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 SURAKSHAKAVACH (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 Suraksha kavach (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	BASE COVERS	Section C)
	(What the Policy	Personal Accident	Section. C.I
	Covers)	Death —  i. If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary  ii. Transportation of mortal remains: 2% of Sum Insured max up to Rs.5000/- for transporting the insured's mortal remains.	Part A.
		Permanent Total Disability –  Permanent Total Disability –	Part B.
		<ul> <li>a) If an accidental bodily injury results in permanent total disability within 12 months, the company will pay 125% of sum insured stated in the Certificate of Insurance.</li> <li>b) If the Insured had a pre-existing permanent disability, the Company's liability for payment will be reduced accordingly, based on the advice of the Company's medical advisors</li> <li>PERMANENT PARTIAL DISABILITY:</li> <li>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.</li> </ul>	
		<ul> <li>Accidental Hospitalization Expenses:</li> <li>In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Accidental Bodily Injury, longer than 24 consecutive hours.</li> <li>Ambulance charges for carrying you from the site of accident to the nearest hospital up to a maximum of Rs 1000 per claim</li> </ul>	Section C.2
		<ul> <li>Loss of Job (Applicable for Salaried persons only)</li> <li>In the event of Insured Beneficiary losing his/her job during cover period due to:</li> <li>Permanent Total Disability or Permanent Partial Disability</li> <li>Critical Illness (as listed in Section 5 – Critical Illness), which first occurs or manifests itself during the Cover Period</li> <li>The Company will pay the amount corresponding to the Insured Beneficiary contribution in the EMI amount falling due in respect of the Loan</li> <li>Credit Shield</li> <li>In the event of Accidental Death or Permanent Total Disability of the Insured Beneficiary during the Cover Period</li> <li>The Company will pay the outstanding loan balance to the legal heirs up to the maximum Sum Insured specified in the Certificate of Insurance.</li> <li>The outstanding loan amount excludes any arrears of the borrower for any reason.</li> </ul>	Section C.3
		The claim is settled only for the death of the first named borrower, not for others, even in case of a joint loan	

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Allianz (1) Caringly yours

		Critical Illness Covered		
		Critical lilliess Covered		
		Myocardial Infarction (First Heart Attack of Specific Severity)     Open Chest CABG		
		Stroke Resulting in Permanent Symptoms		
		4. Cancer of Specified severity		
		Kidney Failure Requiring Regular Dialysis		
		Major Organ/Bone Marrow Transplant		
		Multiple Sclerosis with persistent symptoms		
		Surgery of Aorta		
		9. Primary (Idiopathic) Pulmonary Hypertension		
		10. Permanent Paralysis of Limbs		
		11. Alzheimer's Disease		
		12. Progressive Scleroderma		
		13. Pulmonary Artery Graft Surgery:		
		14. Goodpasture's Syndrome		
		15. Apallic Syndrome		
		Optional Covers		0 ( 10 1
		Burns Insured Beneficiary sustains Bodily Injury which directly and independently of all other cause results in second or third degree burns, then the Company agrees to pay to the Insured Bethe Compensation stated in the Table of Benefits under the policy wordings		Optional Cover 1
		Broken Bones		Optional Cover 2
		Insured Beneficiary sustains Bodily Injury which directly and independently of all other caus results in broken bones, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits under the policy wordings	ses	
		Dependent Child Education Benefit		Optional Cover 3
		If an Insured Beneficiary sustains Bodily Injury resulting in Death or Permanent Disability within 12 months, the Company will pay a lump sum for the dependenchild's education fees as stated in the Certificate of Insurance		
		Parental Care Benefit If an Insured Beneficiary sustains Bodily Injury resulting in Death or Permanent Disability within 12 months, the Company will pay a lump sum to each Dependent Parent of the Insured Beneficiary as stated in the Certificate of Insurance		Optional Cover 4
		Mobility Extension If an Insured Beneficiary sustains a Bodily Injury resulting in Permanent Total Disablement, Permanent Partial Disability, or Broken Bones requiring special equipment or home modifications, the Company will pay 95% of the costs up to Total Sum Insured stated in the Certificate of Insurance	o the	Optional Cover 5
6	Exclusions	Standard Exclusions		Section D
	(What the policy does not cover)	Exclusion Applicable to Personal Accidental     Medical Treatment Expenses traceable to pregnancy and its complication miscarriage (Excl 18)	ations or	Standard Exclusions & Specific Exclusions
		<ul> <li>Exclusion Applicable to Credit Shield</li> <li>Treatment for, Alcoholism, drug or substance abuse or any addictive conditions.</li> </ul>	lition and	
		consequences thereof. (Code- Excl 12)	ilion and	
		<ul> <li>Medical Treatment Expenses traceable to pregnancy and its complical miscarriage (Excl 18)</li> </ul>	ations or	
		<ul> <li>Specific Exclusions</li> <li>Exclusions Applicable To Personal Accident and Credit Shiled</li> <li>1) Suicide, attempted suicide or self-inflicted injury or illness;</li> <li>2) Whilst under the influence of intoxicating liquor or drugs</li> <li>3) Any deliberate or intentional, unlawful or illegal activities with criminal inter</li> <li>4) Any consequential losses of any kind, and/or any actual or alleged legal lia</li> <li>5) Whilst engaging in aviation or ballooning</li> <li>6) participation as the driver, co-driver or passenger of a motor vehicle during racing or trial runs</li> </ul>	ability	

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- 7) Any loss caused either directly or indirectly by nuclear energy, radiation
   8) Curative treatments or interventions performed against medical advice or without medical advice.
  - From war (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution
  - 10) Venereal or sexually transmitted disease
  - 11) The Insured's participation in any naval, military or air force operations

### **Exclusions Applicable To Critical Illness**

- 1. Any Critical Illness contracted before the start of the Cover Period
- Any Critical Illness diagnosed within the first 90 days of the date of commencement of-the Policy is excluded
- 3. Any sexually transmitted diseases or any condition
- 4. Treatment arising from or traceable to pregnancy, childbirth
- 5. Occupational diseases such as occupational lung diseases including asbestosis etc.
- 6. From war, civil war, invasion, act of foreign enemies, rebellion, revolution
- 7. Naval or military operations of the armed forces or air force
- 8. Any natural peril
- 9. Radioactive contamination
- 10. Consequential losses of any kind
- 11. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

### General Exclusions Applicable to All Covers (Including Optional Covers)

- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war etc.
- · Consequential loss of any kind or description.
- Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons

## 7 Waiting Period

 Time period during which specified disease/treatmen t are not covered Not Applicable

 It is counted from beginning of the policy coverage

# 8 Financial Limits of Coverage Sublimit (it is a

Sublimit (it is a pre defined limt and the insurance company will not pay any amount in excess of this limit)

Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)

Deductible (it is a specified amount: Up to which an insurance company will not pay any claim and Which will be deducted from

The policy will pay only up to the limits specified hereunder for the following diseases/procedures:

Sr No	Covers	Sum Insured options
1	Death	100% of the Sum Insured
2	Permanent Total Disability	125% of the Sum Insured
3	Permanent Partial Disability	Upto % of sum insured specified

Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured

Sr	Covers	Sum Insured options
No		
1	Transportation of moral remains	2% of the Sum Insured or Rs.5,000/-
2	Ambulance charges	Rs 1000 per claim
•	Mobility Extension	95% of the costs of such equipment

Co-payment - Not Applicable

Deductible - Not Applicable

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Issuin	g Office:		0000
	total claim		
	amount (if claim		
	amount is more		
	than the specified		
	amount)		
	amount		
	A mark makin marik		
	Any other limit		
	(as applicable)		
8	Claims/claims	a. Payment will be made only when necessary documentation and information are	Section E
İ	procedure	provided.	
		b. Payment will be made to the Assignee, Nominee, or, if none, to the heir,	
		executor, or legal representative, which will fully discharge the Company's	
		liability.	
		c. Claims will be settled within 30 days of receiving all necessary documents, with	
		interest payable for delays.	
		d. If an investigation is needed, it will be completed within 30 days, and the claim	
		settled within 45 days, with interest for delays.	
		e. If the claim is rejected, the reasons will be communicated in writing within 30	
		days, with recourse to the Grievance Redressal procedure available.	
		days, with recourse to the Ghevanice Redicasar procedure available.	
		Turnaround time (TAT) for claim settlement (Domestic Cover):	
		Turnaround time (TAT) for claim settlement: 30 Working Days	
		1. Turnaround time (TAT) for daint settlement. 30 Working Days	
		Weblinks	
		Network hospital and Black listed hospital list	
		https://www.bajajallianz.com/branch-locator.htmll	
		Halalina mumbana	
		Helpline numbers	
		Tollfree: 1800-103-2529	
		Describe dina (nottina eleja ferme	
		Downloading /getting claim forms	
	Dallay Camplaine	Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)	
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	Grievance Redressal Procedure:	
	/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	
		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      Level 3: If in case, your grievance is still not resolved, and you wish to talk to      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	
		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	
	<b>T</b> 1 *	available at www.cioins.co.in/ombudsman.html	0 : -
11	Things to	Free Look Cancellation: Policy holder/Insured has an option of cancelling his/her	Section E
	Remember	policy up to 30 days from the first inception of policy with Us, subject to rest terms and	
		conditions.	
		Policy Renewal: Except on grounds of fraud, moral hazard or mis representation or	
		non-co-operation, renewal of your policy shall not be denied	
		AN	
		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	

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		conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a>		
		<b>Change in Sum Insured:</b> 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		
		<b>Moratorium period:</b> 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		
12	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	Section E	
		Disclosure of other material information during the policy period.		
Lega	<b>Legal Disclaimer Note</b> : The information must be read in conjunction with the product brochure and policy document. In case of any			

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