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TATA AIG Travel Insurance - Group Domestic



Certificate Of Insurance

Insured Person Name	KIRAN JAISWAL
Correspondence Address	., ., GURGAON - 122101, HARYANA, India
Insured Person Contact No.	9411112488
Insured Person Email ID	annuag@gmail.com
Insured Person Date of Birth (DD/MM/YYYY)	



For policy details, Please scan the QR code

Unlock Policy Details at Your Fingertips 

Download now

TATA AIG App<https://taig.in/551c26a>

You can also visit our website

www.tataaig.com

WhatsApp us

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

Agent/Intermediary Name	Agent/Intermediary License No.	Agent/Intermediary Contact No.
DIRECT AFFINITY	NA	02264898282

Master Policyholder Name	AIR INDIA LIMITED	Issuing Office	MUMBAI
Correspondence Address	GROUND FLOOR TO SEVENTH FLOOR BLOCK 2 AND 4, VATIKA ONE ON ONE SECTOR 16,, GURGAON HARYANA, GURGAON - 122006, HARYANA, India	Servicing Office	MUMBAI
Master Policy No.	0239878341	Proposal No.	PR/26/7202285974
Certificate No.	50196237	Partner Application No.	
State Code	20	Place of Supply	MAHARASHTRA

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office : Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India.

24*7 Customer Support No.: 022 6489 8282/1800 267 1955 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com
IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425 • TATA AIG Travel Insurance - Group Domestic • UIN: TATTGDP25047V032425



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Detail of Group

Customers of the Master policy holder booking flight tickets through its platform/ booking channel

Cover Period From	10-10-2026	Purpose of Trip	Leisure
Cover Period To	13-10-2026	No. of Travel Days	4
Place Of Origin	DEHRA DUN	City/State/Zone	INDIA
Place of Destination	BANGALORE	Round Trip	-
Policy Issue Date	16-06-2026	Age	
Certificate Issue Date	17-09-2026	Group Category	Non Employee Employee
Annual Multi-Trip	-	Nature of Trip	One Way Trip

Premium Details:

Premium Details	Amount(₹)
Gross Premium (Excluding GST)	438.98
GST as Applicable Taxes	79.02
Final Premium (Including GST)	518.00

Insured Person Details:

Sr. No.	Name Of Insured Person	Gender	Date of Birth	Nominee Name
1	KIRAN JAISWAL	Female		Legal heir
2	MANJEET KAUR	Female		Legal heir

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	Permanent Address of the Nominee	Mobile Number	Email ID	Percentage Share for Claim Amount Payable
Legal heir		.	.	.			
Legal heir		.	.	.			

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Bank Details of the Nominee:

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

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Plan Name	JulyAir India259 SI2L
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Coverage Details:

Sr. No.	Coverage	Sum Insured (₹)	Aggregate Limit (₹)	Deductible (₹)	Co-Pay	Sub-Limits	Conditions
1	Add on-Accommodation cancellation	25000	0	0	0		
2	Add on-Bounced Bookings Of Accommodation	5000	0	0	0		
3	Add on-Common Carrier Delay	10000	0	0	0		Deductibles 6 hrs Flight Delay only
4	Add on-Compassionate Visit Travel	25000	0	0	0		
5	Add on-Convenient Travel Option	25000	0	0	0		
6	Add on-Delay of Checked-in baggage	7500	0	0	0		Deductibles 5 hrs
7	Add on-Hijack Daily Allowance	5000	0	0	0		Deductibles 24 hours INR 1000 Per day Maximum 5 days
8	Add on-Home Content Burglary	200000	0	0	0		
9	Add on-Loss of Checked-in Baggage	10000	0	0	0		Per article/Per bag limit- 10%/50%
10	Add on-Missed Connection	7000	0	0	0		
11	Add on-Missed Flight / Cruise	5000	0	0	0		
12	Add on-Personal Liability	250000	0	0	0		

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13	Add on-Trip Cancellation	25000	0	0	0		
14	Add on-Trip Interruption	15000	0	0	0		
15	Add-on -Terrorism Cover	0	0	0	0		Included Medical expenses-Accident Only
16	Base Cover-Accidental Death(24 Hours)	1000000	0	0	0		
17	Base Cover-Hospital Daily Cash-Accident only	20000	0	0	0		INR2000 per day-Accident only-Maximum 10 days Deductibles 1 day
18	Base Cover-Medical Expenses - Accident Only	200000	0	0	0		
19	Extension-Emergency Medical Evacuation	200000	0	0	0		Included in Medical Expenses -Accident Only
20	Extension-Outpatient Expenses-Accident only	10000	0	500	0		
21	Extension-Permanent Partial Disability	1000000	0	0	0		
22	Extension-Permanent Total Disability	1000000	0	0	0		
23	Extension-Repatriation of Mortal Remains	200000	0	0	0		Included in Medical Expenses -Accident Only

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Conditions (if any): AGGREGATE LIMIT (PER INCIDENT) FOR ACCIDENTAL DEATH IS INR 50,00,000. MAXIMUM TRIP DURATION IS 15/30/60/90/180 per person per trip as per the plan opted. THIS COVER IS VALID FROM THE TRIP START DATE AS MENTIONED IN THE COI AND TRIP/POLICY END DATE WILL BE EARLIEST OF DATE OF RETURN JOURNEY (IF RETURN TICKET BOOKED THROUGH SAME PLATFORM), DATE OF TERMINATION OF ONE WAY JOURNEY OR 15/30/60/90/180 DAYS (as per the plan opted). ANY POLICY/CERTIFICATE OF INSURANCE ARE NON REFUNDABLE AFTER THE COMMENCEMENT OF TRIP OR IF ANY CLAIM HAS BEEN LODGED UNDER SUCH POLICY/CERTIFICATE OF INSURANCE. ANY CLAIMS ARISING OUT OF PRE-EXISTING DISEASE AND MATERNITY ARE NOT COVERED. INSURANCE TO BE PURCHASED ALONG WITH FLIGHT TICKET BUYING JOURNEY ONLY AND NOT TO BE PURCHASED ON STANDALONE BASIS. INSURANCE TO BE AVAILABLE ONLY IF END BENEFICIARY TRAVELS IN AIR INDIA FLIGHT BOOKED THROUGH AIR INDIA'S BOOKING CHANNEL AND NOT ANY OTHER PLATFORM. SAME BENEFITS / PLAN TO BE AVAILABLE FOR MULTIPLE PERSONS IN SINGLE PNR. THE INSURANCE NOT TO BE SOLD WITH AGENT BULK BOOKINGS. ADDRESS OF THE INSURED PERSON WILL BE CONSIDERED AS PER GOVERNMENT OF INDIA ISSUED ID CARDS. POLICY WORDINGS, ONLY OF OPTED BENEFITS AS SPECIFIED IN THIS CERTIFICATE OF INSURANCE, SHALL BE APPLICABLE AND MUST BE READ IN CONJUNCTION WITH THIS CERTIFICATE OF INSURANCE. DATE OF BIRTH AND CORRESPONDING AGE WILL BE CONSIDERED AS PER GOVERNMENT OF INDIA ISSUED ID CARDS.

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Important Exclusions:

The Company will not be liable to make any payment for any Claim under the Policy in respect of an Insured Person, caused by, arising from or in any way attributable to any of the following, except where provided to the contrary under any Coverage(s) within the Policy:

1. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel.
3. Losses due to war or any Act of War, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, Chemical and biological weapons, ionising radiation.
4. Where the Insured Person is travelling against the advice of a Medical Practitioner; or receiving or on a waiting list for receiving specified medical treatment; or is travelling for the purpose of obtaining treatment; or has received a terminal prognosis for a medical condition.
5. Any Claim occurring in a geographic zone/City/State which is not specifically covered under the Policy.
6. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness.
7. Treatment that is not scientifically recognised or Unproven/Experimental treatment, or any form of clinical trials or any kind of self-medication and its complications.
8. Rest or recuperation at a spa or health resort, sanatorium, convalescence home or institution.
9. Any form of Alternative Treatment: AYUSH Treatment; Hydrotherapy, Acupuncture, Reflexology Treatment or any other form of indigenous system of medicine.
10. Any injury, Accident, illness or any other loss sustained or contracted or caused by the Insured Person as a consequence of the Insured Person being intoxicated or being under the influence of any narcotic or drug or alcohol.
11. Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft or Scheduled Airline.
12. Insured Person's actual or willful participation in, an illegal act or any violation or attempted violation of the law.
13. All sexually transmitted diseases including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis and any condition caused by or associated with them. -.
14. Any treatment taken outside India.
15. Any Non-Medical Expenses (list enclosed - Annexure I) in Policy Wordings.

The details mentioned above are in brief, for complete list of Exclusions in the Policy, please refer the Policy Terms and Conditions.

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- Insurance is the subject matter of solicitation. For complete details please refer to the Policy Wordings.
- For complete benefits, terms & conditions please refer the below link:
https://www.tataaig.com/s3/tata_aig_travel_insurance_group_domestic_policy_wordings_366f64619f.pdf
- The Certificate of Insurance has to read in conjunction with the Policy Wordings. Only the benefits/covers opted and mentioned in this Certificate of Insurance will be applicable.
- For details regarding the Grace Period, free-look period, and Policy cancellation provisions, please refer to the Customer Information Sheet (CIS) attached with your Certificate of Insurance.

Claims Administrators Details:

Address for Reimbursement Claim (For Insured only):

Claims Department

TATA AIG General Insurance Company Ltd 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon (E), Mumbai, Maharashtra 400063.

Visit our website: www.tataaig.com or Email at general.claims@tataaig.com or call our 24*7 Customer Support No.: **022 6489 8282** (Accessible from all lines) or **1800 267 1955** (For Senior Citizens).

Policy Servicing/Grievances/Complaints:

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint/claim, please feel free to call our 24*7 Customer Support No.: **022 6489 8282/1800 267 1955** (For Senior Citizens) (toll free) or you may email to the customer service desk at customersupport@tataaig.com. Please refer The Company's website for the detailed grievance redressal Policy.

Prohibition of Rebates – Section 41 of Insurance Act, 1938 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.

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Regards,

For TATA AIG General Insurance Company Limited

Digitally Signed by: Malpa Devi Maharana

Date: 10-10-2026

Location: Mumbai

Authorised Signatory

MUMBAI

This Certificate of Insurance shall at all times be read in conjunction with the Master Policy including as to the T&Cs of the Master Policy, the Sum Insured under the Master Policy, and the premium payable under the Master Policy.

For Master Policy copy you may please contact the Master Policyholder.

In case there is a change in any of the information already provided in the Proposal/Enrollment Form like mobile number, email IDs, residential address, bank account details, nominee details during the term of the Policy, Policyholder should update such information with the Partner/Insurer, to enable the Insurer to provide efficient Policy Servicing.

Policy Servicing Office:

BUILDING NO. 28, GROUND AND MEZZANINE FLOOR, DR. ERNEST BORGES ROAD, PAREL EAST, OPP. SHIRODKAR HIGH, MUMBAI - 400012,
MUMBAI-400012 Tel No: 62606600



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Table of Losses - A

Type of Permanent Total Disability	Percentage (%) of Sum Insured (as specified in Certificate of Insurance)
Actual Loss by physical separation or Functional Loss of both Hands or Both Feet	100%
Actual Loss by physical separation or Functional Loss of sight of Both Eyes	100%
Actual Loss by physical separation or Functional Loss of one Hand and One Foot	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot and Sight of One Eye	100%
Loss of Speech and Hearing in Both Ears	100%
Actual Loss by physical separation or Functional Loss of either Hand or Foot	50%
Loss of Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing in Both Ears	50%
Actual Loss by physical separation or Functional Loss of Thumb and Index Finger of Same Hand	25%
Quadriplegia	100%
Paraplegia	100%
Hemiplegia	100%
Uniplegia	50%

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Table of Losses - B

Type of Permanent Partial Disability	Percentage (%) of Sum Insured (as specified in Policy Schedule / Certificate of Insurance)
Loss of toes – all	20%
Great Toe	5%
Other than great toe, if more than one toe lost, each	1%
Loss of Hearing – both ears	50%
Loss of hearing – one ear	25%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	25%
Loss of thumb	15%
Loss of index finger	10%
Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%

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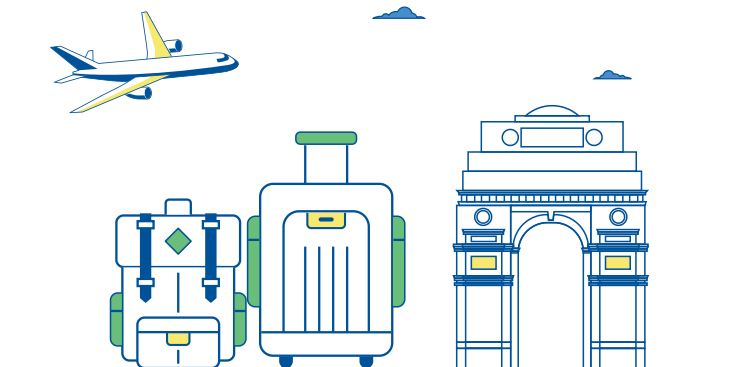
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Receipt

Receipt No.		202600010011036		Receipt Date	17/09/2026
Sr. No.	Certificate of Insurance No.	Mode of Payment	Total Premium (₹) (Including GST)	Utilised from the Receipt for Policy (₹)	Balance (₹)
1.	50196237	instaPolicy	518	518	0
Payer Name: KIRAN JAISWAL Amount Recieved (In Words): Five Hundred Eighteen Notes: 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.					
GSTIN: 27AABCT3518Q1ZW-MAHARASHTRA				Service Accounting Code: 997136	



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Coverage of COVID - 19

Policy No.	0239878341	Certificate No.	50196237	Date	17-09-2026
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With reference to outbreak of COVID – 19, we wish to bring it to the notice of our Domestic Travel Insurance Customers, Intermediaries, Embassies and Consulates that this Policy offers coverage towards Medical expenses related to COVID – 19, subject to Policy terms and conditions.

Coverage for medical expenses is available up to the limits mentioned in the Policy Schedule for expenses incurred due to sudden and unexpected sickness or accident arising when Insured is within geographical boundaries of the Republic of India. Policy Wordings can be referred for detailed terms and conditions.

Medical Sum Insured	₹ 200000 per person (Medical Sum Insured as per the plan opted)
Insured Name-1	KIRAN JAISWAL
Insured Name-2	MANJEET KAUR

Please get in touch with our Customer Support team at customersupport@tataaig.com or call us at **022 6489 8282** for any clarifications/queries.

Regards,

For TATA AIG General Insurance Company Limited

Digitally Signed By: Malpa Devi Maharana

Date: 17-09-2026

Location: Mumbai

Authorised Signatory

MUMBAI

Disclaimer: Insurance is the subject matter of the solicitation. For more details on 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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