

UNION SURAKSHA KAVACH (GROUP)

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	Name of Insurance Product	Union 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 (What the Policy Covers)	BASE COVERS	Section C.
		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 I. a & b
		Additional Benefits - (If the claim under Section I: Death is accepted for the insured person): a) Transportation of mortal remains: 1% of Sum Insured for transporting the insured's mortal remains. b) Funeral Expenses: 1% of Sum insured towards Funeral Expense of the deceased Insured Person.	
		Disappearance: If the insured person disappears due to a forced landing, stranding, sinking, or wrecking of a conveyance, they will be presumed dead after 12 months. If found alive after the accidental death benefit is paid, all payments must be reimbursed	Extensions
		Permanent Total Disability – If an accidental bodily injury results in permanent total disability within 12 months, the company will pay the sum insured stated in the Certificate of Insurance. Additional Benefits: If the claim under Section II: Permanent Total Disability is accepted for the insured person) Lifestyle Modification Benefit: Payment of 2% of the Sum insured towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the insured person. If an accidental bodily injury results in permanent total disability within 12 months, the company will pay the sum insured stated in the Certificate of Insurance.	Section II
		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 III
		Accidental Hospitalization Expenses: In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Accidental Bodily Injury, longer than 24 consecutive hours. <ul style="list-style-type: none"> • Day Care Procedures - Medical Expenses for admission, for duration less than 24 consecutive hours • Pre-Hospitalization - up to 60 days prior to date of admission in hospital • Post-Hospitalization - up to 90 days from date of discharge from the hospital 	Section IV
		Coma Due To Accidental Bodily Injury- Lump sum benefit for accidental injury causing a comatose state within one month from the Date of Accident	Section V
		Fracture Care: In case of an Accidental Bodily Injury during policy period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will pay the percentage of sum insured as shown in the benefit table specified in policy wordings as stated under the Certificate of Insurance. For more than one of the circumstances: benefit on a cumulative basis will be payable subject to not exceeding the sum insured of this section	Section VI
		Hospital Cash Benefit - Daily Allowance as specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation necessitated solely due to an Accidental Bodily Injury during the policy period.	Section VII

		<p>Road Ambulance Cover: In case of an Accidental Injury sustained by the Insured Person during the Policy Period, the Insured Person has to be transferred to the nearest hospital from the spot of Accident or from one hospital to another, the Company will reimburse the actual expenses incurred for ambulance services upto the sum insured specified in the the Certificate of Insurance</p>	Section VIII
6	<p>Exclusions (What the policy does not cover)</p>	<p>Standard Exclusions Exclusion Applicable to Accidental Hospitalization Expenses Cover, Hospital Cash Benefit,</p> <ul style="list-style-type: none"> • Cosmetic or plastic surgery unless for reconstruction following an Accident, Burn(s) etc. (Excl08) • Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14) • Unproven Treatments (Excl16) <p>General Exclusions Applicable To All Covers</p> <ol style="list-style-type: none"> 1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom; 2. Intentionally self-inflicted injury or illness 3. Mental or nervous disorder, anxiety, stress or depression, 4. Whilst engaging in Adventure Sports unless specifically insured, 5. While under the influence of liquor or drugs, alcohol or other intoxicants, 6. Through deliberate or intentional, unlawful or criminal act, error, or omission etc. 7. Whilst engaging in aviation or ballooning 8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs, 9. As a result of any curative treatments or interventions that you carry out or have carried out on your body, 10. Arising out of your participation in any police, naval, military or air force operations 11. Your consequential losses of any kind or your actual or alleged legal liability. 12. Venereal or sexually transmitted diseases, 13. 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, 14. War (whether declared or not), civil war, invasion, act of foreign enemies etc. 15. Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste 16. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines 17. Any Claim caused by osteoporosis or pathological fracture if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date 18. No benefit would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor 19. Expenses incurred on external aid /devices, the use of which has been necessitated following an accident. <p>Specific Exclusion Applicable to Accidental Hospitalization Expenses Cover:</p> <ol style="list-style-type: none"> 1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy. 2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment. 3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury. 4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self-medication or any treatment that is not scientifically recognized. 5. Vaccination and inoculation unless forming part of treatment for Injury 6. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils. 7. Any other medical or surgical treatment except as may be necessary solely as a result of Injury. 8. Any treatment taken outside India. 9. Whilst engaged in adventure sports, unless specifically covered under the base policy 10. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. 	Section D Standard Exclusions & Specific Exclusions

		<p>Specific Exclusion Applicable to Coma Due To Accidental Bodily Injury</p> <p>1. Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded.</p> <p>Specific Exclusion Applicable to Hospital Cash Benefit:</p> <p>1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.</p> <p>2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.</p> <p>3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.</p> <p>4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self- medication or any treatment that is not scientifically recognized.</p> <p>5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.</p> <p>6. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.</p> <p>7. Any other medical or surgical treatment except as may be necessary solely as a result of Injury.</p> <p>8. Any treatment taken outside India</p>																												
<p>7</p>	<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>Not Applicable</p>																												
<p>8</p>	<p>Financial Limits of Coverage</p> <p>Sublimit (it is a pre defined limit and the insurance company will not pay any 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: Up to 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>iii. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" data-bbox="418 1150 1295 1570"> <thead> <tr> <th>Sr No</th> <th>Covers</th> <th>Sum Insured options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Death</td> <td>100% of the SI</td> </tr> <tr> <td>2</td> <td>Permanent Total Disability</td> <td>Percentage of the SI as specified</td> </tr> <tr> <td>3</td> <td>Permanent Partial Disability</td> <td>Percentage of the SI as specified</td> </tr> <tr> <td>4</td> <td>Accidental Hospitalization Expenses</td> <td>Sub-limit of the SI as specified</td> </tr> <tr> <td>5</td> <td>Coma Due to Accidental Bodily Injury</td> <td>Sub-limit of the SI as specified</td> </tr> <tr> <td>6</td> <td>Fracture Care</td> <td>Sub-limit of the SI as specified</td> </tr> <tr> <td>7</td> <td>Hospital Cash Benefit</td> <td>Sub-limit of the SI as specified</td> </tr> <tr> <td>8</td> <td>Road Ambulance Cover</td> <td>Sub-limit of the SI as specified</td> </tr> </tbody> </table> <p>Co-payment – Not applicable</p> <p>Deductible - Not applicable</p>	Sr No	Covers	Sum Insured options	1	Death	100% of the SI	2	Permanent Total Disability	Percentage of the SI as specified	3	Permanent Partial Disability	Percentage of the SI as specified	4	Accidental Hospitalization Expenses	Sub-limit of the SI as specified	5	Coma Due to Accidental Bodily Injury	Sub-limit of the SI as specified	6	Fracture Care	Sub-limit of the SI as specified	7	Hospital Cash Benefit	Sub-limit of the SI as specified	8	Road Ambulance Cover	Sub-limit of the SI as specified	
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8	Claims/claims procedure	<p>Reimbursement claim process</p> <ol style="list-style-type: none"> Inform us in writing within 30 days of the accident and submit all documents within 30 days of intimation. Consult a Doctor immediately and follow their advice and treatment. Take reasonable steps to mitigate the consequences of Bodily Injury. Allow examination by our medical advisors if requested. Provide documentation and information promptly for claim investigation. In case of death, inform us immediately and send a copy of the post mortem report within 30 days. <p>Cashless claim process (Accidental Hospitalization Expenses) Cashless treatment is available only at Network Hospitals. To use this service:</p> <ol style="list-style-type: none"> Request pre-authorization from us before treatment or incurring medical expenses. For planned hospitalization, inform us within 48 hours of admission. For emergency hospitalization, inform us within 24 hours of admission. We will respond to your pre-authorization request within 2 hours with approval, rejection, or a request for more information. If approved, present the authorization letter, ID card, and any required documents at the Network Hospital upon admission. If the procedure is followed, you won't need to pay the hospital directly, but pre-authorization does not guarantee all costs will be covered. We will review each claim and determine coverage according to the policy terms <p>Turnaround time (TAT) for claim settlement (Domestic Cover):</p> <ol 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>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	Section E
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 /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 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 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 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 	
11	Things to Remember	<p>Free Look Cancellation: Policy holder/Insured 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>	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:



		<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>	
12	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>	Section E
<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>