

GLOBAL PERSONAL GUARD (GROUP)

CUSTOMER INFORMATION SHEET

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

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Global Personal Guard (Group)	
2	Policy Number	Kindly refer to Your Policy schedule	
3	Type of Insurance	Kindly refer to Your Policy schedule	
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule	
5.	Policy Coverage (What the Policy Covers)	BASE COVERS: SECTION I: DEATH SECTION II: PERMANENT TOTAL DISABILITY SECTION III: PERMANENT PARTIAL DISABILITY	Section C) a
		Death – If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary Additional Benefits - (If the claim under Section I: Death is accepted for the insured person): a. Transportation of mortal remains: 1% of Sum Insured for transporting the insured's mortal remains. b. Funeral Expenses: 1% of Sum insured towards Funeral Expense of the deceased Insured Person.	Section. I
		Disappearance: If the insured person disappears due to a forced landing, stranding, sinking, or wrecking of a conveyance, they will be presumed dead after 12 months. If found alive after the accidental death benefit is paid, all payments must be reimbursed.	Section. I a. Extension
		Permanent Total Disability – If an accidental bodily injury results in permanent total disability within 12 months, the company will pay the sum insured stated in the Certificate of Insurance. Additional Benefits: If the claim under Section II: Permanent Total Disability is accepted for the insured person) Lifestyle Modification Benefit: 2% of the Sum insured towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the insured person. Note: The additional benefits payable under Section I and II of the base cover is over and above the sum insured opted	Section C. II
		PERMANENT PARTIAL DISABILITY: If an accidental bodily injury causes permanent partial disability within 12 months, the company will pay the specified percentage of sum insured as stated in the policy wordings.	Section C. III
		Optional Covers Accidental Hospitalization Expenses: In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Accidental Bodily Injury, longer than 24 consecutive hours. • Day Care Procedures - Medical Expenses for admission , for duration less than 24 consecutive hours • Pre-Hospitalization - up to 60 days prior to date of admission in hospital • Post-Hospitalization - up to 90 days from date of discharge from the hospital	Optional Cover I
		Adventure Sports Benefit: Section I:Death or Section II: Permanent Total Disability or both the Sections as opted by the Insured, is extended to cover Accidental Bodily Injury sustained during the policy period whilst the Insured is engaged in adventure sports in a non-professional capacity and under the supervision of a trained professional	Optional Cover II
		Air Ambulance Cover - Air ambulance transportation for emergency, life-threatening conditions to the nearest hospital, up to the specified limit. Specific Conditions:	Optional Cover III

		<p>a. Return transportation to the Insured's home by air ambulance is excluded. b. The expenses for Air ambulance transportation are restricted within India Only</p>	
		<p>Children Education Benefit – onetime payment of amount if the claim has been accepted under Section I: Death or under Section II: Permanent Total Disability.</p> <p>Specific Conditions: a. Dependent child/children must be studying at an accredited educational institution. b. Dependent child or children should not exceed 25 years. c. Sum Insured mentioned payable is for all Dependent children collectively .</p>	Optional Cover IV
		<p>Coma Due to Accidental Bodily Injury: Lump sum benefit for accidental injury causing a comatose state within one month from the Date of Accident</p>	Optional Cover V
		<p>EMI Payment Cover: For an accidental injury causing permanent partial disability and preventing work for at least one month, we will pay the EMI amount specified in the Certificate of Insurance.</p>	Optional Cover VI
		<p>Fracture Care: In case of an Accidental Bodily Injury during policy period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will pay the percentage of sum insured as shown in the benefit table specified in policy wordings as stated under the Certificate of Insurance. For more than one of the circumstances: benefit on a cumulative basis will be payable subject to not exceeding the sum insured of this section</p>	Optional Cover VII
		<p>Hospital Cash Benefit - Daily Allowance as specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation necessitated solely due to an Accidental Bodily Injury during the policy period.</p>	Optional Cover VIII
		<p>Loan Protector Cover - Amount commensurating with balance outstanding Loan amount of the Insured Person's loan account specified in the Certificate of Insurance will be payable in case of an Accidental bodily injury resulting in Death or Permanent Total Disability . The claim payable under this optional cover shall be in addition to the benefit payable under the applicable Base Cover.</p>	Optional Cover IX
		<p>Loss of Income Due To Disability From Accident: Weekly payment/s as specified in the Certificate of Insurance for the disability period confirmed by the treating doctor in case of Accidental Bodily Injury which directly and independently of all causes temporarily and completely prevents the insured person from performing each and every duty pertaining to his employment or occupation.</p>	Optional Cover X
		<p>Road Ambulance Cover: In case of an Accidental Injury sustained by the Insured Person during the Policy Period, the Insured Person has to be transferred to the nearest hospital from the spot of Accident or from one hospital to another , the Company will reimburse the actual expenses incurred for ambulance services upto the sum insured specified in the the Certificate of Insurance</p> <p>Specific Conditions: a. Expenses for Road ambulance transportation are restricted within India Only. b. Return transportation to the Insured's home by ambulance is excluded</p>	Optional Cover XI
		<p>Travel Expenses Benefit: In case of an Accidental Bodily Injury within policy period which directly and independently of all other causes results in the Insured Person Hospitalised outside the City/town of his/her usual place of residence as mentioned on the policy schedule and we have paid the claim for accidental Hospitalization, then the Company will reimburse the travel expenses of a Family Member as per the terms and conditions specified in policy wordings.</p>	Optional Cover XII
6	Exclusions (What the policy does not cover)	<p>Standard Exclusions Exclusion Applicable to Accidental Hospitalization Expenses Cover, Hospital Cash Benefit,</p> <ul style="list-style-type: none"> Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14) Unproven Treatments (Excl16) <p>General Exclusions Applicable to All Covers (Including Optional Covers)</p> <ul style="list-style-type: none"> Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10) Treatment for Alcoholism, drug or substance abuse. (Excl12) Medical Treatment Expenses traceable to pregnancy and its complications or miscarriage (Excl 18) Hazardous or Adventure sports: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including 	Section D Standard Exclusions & Specific Exclusions

but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. (Excl09)

Specific Exclusions**I Specific Exclusion Applicable to Accidental Hospitalization Expenses Cover:**

1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.
2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.
3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self-medication or any treatment that is not scientifically recognized.
5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
6. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
7. Any other medical or surgical treatment except as may be necessary solely as a result of Injury.
8. Any treatment taken outside India.
9. Whilst engaged in adventure sports, unless specifically covered under the base policy
10. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization

II Specific Exclusion applicable to Adventure Sports Benefit

No benefit shall be payable under this optional cover in the event of accidental bodily injury sustained whilst engaged in adventure sports activity resulting in Permanent Partial Disability or Temporary Total Disability

III Specific Exclusion Applicable to Coma Due to Accidental Bodily Injury

Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded

IV. Specific Exclusion Applicable to Hospital Cash Benefit:

1. Any Hospitalization for an existing disability from a previous Accident
2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.
3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self-medication or any treatment that is not scientifically recognized.
5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
6. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
7. Any other medical or surgical treatment except as may be necessary solely as a result of Injury.
8. Any treatment taken outside India

V. General Exclusions Applicable to All Covers (Including Optional Covers)

1. Any Pre-existing Condition(s) and complications
2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
3. Mental or nervous disorder, anxiety, stress or depression,
4. Whilst engaging in Adventure Sports unless specifically insured,
5. While under the influence of liquor or drugs, alcohol or other intoxicants.
6. Unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanour, civil commotion,
7. 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
8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs

		<ol style="list-style-type: none"> 9. As a result of any curative treatments or interventions that you carry out or have carried out on your body 10. Arising out of your participation in any police, naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic, 11. Your consequential losses of any kind or your actual or alleged legal liability. 12. Venereal or sexually transmitted diseases, 13. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant 14. War, invasion, acts of foreign enemies 15. Ionising radiation or contamination by radioactivity from any nuclear fuel etc. 16. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines 17. Any Claim caused by osteoporosis or pathological fracture if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date, 18. No Benefit would be payable under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor not payable 19. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident. 																																																	
<p>7</p>	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/treatment are not covered • It is counted from beginning of the policy coverage 	<p>Not Applicable</p>																																																	
<p>8</p>	<p>Financial Limits of Coverage Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" data-bbox="446 1108 1312 1255"> <thead> <tr> <th>Sr No</th> <th>Covers</th> <th>Sum Insured options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Death</td> <td>100% of the Sum Insured</td> </tr> <tr> <td>2</td> <td>Permanent Total Disability</td> <td>100% of the Sum Insured</td> </tr> <tr> <td>3</td> <td>Permanent Partial Disability</td> <td>Upto % of sum insured specified</td> </tr> </tbody> </table> <p>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured</p> <table border="1" data-bbox="446 1360 1323 1927"> <thead> <tr> <th>Sr No</th> <th>Covers</th> <th>Sum Insured options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Accidental Hospitalization Expenses</td> <td>Sub-limit as specified</td> </tr> <tr> <td>2</td> <td>Adventure Sports Benefit</td> <td>25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore</td> </tr> <tr> <td>3</td> <td>Air Ambulance Cover</td> <td>Sub-limit as specified</td> </tr> <tr> <td>4</td> <td>Children's Education Benefit</td> <td>Sub-limit as specified</td> </tr> <tr> <td>5</td> <td>Coma Due to Accidental Bodily Injury</td> <td>Sub-limit as specified</td> </tr> <tr> <td>6</td> <td>EMI Payment Cover</td> <td>Sub-limit as specified</td> </tr> <tr> <td>7</td> <td>Fracture Care</td> <td>Sub-limit as specified</td> </tr> <tr> <td>8</td> <td>Hospital Cash Benefit</td> <td>Sub-limit as specified</td> </tr> <tr> <td>9</td> <td>Loan Protect Cover</td> <td>Sub-limit as specified</td> </tr> <tr> <td>10</td> <td>Loss of Income due to Disability</td> <td>Minimum Rs. 1000/-Per Week Maximum up to Rs 50000/- Per Week</td> </tr> <tr> <td>11</td> <td>Road Ambulance Cover</td> <td>Sub-limit of the SI as specified on policy schedule/certificate of insurance</td> </tr> </tbody> </table>	Sr No	Covers	Sum Insured options	1	Death	100% of the Sum Insured	2	Permanent Total Disability	100% of the Sum Insured	3	Permanent Partial Disability	Upto % of sum insured specified	Sr No	Covers	Sum Insured options	1	Accidental Hospitalization Expenses	Sub-limit as specified	2	Adventure Sports Benefit	25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore	3	Air Ambulance Cover	Sub-limit as specified	4	Children's Education Benefit	Sub-limit as specified	5	Coma Due to Accidental Bodily Injury	Sub-limit as specified	6	EMI Payment Cover	Sub-limit as specified	7	Fracture Care	Sub-limit as specified	8	Hospital Cash Benefit	Sub-limit as specified	9	Loan Protect Cover	Sub-limit as specified	10	Loss of Income due to Disability	Minimum Rs. 1000/-Per Week Maximum up to Rs 50000/- Per Week	11	Road Ambulance Cover	Sub-limit of the SI as specified on policy schedule/certificate of insurance	
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<p>Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>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) iii.Any other limit (as applicable)</p>	<table border="1" data-bbox="446 172 1325 256"> <tr> <td data-bbox="446 172 537 256">12</td> <td data-bbox="537 172 915 256">Travel Expenses Benefit</td> <td data-bbox="915 172 1325 256">Sub-limit of the SI as specified on policy schedule/certificate of insurance</td> </tr> </table> <p>Not Applicable</p> <p>Not Applicable</p>	12	Travel Expenses Benefit	Sub-limit of the SI as specified on policy schedule/certificate of insurance	
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<p>8 Claims/claims procedure</p>	<p>Cashless Claim process (Applicable only for Accidental Hospitalization expenses) Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ol style="list-style-type: none"> Inform the company in writing within 30 days of the event and submit all documents within 30 days of notification. Consult a doctor immediately and follow their recommended treatment. Take reasonable steps to mitigate the consequences of the injury/illness. Allow examination by the company's medical advisors if requested. Provide all documentation and information requested by the company to investigate the claim. In the event of the insured beneficiary's death, notify the company in writing immediately and send a copy of the post mortem report (if conducted) within 30 days. <p>Turnaround time (TAT) for claim settlement (Domestic Cover):</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 15 Working Days TAT for preauthorization of cashless facility: Within 60 Mins TAT for cashless final bill authorization: Within 180 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	<p>Section E</p>			

9	Policy Servicing	Call centre number (Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
10	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858</p> <p>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html</p> <p>Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html</p> <p>c) E-mail</p> <ul style="list-style-type: none"> • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in • Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back <p>If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman</p>	
11	Things to Remember	<p>Free Look Cancellation: Policy holder/Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p>Policy Renewal: Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128</p> <p>Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p>Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E
12	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the policy period.	Section E
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

Declaration by policy holder

I have read the above and confirm having noted the details

Place
Date:

Signature of Policy holder

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

For more details, log on to: www.bajajallianz.com | E-mail: bagichelp@bajajallianz.co.in or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Issuing Office:



Note: Web link for downloading the product related documents

<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>