

BAJAJ ALLIANZ JANATA PERSONAL ACCIDENT POLICY- 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	Bajaj Allianz Janata Personal Accident Policy- 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)	Coverage	Section C
<p>Death – Nominee will be payed 100% of the sum assured shown under the schedule, if during the Policy Period the insured meets with Accidental Bodily Injury that causes death within 12 Months.</p>		Section C.a.	
<p>Permanent Total Disability - 100% of the sums assured shown under the Schedule will be payed if the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability within 12 months.</p>		Section C. b.	
		<p>Total Irrecoverable loss of sight in one eye or loss of use of one hand or foot - 50% of the sums assured shown under the schedule will be payed if the insured meet with Accident Bodily injury during Policy Period that cases total irrecoverable loss of sight in one eye or loss of use of one hand or foot.</p>	Section C.c.
6	Exclusions (What the policy does not cover)	<p>Exclusions Standard Exclusions</p> <ol style="list-style-type: none"> 1. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Accidental Bodily Injury that You meet with: <ol style="list-style-type: none"> a. Through suicide, attempted suicide or self-inflicted injury or illness. b. While under the influence of liquor or drugs etc. c. Through deliberate or intentional, unlawful or criminal act, error, or omission. d. Whilst engaging in aviation or ballooning etc e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs. f. As a result of any curative treatments or interventions that you carry out or have carried out on your body. g. Arising out of your participation in any naval, military or air force 2. Consequential losses of any kind or insured person’s actual or alleged legal liability 3. Any existing disability 4. Venereal or Sexually transmitted diseases 5. War (whether declared or not), civil war, invasion, act of foreign enemies etc. 6. Nuclear energy, radiation. 	Section D

7	<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>Initial Waiting period: Not applicable Specific Waiting period: Not applicable Pre-existing diseases: Not applicable</p>	
8	<p>Financial Limits of Coverage</p> <p>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. 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 is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Sub limits - Not applicable</p> <p>Deductible – Not applicable</p> <p>Other Limits: 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</p>	
9	<p>Claims/claims procedure</p>	<p>If you meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to our liability:</p> <ol style="list-style-type: none"> You or someone claiming on behalf must inform us in writing immediately and in any event within 30 days. You must immediately consult a Doctor and follow the advice and treatment that he recommends. You must take reasonable steps to lessen the consequence of Bodily injury. You must have yourself examined by our medical advisors if we ask for this. 	Section E

		<p>e) You or someone claiming on behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.</p> <p>f) In case of your death, someone claiming on your behalf must inform us in writing immediately and send us a copy of the post mortem (if Performed) report within 30 days.</p> <p>*Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.</p> <p>Turnaround time (TAT) for claim settlement: 1. Turnaround time (TAT) for claim settlement: 15 Working Days</p> <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>	
10	Policy Servicing	<p>Call centre number (Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.</p> <p>https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	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>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.html</p>	Section E

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:



12	Things to remember	<p>Free Look Cancellation: Policy holder/Insured member 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>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>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<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

Note: Web link for downloading the product related documents

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