

GROUP GUARD

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 |
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| 1 | Name of Insurance Product | Group Guard | |
| 2 | Policy Number | Kindly refer to Your Certificate of Insurance | |
| 3 | Type of Insurance | Kindly refer to Your Certificate of Insurance | |
| 4 | Sum Insured (Basis) | Kindly refer to Your Certificate of Insurance | |
| 5 | Policy Coverage (What the Policy Covers) | PART A- HEALTH SECTIONS | |
| | | Personal Accident Cover | Section A 1 |
| | | Death – If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary | Section A1a. |
| | | Disappearance: If the insured person disappears due to a forced landing, stranding, sinking, or wrecking of a conveyance, they will be presumed dead if not been heard of for seven years. If found alive after the accidental death benefit is paid, all payments must be reimbursed. | |
| | | Transportation of mortal remains The Company will make an additional payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards transporting the insured's mortal remains | Section A1a. Extension 1 |
| | | Funeral Expenses The Company will make payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary. The claim amount shall be paid to the Nominee or legal representative of the Insured Beneficiary. | Section A1a. Extension 2 |
| | | Permanent Total Disability – In case of an Accidental Bodily Injury which directly and independently of all other causes results in permanent total disability within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated in the Certificate of Insurance under the cover 'Permanent Total Disability' | Section A1 b. |
| | | Lifestyle Modification Benefit The Company will make an additional payment mentioned in Certificate of Insurance as a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the insured person. | Section A1 b. Extension 3 |
| | | Permanent Partial Disability – 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 | Section A1 c. |
| | | Temporary Total Disability – If an accidental bodily injury temporarily and completely prevents the Insured Beneficiary from performing each and every duty pertaining to his employment or occupation, the company will pay weekly benefit as the specified in Certificate of Insurance subject to a maximum period of 100 weeks | Section A1 d. |
| | | Child Care Benefit – In case we have accepted a claim under section A1. a- Death and A1. b- Permanent Total Disability of Insured Beneficiary, The Company will make additional payment of the Sum insured as specified in Certificate of Insurance for "Child Care Benefit", towards the cost of education or care of the Insured Beneficiary's dependent children who are less than 25 years of age. | Section A1 e. |
| Parental Care Benefit - In case we have accepted a claim under section A1. a- Death and A1. b- Permanent Total Disability of Insured Beneficiary, The Company will make additional payment of the Sum insured as specified in Certificate of Insurance towards Parental Care Benefit to surviving parent(s) | Section A1 f. | | |
| Hospitalization Care Cover If Insured Beneficiary is Hospitalized for a minimum period of 24 hours/ 48 hours (as opted) on the advice of a Doctor/ Medical Practitioner because of any medical illness, accidental Bodily Injury sustained during the Cover Period resulting medical treatment and or surgical procedures administered for within the Cover Period, Company shall pay the benefit amount as specified in Certificate of Insurance. | Section A2 | | |

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| <p>Sickness Hospital Cash Benefit The Company will pay per day benefit amount for each completed day that the Insured Beneficiary/his family had to be hospitalized for medical reasons because of the Disease/illness occurred during the Cover Period up to the Sum Assured for the maximum period specified in the Certificate of Insurance.</p> | Section A3 | | |
| <p>Double ICU Benefit The Company will pay two times the Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit</p> | Section A3 Extension 4 | | |
| <p>Maternity Hospital Cash Benefit This policy is extended to pay a daily allowance, as specified in the Certificate of Insurance, for each 24-hour period of hospitalization for normal delivery, caesarean section, or maternity complications, with a lifetime maximum of 2 deliveries or terminations.</p> | Section A3 Extension 5 | | |
| <p>Reduction in Pre-Existing and Disease Specific Waiting Period Waiting period applicable under Exclusion for Section Hospitalization Care Cover & Sickness Hospital Cash Benefit" shall be reduced</p> | Section A3 Extension 6 | | |
| <p>Waiver of 30 days waiting period Cover 30 days Waiting period applicable under Exclusion for Section Hospitalization Care Cover & Sickness Hospital Cash Benefit" shall be waived.</p> | Section A3 Extension 7 | | |
| <p>One Day Deductible Cover Our liability to pay each and every claim under this section will be in excess of one day.</p> | Section A3 Extension 8 | | |
| <p>Accidental Hospitalization Expenses If insured is hospitalized on advice of a Doctor because of Accidental Bodily Injury sustained during the Policy Period, then Reasonable and Customary Medical Expenses incurred up to a maximum sum insured will be reimbursed.</p> | Section A4 | | |
| <p>Pre-Hospitalization and Post Hospitalization If the claim under Accidental Hospitalization Expenses due to Accident of the Insured Beneficiary is accepted, then the Company will also pay pre and post hospitalization expenses as specified in the Certificate of Insurance</p> | Section A4 Extension 9 | | |
| <p>Accidental Hospital Cash Benefit The Company will pay per day benefit amount for each complete calendar day that the Insured Beneficiary/his family had to be hospitalized for medical reasons because of the Accidental Bodily injury</p> | Section A5 | | |
| <p>One Day Deductible Cover The Company's liability to pay each and every claim under this section will be in excess One day</p> | Section A5 Extension 10 | | |
| <p>Double ICU Benefit The Company will pay two times the Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit</p> | Section A5 Extension 11 | | |
| <p>Convalescence Benefit for Accidental Bodily Injury The Company will pay lump sum amount as mentioned in Certificate of insurance in the event of Accidental Bodily Injury requiring Continuous hospitalisation of Insured or his/her family member beyond consecutive 5, 7 or 10 day as opted</p> | Section A6 | | |
| <p>Convalescence Benefit for Sickness The Company will pay lump sum amount as mentioned in Certificate of insurance in the event of Illness, disease or sickness requiring Continuous hospitalisation of Insured or his/her family member beyond consecutive 5, 7 or 10 day as opted</p> | Section A6 Extension 12 | | |
| <p>Convalescence Benefit Multiplier If an accidental injury during the cover period requires hospitalization for more than 5, 7, or 10 days (as chosen), the company will pay a lump sum per the insurance certificate for each period, up to three times the "Convalescence Benefit for Accidental Bodily Injury" sum insured. This coverage extends to sickness if the "Convalescence Benefit for Sickness" extension is chosen, but the benefit is paid once per policy period for each accident and sickness hospitalization</p> | Section A6 Extension 13 | | |
| <p>Critical Illness Cover If the Insured Beneficiary is diagnosed as suffering from a Critical Illness covered under the Certificate of Insurance, which first occurs or manifests itself during the Cover Period subject to waiting period specified, then we will pay 100% of Sum Insured as specified in the Certificate of Insurance</p> | Section A7 | | |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">Plan</td> <td>Critical Illness Covered</td> </tr> </table> | Plan | Critical Illness Covered | |
| Plan | Critical Illness Covered | | |

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| | Plan A | 10 Critical Illness Cover |
| | | 1. Cancer of Specified Severity |
| | | 2. Kidney Failure Requiring Regular Dialysis |
| | | 3. Major Organ /Bone Marrow Transplant |
| | | 4. Multiple Sclerosis With Persisting Symptoms |
| | | 5. Myocardial Infarction (First Heart Attack of Specific Severity) |
| | | 6. Open Chest CABG |
| | | 7. Permanent Paralysis of Limbs |
| | | 8. Primary (Idiopathic) Pulmonary Hypertension |
| | | 9. Stroke Resulting in Permanent Symptoms |
| | 10. Surgery of Aorta | |
| | Plan B | Critical Illness Covered under Plan A + Critical Illness Cover listed below: |
| | | 1. Alzheimer's Disease |
| | | 2. Benign Brain Tumour |
| | | 3. Coma of Specified Severity |
| | | 4. End Stage Liver Failure |
| | | 5. Open Heart Replacement or Repair of Heart Valves |
| | | 6. Primary Parkinson's Disease |
| | 7. Third Degree Burns | |
| | Plan C | Critical Illness Covered under Plan B + Critical Illness Cover listed below: |
| | | 1. Angioplasty |
| | | 2. Apallic Syndrome |
| | | 3. Aplastic Anaemia |
| | | 4. Blindness |
| | | 5. Cardiomyopathy |
| | | 6. Deafness |
| | | 7. End Stage Lung Failure |
| | | 8. Goodpasture's Syndrome |
| | | 9. Loss Of Independent Existence |
| | | 10. Loss Of Limbs |
| | | 11. Loss Of Speech |
| | | 12. Medullary Cystic Disease |
| | | 13. Motor Neuron Disease With Permanent Symptoms |
| 14. Multiple System Atrophy | | |
| 15. Muscular Dystrophy | | |
| 16. Myasthenia Gravis | | |
| 17. Pneumonectomy | | |
| 18. Progressive Scleroderma | | |
| 19. Progressive Supranuclear Palsy | | |
| 20. Pulmonary Artery Graft Surgery | | |
| 21. Refractory Heart Failure | | |
| 22. Lupus Erythematosus | | |
| 23. Major Head Trauma | | |

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| | <p>EMI and Rent Protection Cover</p> <p>a. For Salaried Employees We will pay the Sum Insured for number of months as per the Certificate of Insurance towards EMI if during the Cover Period, the Insured Beneficiary loses job due to accidental body injuries that results in</p> <p>i. Permanent Total Disablement ii. Permanent Partial Disablement</p> <p>b. For Non-Salaried Persons We will pay the Sum Insured for number of months as per the Certificate of Insurance towards EMI if during the Cover Period, the Insured Beneficiary loses income due to accidental body injuries that results in</p> <p>iii. Permanent Total Disablement iv. Permanent Partial Disablement</p> | Section A8 |
| | <p>Coma Care Lump sum benefit for accidental injury causing a comatose state within one month from the Date of Accident</p> | Section A9 |
| | <p>Fracture Care If Insured Beneficiary sustains any Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in Fracture/s of Bone/s, then the company will pay the % of sum insured specified.</p> | Section A10 |
| | <p>Adventure Sports Cover If the insured beneficiary, while engaging in supervised adventure sports, suffers death, permanent total disability, or permanent partial disability within 12 months of the injury, the company will pay 100% of the sum insured as specified in the certificate of insurance</p> | Section A11 |
| | <p>Air Ambulance Cover We will indemnify ambulance transportation expenses by airplane or helicopter from the accident site to the nearest hospital for life-threatening injuries during the cover period</p> | Section A12 |
| | Part B – Non Health Sections | |
| | <p>Fire And Allied Perils Cover – The coverage shall be as per Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings in Annexure available on our website.</p> | Section B1 |
| | <p>Burglary and Robbery Cover - Company will indemnify:</p> <p>1. loss of or damage to the Contents or any part contained in the Insured's Premises caused by actual or attempted Burglary and/or Robbery during the Cover Period 2. Actual physical damage to Insured's Premises caused by actual or attempted Burglary during the Cover Period</p> | Section B2 |
| | <p>Medical Insurance Premium Protector If an insured beneficiary dies from an accidental injury within 12 months, the company will pay the medical insurance premium for the surviving spouse and dependent child for the period specified in the schedule.</p> | Section B3 |
| | <p>Family Counselling Expense Cover If an insured beneficiary dies from an accidental injury within 12 months, the company will pay for professional counselling for the Insured Beneficiary's Spouse and Dependent Child up to the Sum Insured stated in the Certificate of Insurance.</p> | Section B4 |
| | <p>Wedding Benefit If an insured beneficiary dies from an accidental injury within 12 months, the company will pay amount specified in the Certificate of Insurance in equal shares to each Dependent Child of the Insured Beneficiary.</p> | Section B5 |
| 6 | <p>Exclusions (What the policy does not cover)</p> <p>Exclusion Applicable To Personal Accident Cover</p> <p>i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 ii. Hazardous or Adventure sports: Code- Excl09</p> <p>Exclusions (Applicable for Hospitalization Care Cover and Sickness Hospital Cash Benefit)</p> <ul style="list-style-type: none"> • Investigation & Evaluation- Code- (Excl04) • Obesity/Weight Control (Excl06) • Change-of-gender treatments (Excl07) • Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) • Treatment for Alcoholism, drug or substance abuse. (Excl12) | Section D |

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| | <ul style="list-style-type: none"> • Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) • Expenses related to any unproven treatment, services and supplies. (Excl16) • Expenses related to sterility and infertility. (Excl17) <p>Exclusion Applicable To Section “Accidental Hospitalisation Expenses” and Section “Accidental Hospital Cash Benefit”:</p> <ul style="list-style-type: none"> • Dietary supplements and substances unless prescribed as part of hospitalization claim or day care procedure. (Excl14) • Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08) • Hazardous or Adventure sports: Code- (Excl09) <p>General Exclusions applicable to Hospitalization Care Cover and Sickness Hospital Cash Benefit Accidental Hospitalization Expenses and Section “Accidental Hospital Cash Benefits</p> <ul style="list-style-type: none"> • Any treatment arising from or traceable to pregnancy, child birth • Any dental treatment unless requiring minimum 24 hours hospitalization • Medical expenses where Inpatient care is not warranted • War, invasion, acts of foreign enemies • Circumcision unless required for the treatment of Illness or Accidental bodily injury. • The cost of external appliances and/or devices whether for diagnosis or treatment • External medical equipment of any kind used at home • Convalescence, general debility, rest cure • Intentionally self-inflicted injury or illness • Ailments requiring treatment due to use or abuse of any substance, drug • Vaccination or inoculation • All non-medical Items as per Annexure II provided in Policy Wordings • Any treatment received outside India is not covered under this policy • Treatment taken from persons not registered as Medical Practitioners <p>Specific Exclusion Applicable To Personal Accident Cover</p> <ul style="list-style-type: none"> • Intentionally self-inflicted injury or illness • deliberate or intentional, unlawful or criminal act • Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs • curative treatments or interventions • police ,naval, military or air force operations whether peace or in war • Pre-existing injuries and complications arising out of or resulting therefrom • consequential losses of any kind or your actual or alleged legal liability. • Pregnancy, resulting childbirth, miscarriage, abortion • Ionising radiation or contamination by radioactivity • operating or learning to operate any aircraft, or performing duties as a member of the crew • War, civil war, invasion, act of foreign enemies, rebellion etc. • injury occurring while working in underground mines or explosive magazines, <p>Specific Exclusions Applicable For Critical Illness Cover</p> <ul style="list-style-type: none"> • Any Critical Illness which first manifested itself or was contracted before the start of the Cover Period • Critical Illness diagnosed within the first 0/30/ 45/ 90 days (as opted) of the date of commencement of the Cover Period • Treatment arising from or traceable to pregnancy, childbirth, birth defects and congenital anomalies. • Occupational diseases. 5) Radioactive contamination 6) Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol. <p>Specific Exclusions EMI And Rent Protection Cover For Salaried employee’s</p> <ul style="list-style-type: none"> • Unemployment at the time of inception or within the first ninety (90) days of inception of cover period • Termination, dismissal due to fraud or any disciplinary action • Unemployment from a job which is casual, temporary, seasonal or contractual • Any voluntary unemployment; except Loss of Job due to accidental bodily injury | |
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| | | <ul style="list-style-type: none"> • Unemployment from a job under which no salary or remuneration was provided • Suspension from employment on account of any pending enquiry • Unemployment due to resignation, retirement whether voluntary or otherwise • Unemployment due to non-confirmation of employment <p>For Non Salaried employees</p> <ul style="list-style-type: none"> • Unemployment at the time of inception or within the first ninety (90) days of inception of cover period • Pre-existing Condition(s) and its complications • Intentionally self-inflicted injury or illness • Under the influence of liquor or drugs, alcohol or other intoxicants • Deliberate or intentional, unlawful or criminal act • Whilst engaging in Adventure Sports, aviation or ballooning • Driver, co-driver or passenger of a motor vehicle during motor racing or trial runs • Curative treatments or interventions that you carry out or have carried out on your body <p>Specific Exclusion Applicable To Coma Care</p> <ul style="list-style-type: none"> • Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury <p>Specific Exclusions Applicable To “Burglary And Robbery Cover”</p> <ul style="list-style-type: none"> • Any loss or damage where the Insured Beneficiary or any member of the Insured Beneficiary’s family is or is alleged to be concerned or implicated. • Loss of or damage to livestock, motor vehicles and pedal cycles. • Loss of or damage to Valuables • thereof belonging to the Insured, unless such key is obtained by Burglary / Robbery. | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7</p> | <p>Waiting Period Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p> | <p>Applicable for Hospitalization Care Cover and Sickness Hospital Cash Benefit Initial Waiting period: 30 days for all illnesses Specific Waiting period: 36 months for below listed procedures</p> <table border="1" data-bbox="412 1052 1300 1640"> <tr> <td>1. Any type gastrointestinal ulcers</td> <td>2. Cataracts,</td> </tr> <tr> <td>3. Any type of fistula</td> <td>4. Macular Degeneration</td> </tr> <tr> <td>5. Benign prostatic hypertrophy</td> <td>6. Hernia of all types</td> </tr> <tr> <td>7. All types of sinuses</td> <td>8. Fissure in ano</td> </tr> <tr> <td>9. Haemorrhoids, piles</td> <td>10. Hydrocele</td> </tr> <tr> <td>11. Dysfunctional uterine bleeding</td> <td>12. Fibromyoma</td> </tr> <tr> <td>13. Endometriosis</td> <td>14. Hysterectomy</td> </tr> <tr> <td>15. Uterine Prolapse</td> <td>16. Stones in the urinary and biliary systems</td> </tr> <tr> <td>17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses</td> <td>18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth</td> </tr> <tr> <td>19. Joint replacement surgery</td> <td>20. Surgery for vertebral column disorders (unless necessitated due to an accident)</td> </tr> <tr> <td>21. Surgery to correct deviated nasal septum</td> <td>21. Hypertrophied turbinate</td> </tr> <tr> <td>22. Congenital internal diseases or anomalies</td> <td>23. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to +/-7</td> </tr> </table> <p>Pre-existing diseases waiting period: 36 months</p> <p>Waiting Period (Applicable for Maternity Hospital Cash Benefit) Options available to Maternity Hospital Cash Benefit Option 1:- Benefit payable after 12 months of waiting period Option 2:- No waiting period.</p> | 1. Any type gastrointestinal ulcers | 2. Cataracts, | 3. Any type of fistula | 4. Macular Degeneration | 5. Benign prostatic hypertrophy | 6. Hernia of all types | 7. All types of sinuses | 8. Fissure in ano | 9. Haemorrhoids, piles | 10. Hydrocele | 11. Dysfunctional uterine bleeding | 12. Fibromyoma | 13. Endometriosis | 14. Hysterectomy | 15. Uterine Prolapse | 16. Stones in the urinary and biliary systems | 17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses | 18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth | 19. Joint replacement surgery | 20. Surgery for vertebral column disorders (unless necessitated due to an accident) | 21. Surgery to correct deviated nasal septum | 21. Hypertrophied turbinate | 22. Congenital internal diseases or anomalies | 23. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to +/-7 | <p>Section D</p> |
| 1. Any type gastrointestinal ulcers | 2. Cataracts, | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Any type of fistula | 4. Macular Degeneration | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Benign prostatic hypertrophy | 6. Hernia of all types | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses | 18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>8</p> | <p>Financial Limits of Coverage Sublimit (it is a pre-defined limit and the insurance company will not pay any</p> | <p>The policy will pay as per the limits specified in the Certificate of Insurance</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>amount in excess of this limit)</p> <p>.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>.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>.Any other limit (as applicable)</p> | <p>Co payment – Not Applicable Deductible – Not applicable</p> | |
| <p>9 Claims/claims procedure</p> | <p>Reimbursement claim process for all sections</p> <ul style="list-style-type: none"> • Notify us in writing within 30 days of the accident and submit all documents within 30 days of the notification. • The Insured Beneficiary must take reasonable steps to mitigate the consequences. • Provide us with requested documentation and information promptly. • In the event of the Insured Beneficiary's death, notify us in writing immediately and send a copy of the post-mortem report (if conducted) within 30 days. <p>Cashless treatment - Applicable only for Accidental Hospitalization Expenses</p> <ul style="list-style-type: none"> • Request preauthorization from us before treatment or incurring medical expenses for an accidental injury at a network hospital . • If approved, we will send an authorization letter, which must be presented with the ID card and required documentation at admission. • With preauthorization, the Insured won't need to pay covered expenses at the network hospital, but this does not guarantee all costs will be covered. • We will review each claim, and coverage will be determined by the policy terms. The Insured must settle any other expenses directly. <p>Claim Procedure (Applicable for Critical Illness, Personal Accident Cover, EMI and Rent protection cover)</p> <ul style="list-style-type: none"> • Notify us in writing within 30 days of the accident and submit all documents within 30 days of notification. • Consult a doctor immediately and follow their advice and treatment. • Allow examination by our medical advisors if requested. • Provide requested documentation and information promptly for claim investigation. • In case of death, notify us immediately and send the post-mortem report within 30 days. <p>Claim Procedure applicable for Fire and Allied Perils</p> <ul style="list-style-type: none"> • Please refer to Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings which is attached hereto as annexure <p>Turnaround time(TAT) for claim settlement:</p> <ul style="list-style-type: none"> • Turnaround time (TAT) for claim settlement: 30 Working Days • TAT for preauthorization of cashless facility: Within 120 Mins • TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> | <p>Section E</p> |

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| | | <p>Helpline Number Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms 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 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</p> | |
| 11 | Grievances /Complaints | <p>Grievance Redressal Procedure: 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 <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 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 |
| 12 | Things to remember | <p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 15 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://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3</p> <p>Change in Sum Insured: 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</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 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits</p> | Section D |
| 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>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>