

**Pradhan Mantri Suraksha Bima Yojna (PMSBY)**

**CUSTOMER INFORMATION SHEET**

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

Sl No	Title	Description	Policy Clause Number
1	<b>Name of Insurance Product</b>	Pradhan Mantri Suraksha Bima Yojna (PMSBY)	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule (Benefit)	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule	
5	<b>Policy Coverage (What the Policy Covers)</b>	<p><b>Coverage</b></p> <ol style="list-style-type: none"> <li>In the event of Accidental Bodily Injury causing the Insured's Death within 12 months of the Accidental Bodily Injury being sustained, the Company will pay the sum Insured of Rs 2 Lakh (Two lakh).</li> <li>In the event of Accidental Bodily Injury causing the Insured's Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot within 12 months of the Accidental Bodily Injury being sustained, the Company will the pay the Sum insured of Rs 2 Lakh (Two lakh).</li> <li>In the event of Accidental Bodily Injury causing the Insured's Total and irrecoverable loss of sight of one eye, or loss of use of one hand or a foot, the Company will pay the sum Insured of Rs 1 Lakh (One lakh).</li> </ol> <p><b>*Note –</b> Our maximum liability will be 2 lakhs to make payment to you for one or more of the events described in 1 to 3. You agree that we shall deduct from the amount payable under 1) or 2) the amount (if any) we have already paid under 3. However, if we become liable to make payments under 1) or 2), then this insurance will cease as far as you are concerned.</p>	Section B
6	<b>Exclusions (What the policy does not cover)</b>	<p><b>Exclusions</b></p> <ol style="list-style-type: none"> <li>Accidental Bodily Injury that you met with:                             <ol style="list-style-type: none"> <li>Through suicide, attempted suicide or self-inflicted injury or illness.</li> <li>While under the influence of liquor or drugs.</li> <li>Arising or resulting from the insured person(s) committing any breach of law with criminal intent.</li> <li>Whilst engaging in aviation or ballooning</li> <li>Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.</li> <li>As a result of any curative treatments or interventions that you carry out or have carried out on your body.</li> <li>Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.</li> </ol> </li> <li>Your consequential losses of any kind or your actual or alleged legal liability.</li> <li>Any existing disability.</li> </ol>	Section C

		<p>4. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.</p> <p>5. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.</p> <p>6. War, civil war, invasion, act of foreign enemies etc.</p> <p>7. Nuclear energy, radiation.</p>	
7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified disease/treatment are not covered</li> <li>• It is counted from beginning of the policy coverage</li> </ul>	<b>Not Applicable</b>	
8	<p><b>Financial Limits of Coverage</b></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</p>	<p>Not applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>	

	specified amount)  iv.Any other limit (as applicable)		
9	<b>Claims/claims procedure</b>	<p>If you have an Accidental Bodily Injury that may result in a claim:</p> <ol style="list-style-type: none"> <li>Contact the bank branch where the premium was auto-debited and submit a completed claim form immediately after the accident.</li> <li>Obtain the claim form from the bank branch, Bajaj Allianz General Insurance branches, hospitals, PHCs, BCs, insurance agents, or designated websites.</li> <li>Submit the completed claim form to the bank branch within 30 days of the accident. d) Support the claim form with the following documents:</li> <li>In case of death: Original FIR/Panchnama, Post Mortem Report, and Death Certificate.</li> <li>In case of permanent disablement: Original FIR/Panchnama and a Disability Certificate from a Civil Surgeon. Also, submit a discharge certificate.</li> </ol> <p>*Note: Condition (c) may be waived in extreme hardship cases where it was not possible to meet the time limit.</p> <p><b>Turnaround time (TAT) for claim settlement</b> - Turnaround time (TAT) for claim settlement is 15 Working Days</p> <p><b>Weblinks</b>                  Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline numbers</b>                  Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b>  <a href="http://www.bajajallianz.com">www.bajajallianz.com</a>                  Health Insurance Claim Process   Accident Insurance Claim</p>	Section E.
10	<b>Policy Servicing</b>	<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.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <ol style="list-style-type: none"> <li>Toll-free number 1-800-209- 5858 or 020-30305858,                      Say “Hi” on WhatsApp on +91 7507245858</li> <li>Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a></li> </ol> <p>Register your grievances / complaints on our website:  <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></p> <ol style="list-style-type: none"> <li>E-mail                     <ul style="list-style-type: none"> <li>Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>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 <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> </ul> </li> </ol>	

**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](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or  
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)  
 Issuing Office:



		<ul style="list-style-type: none"> <li>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</li> <li>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 <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a></li> </ul>	
12	<b>Things to remember</b>	<b>Policy Renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-co-operation, renewal of your policy shall not be denied	
13	<b>Your Obligations</b>	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.	
<b>Legal Disclaimer Note:</b> 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.			

**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>