



TATA AIG MediCare Select



Barcode:

Name: Jaysukh Babulal Khunt
Address: SHREE RAM 3 MADHURAM PARK BEHIND MASTER SOCIETY NEAR
GOPINATH HOUSE BHAKTINAGAR RAJKOT GUJARAT 360002

Contact No.: 9825077991



Be worry-free - Your health is secured with TATA AIG!

Hello Jaysukh Babulal Khunt!

Your Policy has been issued with Policy No. 7330071734.

Visit [here](#) for policy wordings or scan the QR Code.



Below is a Quick Glimpse of Benefits*

 In-Patient Treatment	Covers Medical Expenses for hospitalisation due to disease/ Illness/Injury requiring an Inpatient care during the Policy Period.	 Organ Donor	Covers medical expenses related to organ donor surgery for harvesting the donated organ.
 AYUSH Benefit	Covers medical expenses for In-Patient or Day Care Treatments in AYUSH hospitals or centres, including pre and post-hospitalisation for up to 90 days.	 Restore Infinity Plus	Reinstates the Sum Insured if your Base Sum Insured and Cumulative Bonus (if accrued) are insufficient for an admissible claim.

Your Welcome Policy Kit Contains

- **Policy Schedule:** A quick snapshot of your coverage, including term, limits and insured members.
- **80 D Certificate:** Proof of insurance premium payment for tax deduction claims.
- **Health Card:** A multifunctional card that enables cashless hospital visits and serves as your policy identifier.
- **Transcript of the Proposal Form:** The official application gathered from policyholders containing in-depth details.
- **Customer Information Sheet:** Your comprehensive guide, detailing your policy's features, benefits, and how to effectively utilize your coverage.

*For more information on your Policy benefits, waiting periods, exclusion, claim procedures and other applicable financial limits, please refer your Customer Information Sheet and Prospectus.

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India.
24x7 Toll Free No.: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Select • UIN: TATHLIP25051V012425



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Policy Schedule

Policy No.	7330071734
Policyholder's Name	Jaysukh Babulal Khunt
Policyholder's Permanent Address	SHREE RAM 3 MADHURAM PARK BEHIND MASTER SOCIETY NEAR GOPINATH HOUSE BHAKTINAGAR RAJKOT GUJARAT 360002
Policyholder's Residence Status	Indian
Policyholder's Contact No.	9825077991

Unlock Policy Details at Your Fingertips



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TATA AIG App
<https://taig.in/TAGINS/db832cb>

OR



Scan QR Code

You can also visit our website
www.tataaig.com

WhatsApp us
[+91 9136160375](https://wa.me/919136160375)

Gross Premium (₹)	53709	Policy Period	From:03/09/2025 00:00 To:02/09/2026 23:59
Issuing Office	RAJKOT	Product Name	TATA AIG MediCare Select
Client ID	6215505755	Plan Type	Floater
Proposal No.	PPR/BT/28572/7330157359	Business Type	New Business
Premium Payment Zone	Zone B	Policy Tenure	1 year

Intermediary Name	Intermediary Code	Intermediary Contact No.
clarion insurance broking services private limited	1565970012	9898966631

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Insured Person Details:

Insured Person's Name	Jaysukh Babulal Khunt	Rashmiben Jaysukhbhai K hunt	Aryan Jaysukhbhai Khunt	Zalak Jaysukhbhai Khunt
Insured with TATA AIG General Insurance Company Limited Since	03/09/2025	03/09/2025	03/09/2025	03/09/2025
Ayushman Bharat Health Account (ABHA) No				
Member Id	IDV00260877301049	IDV00260877302044	IDV00260877303021	IDV00260877304018
Date of birth	16/06/1976	23/03/1981	08/11/2003	24/01/2007
Age (In Years)	49	44	21	18
Relationship to Policy holder	Self	Spouse	Son 1	Daughter 1
Sum Insured (₹)#	20,00,000			
Health Multiplier Rider Sum Insured (₹)	0			
Cumulative Bonus/Supercharge Bonus (₹)^	0	0	0	0
No Claim Discount Opted				
Aggregate Deductible (₹)	0	0	0	0
Maternity Care	No	No	No	No
Reduction of Maternity Care Waiting Period (To 1 year)	No			

Net Premium (₹)	Underwriting Loadings (₹)	Discounts (₹)	Tax, Duties And Cess As Applicable (₹)	Gross Premium (₹)	Gross Premium (In Words)
45515.95	0	24969.2	8192.87	53709	Rupees Fifty Three Thousand Seven Hundred Nine only

For Family Floater policy, Sum Insured, Cumulative bonus/Supercharge Bonus (If Opted), as applicable and Aggregate Deductible (If Opted) floats among the insured persons of the family as mentioned above. Earned Cumulative Bonus/Supercharge Bonus (If Opted), as applicable shall not be applicable for newly added members in this policy.

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#Sum Insured mentioned is excluding Cumulative Bonus/Supercharge Bonus (If Opted), as applicable. Earned Cumulative Bonus/Supercharge Bonus (If Opted), as applicable is separately mentioned.

^^Total accrued Cumulative Bonus/Supercharge Bonus (If Opted), as applicable. Cumulative Bonus/Supercharge Bonus (If Opted), as applicable is credited only if Discount in Renewal Premium (No Claim Bonus) has not been availed for the claim free previous Policy Year.

Managing Your Policy Just Became Easier



Edit Your Policy



Download the TATA AIG App



Visit Our Website



Frequently Asked Questions

For Hassle-Free Claims



Initiate/Track Your Claim



Find Your Nearest Cashless Network Hospital



Download Claim Form



List of Excluded Providers

Benefit Name	Coverage Limit
In-Patient Treatment	Upto Sum Insured
Pre-Hospitalization expenses	90 days, up to Sum Insured
Post-Hospitalization expenses	90 days, up to Sum Insured
Day Care Procedures	All Day Care Treatments, up to Sum Insured
Organ Donor	Upto Sum Insured
Domiciliary Treatment	Upto Sum Insured
AYUSH benefit	Upto Sum Insured
Ambulance cover	Upto Sum Insured
Restore Infinity Plus	Available
Room Category	Single Private Room
Daily Cash for choosing Twin Sharing Accommodation	Rs 1200 per day (Over & Above base sum insured)
Daily Cash for choosing Multi-Sharing Accommodation	Rs 1500 per day (Over & Above base sum insured)
Consumables Benefit	Upto Sum Insured

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\$Proportionate deduction of Associated Medical Expenses applicable in case insured person is admitted in a room higher than the eligible room category.

Rider Cover for TATA AIG MediCare Select UIN TATHLIP25051V012425

Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Accidental Death Benefit Rider	Flexi Shield UIN: TATHLIA25039V012425	Accidental Death Benefit Rider	100% of the base Sum Insured or ₹50,00,000 whichever is lower
Mental Wellbeing	Mental Wellbeing UIN: TATHLIA25037V012425	Mental Health Screening	Once every policy year for listed tests, only on Cashless basis
		Psychological Therapy and Procedures	Maximum Upto 10 sessions per person in a policy year, only on Cashless basis
		Diet Consultation Rider	Maximum Upto 4 sessions per person in a policy year, only on Cashless basis
		Vocational Rehabilitation	Up to base Sum Insured, Over and above the base Sum Insured, Maximum upto 30 days
		Stress Management Rider	Available
		Addiction Cessation Program	Available
Additional Sum Insured For Accidental Hospitalization	Flexi Shield UIN: TATHLIA25039V012425	Additional Sum Insured for Accidental Hospitalization	Up to Base Sum Insured, once in a policy year, Over and above the base Sum Insured
Supercharge Bonus Rider	Flexi Shield UIN: TATHLIA25039V012425	Supercharge Bonus Rider	100% increase in base Sum Insured of the expiring policy year, max up to 500%, irrespective of Claims
Preventive Annual Health Checkup Rider	Flexi Shield UIN: TATHLIA25039V012425	Preventive Annual Health Checkup Rider	Available only for insured person(s) aged 18 years and above

Click [here](#) to access your Rider Wordings. For applicability kindly refer to the Rider Benefits opted by you on the Policy Schedule.

Nominee Details for Policyholder:

Nominee Name	Relationship To Policyholder	Share % of Nominee(s)
Rashmiben Jaysukhbhai Khunt	Wife	100

Specific Exclusion / Loading (If Applicable):

Member Id	Insured Person's Name	Pre-Existing Disease	Permanent Exclusion	Loading Reason	Effective date for Exclusion/loading
IDV00260877301049	Jaysukh Babulal Khunt	Implant/orthopedic device	-	Exclusion on enhanced sum insured on Implant/orthopedic device in right leg	03/09/2025 to 02/09/2028

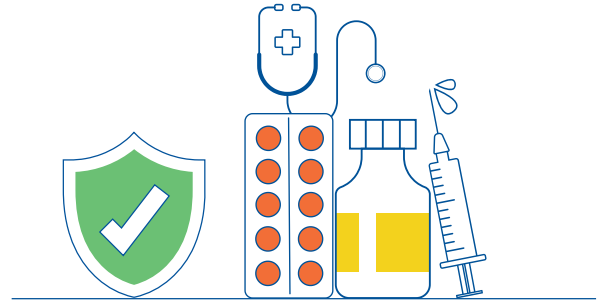
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Portability Details (If Applicable):

This Policy is in continuation with FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED, FHA-28-24-712084-01-000 for below mentioned members.

Member name	Name of previous insurer	Previous Policy Number	Previous Insurer policy inception	Sum Insured (₹)	Claim Details,if any
Jaysukh Babulal Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-24-712084 4-01-000	03/09/2024 to 02/09/2025	1500000	No
Jaysukh Babulal Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-23-712084 4-00-000	03/09/2023 to 02/09/2024	1000000	No
Jaysukh Babulal Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-22-737290 3-01-000	02/09/2022 to 01/09/2023	750000	No
Jaysukh Babulal Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-21-734475 5-00-000	02/09/2021 to 01/09/2022	500000	No
Rashmiben Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-24-712084 4-01-000	03/09/2024 to 02/09/2025	1500000	No
Rashmiben Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-23-712084 4-00-000	03/09/2023 to 02/09/2024	1000000	No
Rashmiben Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-22-737290 3-01-000	02/09/2022 to 01/09/2023	750000	No
Rashmiben Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-21-734475 5-00-000	02/09/2021 to 01/09/2022	500000	No
Aryan Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-24-712084 4-01-000	03/09/2024 to 02/09/2025	1500000	No

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Aryan Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-23-712084 4-00-000	03/09/2023 to 02/09/2024	1000000	No
Aryan Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-22-737290 3-01-000	02/09/2022 to 01/09/2023	750000	No
Aryan Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-21-734475 5-00-000	02/09/2021 to 01/09/2022	500000	No
Zalak Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-24-712084 4-01-000	03/09/2024 to 02/09/2025	1500000	No
Zalak Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	FHA-28-23-712084 4-00-000	03/09/2023 to 02/09/2024	1000000	No
Zalak Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-22-737290 3-01-000	02/09/2022 to 01/09/2023	750000	No
Zalak Jaysukhbhai Khunt	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED	HTO-28-21-734475 5-00-000	02/09/2021 to 01/09/2022	500000	No

In case of enhanced Sum Insured, all waiting periods will be applied afresh.

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Waiting Period Details:

Wellness Reward Details For Renewal Schedules

Wellness Reward Details^:

For Multi-Individual Policy

Member Name	Sum Insured inclusive of cumulative bonus	30 Days waiting period	2 year exclusion for specific illness & Treatment	Pre-existing Disease
Jaysukh Babulal Khunt	500000	Waived off	Waived off	Waived off
Jaysukh Babulal Khunt	250000	Waived off	Waived off	Waived off
Jaysukh Babulal Khunt	250000	Waived off	Waived off	Reduced to 1 Year
Jaysukh Babulal Khunt	500000	Waived off	Reduced to 1 Year	Reduced to 2 Years
Rashmiben Jaysukhbhai Khunt	500000	Waived off	Waived off	Waived off
Rashmiben Jaysukhbhai Khunt	250000	Waived off	Waived off	Waived off
Rashmiben Jaysukhbhai Khunt	250000	Waived off	Waived off	Reduced to 1 Year
Rashmiben Jaysukhbhai Khunt	500000	Waived off	Reduced to 1 Year	Reduced to 2 Years
Aryan Jaysukhbhai Khunt	500000	Waived off	Waived off	Waived off
Aryan Jaysukhbhai Khunt	250000	Waived off	Waived off	Waived off
Aryan Jaysukhbhai Khunt	250000	Waived off	Waived off	Reduced to 1 Year

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Aryan Jaysukhbhai Khunt	500000	Waived off	Reduced to 1 Year	Reduced to 2 Years
Zalak Jaysukhbhai Khunt	500000	Waived off	Waived off	Waived off
Zalak Jaysukhbhai Khunt	250000	Waived off	Waived off	Waived off
Zalak Jaysukhbhai Khunt	250000	Waived off	Waived off	Reduced to 1 Year
Zalak Jaysukhbhai Khunt	500000	Waived off	Reduced to 1 Year	Reduced to 2 Years

For more details on your Wellness rewards, please visit our TATA AIG customer application.

Policy Comments (If Applicable)

Claim Servicing Details:

- Name of Claim Administrator: Tata AIG Health Claim
- Website: <http://www.tataaig.com/>
- Email: customersupport@tataaig.com
- Toll-free:
- Claim Administrator Address: TATA AIG Health Claims processing HUB ,TATA AIG General Insurance Company Limited 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC no - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900

Stamp Duty Details:

Stamp Duty of Rs.200/- is paid as provided under Article 47(C) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/70/2025/2494 Validity Period Dt.30/06/2025 To Dt.25/07/2028 Date :30/08/2025

Place:

Date:

For and on behalf of TATA AIG General Insurance Company Limited

Digitally Signed by: Shammi Kapoor

Date: 30/08/2025

Location: Mumbai

Authorized Signatory

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In the event of non-receipt of premium, the company shall not be liable under the Policy and the Policy shall stand cancelled ab-initio (from inception).

Policy Servicing Address: UNIT NO. 301 TO 304 3RD FLOOR, ARIHANT COMPLEX, TAGORE ROAD NEAR BHARAT TRAVEL, VIRANI CHOWK, 360002

Certificate of Premium payment for the purpose of declaration under Section 80 D of Income Tax (Amendment) Act, 1961

Place:

Date:

For and on behalf of TATA AIG General Insurance Company Limited

Digitally Signed By: Shammi Kapoor

Date: 30/08/2025

Location: Mumbai

Authorized Signatory

Note:

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income-tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This Premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation / impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this Policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder/Payer.



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Annexure to Customer Information Sheet (CIS)
Benefit Illustration in respect of policies offered on Individual and Family Floater Basis

Age of insured members(in years)	Coverage opted on individual basis covering each member of the family separately (at a given point of time)				Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (only one sum insured available for entire family)			
	#Premi um(₹)	Sum Ins ured(₹)	Discoun t if any	#Premiu m after Discoun t(₹)	#Premiu m(₹)	Discoun t if any	#Premiu m after Discoun t(₹)	Sum Ins ured(₹)	#Premiu m or co nsolidat ed prem ium for all mem bers of t he famil y(₹)	Floater discount if any	#Premiu m after discount (₹)	Sum Ins ured(₹)
49					21478.00	5 %	16323.28	200000.00	21478.00	32 %	11684.03	200000.00
44					17286.00	5 %	13137.36	200000.00	17286.00	32 %	9403.58	
21					8913.00	5 %	6773.88	200000.00	8913.00	32 %	4848.67	
18					7080.00	5 %	5380.80	200000.00	7080.00	32 %	3851.52	
	#Total Premium for all members of the family is ₹0 when each member is covered separately				#Total Premium for all members of the family is ₹41615.32 when they are covered under a single policy				#Total Premium when policy is opted on floater basis is ₹29787.8			
	Sum Insured available for each individual is ₹_____				Sum Insured available for each family member is ₹_____				Sum Insured of ₹2000000.00 is available for the entire family			

#Note: Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the Premium rates shall be exclusive of taxes applicable



80D Certificate

Certificate of Premium payment for the purpose of declaration under Section 80D of Income Tax (Amendment) Act, 1961*

Date	27/08/2025
Policy No.	7330071734
Customer Name	Jaysukh Babulal Khunt
Address	SHREE RAM 3 MADHURAM PARK BEHIND MASTER SOCIETY NEAR GOPINATH HOUSE BHAKTINAGAR RAJKOT GUJARAT 360002
GSTIN No.	

Hello Sir/Madam,

Sub: Tax Benefit Letter for TATA AIG MediCare Select Policy No. 7330071734

This is to certify that Premium amount of Rs 53709 (Fifty Three Thousand Seven Hundred Nine) for health insurance Policy No. 7330071734 issued to Jaysukh Babulal Khunt for the period 03/09/2025 to 02/09/2026 has been paid.

Receipt Illustration:

Receipt ID	Name of Payer	Mode of payment	Amount paid (₹)
102151115117325	Jaysukh Babulal Khunt	Online	₹ 53,709.00
	Total Amount Paid		₹ 53,709.00

Premium Illustration (Member Wise):

Member ID	Name of Member	Relationship with Policyholder	Total member premium paid(Including Taxes & Loading)
IDV00260877301049	Jaysukh Babulal Khunt	Self	₹ 19,933.63
IDV00260877302044	Rashmiben Jaysukhbhai Khunt	Spouse	₹ 16,769.96
IDV00260877303021	Aryan Jaysukhbhai Khunt	Son 1	₹ 9,132.11
IDV00260877304018	Zalak Jaysukhbhai Khunt	Daughter 1	₹ 7,873.11
Total Premium Paid (Inclusive of Loading & Taxes Collected)			53709

For any questions or additional support, please visit Our website at www.tataaig.com or download the TATA AIG App for assistance.

We assure you of Our best services at all times.

Date of Issue	27/08/2025	Place of Issue	RAJKOT
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***Note:**

1. Tax deductions can be claimed subject to the provisions prescribed in the relevant sections of the Income Tax Act, 1961 as amended from time to time.
2. Premium paid in advance will be applied to the policy on premium due date.
3. This premium paid certificate is conditional upon credit in company's account post clearance of the instrument/facility including electronic mode.
4. For any confirmation/impact analysis, customer is advised to refer the matter to his/her Tax consultant.
5. This certificate must be surrendered to the company in case of cancellation of this policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder/Payer.

Regards,

For TATA AIG General Insurance Company Limited

Digitally Signed By: Shammi Kapoor

Date: 30/08/2025

Location: Mumbai

Authorized Signatory

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Receipt

Receipt No.	102151115117325				
Receipt Date	28/08/2025				
Policy No.	7330071734				
Received with thanks from Jaysukh Babulal Khunt a sum of Rs. 53709 (Rupees Fifty Three Thousand Seven Hundred Nine only).					
Sr No.	Policy Number	Mode of Payment	Total Premium	Utilized from the receipt for policy	Balance
1	7330071734	Online	53709	53709	0
Note: 1. This is a computer generated receipt and does not require a signature. 2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void. 3. Amounts received by cheque shall be subject to realization. 4. Any amount received in excess of the Premium is being/shall be refunded by the Company.					
Revenue (consolidated) stamp duty duly paid via Challan no: date the for applicable cases.					
GSTIN: 24AABCT3518Q1Z2			Service Accounting Code: 997133		

TATA AIG GENERAL INSURANCE COMPANY LIMITED

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IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Select • UIN: TATHLIP25051V012425



Transcript of the Proposal Form

URN No.	AH/2024-25/HL-09	Proposal No.	PPR/BT/28572/7330157359
Intermediary Code	1565970012		

This is an application for insurance and issuance of this does not amount to acceptance of proposal by us. Commencement of risk under this proposal is subject to acceptance of the risk by us and receipt of premium.

The information declared by you in this form is the basis for issuance of the policy. Please answer all questions carefully. Any incomplete, incorrect or partially correct answers may lead to rejection of the proposal and also might lead to cancellation of policy.

Please fill-up this form in CAPITAL LETTERS

1. PROPOSER'S DETAILS:

(Mr./Mrs./Ms./Dr.)	Jaysukh Babulal Khunt		
Date Of Birth (DD/MM/YYYY)	16/06/1976	Gender	MALE
Unique Govt. ID No.	-		
Mobile No.	9825077991	Alternate Mobile No.	
Pan Card No.			
Annual income (in ₹ lakhs)			
Occupation	Self Employed		
Marital Status	Married		
E-Mail ID	sktime2002@gmail.com		
Residential Address In India^	SHREE RAM 3 MADHURAM PARK BEHIND MASTER SOCIETY NEAR GOPINATH HOUSE BHAKTINAGAR		
Landmark	-	Area	-
City/Town	RAJKOT	PIN Code	360002
District	-	State	GUJARAT
Nationality	☒ Indian ☐ Foreign Nationals		
Permanent Address	☒ If same as Residential Address in India,please tick here.		
Landmark	-	Area	-

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City/Town	RAJKOT	PIN Code	360002
District	-	State	GUJARAT

Is Nationality or Residence Status of either the Proposer or any of the Insured Person(s) is 'other than Indian' (i.e. Nationality or Residence Status is Non Resident Indians (NRI)/ Overseas Citizen of India (OCI)/ Foreign Nationals)? ☐ Yes ☒ No

^Important Note:

- Here 'Address' implies the place where the person ordinarily resides. In case proposed prospect(s) reside at multiple addresses, then address of the person residing in the highest zone to be provided.
Zone definitions as mentioned in the prospectus (wherein Zone A is highest followed by Zone B and Zone C respectively).
- Declared 'Address' will form the basis for the calculation of the premium.
- 'Address' is a material fact for calculation of the premium. "Material facts" for the purpose of this Policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Any misrepresentation or misdescription of the same or established fraud by the policyholder may lead to termination of the policy as per policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.

☐ TATA Group Employee	Employee ID: -
☐ Salaried employee of Public or a Private Company. By selecting, I hereby provide my consent for the verification of my employment status with the Employees' Provident Fund Organisation (EPFO), solely for the purpose of verifying the information relevant to this Proposal.	
Professional E-Mail ID _____	
☐ Any existing policy with TATA AIG General Insurance Co. Ltd.	Product Name: Policy No(s): -

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2. POLICY DETAILS:

Proposed Policy Commencement Date(DD/MM/YY)	03/09/2025
---	------------

Policy Tenure: ☒ 1 Year ☐ 2 Years (5% premium discount) ☐ 3 Years (7.5% premium discount)

Sum insured type: ☒ Floater ☐ Individual ☐ Multi-Individual (5% premium discount)

When more than one member are covered on individual basis

Floater Sum Insured (in ₹ Lakhs): ☐ 5 ☐ 7.5 ☐ 10 ☐ 15 ☒ 20 ☐ 25 ☐ 50 ☐ 75 ☐ 100 ☐ 200 ☐ 300

Room Category: ☒ Single Private Room ☐ Twin Sharing ☐ Any Room

No Claim Bonus: ☐ Cumulative Bonus ☐ Discount in Renewal Premium (No Claim Bonus)

You will have an option to choose either Cumulative Bonus or Discount in Renewal Premium (No Claim Bonus) at the time of renewal of the policy.

Your Premium shall be based on choice of Room Type that You make at the time of Proposal.

Optional Covers:

Sr.No.	Benefits	Yes/No
1.	Consumables Benefit	☒ Yes ☐ No
2.	Infinite Advantage	☐ Yes ☒ No
3.	Early Access	☐ Yes ☒ No
4.	Aggregate Deductible	Deductible options (In. ₹) ☐ 10,000 ☐ 50,000 ☐ 25,000 ☐ 1,00,000

Note:

i). Aggregate Deductible is a cost sharing requirement under this Policy which provides that We will not be liable for a specified amount in case of hospitalisation(s) during the Policy year i.e. We will pay only if aggregate admissible claim amount in respect of hospitalisation(s) during the policy year exceeds the aggregate deductible as specified in the Policy Schedule. An Aggregate Deductible does not reduce the Sum Insured.

ii). Optional cover 3 is only available for Policies with tenure 2 years or 3 years. This cover is not available for Policies where premium is to be paid in installments.



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Rider Package(s) for TATA AIG MediCare Select (UIN: TATHLIP25051V012425) (Please tick the Rider Package):

Package Name	Rider Names	Cover/Benefit Name	Coverage Limit
Accidental Death Benefit Rider	Flexi Shield UIN: TATHLIA25039V012425	Accidental Death Benefit Rider	100% of the base Sum Insured or ₹50,00,000 whichever is lower
Mental Wellbeing	Mental Wellbeing UIN: TATHLIA25037V012425	Mental Health Screening	Once every policy year for listed tests, only on Cashless basis
		Psychological Therapy and Procedures	Maximum Upto 10 sessions per person in a policy year, only on Cashless basis
		Diet Consultation Rider	Maximum Upto 4 sessions per person in a policy year, only on Cashless basis
		Vocational Rehabilitation	Up to base Sum Insured, Over and above the base Sum Insured, Maximum upto 30 days
		Stress Management Rider	Available
		Addiction Cessation Program	Available
Additional Sum Insured For Accidental Hospitalization	Flexi Shield UIN: TATHLIA25039V012425	Additional Sum Insured for Accidental Hospitalization	Up to Base Sum Insured, once in a policy year, Over and above the base Sum Insured
Supercharge Bonus Rider	Flexi Shield UIN: TATHLIA25039V012425	Supercharge Bonus Rider	100% increase in base Sum Insured of the expiring policy year, max up to 500%, irrespective of Claims
Preventive Annual Health Checkup Rider	Flexi Shield UIN: TATHLIA25039V012425	Preventive Annual Health Checkup Rider	Available only for insured person(s) aged 18 years and above

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3. DETAILS OF THE PERSON(S) TO BE INSURED:

Sr. No.	Name of the Insured Person	Gender	Relationship with the Proposer*	Date of Birth	Height (Cms)	Weight (Kgs)	ABHA Number (14 digits)^	Individual Sum Insured (In ₹)	Aggregate Deductible (In ₹)	Maternity Care	Reduction of Maternity Care Waiting Period (To 1 Year)
1	Jaysukh Babulal Khunt	M	Self	16/06/1976	170	75		2000000	-	No	No
2	Rashmi ben Jaysukhbhai Khunt	F	Spouse	23/03/1981	160	65				No	No
3	Aryan Jaysukhbhai Khunt	M	Son 1	08/11/2003	172	60				No	No
4	Zalak Jaysukhbhai Khunt	F	Daughter 1	24/01/2007	160	55				No	No

*Allowed relations

Family Floater: Self, Spouse (Same or opposite gender), Dependent Children, Parents/Parents-in-law.

Individual: Self, Spouse/ Partners, Dependent Children, Parents/Parents-in-law, Grandparents, Grandchildren, Siblings (Sister/Brother), Uncle, Aunt, Nephew, Niece, Employee, Domestic Help, Legal Guardian

For coverage of the below mentioned relationships, submit the listed documents:

Relationship	Documents to be Submitted
Employee	Employment Letter
Domestic Help	Declaration Form for Domestic Help Coverage
Legal Guardian	Legal guardianship certificate

^^Note: If ABHA Number is not available, we urge you to visit <https://abdm.gov.in> for creation of ABHA ID and inform the same to us once created.

4. NOMINEE DETAILS:

In the event of the death of the proposer any payment due under the policy shall become payable to the nominee in accordance with the policy Terms and Conditions.

Details/Particulars	Date of Birth*	Relationship	Present Address of the Nominee	Present Address of the Nominee	Mobile	Email ID	Percentage Share for Claim Amount Payable
Rashmiben Jaysukhbhai Khunt	23/03/1981	Wife					100

Bank Details of the Nominee:

Name of the Account Holder	Name of the Bank	Branch Bank	Account No.	Bank IFSC Code	Account Type
					-

5. EXISTING/PREVIOUS INSURER DETAILS:

Is the proposer or any of the persons proposed, already Insured under a health plan with TATA AIG General Insurance Company Ltd. or any other insurer or is a proposal pending for policy issuance?

If yes, please indicate the Policy/Application number(s):

Since when continuously insured :

Do you want Us to consider these details for portability? ☒ Yes ☐ No

Please note that continuity of benefits shall NOT be considered if the details are not provided. You need to approach us at least 30 days prior to your expiry date to avoid any break in coverage. Please submit all previous year insurance policy copies.

Policy No.	Name of Insured person	Insurer	Period of Insurance		Sum Insured & Cumulative bonus (₹)	Aggregate Deductible (₹)	Claims lodged during the preceding years along with the diagnosis
			From	To			
FHA-28-24-7120844-01-000	Jaysukh Babulal Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2024	02/09/2025	1500000	No	
FHA-28-23-7120844-00-000	Jaysukh Babulal Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2023	02/09/2024	1000000	No	
HTO-28-22-7372903-01-000	Jaysukh Babulal Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2022	01/09/2023	750000	No	
HTO-28-21-7344755-00-000	Jaysukh Babulal Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2021	01/09/2022	500000	No	
FHA-28-24-7120844-01-000	Rashmiben Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2024	02/09/2025	1500000	No	
FHA-28-23-7120844-00-000	Rashmiben Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2023	02/09/2024	1000000	No	

Policy No.	Name of Insured person	Insurer	Period of Insurance		Sum Insured & Cumulative bonus (₹)	Aggregate Deductible (₹)	Claims lodged during the preceding years along with the diagnosis
			From	To			
HTO-28-2 2-737290 3-01-000	Rashmiben Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2022	01/09/2023	750000	No	
HTO-28-2 1-734475 5-00-000	Rashmiben Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2021	01/09/2022	500000	No	
FHA-28-24 -7120844- 01-000	Aryan Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2024	02/09/2025	1500000	No	
FHA-28-23 -7120844- 00-000	Aryan Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2023	02/09/2024	1000000	No	
HTO-28-2 2-737290 3-01-000	Aryan Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2022	01/09/2023	750000	No	
HTO-28-2 1-734475 5-00-000	Aryan Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2021	01/09/2022	500000	No	

Policy No.	Name of Insured person	Insurer	Period of Insurance		Sum Insured & Cumulative bonus (₹)	Aggregate Deductible (₹)	Claims lodged during the preceding years along with the diagnosis
			From	To			
FHA-28-24-7120844-01-000	Zalak Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2024	02/09/2025	1500000	No	
FHA-28-23-7120844-00-000	Zalak Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	03/09/2023	02/09/2024	1000000	No	
HTO-28-22-7372903-01-000	Zalak Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2022	01/09/2023	750000	No	
HTO-28-21-7344755-00-000	Zalak Jaysukhbhai Khunt	FUTURE GENERAL INDIA INSURANCE COMPANY LIMITED	02/09/2021	01/09/2022	500000	No	

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6. MEDICAL AND LIFESTYLE DETAILS:

A. Medical History:

Please answer the below mentioned questions individually in Yes (Y) / No (N): You must answer the questions truthfully. Not doing so would lead to termination of your policy.

Please answer each of the following questions individually for each Proposed Insured Person by ticking the relevant box.	Proposed Insured Person(s)			
	1	2	3	4
Decline Disease Name	N	N	N	N
Have you or any of the persons proposed for insurance, ever suffered from or taken treatment, or hospitalized for or have been recommended to take investigations / medication / surgery or undergone a surgery for medical conditions specified on Proposal form?	N	N	N	N
Any other illness/disease/injury/disability in the past other than for childbirth, flu or for minor injuries that have completely healed?	N	N	N	N
Are you or any persons proposed on regular medication (including any Ayurvedic treatment) or Hospitalized for any illness/ surgery or awaiting any procedure/treatment?	N	N	N	N
Have you ever been diagnosed with any of these medical conditions with or without any follow-up tests/medications? – Elevated Blood Sugar/ Type 2 Diabetes Mellitus/ Elevated Blood Pressure/ Hypertension/High Cholesterol/ Asthma>>	N	N	N	N
Is any of the insured pregnant currently? If yes, please mention expected date of delivery (EDD). Any history of pregnancy related complications?	N	N	N	N
Has any application for life, Health or critical illness insurance ever been declined, postponed, loaded or been made subject to any special conditions by any insurance company?	N	N	N	N
Has any health or life insurance policy ever been terminated in the past ?	N	N	N	N
Have you ever been diagnosed with any Thyroid Disorder with or without any follow-up tests/medications?	N	N	N	N
Do you have any signs, symptoms, illness or injury including knee joint ligament tear or back pain/ Swelling or Pain in any part of body / Breathlessness on mild effort / dizziness more than once in last 6 months for which medical consultation / treatment / investigation has been required ?	N	N	N	N

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Have you undergone any annual health check-up or routine medical examination in the past year? (If yes, please provide details of any findings or results)?

N

N

N

N

B. Detailed information in case any of the questions in section 6(A) is ticked 'Yes'.

(Please send us medical documents along with this application form.)

C. Lifestyle Information

Does any person proposed to be insured smoke or consume Gutka/Pan Masala or Alcohol? ☒ Yes ☐ No

If yes, please indicate the name and quantity per day.

	Insured Persons			
	1	2	3	4
Alcohol (in ml) - Per Day - Per Week - Per Month - Occasionally	90 ml - Hard Liquor / Weekly - 6 Years			
Smoking (No of Cigarettes or Bidis/day) - Per Day - Per Week - Per Month - Occasionally				
Pan Masala/Tobacco (in gms) - Per Day - Per Week - Per Month - Occasionally	1 gm Daily - 5 Years			
Other habit forming substances/addictive (Quantity Consumed) - Per Day - Per Week - Per Month - Occasionally				

7. PAYMENT DETAILS:

Name of the Premium Payer: Jaysukh Babulal Khunt

(If different from proposer)

Relationship with the Proposer: -

(If different from proposer)

Premium Amount (in ₹): 53709

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Instrument type: ☐ Cash ☐ Cheque ☐ Debit Card ☐ Credit Card ☒ Others

Please make a Crossed Cheque/DD/Pay Order in favour of '**TATA AIG General Insurance Company Limited**' only

Sources of funds: ☐ Salary ☐ Business ☐ Others

AML Guidelines:

1. I/We hereby confirm that all premiums paid/payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/we understand that the Company has the right to call for documents to establish sources of funds and to cancel the Insurance Policy in case I/we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I/We are not Politically Exposed Persons ** nor are their close relatives/family members/associates. I/We shall keep the company informed if we subsequently become a Politically Exposed Person/close relative/family member/associate of politically exposed person(s).
***"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Type of Organization Making the Payment (Please Tick):

- | | | |
|---|--|--|
| ☐ Limited Company | ☐ Government Organization | ☐ Non-Governmental Organization (NGO) |
| ☐ Society | ☐ Trust | ☐ Partnership |
| ☐ International Organization | ☐ Cooperatives | ☐ Section 8 Company |

Signature of Proposer: Jaysukh Babulal Khunt

Date: 28/08/2025

8. BANK DETAILS (REQUIRED FOR REFUND/CLAIMS):

As per Regulatory requirements, we can effect payment of refund/claims only through Electronic Clearing System (ECS)/ National Electronics Funds Transfer (NEFT)/Real Time Gross Settlement (RTGS)/Interbank Mobile Payment Service (IMPS).

For this purpose, please submit the following details of the proposer's bank account.

Name of the Account Holder	
Name of the Bank	
Branch Bank	
Account No.	
Bank IFSC Code	
Account Type	☐ SB Account ☐ Current Account ☒ Others(please specify) -

Please fill an auto debit form for deduction of amount towards premium payment from bank account

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9. Declaration & Warranty on Behalf of all Persons Proposed to be Insured:

- ☒ I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
- ☒ I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- ☒ I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- ☒ I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be Insured/Proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be Insured/Proposer and seeking information from any insurer to whom an application for Insurance on the person to be Insured/Proposer has been made for the purpose of underwriting the Proposal and/or claim settlement.
- ☒ I authorise the Company to share information pertaining to my Proposal including the medical records of the Insured/Proposer for the sole purpose of underwriting the Proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- ☒ Ayushman Bharat Health Account (ABHA) Declaration: I on behalf of all Proposed Insured Person(s) provide consent to access the medical and personal records/details [of all Proposed Insured Person(s)], as are available in my/our Ayushman Bharat Health Account (ABHA) and share the same with Third-Party Administrators, Reinsurer (if applicable), Service Provider(s) of TATA AIG General Insurance Company Ltd and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our Proposal and/ or for checking the authenticity of claims lodged by me/us and/or to comply with the applicable Law/Regulations.
- ☐ I understand that I will receive digital copy of my Policy and service-related communication. However, I would prefer to also receive the physical copy of my Policy and service-related communication and I want these documents to be shared via postal mail to the address as mentioned in this Proposal Form. For detailed terms, conditions, exclusions and Policy Wordings please refer our website (www.tataaig.com)

Signature of Proposer: Jaysukh Babulal Khunt

Date: 28/08/2025

Proposal signed on : 28 August 2025 from IP: 18.61.128.38 @ 12:27 PM via 9825077991

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10. DECLARATION/VERNACULAR DECLARATION/DISABILITY DECLARATION:

The content of this form along with product benefits, Terms and Conditions and exclusions have been clearly explained to me. I/We have understood these and confirm to abide by the policy Terms and Conditions.

Signature of Proposer: Jaysukh Babulal Khunt

Name & Signature of Agent/Intermediary with Code: clarion insurance broking services private limited & 1565970012

Disability Declaration:

(Note: The below must be witnessed by someone other than the Advisor/Intermediary/Employee of the Company).

I certify that the replies in the Proposal Form have been recorded as per the information provided by me. I, (Full name of the representative) - (Relationship with the Proposer) -adult and inhabitant of (City) RAJKOT residing at - do hereby certify that I have read out and explained the contents of the Proposal Form and all other documents incidental to availing the Insurance Policy from TATA AIG General Insurance Company Limited., to the Proposer and they have understood the same. I declare that the facts stated herein are true and correct to the best of my knowledge and belief.

Signature of the Authorised Person: Jaysukh Babulal Khunt

Name & Signature of Agent/Intermediary: clarion insurance broking services private limited & 1565970012

Vernacular Declaration (*Certification in case the proposer has signed in Vernacular/Thumb print*).

The content of this form along with product benefits, Terms and Conditions, and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb Impression of the Proposer: Jaysukh Babulal Khunt

Name & Signature of Agent/Intermediary: clarion insurance broking services private limited & 1565970012

11. AGENT DECLARATION:

I, clarion insurance broking services private limited in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s) / information / response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

License No.(Intermediary/Corporate Agent/Broker/Relationship Officer) : 712

Name of the specified Person and code : clarion insurance broking services private limited & 1565970012

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IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Select • UIN: TATHLIP25051V012425

12. SECTION 41 OF INSURANCE ACT 1938 (PROHIBITION OF REBATES), as amended by Insurance Laws (Amendment) Act, 2015:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 64 VB of Insurance Act:

Commencement of the risk cover under the Policy is subject to receipt of Premium by TATA AIG General Insurance Company Limited.

13. FOR OFFICE USE ONLY

TATA AIG Office Code		Intermediary Code and Name	
Branch Receipt Date		Channel Type	
Business Type	☐ Urban ☐ Rural ☐ Social		
Customer ID			

14. ACKNOWLEDGEMENT (TO BE GIVEN TO CUSTOMER)

Proposal No.	PPR/BT/28572/7330157359	Date	27/08/2025
Name of the Proposer	Jaysukh Babulal Khunt		

We acknowledge with thanks the receipt of your Proposal for TATA AIG MediCare Select and amount by cheque/Demand Draft/others of amount of ₹ 53709. Neither the submission to us of a completed Proposal for Insurance nor any payment towards this application obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion. If we accept a Proposal for Insurance, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if Proposal is not accepted by us or you do not accept the terms of counter offer or premium is not received by us in full and in time, or non fulfilments of Pre-Policy Check-up and/or additional information requested by us. We shall have no liability to make any payment under the Policy if Proposal is under process & claim arises in the interim period before the decision on the Proposal is given by us. In case of counter offer you need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such Counter Offer Letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel application and refund the amount paid against this Proposal without interest subject to deduction of the Pre-Policy Check up charges, as applicable. If we do not accept the Proposal, we will inform you and refund any payment received from you without interest within next 10 days subject to deduction of the Pre-Policy Check-up charges, as applicable.

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TATA AIG MediCare Select



Insured Name : Jaysukh Babulal Khunt
Age (in Years) : 49
Gender : MALE
Policy No. : 7330071734
From : 03/09/2025
To : 02/09/2026
Member ID : IDV00260877301049

Please refer to the TATA AIG General Insurance Company Limited. 5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet, Hyderabad - 500016, Telangana, Toll Free No.: 1800 266 7780 or 1800 229 966 (For Senior Citizens), Website: www.tataaig.com Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Select UIN: TATHLIP25051V012425

Terms and Conditions



1. Get pre-authorisation 48 hours before planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the Policy would be applicable.
4. Please refer to TATA AIG General Insurance customer guidebook for further details.
5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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 Email : customersupport@tataaig.com • IRDA of India Registration No.: 108 • Website : www.tataaig.com
 CIN : U85110MH2000PLC128425 • TATA AIG MediCare Select UIN : TATHLIP25051V012425

TATA AIG MediCare Select



Insured Name : Rashmiben Jaysukhbhai Khunt
Age (in Years) : 44
Gender : FEMALE
Policy No. : 7330071734
From : 03/09/2025
To : 02/09/2026
Member ID : IDV00260877302044

Please refer to the TATA AIG General Insurance Company Limited. 5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet, Hyderabad - 500016, Telangana, Toll Free No.: 1800 266 7780 or 1800 229 966 (For Senior Citizens), Website: www.tataaig.com Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Select UIN: TATHLIP25051V012425

Terms and Conditions



1. Get pre-authorisation 48 hours before planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the Policy would be applicable.
4. Please refer to TATA AIG General Insurance customer guidebook for further details.
5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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TATA AIG MediCare Select



Insured Name : Aryan Jaysukhbhai Khunt
Age (in Years) : 21
Gender : MALE
Policy No. : 7330071734
From : 03/09/2025
To : 02/09/2026
Member ID : IDV00260877303021

Please refer to TATA AIG Health Claims, TATA AIG GENERAL INSURANCE COMPANY LIMITED, 5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet, Hyderabad - 500016, Telangana, Toll Free No.: 1800 266 7780 or 1800 229 966 (For Senior Citizens), Website: www.tataaig.com Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Select UIN: TATHLIP25051V012425

Terms and Conditions



1. Get pre-authorisation 48 hours before planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the Policy would be applicable.
4. Please refer to TATA AIG General Insurance customer guidebook for further details.
5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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Email : customersupport@tataaig.com • IRDA of India Registration No.: 108 • Website : www.tataaig.com
CIN : U85110MH2000PLC128425 • TATA AIG MediCare Select UIN : TATHLIP25051V012425

TATA AIG MediCare Select



Insured Name : Zalak Jaysukhbhai Khunt
Age (in Years) : 18
Gender : FEMALE
Policy No. : 7330071734
From : 03/09/2025
To : 02/09/2026
Member ID : IDV00260877304018

Please refer to TATA AIG Health Claims, TATA AIG GENERAL INSURANCE COMPANY LIMITED, 5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No.: 615, 616, Ameerpet, Hyderabad - 500016, Telangana, Toll Free No.: 1800 266 7780 or 1800 229 966 (For Senior Citizens), Website: www.tataaig.com Email: healthclaimsupport@tataaig.com, TATA AIG MediCare Select UIN: TATHLIP25051V012425

Terms and Conditions



1. Get pre-authorisation 48 hours before planned admission and within 24 hours for emergencies.
2. Admission for investigation/evaluation not covered.
3. All terms and conditions of the Policy would be applicable.
4. Please refer to TATA AIG General Insurance customer guidebook for further details.
5. Cashless hospitalization in network hospital can be obtained in conjunction with this card, an authorization letter issued by us and photo identification such as voters ID, driving license, passport, etc.
6. Photo ID proof to be presented with this card at the time of availing benefits.

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Customer Information Sheet/Know Your Policy

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

Sr.No.	Title	Description		Policy Clause No.
1.	Name of the Insurance Policy	TATA AIG MediCare Select		
2.	Policy Number	7330071734		
3.	Type of Insurance Product/Policy	Both indemnity & benefit.		
4.	Sum Insured(Basis) (Along with Amount)	Member Name	Floater Sum Insured	
		Jaysukh Babulal Khunt	2000000	
		Rashmiben Jaysukhbhai Khunt		
		Aryan Jaysukhbhai Khunt		
		Zalak Jaysukhbhai Khunt		
5.	Policy Coverage (What the Policy Covers?)	B1. In-Patient Treatment - Hospitalisation for more than 24 hrs. B2. Pre-Hospitalization Expenses - 90 days B3. Post-Hospitalization Expenses - 90 days B4. Day Care Procedures B5. Organ Donor B6. Domiciliary Treatment B7. AYUSH Benefit - In-Patient or Day Care Treatment B8. Ambulance Cover B9. Restore Benefit - Unlimited restorations during a policy year B10. Daily Cash for choosing Twin Sharing Accommodation B11. Daily Cash for choosing Multi-Sharing Accommodation B12. No Claim Bonus - For every claim free year	i. Cumulative Bonus: 50% of the base Sum Insured of the expiring Policy, maximum upto 100% (50% decrease in subsequent policy year, in case of claim). Or ii. 1% Discount in Renewal Premium Optional Cover (For covers applicable to you, please refer your Policy Schedule): C1. Consumables Benefit C2. Maternity Care: Maternity Expenses, Delivery complications of New Born Baby and First Year Vaccinations of the New Born Baby after 2 years of continuous coverage. C3. Reduction of Maternity Care Waiting Period: to 1 year C4.Infinite Advantage C5.Early Access C6. Room Category Select C7. Aggregate Deductible	Section (2)
6.	Exclusions	Standard Exclusion Medical Exclusions I. Investigation and Evaluation (Code - Excl 04)	VI. Any existing disease mentioned as Permanent Exclusion in the Policy Schedule; VII. Non payable items as mentioned in Annexure 1-List 1 of optional items available on our website (www.tataaig.com).	Section (3)

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		II. Rest cure, rehabilitation and respite care (Code - Excl 05) III. Obesity/Weight Control (Code - Excl 06) IV. Change-of-Gender treatments (Code - Excl 07) V. Cosmetic or Plastic Surgery (Code - Excl 08) VI. Alcoholism (Code - Excl 12) VII. Admission for domestic reasons (Code - Excl 13) VIII. Dietary supplements (Code - Excl 14) IX. Refractive Error (Code - Excl 15) X. Unproven treatments (Code - Excl 16) XI. Sterility and infertility (Code - Excl17) XII. Maternity (Code - Excl 18) Non-Medical Exclusions I. Hazardous or Adventure Sports (Code - Excl 09) II. Breach of Law (Code - Excl 10) III. Exclude Providers (Code - Excl 11) Specific Exclusions Medical Exclusions I. Alcoholic pancreatitis; Congenital External Diseases, defects or anomalies; Stem cell therapy; II. Growth Hormone Therapy; Sleep-Apnea; III. Admission primarily for administration of immunoglobulin infusion or supplementary medications. IV. Venereal disease, sexually transmitted disease or Illness; All preventive care; Cost of dentures, dental implants and braces. V. Any form of Non-Allopathic treatment (except AYUSH Benefit). Non-Medical Exclusions I. War or any act of war, invasion, act of foreign enemy, war like operations. II. Nuclear, chemical or biological attack. III. Participation or involvement in naval, military or air force operation. IV. Intentional self-Injury or attempted suicide. V. Injury/accident under influence of intoxicating liquor or drugs. VI. Items of personal comfort and convenience. VII. Treatment rendered by a Medical Practitioner which is outside his discipline or sharing the same residence as an Insured Person or who is an immediate relative. VIII. Hearing aids, spectacles or contact lenses, etc. IX. Alopecia, baldness, wigs or toupees, medical supplies. X. Any treatment or part of a treatment that does not form part of 'Reasonable and Customary Charges', nor is medically necessary. XI. Expenses which are either not supported by a prescription of a Medical Practitioner or are not related to Illness or disease for which claim is admissible under the Policy. XII. Any external appliance and/or device used for diagnosis or treatment except when used intra-operatively. XIII. Any Illness diagnosed or Injury sustained or where there is change in health status of the member after date of proposal and before commencement of policy and the same is not communicated and accepted by us. This is summary of Exclusions. For detailed Exclusions, please refer Policy Wordings (Section 3).	Section (3)
7.	Waiting Period	I. Initial Waiting Period of 30 Days II. Waiting Periods of 24 months for Specified Disease/Procedure III. Pre-Existing disease Waiting Period 36 months.	Section (3)

8. i. Financial Limits of Coverage ii. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit). iii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured). iv. Deductible (It is a specified amount): - Up to which an insurance company will not pay any claim, and. - Which will be deducted from total claim amount (if claim amount is more than the specified amount) v. Any other limit (as applicable).	The Policy will pay only up to the limits specified hereunder for the following Diseases/Procedures. Sub-limit: Benefit Specific Sub-limit: Room Category:- Up to Single private room. For category applicable to you, please refer your Policy Schedule Optional Sub-limit: 1. Room Category Select:- Twin Sharing accommodation. 2. Aggregate Deductible:- In lieu of premium discount opted by you, Our liability under this Policy shall be subject to application of Aggregate Deductible as mentioned in the Policy Schedule, if applicable. Any Other limit: • In-Patient Treatment, Day Care Procedures, Organ Donor, Domiciliary Treatment, AYUSH Benefit and Ambulance Cover: Up to Sum Insured. • Pre-Hospitalization expenses Upto 90 days, Up to Sum Insured • Post-Hospitalization expenses Upto 90 days, Up to Sum Insured • Daily Cash for choosing Twin Sharing Accommodation - ₹1200 per day (over and above base sum insured) • Daily Cash for choosing Multi-Sharing Accommodation - ₹1500 per day (over and above base sum insured) Optional Covers (For covers applicable to you, please refer your Policy Schedule): • Consumables Benefit - Up to Sum Insured • Maternity Care - 10% of Sum Insured, maximum up to ₹1,00,000 per Policy Year (Over and above base Sum Insured) Rider(s) for TATA AIG MediCare Select UIN TATHLIP25051V012425 (For Rider cover(s) applicable to you please refer Policy Schedule. For applicability of the Rider(s), applicable cover(s), terms and conditions, please refer Policy Wordings):	Section (2)
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		Accidental Death Benefit Rider 1. Flexi Shield UIN: TATHLIA25039V012425 ◦ Accidental Death Benefit Rider 100% of the base Sum Insured or ₹50,00,000 whichever is lower Mental Wellbeing 1. Mental Wellbeing UIN: TATHLIA25037V012425 ◦ Mental Health Screening Once every policy year for listed tests, only on Cashless basis ◦ Psychological Therapy and Procedures Maximum Upto 10 sessions per person in a policy year, only on Cashless basis ◦ Diet Consultation Rider Maximum Upto 4 sessions per person in a policy year, only on Cashless basis ◦ Vocational Rehabilitation Up to base Sum Insured, Over and above the base Sum Insured, Maximum upto 30 days ◦ Stress Management Rider Available ◦ Addiction Cessation Program Available Additional Sum Insured For Accidental Hospitalization 1. Flexi Shield UIN: TATHLIA25039V012425 ◦ Additional Sum Insured for Accidental Hospitalization Up to Base Sum Insured, once in a policy year, Over and above the base Sum Insured Supercharge Bonus Rider 1. Flexi Shield UIN: TATHLIA25039V012425 ◦ Supercharge Bonus Rider 100% increase in base Sum Insured of the expiring policy year, max up to 500%, irrespective of Claims Preventive Annual Health Checkup Rider 1. Flexi Shield UIN: TATHLIA25039V012425 ◦ Preventive Annual Health Checkup Rider Available only for insured person(s) aged 18 years and above	
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9.	Claims/Claims Procedure	Claim procedure: For Cashless Service: Notify us at least 48 hours before the planned Hospitalisation. / Within 24 hours after the emergency treatment or Hospitalisation. For Reimbursement of Claim: Intimate Us within 7 days of completion of treatment, consultation or procedure. Submit claim documents within 15 days of occurrence of incident. Kindly sent the claim documents to: TATA AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900 Assistance: i. Website www.tataaig.com or Toll-Free 1800-266-7780 to get details on our empanelled hospitals and list of Excluded providers/ Blacklisted Hospitals. ii. Please refer our website www.tataaig.com to download claim form	Section (5)
10.	Policy Servicing	Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)	Section (4)
11.	Grievances/ Complaints	Redressal of Grievance: To lodge a complaint, please call our 24/7 Toll-Free number 1800-266-7780 or 022-66939500 (toll charges apply) or 1800 22 9966 (Senior Citizen), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT). Escalation Level 1: Email manager.customersupport@tataaig.com. Escalation Level 2: Email the Head of Customer Services at head.customerservices@tataaig.com You may approach the Insurance Ombudsman of concerned jurisdiction (Refer Annexure A) or lodge a grievance on the Bima Bharosa Grievance Redressal Portal: https://bimabharosa.irdai.gov.in	Section (4)
12.	Things to remember	Free Look Period: The Insured Person shall be provided a free look period of thirty days beginning from the date of receipt of the Policy document, to review the terms and conditions of the Policy, and to return the same if not acceptable. Policy Renewal: The Policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation and non-disclosure by the insured person.	Section (4)

		Migration The Insured Person will have the option to migrate the Policy to other Health Insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the Policy renewal date as per IRDAI guidelines. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, Waiting Period for pre-existing diseases, Moratorium Period etc. in the previous Policy to the migrated Policy, as applicable. Portability The Insured Person will have the option to port the Policy to other Insurers by applying to such Insurer to port the entire Policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines. If such person is presently covered and has been continuously covered without any lapses under any Health Insurance Policy with an Indian General/Health Insurer, the proposed Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus, specific Waiting Periods, Waiting Period for pre-existing disease, Moratorium Period etc. from the Existing Insurer to the Acquiring Insurer in the previous Policy, as applicable. Moratorium Period After completion of five continuous years under the Policy no look back to be applied. This period of five years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of five continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no Health Insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy Contract. The Policies would however be subject to all limits, Sub-Limits, co-payments, deductibles as per the Policy Contract.	
13.	Your Obligations:	Please disclose all pre-existing disease(s) or condition(s) before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy. Please specify all Material Facts. "Material facts" for the purpose of this policy shall mean all relevant information which will enable Us to take informed decision in the context of underwriting the risk.	



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Declaration by the Policy Holder :

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

Place: RAJKOT

Jaysukh Babulal Khunt

Date: 03/09/2025

(Signature of the Policyholder)

Note:- In the event of no response from your end within 15 days of this Customer Information Sheet Receipt, it will be deemed that you have read the aforementioned document and confirmed having noted the details.

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, optional benefits, exclusions, limitations, terms & conditions, please read the Policy Wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License

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