# 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:



# **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	Coverage	Section C
	(What the Policy Covers)	<b>Death</b> – 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.	Section C.a.
		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.	Section C. b.
		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.	Section C.c.
6	Exclusions (What the policy does not cover)	<ol> <li>Exclusions         <ol> <li>Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</li> </ol> </li> <li>Specific Exclusions         <ol> <li>Accidental Bodily Injury that You meet with:</li></ol></li></ol>	Section D

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7	Waiting Period	Initial Waiting period: Not applicable	
	Time period	Specific Waiting period: Not applicable	
	during which	Pre-existing diseases: Not applicable	
	specified		
	disease/treatment		
	are not covered		
	• It is counted from		
	beginning of the		
L_	policy coverage	The control of the Porte of the	
8	Financial Limits	The policy will pay only up to the limits specified hereunder for the following	
	of Coverage	diseases/procedures:	
	i.Sublimit (it is a		
	pre defined limit	Sub limits - Not applicable	
	and the		
	insurance	Deductible – Not applicable	
	company will not		
	pay any amount	Other Limits:	
	in excess of this	Total Irrecoverable loss of sight in one eye or loss of use of one hand or	
	limit)	foot - 50% of the Sum Insured stated in the policy schedule	
	,	Took of the cam moured stated in the policy contends	
	ii.Co-payment (it is		
	a specified		
	amount		
	/percentage of		
	the admissible		
	claim amount to		
	be paid by policy		
	holder/insured)		
	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)		
	amount)		
	iv.Any other limit		
	(as applicable)		
9	Claims/claims	If you meet with any Accidental Bodily Injury that may result in a claim,	Section E
	procedure	then as a condition precedent to our liability:	OCCUON L
	procedure		
		a) You or someone claiming on behalf must inform us in writing	
		immediately and in any event within 30 days.	
		b) You must immediately consult a Doctor and follow the advice and	
		treatment that he recommends.	
		c) You must take reasonable steps to lessen the consequence of Bodily	
		injury.	
		d) You must have yourself examined by our medical advisors if we ask	
		for this.	

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		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.  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.  *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 fi le claim within the prescribed time limit.	
		Turnaround time (TAT) for claim settlement:  1. Turnaround time (TAT) for claim settlement: 30 Working Days	
		Weblinks Network hospital and Black listed hospital list <a href="https://www.bajajallianz.com/branch-locator.htmll">https://www.bajajallianz.com/branch-locator.htmll</a>	
		Helpline numbers	
		Tollfree: 1800-103-2529	
		Downloading /getting claim forms	
		Health Insurance Claim Process   Accident Insurance Claim	
40	Dallar Orani alam	(bajajallianz.com)	
10	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-	
44	0::	List.pdf	Osstina F
11	Grievances /Complaints	<ul> <li>Grievance Redressal Procedure: <ul> <li>a) Toll-free number 1-800-209- 5858 or 020-30305858,</li> <li>Say "Hi" on WhatsApp on +91 7507245858</li> </ul> </li> <li>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html <ul> <li>Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html</li> <li>c) E-mail</li> <li>Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in</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 ggro@bajajallianz.co.in</li> <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 www.cioins.co.in/ombudsman.html</li> </ul> </li> </ul>	Section E
12	Things to	Free Look Cancellation: Policy holder/Insured member has an option of	
	remember	cancelling his/her policy up to 30 days from the first inception of policy with	
		Us, subject to rest terms and conditions.	

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		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		
		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		
		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		
13	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.		
I eas	Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In			

**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.

# **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