

**Claims Process – RuPay Insurance Program 2023-24 for RuPay Platinum & Higher Variant Cards**

**A) Claim intimation**

1. All the claims where incident has happened in the financial year 2023-24, should be intimated to be sent to **general.claims@tataaig.com** & **rupay@tataaig.com**, along with incident details & policy number.
2. TATA AIG will register the claim and provide the claim number to the Member Bank within 2 working days with the policy number in subject line.
3. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by TATA AIG for investigation and honored, if all terms under the policy are met as on date of accident.

**B) Documents Receipt / Follow-up**

All documents are to be received at TATA AIG General Insurance Company Limited office at the below mentioned address:

**Claims Department**

TATA – AIG General Insurance Co. Ltd  
8<sup>th</sup> Floor, R Tech Park, Village Pahadi  
Taluka Goregaon, Mumbai Suburban,

CTS No: 586/2(part), 586/4(part),  
586/7/B Goregaon E

Mumbai – 400063.

1. Claim intimation should be within Ninety (90) days from the date of accident. In case where a person is hospitalized (and under a critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted

TATA AIG General Insurance Co. Ltd. for investigation and honored, if all terms under the policy are met as on date of accident.

2. All supporting documents relating to the claim must be submitted within sixty (60) days from the date of intimation.
3. The eligible claims will be settled in thirty (30) working days from the date of receiving the complete documents set.
4. In case the settlement is not confirmed, the Bank should follow up with TATA AIG General Insurance Co. Ltd. for status update of the claim and comply for the pending requirements in hard copy by post/courier. (Scanned images of required documents shall not be sent to the Insurance Company).
5. In case documents are not received within sixty (60) days of claim intimation, 1<sup>st</sup> reminder, email will be issued to Member Bank by TATAAIG
6. 2<sup>nd</sup> reminder email will be sent by TATA AIG after eighty (80) days from claim.
7. For all claim status related queries please contact 24\*7 toll free number 18002667780.
8. Closure email / hard copy letter will be sent to Member Bank on 90<sup>th</sup> day from claim intimation in case of no communication received from Member Bank and claim will be closed in the TATA AIG system.

**C) Investigator Appointment (Specific cases that need detailed investigation)**

Based on the merit of the claim, TATA AIG investigation team shall be appointed. TAT: T +3 (T is the day on which the claim documents received from the Member Bank).

In 30 days, Investigation report will be finalized. If there is a delay because of some more facts, an interim report will be requested.

**D) Claims Follow up / Processing**

The reminders shall be sent by TATAAIG to Member Bank at regular intervals for pending claim documents, a communication via letter in hard copy / email will be sent to client with defined timeline. All emails sent for the purpose of follow up should be marked to NPCI Insurance mail id [rupayinsurance@npci.org.in](mailto:rupayinsurance@npci.org.in).

Reminder process would be same for the documents deficiency also.

1<sup>st</sup> reminder T+60

2<sup>nd</sup> reminder T+80

Closure Letter T+

90 T is Date of

Intimation

**E) Escalation Matrix**

**For Claims:**

Sr. No	Escalation Level	Name	Designation	Email ID
1	First	Mr. Farhan Shaikh	Chief Manager – Accident & Travel Claims	farhan.shaikh@tataaig.com
2	Second	Mr. Milind Ambre	Associate Vice President	Milind.ambre@tataaig.com
3	Final	Mr. Mahendra Sarvankar	Vice President – Accident & Travel Claims	Mahendra.Sarvankar@tataaig.com

**For Policy Administration:**

Sr. No	Escalation Level	Name	Designation	Email ID
1	SPOC	Mr. Shubham Raj	Management Trainee – Major Account Practice	Shubham34.raj@tataaig.com
2	Escalation 1	Ms. Anita Panditaa	Zonal Head – Major Account Practice	Anita1.panditaa@tataaig.com

**F)****G) Claim Payment**

Once the claim is approved, the payment in the form of **NEFT** shall be done to the cardholder (in case of Disablement) / to nominee or legal heir (in case of Death) along with a covering letter.

**H) Dispute Management**

Committee of 3 people as mentioned below to resolve the dispute.

1. Representative from TATA AIG General Insurance Co. Ltd.
2. Representative from NPCI.
3. Representative/s of the disputing Bank/s.

**I) Document check list –****For Accidental Death Claims:**

- a) Claim Form duly completed and signed.
- b) Certified copy of Death Certificate.
- c) Certified copy of FIR/ Police report giving description of the accident.
- d) Certified copy of Post Mortem Report along with Chemical Analysis/ FSL reports (wherever applicable).
- e) Copy of all medical records, if hospitalized
- f) Copy of Newspaper cutting, if any.

- g) Original CKYC Form with KYC, NEFT documents of Nominee
- h) Aadhar copies of Cardholder and Nominee.
- i) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Compliance of 30 days transaction criteria (to be supported with complete transaction log / account statement from the bank's system)
  3. Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*
  4. Brief description of Accident as per FIR translated in English or Hindi.
  5. Bank official's Name and contact details with email ID.

\*Additional documents may be requested by TATA AIG based on the case requirement such as Medical Reports, Identity documents, etc.

**Permanent Total Disability Claim: –**

- a) Claim Form duly completed and signed.
- b) Copy of discharge card along with all investigation report, consultation / follow-up notes wherein insured had undergone pertaining to accident and case history confirmation therein duration & percentage of disability duly certified by the concerned / treating Physician / Surgeon.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) All investigation report in original copies\* thereof in respect of tests had undergone pertaining to accident.
- e) Additional documents, if any, based on merit of the loss.
- f) Aadhar copies of Cardholder and Nominee
- g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Meeting 30 days transaction criteria (to be supported with complete transaction

log / account statement of 30 days from the bank's system)

3. Nominee Name and his banking details (including Passbook copy)

4. Brief description of Accident as per FIR translated in English or Hindi.

5. Bank official's Name and contact details with email ID.

\*\* If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

**RuPay Insurance Program RuPay Premium Cards for FY - 2023-24****Frequently Asked Questions**Death Claims**Q1. What is an accident?**

Ans. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Q2. What are the benefits payable under this policy?**

Ans. Now you can protect yourself with Personal Accident Insurance against accidental injuries caused by all kind of accidents. The policy provides the benefits to you, for Accidental Death and Permanent Total Disability.

**Q3. Does the Personal Accident policy cover natural death, suicide or death due to some illness/disease/pregnancy?**

Ans. No, Personal Accident policy covers death occurring only due to accidents or accidental injuries which are non- intentional or not self-inflicted.

**Q4. What is the available sum insured under the plan?**

Ans. Sum insured of upto Rs 2 lakhs for RuPay Platinum cardholders and upto Rs 10 lakh for RuPay Select cardholders.

**Q5. What is the eligibility criterion to avail Personal Accident Insurance cover on my RuPay Card?**

Ans : Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as under :

1. Minimum one successful RuPay Card induced financial transaction at any POS/e-com, both Intra and Inter-bank i.e. on-us or off us within 30 days prior to date of accident including accident date of RuPay Cardholder

**Q6. Is there any age limit for availing Personal Accident Policy?**

Ans. Personal Accident Insurance is open to all RuPay cardholders subject to fulfilment of the terms and conditions of the policy.

**Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Personal Accident policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

**Q8. Who can be the beneficiary?**

Ans. The beneficiary could be nominee on the account of the cardholder or legal heir as per competent court order.

**Q9. Who is the beneficiary in case there are multiple heirs / beneficiaries?**

Ans. In case of multiple beneficiaries the claim is settled in the name of heir as per legal heir certificate submitted.

In case the legal heir absolves his right of claim (i.e. legal heir doesn't want to claim) we will need the NOC from him/her and the claim can be settled in the name of other beneficiary so nominated.

**Q10. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank / Bank branch where RuPay cardholder has an account.

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank / Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. What are the claim documents to be submitted in case of a claim, whether incident has happened in India or overseas?**

Ans. For Accidental Death Claims:

- a) Claim Form duly completed and signed.
- b) Original or Certified copy of Death Certificate.
- c) Original or Certified copy of FIR/ Police report giving description of the accident.
- d) Original or certified copy of Post Mortem Report along with Chemical Analysis/ FSL reports (wherever applicable).
- e) Copy of all medical records, if hospitalised
- f) Copy of News paper cutting, if any.
- g) Original CKYC Form with KYC, NEFT documents of Nominee
- h) Aadhar copies of Cardholder and Nominee.
- i) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:
  1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
  2. Compliance of 30 days transaction criteria (to be supported with complete transaction log / account statement of entire 30 days from the bank's system)

3. Nominee details (including NEFT details) as per bank. Nominee form submitted at the time of account opening\*
4. Brief description of Accident as per FIR translated in English or Hindi.
5. Bank official's Name and contact details with email ID.

\*Additional documents may be requested by TATA AIG based on the case requirement such as Medical Reports, Identity documents, etc.

\*\* If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

**Q13. In how many days the claims will be settled?**

Ans. The claims will be settled in thirty (30) working days from the date of receiving the complete document set by TATA AIG General Insurance Co. Ltd

**Q14. In how many days should I intimate about claim?**

Ans. The intimation should be immediate to TATAAIG General Insurance Co. Ltd or Bank but not later than ninety (90) days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within ninety (90) days of loss/incident such claim cases will be accepted by TATA AIG General Insurance Co. Ltd for investigation and honoured, if all terms under the policy are met as on date of accident.

**Q15. In how many days should I submit the claim documents?**

Ans. The claim documents must be submitted within sixty (60) days from the date of claim intimation.

**Q16. In case RuPay Cardholder having a Personal Accident policy with another insurance Company, will this Insurance Policy will be an additional cover?**

Ans. Yes, the policy is a benefit policy and hence it will be an additional cover over the other Personal Accident insurance policies being held by the cardholder.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein TATA AIG General Insurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

**Q18. What are the exclusions applicable?**

Ans. TATA AIG General Insurance Co. Ltd shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

*Sub-Clause (b):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1.a.a. Sight of both eyes, or of the actual loss by “physical separation” of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.

1.a.b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

*Sub-Clause (c):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

1. the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.
2. total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

*Sub-Clause (d):* If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
2. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than

- as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
  4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
    - Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
    - Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
    - Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.
  5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. If the incident occurs in a timeline of 0-30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and claim can be intimated as applicable for Premium Cardholders.

**Q20. Since the cover is effective 1<sup>st</sup> April, 2023 and upto 31<sup>st</sup> March, 2024, if incident happens on 15<sup>th</sup> April, 2023 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q21. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different

banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

Note: For additional information, please refer policy wordings document available at <Link of Bank website>.

**Permanent Total Disability****Q1. What is Permanent Total Disability?**

Ans. Permanent Total Disability is defined as permanent loss of ability to use a body part due to accidental injuries. The cover is restricted as mentioned in table in answer to Question No 3 below.

**Q2. What is the benefits payable under this policy?**

Ans. This policy pays for any Permanent Total Disability due to an accident.

**Q3. What is covered under Permanent Total Disability whether incident has happened in India or overseas?**

Ans. Permanent Total Disability due to an accident will cover the following:

<b>The Disablement</b>	<b>Compensation %</b>
1) <b>Permanent Total Disablement</b>	100%
2) Permanent and incurable insanity	100%
3) Permanent Total Loss of two <b>Limbs</b>	100%
4) Permanent Total <b>Loss of Sight</b> in both eyes	100%
5) Permanent Total <b>Loss of Sight</b> of one eye and one <b>Limb</b>	100%
6) Permanent Total <b>Loss of Speech</b>	100%
7) Complete removal of the lower jaw	100%
8) Permanent Total <b>Loss of Mastication</b>	100%
9) Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <b>Daily Activities</b> essential to life without full time Assistance	100%
10) Permanent Total <b>Loss of Hearing</b> in both ears	75%
11) Permanent Total Loss of one <b>Limb</b>	50%
12) Permanent Total <b>Loss of Sight</b> of one eye	50%
13) Permanent Total <b>Loss of Hearing</b> in one ear	15%
14) Permanent Total Loss of the lens in one eye	25%
15) Permanent Total Loss of use of four fingers and thumb of either hand	40%
16) Permanent Total Loss of use of four fingers of either hand	20%
17) Permanent Total Loss of use of one thumb of either hand:	
a) Both Joints	20%
b) One joint	10%

18) Permanent Total Loss of one finger of either hand: a) Three joints b) Two joints c) One joint	5% 3.5% 2%
19) Permanent Total Loss of use of toes: a) All-one foot b) Big-both Joints c) Big-one joint d) Other than Big- each toe	15% 5% 2% 2%
20) Established non-union of fractured leg or kneecap	10%
21) Shortening of leg by at least 5cms	7.50%
22) Ankylosis of the elbow, hip or knee	20%

**Q4. What is the available sum insured under this insurance cover?**

Ans. Sum insured of upto Rs 2 lakhs for RuPay Platinum cardholders and upto Rs 10 lakhs for RuPay Select cardholders.

**Q5. What is the eligibility criterion to avail Permanent Total Disability Insurance cover on my RuPay Debit Card?**

Ans : Benefits of Insurance will be available to the Cardholders who have performed minimum one successful transaction as under :

Minimum one successful RuPay Card induced financial transaction at any POS/e-com, both Intra and Inter-bank i.e. on-us or off us within 30 days prior to date of accident including accident date of RuPay Cardholder

**Q6. Is there any age limit for opting Permanent Total Disability Policy?**

Ans. Permanent Total Disability Insurance policy is open to all RuPay cardholders subject to fulfilment of the terms and conditions of the policy.

**Q7. Does the policy have a worldwide coverage?**

Ans. Yes, the Permanent Total Disability policy will cover you even if the incident has happened when out of the country. Claim will be paid in Indian rupees as per the sum insured on submission of required documentation. There is no negative list of countries.

**Q8. Who can be the beneficiary?**

Ans. Beneficiary will be the insured/Nominee under this policy.

**Q9. What are the claim documents to be submitted in case of claim?**

Ans. Permanent Total Disability Claim Forms:-

- a) Claim Form duly completed and signed.
- b) Copy of discharge card along with all investigation report, consultation / follow-up notes wherein insured had undergone pertaining to accident and case history confirmation therein

duration & percentage of disability duly certified by the concerned / treating Physician / Surgeon.

c) Original or Certified copy of FIR/ Police report giving description of the accident.

d) All investigation report in original copies\* thereof in respect of tests had undergone pertaining to accident.

e) Additional documents, if any, based on merit of the loss.

f) Aadhar copies of Cardholder and Nominee

g) Declaration from Card Issuing Banks duly signed by authorized signatory and bank stamp specifying that:

1. Cardholder is holding a RuPay card on RuPay issued IIN and mention the 16 digit card number
2. Meeting 30 days transaction criteria (include the complete transaction log / account statement of entire 30 days from the Banks system)
3. Nominee Name and his banking details (including Passbook copy)
4. Brief description of Accident as per FIR translated in English or Hindi.
5. Bank official's Name and contact details with email ID.

\*\* If the original claim documents are submitted to any particular General Insurance co., copies of the same duly certified by Branch in-charge of RuPay card issuing bank can be submitted.

**Q10. In how many days the claim will be settled?**

Ans. The claims will be settled in thirty (30) working days from the date of receiving the complete document set by TATA AIG General Insurance Co. Ltd

**Q11. Whom should I contact in case of a claim?**

Ans. Please contact RuPay cardholder Bank/Bank branch of which RuPay cardholder has a card for intimating claim.

**Q12. How do I make a claim?**

Ans. Please fill the entire documents as per the checklist and submit the same to the Bank/Bank branch where RuPay cardholder has an account.

**Q13. In how many days should I intimate about claim?**

Ans. Please intimate about the claim within 90 days of the date of accident. In case where the person is hospitalized (and under critical condition) and is unable to file claim within 90 days of loss/incident such claim cases will be accepted by TATA AIG General Insurance Co. Ltd for investigation and honored, if all terms under the policy are met as on date of accident.

**Q14. In how many days should I submit the claim documents?**

Ans. The claim documents needs to be submitted within 60 days from the date of claim intimation.

**Q15. Can I claim additional cover on my existing Permanent Total Disability cover from other Insurer (s) company?**

Ans. Yes, it will be an additional cover over any other existing insurance cover being held by the cardholder.

**Q16. Accidental Injury can I avail the cashless facility?**

Ans. This is not a mediclaim policy hence, cashless facility is not available for Personal accident policy.

**Q17. What do you mean by exclusions?**

Ans. Exclusions are situations or conditions wherein TATA AIG General Insurance Co. Ltd is not liable to pay the benefits to insured person in the event of accident.

**Q18. What are the exclusions applicable?**

Ans. TATA AIG General Insurance Co. Ltd shall not be liable under this policy for the following exclusions:

1. Compensation under more than one of the foregoing Sub-clauses in respect of the same period of the same period of disablement of the Insured person.
2. Any other payment to the same person after a claim under one of the Sub-Clauses (a), (b), or (d) has been admitted and become payable. However, amounts relating to medical expenses, carriage of dead body would be payable in addition if applicable.  
*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.  
*Sub-Clause (b):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  - 1.a.a. Sight of both eyes, or of the actual loss by “physical separation” of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Policy Schedule herein applicable to such Insured person.
  - 1.a.b. Use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.*Sub-Clause (c):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  1. the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum

Insured stated in the Policy Schedule hereto, applicable to such Insured person.

2. total and irrecoverable loss of use of a hand or a foot without physical separation, fifty percent (50%) of the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such Insured person.

Note: For the purpose of Clauses (b) and (c) above, physical separation of a hand means separation at or above the wrist and of the foot means at or above the ankle.

*Sub-Clause (d):* If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured, stated in the Policy Schedule hereto applicable to such insured person.

Any payment in case of more than one claim in respect of such insured person under the Policy during any one period of insurance by which the maximum liability of the Company specified in the Policy schedule applicable to such Insured person would exceed the sum payable under sub-clause (a) of this Policy to such insured person. However, amount relating to medical expenses and carriage of dead body would be payable in addition if applicable.

*Sub-clause (a):* If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured person, the Capital Sum Insured stated in the Policy Schedule hereto, applicable to such insured person.

1. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
2. Payment of compensation in respect of Death, injury of Disablement of the Insured person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, aids or insanity, (e) arising or resulting from the insured person committing any breach of law with criminal intent, (Standard type of Aircraft means any aircraft duly licensed to carry passengers ( for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multi engine.
3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to : War, Invasion, Act or foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments of all kings, princes and people of whatsoever nation condition or quality.
4. Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the Insured person -
  - Directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.

- Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
- Provided also that the due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured person be a condition precedent to any liability of the Company under this Policy.

5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

**Q19. Is there is provision for interim relief on Insurance?**

Ans. There is no provision for interim relief until establishment of entitlement upon which the claim is payable as qualified.

**Q20. If the incident occurs in a timeline of 30 days of issuance of the RuPay card, thereby not giving a window of 30 days qualifying criteria for doing a transaction in order to be eligible for the insurance benefit, is the Cover still valid?**

Ans. Yes, as an exception in such cases the cover is still valid and can be intimated as applicable for Premium Cardholders.

**Q21. Since the cover is effective 1<sup>st</sup> April, 2023 and upto 31<sup>st</sup> March, 2024 if incident happens on 15<sup>th</sup> April, 2023 and the transaction has happened prior to the policy period is the cover valid?**

Ans. Yes, as long as the incident has happened in the policy period the cover is valid.

**Q22. For how many cards will I be eligible for the compensation of Insurance cover?**

Ans. The Insurance policy is applicable for the compensation of only one eligible RuPay card per cardholder or per customer, even if multiple cards held by cardholder of same / different banks meet the eligibility criteria. The choice of the card for the claim would rest with the customer.

# TATA-AIG GENERAL INSURANCE COMPANY LTD

Address: 8<sup>th</sup> Floor, R Tech Park, Village Pahadi Taluka  
Goregaon (E) Mumbai – 400063 Maharashtra



## Personal Accident Insurance Claim form For RuPay Cardholder's

### IMPORTANT

1. Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract.
2. No claim will be admitted without a Medical Report as per format to be obtained at claimant's expense.
3. Claim form for Accidental Death/Dismemberment of RuPay Platinum / Select Cardholder's (To be submitted at the Branch)

Policy No. for Platinum Card 0239318916

Policy No. for Select Card 0239321718

Claim No. \_\_\_\_\_

### 1 PERSONAL DETAILS

Name of RuPay Cardholder \_\_\_\_\_

Address \_\_\_\_\_ City\_ \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_

#### Type of RuPay Card held (please tick):

RuPay Platinum Card

RuPay Select Card

<b>Bank Account No:</b>	_____
<b>RuPay Card No :</b>	_____

Date of Last Transaction (POS/ECOM): \_\_\_\_\_

Nature of Transaction: \_\_\_\_\_

**Any other RuPay Card held by the same person: YES / NO**

(If Yes please give details): \_\_\_\_\_

### 2 CLAIMANT (NOMINEE) DETAILS (Mandatory for Death claims)

Name of the Nominee (Claimant) \_\_\_\_\_

(As per Bank Records)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

PIN \_\_\_\_\_

Relationship with deceased customer \_\_\_\_\_

Mobile Number & Email id \_\_\_\_\_



**3 BRANCH DETAILS (FOR CUSTOMER)**

**Bank Name** \_\_\_\_\_  
 Name of Branch \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 PIN \_\_\_\_\_  
 IFSC code of Branch \_\_\_\_\_  
 Name of Branch Contact \_\_\_\_\_  
 Mobile Number \_\_\_\_\_  
 Email id \_\_\_\_\_

**4 DETAILS OF ACCIDENT**

Nature of claim DEATH / DISABLEMENT / DISMEMBERMENT

Date of Incident \_\_\_\_\_  
 Date of Death (if applicable) \_\_\_\_\_  
 Place and Location (Full Address) \_\_\_\_\_  
 Cause Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5 DETAILS OF INJURIES**

**WITNESSES**

- 1) Name
- 2) Name

**6 DETAILS OF INJURIES**

Specify Injured / dismembered Parts of Body -----  
 -----  
 Total Disablement (if any) -----  
 Percentage -----(%) -----(In Words)

**7 WITNESSES**

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_

**8 TREATMENT DETAILS**

**A Casualty Doctor**  
 Name -----  
 Address -----  
 Phone -----  
 Registration No -----  
  
**B Hospital(s) if Hospitalized**  
 Name -----  
 Address -----  
 Phone No -----

**9 AMOUNT OF CLAIM**

A Permanent Disablement                      Amount (Rs)-----

B Death    Amount (Rs)-----

**10 PAST HISTORY**

A Have you made any claims in the PAST with TATA AIG or other insurance company?  
YES/NO

B If YES, please give details including accident and Insurance details

I hereby declare that I have suffered injuries as described above and all the details given are **ABSOLUTELY TRUE AND CORRECT**. I hereby agree to forfeit all my rights to compensation if any of the foregoing facts and /or details are found to be false or incorrect. I further authorize the hospital, doctor diagnostic laboratory, organization, establishment or any other body or person dealt with in the course of this claim to give any information or document sought for by the Insurance Company.

**Signature of the Insured/Claimant**

**Signature of Incumbent with branch Seal**

**Date:**

**Place**



**Annexure D**

**Declaration from Member Bank [on Bank's letterhead]**

We hereby confirm that Mr./Mrs. \_\_\_\_\_ having  
Aadhar number \_\_\_\_\_ is holder of  
account number no. \_\_\_\_\_ and was issued a RuPay  
Card bearing no. \_\_\_\_\_.  
Account opening date: \_\_\_\_\_

Card type: [ **PLATINUM / SELECT** ]

A. Details of Card induced transaction qualifying for the RuPay Insurance Program 2023-24.

Date of Transaction : \_\_\_\_\_  
Type of Transaction : \_\_\_\_\_  
Brief Description of transaction : \_\_\_\_\_

\_\_\_\_\_  
[Copy of entire 30 days Account Statement of cardholder with highlighted qualifying  
transaction to be attached]

B. Details of Nominee / Legal Heir

Name of Nominee / Legal Heir: \_\_\_\_\_  
Aadhar Number of Nominee/ Legal Heir: \_\_\_\_\_  
Relation with Cardholder: \_\_\_\_\_  
Nominee's/ Legal Heir's Bank Name: \_\_\_\_\_  
Nominee's/ Legal Heir's Account number: \_\_\_\_\_  
Nominee's/ Legal Heir's Account IFSC code: \_\_\_\_\_

[Copy of Pass Book / Cancelled Cheque of Nominee/Legal Heir's A/c. to be attached]

[In case Nominee details are not available, Legal Procedure to be adopted as per bank's  
guidelines and Legal Heirs details to be provided.]

AUTHORISED SIGNATORY  
WITH BANK SEAL.

C. Brief Description of Accident [to be narrated in English / Hindi only by Bank Official]

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D. Details of Bank's Official for follow up regarding the captioned claim.

Name and Address of Bank : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Official : \_\_\_\_\_

Contact Number : Mobile: \_\_\_\_\_  
Landline: \_\_\_\_\_

Email ID of Bank **Branch** : \_\_\_\_\_

Email ID of Bank **RO/ZO** : \_\_\_\_\_

We hereby solemnly affirm that the above statements are true and correct to the best of my/our knowledge and belief.

We also confirm that the documents sent in support of the captioned claim are true copies and have been verified by us with the original documents.

AUTHORISED SIGNATORY  
WITH BANK SEAL.