insurance benefits payable on the death of the Insured Member.
17. **“Mid Joiner”** shall mean a member who enrolls into the policy at anytime after the policy effective date.

PART II - MEMBER PARTICIPATION AND TERMINATION

Section A - Participation

1. Group Master Members already eligible on the Policy Effective Date shall be eligible for participation.
2. Group Master Members whose participation has been terminated and who re-apply for participation shall be considered as new Members. The Company reserves the right to request and review evidence of health for any member electing to apply for cover other than when first eligible. The extent and terms of the cover will be determined by the Company, based on the medical evidence required.
3. In Employer Employee Group, any Member who is not in Active Service on the date he would otherwise become eligible for participation hereunder shall not be eligible until the day he returns to Active Service in good health.
4. Every Member who fulfils the conditions necessary to participate as set forth in paragraphs 1 to 3 above must elect to do so in writing within thirty-one (31) days from the date on which he becomes eligible.
5. Each Eligible Member shall be insured hereunder on the first day on which he becomes eligible provided, the premium has been received by the company and the condition set forth in paragraph 4 of this Section has been satisfied and the duly completed enrolment form has been received wherever applicable, and coverage confirmed by the Company,.
6. In Employer Employee Group minimum 10 insured members are required in Non Employer Employee Group minimum 50 insured members are required to avail this group insurance policy. During the tenure of the policy if the number of people is less than the minimum required, the policy will continue as per the terms and conditions.
7. 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 same terms and conditions of this policy, on written intimation to the Company.

Section B - Termination

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

1. The date on which the Policy is terminated.
2. The date of the expiration of the period for which the last premium payment is made on account of the Insured Member's insurance.
3. The end of the Policy Year during which the Insured Member attains the Termination Age as shown in the Policy Schedule.
4. The date on which the Insured Member shall cease to be a Member. In Employer Employee Group, Cessation of Active Service by an Insured Member (or cessation of membership in good standing in the case of associations) shall be deemed to constitute the termination of his Membership, except that while an Insured Member is temporarily on part-time employment or is absent on account of sickness or injury, Membership shall be deemed to continue until premium payments for such Insured Member are discontinued, but not for a period longer than six months from the date of termination of Active Service.

Section C – 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 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 - Insurance Amount

Immediately upon submission of proof of the death of any Insured Member, in a form satisfactory to the Company, an amount, determined in accordance with the Policy Schedule, shall be payable to the designated nominee in the manner herein provided.

Section B - No-Evidence Limit

In employer employee group, Proposed Sum Insured in excess of the No-Evidence Limit as stated in the Policy Schedule may be accepted subject to submission of evidence of insurability satisfactory to the Company. In the absence of written acceptance by the Company, the amount of insurance shall be limited to the No-Evidence Limit and premium charge shall be based on this amount as per the underwriting norms of the company. The No-Evidence Limit is re determined at each Policy Anniversary and the Company reserves the right to require further evidence of insurability for any increase in amount of insurance which is in excess of the No-Evidence Limit.

Section C – Exclusion

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 for all Schemes with no existing insurance coverage. The Policy's liability shall be limited to refund the premium paid less government levy in respect of such Insured Member and coverage for the member under that group policy shall cease. 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 - Payment of Benefits

1. Payment of all benefits under this Policy shall be made to the nominee or nominees in accordance with the terms of the Policy provided always that the Company may, at the written request of the Policyholder for reasons acceptable to the Company, pay the benefits to the order of the Policyholder. However, in non Employer Employee Group, payment under the benefits under this Policy shall be made to offset the outstanding amount under this policy and any excess claim amount remaining after setting off the outstanding amount shall become payable to the person entitled to.
2. Payment of any sum made by the Company as provided by this Section shall be a good discharge to the Company and shall release the Company of all claims and demands whatsoever in respect thereto.
3. There is no survival benefit under this Policy.
4. There are no surrender benefits under this Policy.
5. Policy loan is not available.
6. Change in Coverage Amount is not allowed for the Insured Member during the term of the Coverage. In the event where the Policy holder is an Employer there is an option for change of Coverage amount for the insured, provided there is revision in salary structure of the Insured Member or as per prevailing regulation.
7. While the policy is in force, and on happening of the insured event, the sum assured shall be payable after deducting the balance unpaid premium for the remaining policy year.

Section E - Nominees

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 death and such designation shall be filed with the Policyholder as applicable. If at the death of the Insured Member there is no designated nominee or nominees filed with the Policyholder as applicable, or if such nominee or nominees predecease such 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 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 of all liabilities under this Policy and any attached Supplementary Contracts for further claims and demands in respect thereto.

In respect of an insured member the premiums have been paid uninterruptedly for a continuance period of seven years or more and the premiums in respect of that group member have ceased subsequently and a claim arises within six months, the Company shall at its sole discretion view the settlement of such claim subject to justified reasons therefore and considering the interest of all the group members.

PART IV - GENERAL PROVISIONS

Section A - Premium Payments

Premiums are payable by the Policyholder as frequently as specified by Mode of Payment in the Policy Schedule, in advance, either to the Company or at the Issuing Office or at its Head Office or to an authorised agent of the Company. The first premium shall be payable at the Policy Effective Date and subsequent premiums shall be due and payable on the Premium Due Dates determined by the Policy Schedule. Premiums shall be paid in the policy Currency stated in the Policy Schedule.

Company reserves the right to change the premium for new members under the existing policy by giving a notice of 30 days to the policy holder, with prior approval of IRDA.

Section B - Grace Period, Termination and Reinstatement of Policy

1. In modes other than Annual premium, a grace period of thirty (30) days following the Premium Due Date shall be allowed to the Policyholder for the payment of any premium after the first in each Policy Year. If any premium is not paid before the expiration of the grace period, this Policy shall automatically terminate at the expiration of the grace period. The Policyholder shall be liable to the Company for the premium outstanding for the time the Policy was in force during the grace period.
2. This Policy may be terminated on any Premium Due Date by either the Policyholder or the Company by mailing written notice of termination to the other party, not less than thirty-one (31) days before the Premium Due Date on which such termination shall be effective. Termination shall be without prejudice to any claim arising prior to the effective date of termination, assuming all due premiums have been paid.
3. If the premium is in default beyond the grace period, the Policyholder may apply for reinstatement within the policy term which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premiums due and not paid together with interest at a rate to be decided upon by the Company.

Section C - Renewal Privilege

This Policy is issued for the term of one year and at the end of each Policy Year shall be automatically renewed provided that the Company receives the premium due in advance on or before date of renewal and an official receipt for the payment of the premium issued, to be paid by the Policyholder on that date. Company shall have the right to change the rate at which the premiums shall be calculated on any Policy Anniversary

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 or of any nominee 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 incomplete and incorrect and in case of fraud or misrepresentation, notwithstanding any other Provisions under the Policy, Company reserve the right to cancel the policy subject to fraud or misrepresentation being established in accordance with Section 45 of Insurance Act, 1938.

Section E - 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, amount of insurance, the date insurance became effective, the date insurance terminated, changes, with dates noted, of classification, nominee designation 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 insurance otherwise validly in force nor continue insurance otherwise validly terminated, but upon the discovery of such error, an equitable adjustment shall be made.
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 insurance, 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 F - 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 G - Enrolment Forms

The Policyholder shall furnish individual enrolment forms to the Company for each Insured Member in the form prescribed by the company, wherever applicable.

Section H - Applicable Law

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

Section I - 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 checks 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 J – 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:

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
- Login to online policy account on 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 or 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 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. N	Office of the Ombudsman	Contact Details	Areas of Jurisdiction
1.	Ahmedabad	Shri P. Ramamoorthy, Insurance Ombudsman, Office of the Insurance Ombudsman, 2 nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, Ahmedabad - 380 014. Tel.: 079-27546840, Fax: 079-27546142 Email ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu

2.	Bhopal	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Near New Market, Bhopal (M.P.) - 462 023. Tel.: 0755-2569201 Fax: 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
3.	Bhubaneswar	Shri B. P. Parija, Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009 Tel.: 0674-2596455 Fax: 0674-2596429 Email ioobbsr@dataone.in	Orissa
4.	Chandigarh	Shri Manik Sonawane, Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: 0172-2706468 Fax: 0172-2708274 Email:ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5.	Chennai	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4 th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.: 044-24333668 /5284 Fax: 044-24333664 Email:chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6.	New Delhi	Shri Surendra Pal Singh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.: 011-23239633 Fax: 011-23230858 Email jobdelraj@rediffmail.com	Delhi & Rajasthan
7.	Guwahati	Shri D. C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (Assam). Tel.:0361-2132204/5 Fax: 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8.	Hyderabad	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel: 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
9.	Kochi	Shri R. Jyothindranathan, Insurance Ombudsman, Office of the Insurance Ombudsman, 2 nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel: 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry
10.	Kolkata	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4 th Floor, Hindusthan Bldg. Annexe, 4, C. R. Avenue, Kolkatta – 700 072. Tel:033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim

11.	Lucknow	Shri G. B. Pande, Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel: 0522 -2231331 Fax: 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
12.	Mumbai	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz (W), Mumbai-400 054. Tel: 022-26106928 Fax: 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

Annexure I - 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 authorized the claim forms and forward the complete claim documents (including the 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 outstanding loan as at date of death
6. Certificate of Insurance
7. Application form for Insurance (HD / HQ)
8. Indemnity Bond (on Rs. 200/- non-judicial stamp paper) confirming the details of the person entitled to receive the policy benefit if any
9. Death Certificate issued by a Doctor
10. Autopsy Report, if performed
11. Salary slip / Appointment letter (wherever applicable)
12. Attendance records maintained with the employer (wherever applicable)

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 Act 2002.

For any further assistance please write to;

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