### 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: <u>bagichelp@bajajallianz.co.in</u> or Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.) Issuing Office:



# BAJAJ ALLIANZ JANATA PERSONAL ACCIDENT POLICY- INDIVIDUAL

## **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	Bajaj Allianz Janata Personal Accident Policy- Individual	
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)	Coverages Death – Nominee will be payed 100% of the sum assured shown under the policy schedule, if during the Policy Period the insured meets with Accidental Bodily Injury that causes death within 12 Months. Permanent Total Disability- 100 % of the sum assured shown under the Schedule will be payed if the insured meets with Accidental Bodily Injury	Section C.a Section C.b
		during the Policy Period that causes Permanent Total Disability within 12 months. Total Irrecoverable loss of sight in one eye or loss of use of one hand or foot - 50% of the Sum Insured stated in the policy schedule. It is also hereby further expressly agreed and declared that upon payment of claim under the benefit, the Total Sum Insured shall stand reduced by the amount paid under the said claim.	
6	Exclusions (What the policy does not cover)	<ul> <li>General Exclusions</li> <li>Standard Exclusions</li> <li>1. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</li> <li>Specific Exclusions</li> <li>1. Accidental Bodily Injury that You meet with: <ul> <li>a) Through suicide, attempted suicide or self inflicted injury or illness.</li> <li>b) While under the influence of liquor or drugs.</li> <li>c) Through deliberate or intentional, unlawful or criminal act, error, or omission.</li> <li>d) Whilst engaging in aviation or ballooning etc</li> <li>e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.</li> <li>f) As a result of any curative treatments or interventions that you carry out or have carried out on your body.</li> <li>g) Arising out of your participation in any naval, military or air force</li> <li>2. Consequential losses of any kind or insured person's actual or alleged legal liability.</li> <li>3. Any existing disability</li> <li>4. HIV and/or any HIV related illness including AIDS</li> <li>5. War (whether declared or not), civil war, invasion, act of foreign enemies etc</li> </ul> </li> </ul>	Section D

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	Maiting Daviad	Initial Maiting paying. Not applicable	
	Waiting Period Time period during which specified disease/treatment	Initial Waiting period: Not applicable Specific Waiting period: Not applicable Pre-existing diseases: Not applicable	
_		The policy will now only up to the limits expecticed becaused or for the	Continue C. o
8	Financial Limits of Coverage i. Sublimit (it is a pre defined limt and the insurance company will not pay any amount in excess of this limit)	<ul> <li>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</li> <li>Sub limits - Not applicable</li> <li>Deductible - Not applicable</li> <li>Other Limits:</li> <li>Total Irrecoverable loss of sight in one eye or loss of use of one hand or foot - 50% of the Sum Insured stated in the policy schedule</li> </ul>	Section C.a Section C.b Section C.c
	<ul> <li>ii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount (if claim amount is more than the specified amount)</li> <li>iii. Any other limit (as applicable)</li> </ul>		
9	Claims/claims procedure	<ul> <li>If the Insured's meets with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to our liability: <ol> <li>Insured or someone claiming on Insured's behalf must inform us in writing immediately and in any event within 30 days.</li> <li>Insured must immediately consult a Doctor/ Medical Practitioner and follow the advice and treatment that he recommends.</li> <li>Insured must take reasonable steps to lessen the consequences of Insured's Bodily Injury.</li> <li>At Company's cost, Insured must have himself/herself examined by Company's medical advisors, if the Company ask for this, and as often as the Company considers this to be necessary.</li> <li>Insured or someone claiming on Insured's behalf must promptly give Company the documentation and other information the Company ask for to investigate the claim or Company's obligation to make payment for it.</li> <li>In event of Insured's death, someone claiming on Insured's behalf must inform the Company in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.</li> </ol></li></ul>	Section E
		*Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Company's satisfaction that under	

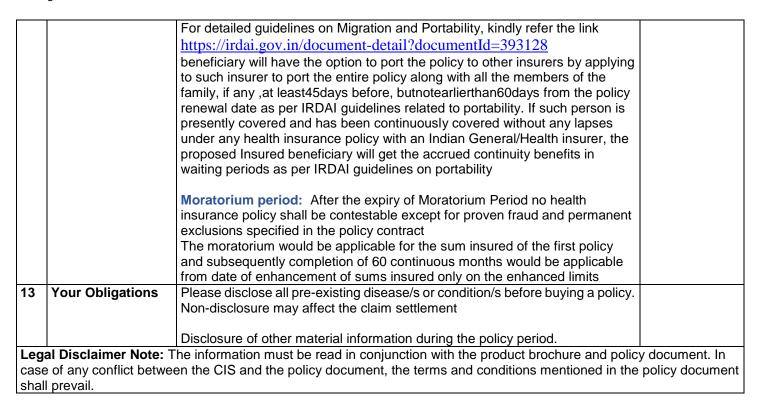
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		the circumstances in which Insureds were placed, it was not possible for the Insured or any other person to give notice or file claim within the	
		prescribed time limit.	
		Turnaround time(TAT) for claim settlement:	
		1. Turnaround time (TAT) for claim settlement: 15 Working Days	
		Weblinks	
		Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.htmll	
		Helpline numbers	
		Tollfree: 1800-103-2529	
		Downloading /getting claim forms	
		Health Insurance Claim Process   Accident Insurance Claim	
10	Policy Servicing	(bajajallianz.com) Call centre number(Toll free): 1800-209-5858	
	Folicy Servicing	Details of Company officials: Branch-wise GRO details can be found on the	
		below link.	
		https://www.bajajallianz.com/download-documents/other-information/GRO-	
11	Grievances	List.pdf Grievance Redressal Procedure:	Section E.16
	/Complaints	a) Toll-free number 1-800-209- 5858 or 020-30305858,	
		Say "Hi" on WhatsApp on +91 7507245858 b) Branches for resolution of your grievances /complaints, the Branch	
		details can be found on our website: www.bajajallianz.com/branch-	
		locator.html	
		Register your grievances / complaints on our website:	
		www.bajajallianz.com/about-us/customer-service.html c) E-mail	
		• Level 1: bagichelp@bajajallianz.co.in and for senior citizens to	
		<ul> <li>seniorcitizen@bajajallianz.co.in</li> <li>Level 2: In case you are not satisfied with the response given to you at</li> </ul>	
		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	
		d) 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	
12	Things to remember	Free Look Cancellation: Insured has an option of cancelling his/her policy	Section E
	remember	up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.	
		Policy Ponowal, Except on grounds of froud march bazard or min	
		Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be	
		denied	
		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	
	l	to terms and conditions specified under Migration and Portability guidelines	

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## Declaration by policy holder

I have read the above and confirm having noted the details

Place Date:

Signature of Policy holder

Note: Web link for downloading the product related documents <u>https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html</u>

