

## Credit Linked Health Plan (Group) Policy wordings

### PREAMBLE

Whereas the insured described in the Group Policy Schedule hereto (hereinafter called the 'Insured' or "Policy holder/Policy Holder" or "Proposer") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal of Insured for Group Policy and proposal of/transcript of the Proposal of Insured on behalf of respective Insured Beneficiary/ies and or proposal of/transcript of the Proposal of Insured Beneficiary, for issuance of Certificate of Insurance [COI], which shall be the basis of this Contract and Certificate of Insurance and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Group Policy issued in the name of Policy Holder and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the Certificate of Insurance read with Group Policy as consideration for such insurance Contract, now the Company agrees, subject always to the Sum Insured as specified in the respective Certificate of Insurance, and the terms, conditions, exclusions, and limitations of the Group Policy and Certificate of Insurance, and in excess of the amount of the Deductible, to indemnify the Insured Beneficiary against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period, in the manner and to the extent hereinafter stated: The term **Insured Beneficiary** in this document refers to the individual group members who will be treated as Insured Beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organization who has signed the proposal form and in whose name the Group Policy is issued. Also, the term **Insurer/ Us/ Our/ Company** in this document refers to Bajaj Allianz General Insurance Company Ltd.

### SECTION B) DEFINITIONS- STANDARD DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

1. **Accident, Accidental** – An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Cashless facility:**  
Cashless facility means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.
3. **AYUSH Hospital:**  
An AYUSH Hospital is a healthcare facility where in medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
  - a. Central or State Government AYUSH Hospital; or
  - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy  
or
  - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    - i. Having at least 5 in-patient beds;
    - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
    - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
    - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Day Care Centre:**  
AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health Centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
  - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
  - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
5. **Condition Precedent:**  
Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
6. **Congenital Anomaly:**  
Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
  - b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body
7. **Day care centre:**  
A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
  - i. has qualified nursing staff under its employment,
  - ii. has qualified medical practitioner(s) in charge,
  - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
  - iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel
8. **Day Care Treatment:**  
Day care treatment means medical treatment, and/or surgical procedure which is:
  - i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - ii. Which would have otherwise required a hospitalization of more than 24 hours.

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Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**9. Disclosure to information norm:**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**10. Emergency Care:**

Emergency care means management of an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured's health.

**11. Grace Period:**

Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

**12. Hospital:**

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

**13. Hospitalization:**

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive In patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**14. Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  - ii. it needs ongoing or long-term control for relief of symptoms
  - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  - iv. it continues indefinitely
  - v. it recurs or is likely to recur.

15. **Injury/ Accidental Bodily Injury means accidental physical bodily harm excluding illness or disease** solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**16. Inpatient Care**

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

**17. Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**18. Medical Advice:**

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

**19. Medical expenses:**

Medical Expenses means those expenses that an Insured has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured had not been Insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

20. **Medical Practitioner/ Physician/Doctor** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

**21. Medically Necessary** treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. is required for the medical management of the illness or injury suffered by the Insured Beneficiary;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner,
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**22. Migration:**

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

**23. Non- Network Provider:**

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Non-Network provider means any hospital, day care centre or other provider that is not part of the network.

**24. Notification of Claim:**

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**25. Portability:**

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

**26. Pre-Existing Disease:**

Pre-existing disease means any condition, ailment or injury or disease

- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
- b. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

**27. Pre-hospitalization Medical Expenses:**

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**28. Post-hospitalization Medical Expenses:**

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

- a. Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

**29. Qualified Nurse:**

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**30. Reasonable and Customary charges**

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**31. Renewal**

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**32. Subrogation-**

Subrogation means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after indemnification of the Insured by the Company.

However, this condition will be applicable only to Optional Cover V- Fire and Allied Perils Cover (which is as per "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings which is attached hereto as annexure) and Optional Cover VI- Burglary and Robbery Cover.

**33. Unproven/Experimental treatment**

Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

## **SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS**

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

1. **Acquired Immune Deficiency Syndrome** means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immunodeficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Complex).
2. **Adventure Sports** - Adventure sports (also called action sports, aggro sports, and Extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These activities often involve speed, height, a high level of physical exertion, and highly specialized gear such as racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters.
3. **Age** means completed years as at the commencement date of the Certificate of Insurance.
4. **AYUSH Treatment** refers to medical expenses incurred on hospitalisation under Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy systems
5. **Bajaj Allianz Network Hospitals / Network Hospitals/Network Provider** means the Hospitals which have been empanelled by Us as per the  
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latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website [www.bajajallianz.com](http://www.bajajallianz.com).

6. **Beneficiary:** In case of death of the Insured Beneficiary, the Beneficiary means, unless stipulated otherwise by the Insured Beneficiary, the surviving Spouse or immediate blood relative of the Insured Beneficiary, mentally capable and not divorced, followed by the children recognized or adopted followed by the Insured Beneficiary's legal heirs. For all other benefits, the Beneficiary means the Insured Beneficiary himself unless stipulated otherwise
7. **Burglary-** means the unforeseen and unauthorized entry to or exit from the Insured's Premises by aggressive and detectable means with an intention to steal contents therefrom
8. **Certificate of Insurance** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions of Master Policy/Group Policy detailing the Master Policy number, Certificate of Insurance number, the Cover Period with the commencement date and end/expiry date of the cover, Insured Beneficiary name, address, age, coverage, benefits, sums insured, deductible, condition(s), exclusions and or endorsement(s) and the terms and conditions of the coverage. Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Policy Wordings, then these Policy Wordings shall prevail.
9. **Civil War-** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Civil War also includes armed rebellion, revolution, sedition, insurrection, Coup, and the consequences of Martial law.
10. **Contents** means household goods (such as furniture, fixtures, fittings, home appliances or items of like nature) and personal effects (such as clothes and other articles of personal nature likely to be worn, used or carried but excluding Jewellery and Valuables) so long as they are owned by the Insured Beneficiary and he/she is legally responsible for them and which are not used for any commercial or profit generating purpose.
11. **Cover Period** means the period as specified in the Certificate of Insurance issued to the respective Insurance Beneficiary during which he/she is insured as per Terms and Conditions of Certificate of Insurance read with the Master Policy.
12. **Dependent Child-** refers to a child (natural or legally adopted) and studying at an accredited educational institution, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income
13. **Dislocation** - A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.
14. **EMI** means the equated monthly installment of Insured Beneficiary's Loan as specified in the Schedule.
15. **Excess** means an amount of expenses to be incurred by the Insured Beneficiary before the compensation under the Policy shall become payable and shall not be reimbursed by the Company.
16. **Fracture:** A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.
17. **Group-** The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.
18. **Hazardous Activities** means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations underground, nuclear installations, Off-shore oil or gas rig worker, Policeman, Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, Steeplejack, Stevedore, Structural steelworker Tower crane operator, Tree feller.
19. **Insured Beneficiary** mean the loan borrowers of Policy Holder for whom the Policy Holder has taken the Group Insurance Policy under the Master Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.
20. **"Insured Member/s"** means loan borrow and co-borrower/s of loan from Policy Holder for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary/Insured Member.
21. **Jewellery** means articles of precious stones, gold, silver or other precious metals.
22. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution and shall be identified by the Loan Account Number as specified in the Schedule.
23. **Named Insured/ Insured Beneficiary / member of Group / Insured Beneficiary** means the persons, or his Family members, named in the Schedule
24. **Master Policy Period:** means period for which the Master Policy is valid in the name of Insured.
25. **Nominee** is the person selected by the policyholder to receive the benefit in case of death of the Insured Beneficiary thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.
26. **Occupation** - Insured Beneficiary's occupation as shown in the Certificate of Insurance
27. **Permanent Total Disability** - Medical Practitioner certified total, continuous and permanent:
  - i. loss of the sight of both eyes
  - ii. physical separation of or the loss of ability to use both hands or both feet
  - iii. physical separation of or the loss of ability to use one hand and one foot
  - iv. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
28. **Policy** This Policy Document, the Policy Schedule and the Proposal, declaration and applicable Endorsements under the Policy. The Policy



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contains the details of the extent of cover available to the Insured Beneficiary, the Exclusions under the cover and the terms, conditions, warranties and limitations.

- 29. Policy Holder/Proposer/Group Administered/Group Policy Holder** or “Insured” is the Organization or Entity which has taken the Policy on behalf of all Insured Beneficiaries /Insured Beneficiary.
- 30. Policy Schedule** means the Credit Linked Health Plan (Group) Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.
- 31. Cover Period** - The period between and including the start and end dates shown in the Policy Schedule.
- 32. Professional Sports** - means a sport which is the primary livelihood earning of the player,
- 33. Proposal and Declaration Form** - means any initial or subsequent declaration made by the Insured Beneficiary and is deemed to be attached and which forms a part of this Policy
- 34. Robbery-** means (i) in order to the committing of the theft at the Insured’s Premises, or in committing the theft at the Insured’s Premises, or in carrying away or attempting to carry away property obtained by the theft from the Insured’s Premises, the offender, for that end, voluntarily causes or attempts to cause to the Insured Beneficiary and/or Insured Beneficiary’s family members, death or hurt or wrongful restraint, or fear of instant death or of instant hurt, or of instant wrongful restraint or (ii) if the offender, at the time of committing the extortion at the Insured’s Premises, is in the presence of the Insured Beneficiary and/or Insured Beneficiary’s family members who is/are put in fear, and commits the extortion at the Insured’s Premises by putting the Insured Beneficiary and/or Insured Beneficiary’s family members in fear of instant death, of instant hurt, or of instant wrongful restraint to the Insured Beneficiary and/or Insured Beneficiary’s family members, and, by so putting in fear, induces the Insured Beneficiary and/or Insured Beneficiary’s family members so put in fear then and there to deliver up the thing extorted at the Insured’s Premises. In this regard the offender is said to be present if he is sufficiently near to put the Insured Beneficiary and/or Insured Beneficiary’s family members in fear of instant death, of instant hurt, or of instant wrongful restraint.  
The term Extortion means intentionally putting the Insured Beneficiary and/or Insured Beneficiary’s family members in fear of any injury to the Insured Beneficiary and/or Insured Beneficiary’s family members, and thereby dishonestly induces the Insured Beneficiary and/or Insured Beneficiary’s family members so put in fear to deliver to any person any property or valuable security, or anything signed or sealed which may be converted into a valuable security.
- 35. Safe** means a strong fixed cabinet within the Insured’s Premises designed for the safe and secure storage of valuable items, and access to which is restricted.
- 36. Schedule** means the Credit Linked Health Plan (Group) Policy Schedule and any annexure to it read with respective Certificate of Insurance.
- 37. Sum Insured** means and denotes, for the purpose of Section I (Critical Illness Cover), Section II (Accident Protection Cover), Optional Cover I (Accidental Hospitalization Expenses), Optional Cover II (Children Education Benefit), Optional Cover III (Disability Benefit Cover) and Optional Cover IV (EMI Payment Cover), the amount of cover available to the Insured Beneficiary, subject to the terms and conditions of Certificate of Insurance read with this Policy and as stated in the Certificate of Insurance/Policy Schedule, which is the maximum aggregate liability of the Company under the Certificate of Insurance w.r.t. these Sections.  
Sum Insured means and denotes, for the purpose of
- Optional Cover V Fire and Allied Perils for which please refer to “Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy” Wordings which is attached hereto as annexure.
  - Optional Cover VI (Burglary and Robbery Cover), the amount stated in the Schedule, which is the maximum amount (regardless of the number of amount of claims made or the number of the insured who make a claim) for any one claim and in the aggregate for all claims for which the Company will make payment in relation to the Section to which the Sum Insured relates during the Policy Period.  
The apportionment of Sum Insured shall be on equal basis amongst all Insured Beneficiary.
- 38. You, Your, Yourself/ Your Family** named in the schedule means the Insured Beneficiary or Insured Beneficiaries that We insure as set out in the Schedule
- 39. We, Us, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.
- 40. Definition Applicable For Optional Cover IV: EMI Payment Cover**  
Involuntary loss of Job: means a termination or permanent dismissal of the Insured Person from his / her employment by his/her employer, due to:
- i. Illness contracted (as listed in Section C under Section I – Critical Illness Cover under A) Base Covers), which first occurs or manifests itself during the Cover Period
  - ii. Injury sustained during the Cover Period resulting in Permanent total disability (as listed in Section II – Accident Protection Cover under A) Base Covers)

## SECTION C) COVERAGE

### OPERATIVE PARTS

#### WHAT WE WILL PAY FOR

#### PART A) BASE COVERS:

It is mandatory to opt for at least one of the below listed sections and below terms and conditions of respective section will be applicable for Covers which are opted by you and displayed on your Policy Schedule read with the Certificate of Insurance:

#### SECTION I: CRITICAL ILLNESS COVER

**SECTION II: ACCIDENT PROTECTION COVER**

**SECTION I: 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, then we will pay 100% of Sum Insured as specified in the Certificate of Insurance, as on the date of Insured Beneficiary being diagnosed as suffering from a Critical Illness, subject otherwise to all other terms, conditions and exclusions of the Policy and Certificate of Insurance.

Insured event: For the purpose of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured Beneficiary shall mean any illness, medical event or surgical procedure, as specifically defined below, whose signs or symptoms first commence in Cover Period without any waiting period / more than 30 days/ more than 45 days/ more than 90 days (as opted by Insured Beneficiary) after the commencement of the Certificate of Insurance.

Number of Critical Illness covered under the Certificate of Insurance will depend upon the Plan opted the Insured Beneficiary. Following are the Plans available under the Section I:

Plan	Critical Illness Covered
<b>Plan A</b>	<b>17 Critical Illness Cover</b> <ol style="list-style-type: none"> <li>1. Cancer of Specified Severity</li> <li>2. Myocardial Infarction (First Heart Attack of Specific Severity)</li> <li>3. Open Chest CABG</li> <li>4. Open Heart Replacement or Repair of Heart Valves</li> <li>5. Coma of Specified Severity</li> <li>6. Kidney Failure Requiring Regular Dialysis</li> <li>7. Stroke Resulting in Permanent Symptoms</li> <li>8. Major Organ /Bone Marrow Transplant</li> <li>9. Multiple Sclerosis With Persisting Symptoms</li> <li>10. Benign Brain Tumor</li> <li>11. End Stage Liver Failure</li> <li>12. Primary (Idiopathic) Pulmonary Hypertension</li> <li>13. Alzheimer's Disease</li> <li>14. Primary Parkinson's Disease</li> <li>15. Surgery of Aorta</li> <li>16. Third Degree Burns</li> <li>17. Permanent Paralysis of Limbs</li> </ol>
<b>Plan B</b>	<b>Critical Illness Covered under Plan A + 8 Critical Illness Cover listed below:</b> <ol style="list-style-type: none"> <li>1. End Stage Lung Failure</li> <li>2. Aplastic Anaemia</li> <li>3. Systemic Lupus Erythematosus</li> <li>4. Pneumonectomy</li> <li>5. Motor Neuron Disease With Permanent Symptoms</li> <li>6. Angioplasty</li> <li>7. Progressive Scleroderma</li> <li>8. Progressive Supranuclear Palsy</li> </ol>
<b>Plan C</b>	<b>Critical Illness Covered under Plan B + 5 Critical Illness Cover listed below:</b> <ol style="list-style-type: none"> <li>1. Pulmonary Artery Graft Surgery</li> <li>2. Loss Of Speech</li> <li>3. Goodpasture's Syndrome</li> <li>4. Apallic Syndrome</li> <li>5. Multiple System Atrophy</li> </ol>

**PLAN A- 17 CRITICAL ILLNESS COVER**

Critical Illness Covered under Plan A and the conditions applicable to the same are defined below:

**1. CANCER OF SPECIFIED SEVERITY**

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
  - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

**2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)**

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
  - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
  - ii. New characteristic electrocardiogram changes
 Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

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- II. The following are excluded:
  - i. Other acute Coronary Syndromes
  - ii. Any type of angina pectoris
  - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

**3. OPEN CHEST CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
  - i. Angioplasty and/or any other intra-arterial procedures

**4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**5. COMA OF SPECIFIED SEVERITY**

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i. no response to external stimuli continuously for at least 96 hours;
  - ii. life support measures are necessary to sustain life; and
  - iii. Permanent neurological deficit which must be assessed at least 30 days after onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

**6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**7. STROKE RESULTING IN PERMANENT SYMPTOMS**

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
  - i. Transient ischemic attacks (TIA)
  - ii. Traumatic injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

**8. MAJOR ORGAN /BONE MARROW TRANSPLANT**

- I. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
  - i. Other stem-cell transplants
  - ii. Where only islets of langerhans are transplanted

**9. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

**10. BENIGN BRAIN TUMOR**

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
  - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. Following conditions are excluded:  
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

**11. END STAGE LIVER FAILURE**

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
  - i. Permanent jaundice; and
  - ii. Ascites; and
  - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

**12. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION**

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
  - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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- III. ulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

**13. ALZHEIMER'S DISEASE**

Clinically established diagnosis of Alzheimer's Disease (pre-senile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

**14. PRIMARY PARKINSON'S DISEASE:**

The unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist). The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in a permanent bedridden situation and inability to get up without outside assistance. These conditions must be medically documented for at least 90 days.

**15. SURGERY OF AORTA**

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

**16. THIRD DEGREE BURNS**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

**17. PERMANENT PARALYSIS OF LIMBS**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

**PLAN- B- CRITICAL ILLNESS COVERED UNDER PLAN A + 8 CRITICAL ILLNESS COVER**

Additional Critical Illness Covered under Plan B and the conditions applicable to the same are defined below:

**1. END STAGE LUNG FAILURE**

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
- iv. Dyspnea at rest.

**2. APLASTIC ANAEMIA**

A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

- i. Regular blood product transfusion
- ii. Marrow stimulating agents
- iii. Immunosuppressive agents
- iv. Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Hematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

- i. Absolute Neutrophil count of 500 per cubic millimeter or less;
- ii. Absolute Reticulocyte count of 20,000 per cubic millimeter or less; and
- iii. Platelet count of 20,000 per cubic millimeter or less.

**3. SYSTEMIC LUPUS ERYTHEMATOSIS:**

A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following: Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.

**4. PNEUMONECTOMY:**

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

**5. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS**

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

**6. ANGIOPLASTY**

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.



**7. PROGRESSIVE SCLERODERMA:**

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localized scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome

**8. PROGRESSIVE SUPRANUCLEAR PALSY:**

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

**PLAN C – CRITICAL ILLNESS COVERED UNDER PLAN B + 5 CRITICAL ILLNESS COVER**

Additional Critical Illness covered under Plan C and the conditions applicable to the same are defined below:

**1. PULMONARY ARTERY GRAFT SURGERY:**

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

**2. LOSS OF SPEECH:**

- I. Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

**3. GOODPASTURE'S SYNDROME:**

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

**4. APALLIC SYNDROME**

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days

**5. MULTIPLE SYSTEM ATROPHY**

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- i. motor function with associated rigidity of movement; or
- ii. The ability to coordinate muscle movement; or
- iii. Bladder control and postural hypotension.

**SECTION II: ACCIDENT PROTECTION COVER**

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to the Insured Beneficiary, shall mean accidental bodily injury sustained during the Cover Period which shall within twelve months of its occurrence be the sole and direct cause of i) **Death** or ii) **Permanent Total Disability** (more specifically defined herein below) of the Insured Beneficiary, then we will pay Sum Insured as specified in the Certificate of Insurance as on the date of accident, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with Policy.

Our liability to make payment to you for one or more of the events described under **Death** due to accidental bodily injury, **Permanent Total Disability** due to accidental bodily injury, would be limited to a maximum of the Sum Insured as specified in the Certificate of Insurance for this Section, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with Policy.

For this Section, Insured Beneficiary can opt any plan from below two options provided:

**Plan A - Death and Permanent Total Disability Cover (without any additional coverage)**

**Plan B - Death and Permanent Total Disability Cover (with additional coverage)**

**PLAN A:**

**SUB-SECTION I. DEATH**

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the Insured Beneficiary within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated in the respective section of the Certificate of Insurance to the Insured Beneficiary's assignee, as the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) and in the absence of any assignee, to the Nominee or legal representative of the Insured Beneficiary, Provided however in case the assignment is partial assignment/conditional assignment, then the payment of Sum Insured upon Death of the Insured Beneficiary shall depend upon and subject to terms and conditions of such partial assignment/ conditional assignment.

**Extensions:**

**a. Disappearance**

Disappearance: In the event of the disappearance of the Insured Beneficiary, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Beneficiary was known to have been travelling as an occupant, it shall be deemed after twelve (12) months,

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subject to all other terms and conditions of this Certificate of Insurance read with Policy, that such Insured Beneficiary shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Beneficiary is still alive, all payments shall be reimbursed in full to the Company by the Insured Beneficiary and or assignee and or nominee, as the case may, jointly and severally.

**SUB-SECTION II: PERMANENT TOTAL DISABILITY**

If during the Cover Period, the Insured Beneficiary sustains 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 You the Sum Insured stated in the Section II of the Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- i. loss of the sight of both eyes
- ii. physical separation of or the loss of ability to use both hands or both feet
- iii. physical separation of or the loss of ability to use one hand and one foot
- iv. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

**PLAN B****If Insured Beneficiary has opted for Plan B under Section II - below benefits will also be payable which are in addition to benefits payable under Plan A hereinabove under Section II:**

**If the claim under Sub-Section I :** Death of the Insured Beneficiary is accepted by the Company, then the company will pay for the following additional benefits over and above Sum Insured as specified in Certificate of Insurance under Section II.

**a. Transportation of mortal remains**

The Company will make an additional payment of 1% of the Sum Insured as specified in Certificate of Insurance [read with Policy] under Section II: Accident Protection Cover, as a lump sum benefit amount towards the expenses of transporting the body remains of the deceased Insured Beneficiary from the place of death to a hospital, cremation ground or burial ground or to the his/her residence.

**b. Funeral Expenses**

The Company will make an additional payment of 1% of the Sum Insured as specified in Certificate of Insurance under Section II: Accident Protection Cover as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary.

**If claim under Sub-Section II:** Permanent Total Disability of the Insured Beneficiary is accepted by the Company, then the Company will pay the following additional benefit over and above the base Sum Insured:

**c. Lifestyle Modification Benefit:**

The Company will make an additional payment of 2% of the Sum Insured as specified in the Certificate of Insurance under Section II: Accident Protection Cover, a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the Insured Beneficiary.

**PART B) OPTIONAL COVERS:**

You can opt for any of the below listed Optional Covers and below terms and conditions of respective Optional Covers will be applicable for Covers which are opted by you and displayed on your Certificate of Insurance:

**OPTIONAL COVER I: ACCIDENTAL HOSPITALIZATION EXPENSES****OPTIONAL COVER II: CHILDREN EDUCATION BENEFIT OPTIONAL****COVER III: DISABILITY BENEFIT COVER****OPTIONAL COVER IV: EMI PAYMENT COVER****OPTIONAL COVER V: FIRE AND ALLIED PERILS****COVER****OPTIONAL COVER VI: BURGLARY AND ROBBERY COVER****OPTIONAL COVER I: ACCIDENTAL HOSPITALIZATION EXPENSES**

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to cover the Insured Beneficiary, if he/ she is Hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner. because of Accidental Bodily Injury sustained during the Cover Period, then the Company will pay the In-patient Treatment- Medical Expenses for the below listed items up to the Sum Insured stated under the heading 'Accidental Hospitalization Expenses', in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

**A. Day Care procedure coverage:**

Waiver of 24hours hospitalization would be considered under Accidental Hospitalization Expenses for the surgeries/procedures due to technological advancement provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions given in the Policy.

**B. Pre Hospitalization and Post Hospitalization:**

If the claim under Accidental Hospitalization Expenses (including day care procedure mentioned in Annexure 1) due to Accident of the Insured Beneficiary is accepted, then the Company will also pay below expenses:

**i) Pre Hospitalization**

If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 60 days immediately before the Insured Beneficiary was hospitalized for Accidental Bodily Injury, provided that such Medical Expenses were incurred for the same injury for which subsequent Hospitalization was required.

**ii) Post-Hospitalization**

If the Company has accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will also reimburse the Medical Expenses incurred during the 90 days immediately after the Insured Beneficiary was discharged post Hospitalization provided that, such costs are incurred in respect of the same injury for which the earlier Hospitalization was required.

The Pre and Post Hospitalization expenses payable under day care procedure shall include expenses incurred on Physiotherapy also.

**C. Road Ambulance Cover**

If the Company has accepted an Inpatient Hospitalization claim under Accidental Hospitalization Expenses then the Company will reimburse the reasonable cost up to a maximum of Rs 25,000/- per Cover Period, provided that:

- i)** If due to an Accidental Bodily Injury sustained by the Insured Beneficiary during the Cover Period, the Insured Beneficiary has been transferred to the nearest hospital from the spot of Accident by an ambulance service offered by a healthcare or ambulance service provider, the Company will reimburse the actual expenses incurred for ambulance services
- ii)** The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured Beneficiary from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities provided that: the treating doctor recommends the transfer of the Insured Beneficiary to a higher medical centre for further treatment.

Provided that the maximum amount payable by the Company in respect of (a) and (b) together or singly shall not exceed the Sum Insured stated in the Certificate of Insurance against this cover, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

**Specific Conditions Applicable to Road Ambulance Cover:**

- a. Expenses for Road ambulance transportation are restricted within India Only.
- b. Return transportation to the Insured's home by ambulance is excluded
- c. This benefit will be applicable annually for policies with term more than 1 year.

**OPTIONAL COVER II: CHILDREN EDUCATION BENEFIT**

**This cover can be opted only if Insured Beneficiary had opted for Section II: Accident Protection Cover.**

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to provide coverage if the Company has accepted a claim under Section II: Accident Protection Cover, then the Company will make a onetime payment of amount as stated under heading 'Children Education Benefit' in the Certificate of Insurance read with the Policy subject to maximum of INR 25 Lakhs, towards the cost of education of the Insured Beneficiary's dependent children, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

**Specific Conditions Applicable To Optional Cover II: Children Education Benefit**

1. The dependent child/children must be studying at an accredited educational institution on the date the Insured Beneficiary met with an Accidental Bodily Injury.
2. The age of dependent child or children should not exceed 25 years.  
The Sum Insured mentioned in the Certificate of Insurance is the total amount payable for all Dependent children collectively and not per child basis

**OPTIONAL COVER III: DISABILITY BENEFIT COVER**

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that Credit Linked Health Plan (Group) is extended to provide the Insured Beneficiary with "Disability Benefit Cover" during the Cover Period as per the following terms:

- If Insured Beneficiary during the Cover Period sustains Accidental Bodily Injury which directly and independently of all causes temporarily and completely prevents the Insured Beneficiary from performing each and every duty pertaining to his employment or occupation then the Company will pay weekly benefit amount as stated under heading "Disability Benefit Cover" in Certificate of Insurance subject to a minimum of Rs. 1,000 and maximum 1% of Loan amount or Rs. 50,000 per week whichever is lower.
- The Company shall make weekly payment/s for the disability period as specified by the treating doctor, beginning from the date Insured Beneficiary met with the Accidental Bodily Injury subject to a maximum period of 100 weeks.

Subject otherwise to all other terms, condition and exclusions of the Certificate of Insurance read with Policy.

**Specific Conditions Applicable To Optional Cover III: Disability Benefit Cover**

1. The bodily injury sustained should be detectable by means of clinical examination and radiological scanning or imaging;
2. Injuries to the spine, the ligamentous system, cartilage and nervous system should be detectable by means of radiological scanning or imaging or neurological fallout testing;
3. If the bodily injury sustained is not detectable by means of clinical examination and radiological scanning and imaging or neurological fallout

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- testing, then the company shall not be liable in respect of the Insured Beneficiary for any claim under this cover;
4. We will stop making payments when we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier;
  5. In case the temporary total disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
  6. In the event of a dispute arising with regards to the duration of Temporary Total Disability, the duration shall be finally determined by a physician mutually appointed by both the parties, who certifies the final date upon which the Insured Beneficiary recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

#### **OPTIONAL COVER IV: EMI PAYMENT COVER**

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that, on occurrence of Involuntary Loss of Job (as defined in the coverage) of the Insured Beneficiary, the Company will pay the amount corresponding to the Insured Beneficiary's contribution in the EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule of this Certificate of Insurance) after the commencement of Loss of Job till the reinstatement of employment with the same employer or new employer whichever is earlier subject to a maximum of Sum Insured as stated under Certificate of Insurance read with the Policy.

#### **WHAT WE WILL PAY:**

Three/ Six/ Nine/ Twelve Loan Equated Monthly Installment (EMI) as opted by Insured Beneficiary subject to Specific Conditions mentioned below-

#### **DEFINITION APPLICABLE FOR OPTIONAL COVER IV: EMI PAYMENT COVER**

Involuntary loss of Job: means a termination or permanent dismissal of the Insured Person from his / her employment by his/her employer, due to:

- i. Illness contracted (as listed in Section A under Section I – Critical Illness Cover under A) Base Covers), which first occurs or manifests itself during the Cover Period
- ii. Injury sustained during the Cover Period resulting in Permanent total disability (as listed in Section II – Accident Protection Cover under A) Base Covers)

#### **SPECIFIC CONDITIONS APPLICABLE TO OPTIONAL COVER IV- EMI PAYMENT COVER**

- i. You are a permanent employee of the organization working on a full time basis and such employment has been in force for a continuous period of 12 months.
- ii. You are paying the EMI on a Regular basis ;
- iii. Submission of Sanctioned letter and Repayment Track Record or Bank account statement reflecting EMI or Loan account Statement.
- iv. You are a salaried employee.
- v. This benefit is applicable only once during each Cover Period and will not be carried forward to the subsequent renewals if the benefit is not utilized.

#### **Specific exclusions applicable to Optional Cover IV- EMI payment cover**

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension, removal, or other minor or major punishment/s resulting in loss/loosing of employment of the Insured Beneficiary being attributed to any dishonesty or fraud or poor performance on the part of the Insured Beneficiary or his willful violation of any rules of the employer or laws for the time being in force or any other disciplinary action against the Insured Beneficiary by the employer for the misconduct of Insured Beneficiary.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
  - a) Self-employed persons;
  - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
  - c) Any voluntary unemployment;
  - d) Unemployment at the time of inception of the Cover Period or arising within the first 90 days of inception of the Cover Period.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured Beneficiary
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured Beneficiary was under probation.

#### **OPTIONAL COVER V: FIRE AND ALLIED PERILS COVER**

Coverage under this OPTIONAL COVER V of this Group Policy and all Certificate of Insurance [COI] issued thereunder shall be as per "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy" Wordings which is attached hereto as annexure and **Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy** Wordings shall be deemed to be part and parcel of all COI.

Notwithstanding what is mentioned in this Group Policy Wordings and or in COI, for the purposes of this OPTIONAL COVER V, in case of contradiction of these Group Policy Wordings and or COI with the provisions of "**Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha**" Policy Wordings annexed hereto, then the "**Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy**" Wordings annexed hereto shall prevail over these Group Policy Wordings and COI.

#### **OPTIONAL COVER VI: BURGLARY AND ROBBERY COVER**

In consideration of payment of additional premium by the Insured Beneficiary to the Company and realization thereof by the Company, it is hereby agreed and declared that the Company will indemnify the Insured Beneficiary in respect of:

1. loss of or damage to the Contents or any part thereof whilst contained in the Insured's Premises caused by actual or attempted Burglary and/or Robbery during the Cover Period;
2. actual physical damage to the Insured's Premises (including the reasonable costs incurred by the Insured Beneficiary for changing damaged locks at the entry and/or exit points to the Insured's Premises and at internal entry and/or exit points) caused by actual or attempted Burglary during the Cover Period;

#### **Specific Conditions Applicable To Optional Cover VI: Burglary And Robbery Cover**

Under any of the following circumstances the insurance ceases to attach as regards the property affected unless the Insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company:-

- a) If the nature of the occupation of or other circumstances affecting the Insured's Premises be changed.

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- b) If the Insured's Premises containing the Contents becomes unoccupied and so remains for a period of more than thirty (30) days.  
c) If the interest in the property passes from the Insured Beneficiary otherwise than by will or operation of law.

**SUM INSURED UNDER OPTIONAL COVER VI- BURGLARY AND ROBBERY COVER**

Sum Insured for the item(s)/content(s) shall be the actual purchase/Invoice price for that item(s)/content(s).

**Special Condition Applicable For Optional Cover V AND VI**

- 1) For Fire and Allied Perils for which please refer to per "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings which is attached hereto as annexure
- 2) In case of any claim being admissible and payable up to the full Sum Insured for Burglary (Contents), then coverage under OPTIONAL COVER VI of the Policy will cease to exist.
- 3) However, in case only partial Sum Insured is paid under these sections of this policy, then the policy will still exist on the balance Sum Insured for these covers during the Cover Period.

**A. Basis of Loss Settlement For Contents on Indemnity Basis:**

In the event of a loss the Company shall indemnify the Insured for the Replacement Value of the insured items as new at the time of damage less due allowance for betterment, wear and tear and or depreciation or the value which can be realized from the market for such insured item immediately before occurrence of damage whichever is lower.

**Depreciation Chart for Contents-**

Age of the Content(s) Depreciation	Percentage of Depreciation
Up to 6 months	10%
Up to 1 Year	20%
Up to 2 Year	40%
Up to 3 Year	50%
Up to 4 Year	60%
Up to 5 year	70%

**B. Waiver of Condition of Average for Section 33 Home Burglary and Robbery Insurance**

Condition of average shall be waived off for these two covers since in such cases there would be no specific declaration from the Proposer towards the value at risk of the respective assets to be insured.

**SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS****2. EXCLUSIONS APPLICABLE FOR ALL PLANS VIZ. PLAN A, PLAN B AND PLAN C UNDER SECTION – I: CRITICAL ILLNESS COVER**

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

- 1) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
3. **EXCLUSION APPLICABLE TO BOTH PART A AND PART B UNDER SECTION II: ACCIDENT PROTECTION COVER:**  
We will not be liable to make any payment under Certificate of Insurance read with this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

- 1) Hazardous or Adventure sports: Code- (Excl09)  
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
4. **EXCLUSION APPLICABLE TO OPTIONAL COVER I – ACCIDENTAL HOSPITALISATION EXPENSES:**
  - 1) Cosmetic or plastic Surgery (Excl08)  
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
  - 2) Hazardous or Adventure sports: Code- (Excl09)  
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
  - 3) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
  - 4) Unproven Treatments (Excl16)  
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS****1. SPECIFIC EXCLUSIONS APPLICABLE FOR ALL PLANS VIZ. PLAN A, PLAN B AND PLAN C UNDER SECTION – I: CRITICAL ILLNESS COVER**

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following



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- 1) Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician/ Medical Practitioner, or which first manifested itself or was contracted before the start of the Cover Period, or for which a claim has or could have been made under any earlier policy.
- 2) Any Critical Illness diagnosed within the first 30/ 45/ 90 days (as opted by Insured and or Insured Beneficiary) of the date of commencement of the Certificate of Insurance is excluded.  
This exclusion shall not apply to an Insured Beneficiary for whom coverage has been renewed (without a break) for subsequent years and or the person who have opted for waiver of waiting period for Critical Illness.
- 3) Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 4) Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
- 5) Occupational diseases.
- 6) War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- 7) Act of terrorism where the Insured Beneficiary is directly involved in the Perpetration or Commission of any act of terrorism
- 8) Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- 9) Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- 10) Radioactive contamination
- 11) Consequential losses of any kind, by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
- 12) Intentional self-injury

**2. SPECIFIC EXCLUSION APPLICABLE TO BOTH PART A AND PART B UNDER SECTION II: ACCIDENT PROTECTION COVER**

We will not be liable to make any payment under Certificate of Insurance read with this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

- 1) Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
- 2) Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
- 3) While under the influence of liquor or drugs, alcohol or other intoxicants,
- 4) Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanour, civil commotion,
- 5) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- 6) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
- 7) As a result of any curative treatments or interventions that you carry out or have carried out on your body,
- 8) Arising out of your participation in any police, naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,
- 9) Your consequential losses of any kind or your actual or alleged legal liability.
- 10) Venereal or sexually transmitted diseases,
- 11) Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these,
- 12) operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines; or Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,
- 13) Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,
- 14) No benefit under this policy would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor
- 15) Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.

**3. SPECIFIC EXCLUSION APPLICABLE TO OPTIONAL COVER I – ACCIDENTAL HOSPITALISATION EXPENSES:**

- 1) Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Certificate of Insurance.
- 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 of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
- 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 Injury.
- 8) Any treatment taken outside India.
- 9) Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.

**4. SPECIFIC EXCLUSIONS APPLICABLE TO OPTIONAL COVER IV- EMI PAYMENT COVER**

- 1) The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension, removal, or other minor or major punishment/s resulting in loss/loosing of employment of the Insured Beneficiary being attributed to any dishonesty or fraud or poor performance on the part of the Insured Beneficiary or his willful violation of any rules of the employer or laws for the time being in force or any other disciplinary action against the Insured Beneficiary by the employer for the misconduct of Insured Beneficiary.
- 2) The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
  - a) Self-employed persons;
  - b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
  - c) Any voluntary unemployment;
  - d) Unemployment at the time of inception of the Cover Period or arising within the first 90 days of inception of the Cover Period.
- 3) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Beneficiary
- 4) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- 5) Any unemployment due to resignation, retirement whether voluntary or otherwise
- 6) Any unemployment due to non-confirmation of employment after or during such period under which the Insured Beneficiary was under

**5. SPECIFIC EXCLUSIONS APPLICABLE TO OPTIONAL COVER VI :BURGLARY AND ROBBERY COVER**

The Company shall not be liable for and no indemnity is available hereunder in respect of:

- 1) 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.
- 2) Loss of or damage to livestock, motor vehicles and pedal cycles.
- 3) Loss of or damage to Valuables
- 4) thereof belonging to the Insured, unless such key has been obtained by Burglary and/or Robbery.

**6. GENERAL EXCLUSIONS APPLICABLE TO ALL COVERS**

We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

- 1) War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detention, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
- 2) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
- 3) the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
- 4) Consequential losses of any kind, be they by way of loss of profit, loss of goodwill, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.

**SECTION E) CONDITIONS - STANDARD GENERAL TERMS AND CLAUSES****1. Standard Terms And Conditions Applicable To All Covers****1) Disclosure of information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

**2) Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

**3) Moratorium Period:**

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co- payments, deductibles as per the policy contract.

**4) Claim Settlement. (provision for Penal interest)**

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

**5) Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**6) Fraud**

- i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
  - a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
  - b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
  - c) any other act fitted to deceive; and
  - d) any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

**7) Multiple Policies**

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the

**Issuing Office:**

insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/ she wants to claim the balance amount.

Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

**8) Possibility of Revision of Terms of the Policy Including the Premium Rates:**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

**9) Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

**10) Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

**11) Grievance Redressal Procedure**

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website [www.bajajallianz.com/branch-locator.html](http://www.bajajallianz.com/branch-locator.html)
3. Register your grievances / complaints on our website [www.bajajallianz.com/about-us/customer-service.html](http://www.bajajallianz.com/about-us/customer-service.html)
4. E-mail
  - a) Level 1: Write to [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) and for senior citizens to [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)
  - b) 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](mailto:ggro@bajajallianz.co.in)
  - c) 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 80809 45060 OR SMS To 575758 and our care specialist will call you back
5. 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](http://www.cioins.co.in/ombudsman.html)

The contact details of the Ombudsman offices are mentioned in **Annexure IV**

**12) Free Look Period**

The Free Look Period shall be applicable at the inception of the Certificate of Insurance and not on renewals or at the time of Porting the Certificate of Insurance.

The Insured Beneficiary shall be allowed a period of Thirty days from date of receipt of the Certificate of Insurance to review the terms and conditions of the Certificate of Insurance, and to return the same if not acceptable.

If the Insured Beneficiary has not made any claim during the Free Look Period, the Insured Beneficiary shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Beneficiary and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Certificate of Insurance is exercised by the Insured Beneficiary, a deduction towards the proportionate risk premium for Cover Period, or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such Cover Period;

**SECTION E) CONDITIONS – SPECIFIC TERMS AND CLAUSES****Terms And Conditions Applicable To All Covers**

- 1) **Eligible Entry Age Limit :**  
18 years to 65 Years
- 2) **Reasonable Care**  
The Insured Beneficiary shall take all reasonable steps to safeguard against any accident or injury that may give rise to any claim under this policy.
- 3) **Observance of terms and conditions**  
The due observance and fulfilment of the terms, conditions and endorsement of this policy in so far as they relate to anything to be done or complied with by the Insured Beneficiary, shall be a condition precedent to any liability of the Company to make any payment under this policy.
- 4) **Electronic Transactions**  
The Insured Beneficiary agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and

Issuing Office:

hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

**5) Notice of charge**

Subject to/Apart from Assignment clause in these Terms and Conditions, the Company shall not be bound to notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this policy but the receipt of the Insured Beneficiary or his legal personal representative shall in all cases be an effectual discharge to the company.

**6) Entire Contract - Changes**

This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

**7) Notification of Changes**

It is a condition precedent to Our liability to make any payment under this Policy that You shall give Us written notice immediately of any change in the address, nature of job, state of health and any other changes affecting You or any Insured Beneficiary.

**8) Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule.

Any communication meant for You will be sent by Us to Your address shown in the Schedule.

**9) No constructive Notice**

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

**10) Special Provisions**

Any special provisions subject to which this policy has been entered into and endorsed in the policy or in any separate instrument shall be deemed to be part of this policy and shall have effect accordingly.

**11) Risk Classes:**

Different risk levels determined by your occupation for Section II .Accident Protection Cover and Optional Cover II. Children Education Benefit and the premium of these covers will differ according to the Risk Class.

**I. Risk Class I:**

Person engaged in administrative or managing functions, accountant, doctor, lawyer, architect, consulting engineer, teacher, and banker or primarily engaged in a similar occupation.

**II. Risk Class II:**

Person engaged in manual labor, garage or motor mechanic, machine operator, paid driver of a car, a truck, a lorry or other heavy vehicles, cash carrying employee, wood working machinist or a builder – contractor and engineer in superintending functions, veterinary doctor, or engaged in a similar occupation.

**III. Risk Class III:**

Person working in underground mines, in explosive magazines or in electrical installations with high tension supply, or insured is a jockey, circus personnel, engaged in racing in wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, river rafting, polo, or in similar activity or occupation.

**12) Territorial Limits****a.** World wide coverage is applicable for below sections

Section I: Critical Illness Cover  
Section II: Accident Protection Cover  
Optional cover II: Children Education Benefit  
Optional cover III: Disability Benefit Cover  
Optional Cover IV: EMI Payment Cover

**b.** Following covers are restricted to within India Only:

Optional Cover I: Accidental Hospitalization Expenses  
Optional Cover V: Fire And Allied Perils Cover  
Optional Cover VI: Burglary And Robbery Cover

**c.** Our liability to make any payment shall be to make payment within India and in Indian Rupees only**13) Consideration**

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be valid prior to the date and time of receipt of premium.

**14) Automatic Termination of Cover for Insured Beneficiary**

In the event of admissible claim and settlement of 100% Sum Insured under Coverage Section I: Critical Illness Cover Or Section II: Accident Protection Cover the policy will continue for other sections till the remaining term of the policy and will be cease for further renewal.

**15) Terms of Renewal**

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- The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured Beneficiary.
- In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/injury contracted during the break period will not be admissible under the policy.
- Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual Certificate of Insurance claim experience.

Renewal	Renewal will be depending upon the loan period
Loan period is less than or equal to 5years	The Certificate of Insurance will be issued for 5 years or lesser period depending on the loan period and no renewal will be offered after the expiry of Cover Period as the Insured Beneficiary will no longer be a loan borrower
Loan period is more than 5years	First Certificate of Insurance will be issued for 5 years. Further renewal period will be called based upon remaining the loan period at the end of 5 years
In case of claim in the Cover Period	Certificate of Insurance will continue till the end of the Cover Period. Otherwise renewal will be after every Cover Period as mentioned above

**16) Discounts and loading:**

**A. Group Discount:**

Group Size band	Group Discount
7 to 500	5%
501 to 2500	10%
2501 to 7500	15%
7500 to 10000	20%
10001 and more	25%

**B. Long Term Discount:**

Term(in years)	2	3	4	5
Discount	4.0%	7.0%	10.0%	12.0%

**C. Claims Experience Discount and Loading:**

Loss Ratio	Discount
0-30%	25%
31-50%	15%
50-70%	0%
Loss Ratio	Loading
71-90%	20%
91% and above	35%

**17) Migration of Policy:**

- Every Insured Beneficiary, including family members of Insured Beneficiary covered under an indemnity-based group health insurance policy will be provided an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in the premium rates) or withdrawal of the group policy to an individual health insurance policy or a family floater policy.
- Migration shall be applicable to the extent of the Sum Insured under the previous Certificate of Insurance and the cumulative bonus, if any, acquired from the previous Certificate of Insurance.
- Only the unexpired /residual waiting period not exceeding the applicable waiting period of the previous Certificate of Insurance with respect to pre-existing diseases and time bound exclusions shall be made applicable on migration under the new policy.
- Migration may be subject to underwriting policy of the Company as follows:
  - Migration from group policies to individual policy will be subject to underwriting policy of the Company.
  - Where underwriting is done, the Company will convey its decision to the Insured Beneficiary within 15 days as per Regulation 8(6) of IRDAI (Protection of Policyholders' interests) Regulations 2017.
- A Insured Beneficiary desirous of migrating his/her Certificate of Insurance shall be allowed to apply to the Company to migrate the Certificate of Insurance along with all members of the family, if any, atleast 30 days before the premium renewal date of his/her existing Certificate of Insurance. However, if the Insurer is willing to consider even less than 30 days period, then the Insurer may do so. Insured Beneficiary should approach the Company to exercise migration option well before the renewal date to avoid any break in the policy coverage upon migration.
- Insurer will not levy any charges exclusively for migration.
- Migration is allowed as per IRDAI Guidelines on Migration and Portability of Health Insurance Policies as amended from time to time.
- Individual Insured Beneficiary, including the family members covered under an indemnity-based Certificate of Insurance under group health insurance policy shall have the right to migrate from such a Certificate of Insurance under Group Policy to an individual policy or a family floater



policy, thereafter Portability shall be allowed as per prevailing Portability Guidelines.

**18) Multiple Policies**

(Applicable only to indemnity sections under the Policy)

- i. In case of multiple Certificate of Insurances which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each insurer shall make the claim payments independent of payments received under other similar policies.
- ii. If two or more Policies are taken by an Insured Beneficiary during a period from one or more insurers to indemnify treatment costs, the the Insured Beneficiary shall have the right to require a settlement of his/her claim in terms of any of his/her Policies/Certificate of Insurance/s.
- a. In all such cases the insurer who has issued the chosen Policy/Certificate of Insurance shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy/Certificate of Insurance.
- b. Balance claim or claims disallowed under the earlier chosen policy/policies/Certificate of Insurance may be made from the other policy/policies/Certificate of Insurance even if the Sum Insured is not exhausted in the earlier chosen policy/policies/Certificate of Insurance. The insurer(s) in such cases shall independently settle the claim subject to the terms and conditions of other policy / policies/Certificate of Insurance so chosen.
- c. If the amount to be claimed exceeds the Sum Insured under a single Policy/Certificate of Insurance after considering the deductibles or co-pay, the Insured Beneficiary shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d. Where an Insured Beneficiary has policies/Certificate of Insurance from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the medical expenses incurred in accordance with the terms, conditions and coverage's of the chosen Policy/Certificate of Insurance.
- e. If Insured Beneficiary has multiple Policies/Certificate of Insurances, he/ she has the right to prefer claims from other Policy/Policies/Certificate of Insurances for the amounts disallowed under the earlier chosen Policy/ Policies/Certificate of Insurances, even if the Sum Insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Certificate of Insurance.

**19) Cancellation of Certificate of Insurance:**

(A) Cancellation by the Policyholder

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -

- Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
- Multi-year Policy:
  - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
  - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

(B) Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C) Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

**20) Physical Examination**

Any medical official or other agent of the company shall be allowed to examine the Insured Beneficiary(s) in case of alleged injury or disablement when and as often as may be reasonably be required on behalf of the Company.

**21) Paying a Claim**

- a. You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- b. We will make payment to Assignee/Partial Assignee/Conditional Assignee, as the case may be, (as per the provisions of Section 38 of Insurance Amendment Act 2015) or in the absence of assignee to You or Your Nominee. If there is no Assignee or Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- c. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 15 days settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Beneficiary. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- d. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 15 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- e. If We, for any reasons decide to reject the claim under the policy the reasons regarding the rejection shall be communicated to You in writing within 15 days of the receipt of documents. You may take recourse to the Grievance Redressal procedure stated under the Policy.

**22) Assignment and Transfer of Insurance Policies (Subject to always that any assignment shall always be subject to provisions of Section 38 of Insurance Act 1938, as amended from time to time).**

1. A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
2. The Company may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause 29(1) hereinabove, where it has sufficient reason to believe that such transfer or assignment is not *bona fide* or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
3. The Company shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to

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the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.

4. Any person aggrieved by the decision of the Company to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the Company containing reasons for such refusal, prefer a claim to the Authority.
5. Subject to the provisions in sub-clause 29(2) hereinabove, the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the Company, shall not be operative as against the Company, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to and received by the Company with written acknowledgement by the Company:  
Provided that where the Company maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.
6. The date on which the notice referred to in sub-clause 29(5) hereinabove is delivered to the Company shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause 29(5) hereinabove are delivered:  
Provided that if any dispute as to priority of payment arises as between assignees the dispute shall be referred to the Authority.
7. Upon the receipt of the notice referred to in sub-clause 29(5) hereinabove, the Company shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the Company that he has duly received the notice to which such acknowledgement relates.
8. Subject to the terms and conditions of the transfer or assignment, the insure shall, from the date of the receipt of the notice referred to in sub-clause 29(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.  
*Explanation.*—Except where the endorsement referred to in sub-clause 29(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 29(10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.
9. Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this clause 29.
10. Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—
  - (a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the Insured Beneficiary; or
  - (b) If the Insured Beneficiary surviving the term of the policy, the Conditional Assignment shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.
11. In the case of the partial assignment or transfer of a policy of insurance under sub-clause 29(1) hereinabove, the liability of the Company shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

**23) Limitation Period**

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of disclaimer have been made the subject matter of a suit in court of law than the claim for all such purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**24) Fraudulent Claims**

If the Insured Beneficiary makes any proposal with fraud or fraudulent intention/means and or Insured or Insured Beneficiary or any one acting on his/its behalf shall make or advance any claim being in any respect fraudulent, or if any false declaration/mis-representation/false statements be made or used in support thereof or if any fraudulent means or devices are used to obtain any benefits under the Policy/Certificate of Insurance, or with the connivance of/with the Insured/Insured Beneficiary, or for non-co-operation of Insured/Insured Beneficiary, all benefits under the Policy/Certificate of Insurance shall be void and all claims or payments thereunder shall be forfeited irrespective of whether claim is paid or not and whether or not the claim is admitted or repudiated.

**25) Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)**

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.

2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

**26) Applicable Law**

Indian law governs the construction, interpretation and meaning of the provisions of this Policy and or the Certificate of Insurance and the relationship between us. The section headings in this Policy and or the Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and or the Certificate of Insurance for the purpose of its construction or interpretation.

**27) Policy Period**

The policy can be opted for 1/ 2 / 3 / 4 / 5 yrs subject to maximum of loan period.

**28) Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by the Policy Holder, Insured Beneficiary and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

**29) Subrogation**

The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or

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obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after indemnification of the Insured by the Company.

However, this condition will be applicable only to Optional Cover V- Fire and Allied Perils Cover (which is as per "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings which is attached hereto as annexure) and Optional Cover VI- Burglary and Robbery Cover.

**SECTION E) CONDITIONS – OTHER TERMS AND CLAUSES****30) Making a Claim:**

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

**A. Cashless Claims Procedure: (Applicable only for Optional Cover I: Accidental Hospitalization Expenses)**

Cashless treatment is only available at Network Hospitals empaneled by the Company or TPA's of the Company. In order to avail of cashless treatment, the following procedure must be followed by You:

- a. Prior to taking treatment and/or incurring Medical Expenses for any Accidental Bodily Injury, at a Network Hospital, the Insured Beneficiary must call Us and request pre-authorization by way of the written form which the Company will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of Accidental Bodily Injury.
- b. After considering the Insured Beneficiary's request and after obtaining any further information or documentation We have sought, the Company may if satisfied send to the Insured Beneficiary or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured Beneficiary along with this Certificate of Insurance and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured Beneficiary's admission to the same. On receipt of Your pre-authorization form duly filled and signed by You, Our representative then within 2 hours will respond with approval, rejection or more information, as the case may be.

If the procedure above is followed, the Insured Beneficiary will not be required to directly pay for the Medical Expenses raised out of Accidental Bodily Injury, in the Network Hospital that the Company is liable to indemnify under Accidental Hospitalization Expenses Section and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for eligible Medical Expenses and accordingly coverage will be determined according to the terms and conditions of the Certificate of Insurance read with this Policy. You shall, in any event, be required to settle all other expenses directly.

**B. Claim Settlement Process Applicable To Section I: Critical Illness Cover**

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within thirty (30) days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medial event as the case may be and the Insured Beneficiary shall, promptly and in any event within thirty (30) days of discharge from the hospital, arrange for submission of the following documents to the Company:

- 1) Certificate from the attending Doctor of the Insured Beneficiary confirming, inter alia,
  - a) Name of the Insured Beneficiary;
  - b) Name, date of occurrence and medical details of the Insured Event;
  - c) Confirmation that the Insured Event does not relate to any Pre-Existing Condition; and
  - d) Confirmation that the Insured Event does not relate to any Illness or Injury which existed within the first 90 days of commencement of the Policy Period.
- 2) Duly completed claim forms;
- 3) Original Discharge Certificate/Card from the hospital/Doctor;
- 4) Original investigation test reports, indoor case papers;
- 5) Certificate, if applicable, from the Bank stating pertinent details of Insured Beneficiary's Loan including but not limited to the amortization schedule, Principal Outstanding, EMI etc.

Note: In case the Insured Beneficiary is claiming for the same event under an indemnity based policy of another insurer and is required to submit the original documents related to his treatment with that particular insurer, then the Insured Beneficiary may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with

**C. Reimbursement Claim Procedure (Applicable for Section II- Accident Protection Cover, Optional Cover II Children Education Benefit, Optional Cover III Disability Benefit Cover and Optional Cover IV EMI Payment Cover)**

If the Insured Beneficiary meets with any Accidental Bodily Injury that may result in a claim, than as a condition precedent to our liability:

- a. Policyholder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- b. Insured Beneficiary must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. Insured Beneficiary must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Beneficiary should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Beneficiary or someone claiming on his/her 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 the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) 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 the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

**D. Claim Settlement Process Applicable To Optional Cover V: Fire and Allied Perils Cover**

For claim settlement process applicable to Fire and Allied Perils, please refer to "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings" which is attached hereto as annexure

**E. Claim Settlement Process Applicable To Optional Cover VI : Burglary And Robbery Cover**

1. It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:
  - a. the Insured Beneficiary shall immediately and in any event within fifteen (15) days give written notice of the same to the address shown in the

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- Schedule for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and
- b. immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the Insured Beneficiary intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company, and
  - c. the Insured Beneficiary shall within fifteen (15) days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and
  - d. the Insured Beneficiary shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and
  - e. take all reasonable steps to affect a recovery of the perpetrators of the Burglary and/or Robbery and recover any Contents lost.
2. The Company may in its sole and absolute discretion either:
- a. reinstate, replace or repair the Contents lost or damaged or any part thereof;
  - b. reinstate or repair the Insured's Premises;
- but the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in a reasonably sufficient manner and in no case shall the Company be bound to expend more in reinstatement or repair than it would have cost to replace the same, and subject always to the Sum Insured.
3. In the event of a claim arising out of an Insured Event covered under this Section, the Insured Beneficiary shall arrange for submission of the following documents to the Company:
- a. Duly completed claim form signed by the Insured Beneficiary, detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and;
  - b. FIR Copy
  - c. NEFT details & cancelled cheque
4. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 15 days a settlement of the claim to the Insured Beneficiary. Upon acceptance of an offer of settlement by the Insured Beneficiary, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by him/her. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
5. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 15 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure.

**LIST OF CLAIM DOCUMENTS:****List of Claim documents for Death**

- Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Beneficiary.
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Insured Beneficiary
- Original Policy copy along with Original Assignment endorsement (if any)

**List of Claim documents for Permanent Total Disability**

- Duly Completed Claim Form signed by Insured Beneficiary.
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- NEFT details & cancelled cheque of Insured Beneficiary.
- Original Policy copy along with Original Assignment endorsement (if any) .

**List of Claim Documents Specific for Accidental Hospitalization Expenses**

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.

**List of Claim Document Specific to Children's Education Benefit**

- Bonafide certificate from school / college or certificate from the educational institution

**List of Claim Documents Specific to Disability Benefit Cover**

- Duly Completed Personal Accident Claim Form signed by Insured Beneficiary.
- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- Claim form with NEFT details & cancelled cheque duly signed by Insured Beneficiary
- Original Policy copy.
- For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
- Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
- Certificate from Treating doctor with date of full recovery & resuming of duties

**List of Claim Document Specific to EMI Payment Cover**

- Current outstanding Loan certificate from financier, along with the documents submitted
- Loan disbursement letter along with the payment record till the date of Accident
- All X-Ray / Investigation reports and films supporting to disability.



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- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original Policy copy.
- For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
- Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
- Certificate from treating doctor with date of full recovery & resuming of duties

**List of Claim Document Specific to Fire And Allied Perils Cover/ Burglary and Robbery Cover**

- Note - for Fire and Allied Perils please refer to "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy" Wordings which is attached hereto as annexure
  - Duly completed claim form signed by the Insured Beneficiary, detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and;
  - Police report (FIR) for Burglary Claims
  - Police Final Investigation Report for Burglary Claims
  - Bills and invoices, valuation reports etc required to support and substantiate the claim amount
  - NEFT details & cancelled cheque
  - Any other document deemed necessary to establish the loss or its quantum depending upon the nature of claim.
- In cases of suspected fraud / misrepresentation, we may call for any additional document(s) in addition to the documents listed above.

**All documents related to claims should be submitted to:**

Health Administration Team  
 Bajaj Allianz General Insurance Co. Ltd  
 2nd Floor, Bajaj Finserv Building Viman  
 Nagar, Pune 411014  
 Toll Free no: 1800 209 5858

**Note:** If the original documents are submitted with the other insurer, the Xerox copies attested by the other insurer should be submitted

**Annexure I**

**List of Day Care Procedures:**

Sr. No	Day Care Procedures for Accidental Injuries
1	Surgery for ligament tear
2	Surgery for meniscus tear
3	Surgery for Hemarthrosis/ Pyoarthrosis
4	Removal of fracture pins/ nails
5	Removal of metal wire
6	Foreign body removal from nose
7	Suturing - CLW -under LA or GA
8	Surgical debridement of wound
9	Closed reduction on fracture, luxation
10	Reduction of dislocation under GA
11	Tennis elbow release
12	Arthroscopic knee aspiration
13	Aspiration of Hematoma
14	Incision and Drainage
15	Foreign body removal from cornea
16	Foreign body removal from posterior chamber of eye
17	Foreign body removal from lens of the eye
18	Foreign body removal from orbit and eye ball
19	Reduction of nasal fracture
20	Foreign body removal from conjunctiva

**Note:**

- (i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

**Annexure II:**

**List I: List of Non-Medical Items**

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable



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8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable

39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable

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52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT,	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

**List II - Items that are to be subsumed into Room Charges**

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN

10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

**List III- Items that are to be subsumed into Procedure Charges**

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT

8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

**List IV - Items that are to be subsumed into costs of treatment**

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

**Annexure IV:**

**Contact details of the Ombudsman offices**

Office Details	Jurisdiction of Office Union Territory, District)
<p><b>AHMEDABAD -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road,                      AHMEDABAD – 380 001.                      Tel.: 079 – 25501201 /02 /05/06                      Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</p>
<p><b>BENGALURU -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th                      Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.                      Tel.: 080 - 26652048 / 26652049                      Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir,                      Bhopal – 462 011.                      Tel.: 0755 - 2769201 / 2769202                      Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh                      Chattisgarh.</p>
<p><b>BHUBANESHWAR –</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman, 62, Forest park,                      Bhubaneswar – 751 009.                      Tel.: 0674 – 2596461 / 2596455                      Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Orissa.</p>
<p><b>CHANDIGARH -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      Jeevan Deep Building SCO 20-27,                      Ground Floor Sector- 17 A,                      Chandigarh – 160 017.                      Tel.: 0172 – 4646394 / 2706468                      Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>
<p><b>CHENNAI -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,                      CHENNAI – 600 018.                      Tel.: 044 - 24333668 / 24333678                      Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)</p>
<p><b>DELHI –</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      2/2 A, Universal Insurance Building, Asaf Ali Road,                      New Delhi – 110 002.                      Tel.: 011 - 23237539                      Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>	<p>Delhi &amp; following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>
<p><b>GUWAHATI -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road,                      Guwahati – 781001(ASSAM).                      Tel.: 0361 - 2632204 / 2602205                      Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD -</b>                      Insurance Ombudsman                      Office of the Insurance Ombudsman,                      6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,                      A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>



Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 040 - 23312122 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	
<b>JAIPUR -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>KOCHI-</b> Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA –</b> Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
<b>MUMBAI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
<b>NOIDA -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:  
 Council for Insurance Ombudsmen,  
 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

E-mail: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in)  
 Tel: 022 -69038800/69038812  
 Website: <https://www.cioins.co.in>

**ANNEXURE FOR FIRE AND ALLIED PERILS COVER**

**BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD. BHARAT GRIHA RAKSHA POLICY**

**POLICY WORDINGS**

**CONTENTS**

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You chose this **Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy** and applied to Us for insurance covers of Your choice. You paid Us the Premium and gave Us information about Yourself, Your Home Building and Home Contents. Based on Your confirmation that this information is true and correct, and in return of accepting the Premium You have paid Us We promise to provide You insurance as stated in this Policy Document and the Policy Schedule attached to it.

**CLAUSE A - THIS POLICY AND THE INSURANCE CONTRACT**

1. **Your Policy:** This **Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy** is a contract between You and Us as stated in the following:
  - a. This Policy document,
  - b. The Policy Schedule attached to this Policy document,
  - c. Any Endorsement attached to and forming part of this Policy document,
  - d. Any Add-on to this Policy that You may have purchased from Us,
  - e. The proposals and all declarations made by You or on Your behalf.
  
2. **To whom this Policy is issued and what it covers:**
  - a. This Policy is issued to You and covers You and/or Your Home Building and/or Home Contents as mentioned in the Policy Schedule.
  - b. If more than one person is insured under this Policy, each of You is a joint policyholder. Any notice or letter We give to any of You will be considered as given to all of You. Any request, statement, representation, claim or action of any one of You will bind all of You as if made by all of You.
  - c. If You have mortgaged, pledged or hypothecated Your Home Building and/or Home Contents with a Bank, the Policy Schedule will show an 'Agreed Bank Clause' and the name of such Bank. The terms and conditions of this arrangement will be added to this Policy as an additional clause.
  
3. **The Policy Schedule:** The Policy Schedule is an important document about Your insurance cover. It contains:
  - a. Your personal details,
  - b. the Policy Period,
  - c. the description of Your Insured Property,
  - d. the total Sum Insured, the Sum Insured for each cover or item covered, and any limits and sub-limits,
  - e. the insurance covers You have purchased,
  - f. the Premium You have paid for these insurance covers,
  - g. add-on covers opted by You,
  - h. other important and relevant aspects and information.
  
4. **Special meaning of certain words:** Words stated in the table below have a special meaning throughout this Policy, the Policy Schedule and Endorsements.

These words with special meaning are stated in the Policy with the first letter in capitals.

Word/s	Specific meaning
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Bank	A bank or any financial institution
Carpet Area	<ol style="list-style-type: none"> <li>for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;</li> <li>for any enclosed structure on the same site, it is the net usable floor area of such structure; and</li> <li>for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.</li> </ol>
Commencement Date	It is the date and time from which the insurance cover under this Policy begins. It is shown in the Policy Schedule.
Cost of Construction	<p>The amount required to construct Your Home Building at the Commencement Date.                  This amount is calculated as follows:</p> <ol style="list-style-type: none"> <li>For residential structure of Your Home including Fittings and Fixtures: Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy Schedule.</li> <li>For additional structures : the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.</li> </ol>
Endorsement	A written amendment to the Policy that We make (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original policy.
Home Contents	Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
General Contents	General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
Valuable Contents	Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
Insured	The Person/s who has/have purchased Insurance Cover under this Policy.
Insured Property	Your Home Building and Home Contents, or any item of property covered by this Policy.
Kutcha Construction	Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
Policy Period	Policy period means the period commencing from the effective date and time as shown in the Policy Schedule and terminating at Midnight on the expiry date as shown in the Policy Schedule or on the termination of or the cancellation of insurance as provided for in Clause G (III) of this Policy, whichever is earlier.
Policy Schedule	The document accompanying and forming part of the Policy that gives Your details and of Your insurance cover, as described in Clause A (3) of this Policy.
Premium	The premium is the amount You pay Us for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
Pucca Construction	Construction other than Kutcha Construction.
Spouse	Your wife or husband.
Sum Insured	The amount shown as Sum Insured in the Policy Schedule and as described in Clause C (4) and Clause D (2) of this Policy. It represents Our maximum liability for each cover or part of cover and for each loss.
Total Loss	A situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
We, Us, Our, Insurer	The Bajaj Allianz General Insurance Company Ltd that has provided Insurance Cover under this Policy of the Company.
You, Your, Insured	The Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.

Your Home Building	Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per Clause C (2) of this Policy.
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**CLAUSE B - INSURED EVENTS**

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

Sr. No	Column A	Column B
	<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
	<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> any loss or damage, or destruction caused to the Insured Property
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
7	Bush Fire, Forest Fire, Jungle Fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.

11	Acts of terrorism  (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.
12	Bursting or overflowing of water tanks, apparatus and pipes,	-
13	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 ( seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is  a. any article or thing outside Your Home, or b. any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

**CLAUSE C - HOME BUILDING COVER**

**1. What We cover**

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in Clause B of this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under Clause C (5) (f) of this Policy. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under Clause C (6) of this Policy while Your Home Building is not fit for living following loss or damage due to an Insured Event.

**2. Your Home Building**

- a. Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. **Your Home Building includes**
  - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
  - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
    - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
    - b) compound walls, fences, gates, retaining walls and internal roads,
    - c) verandah or porch and the like,
    - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
    - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
    - iii. any other structure shown in the Policy Schedule.
- c. **Your Home Building does not include Contents of Your Home.**

**3. Use for residence**

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
  - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
  - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

**4. Sum Insured**

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
- b. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional Premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- c. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
- d. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.

**5. What We pay**

- a. If You make a claim under the Policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.



- c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. In addition to what **Clause C (5) (c)** of this Policy provides for, We will pay You the following expenses:
  - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
  - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.
6. **Loss of Rent and Rent for Alternative Accommodation:** In addition to what **Clause C (5) (c)** of this Policy provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:
  - a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
  - b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
  - c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
  - d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
  - e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

#### CLAUSE D - HOME CONTENTS COVER

1. **What We cover:**

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in Clause B of this Policy. Valuable Contents of Your Home are not covered under this Policy unless You have purchased the optional cover for the Valuable Contents.
2. **Sum Insured:**
  - a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
  - b. The Policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional Premium.
  - c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
  - d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
  - e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in Clause E (1) (a) of this Policy.
  - f. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.
3. **What We pay**
  - a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
    - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
    - ii. pay You the cost of replacing that item with a same or similar item, or
    - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
  - b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

#### CLAUSE E- ADDITIONAL COVERS

1. **Optional Covers:**
  - a. **Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):**

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

    - i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
    - ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.
  - b. **Personal Accident Cover:**

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of ₹ 5,00,000 (Rupees Five Lakh) per person.

In the event of the unfortunate death of the Insured, the Personal Accident cover shall continue for the Spouse until expiry of the Policy.

**2. Add-ons:**

You can opt for an Add-on by choosing from the Add-ons, if any, offered by Us under this product and the ones that You have purchased will be mentioned in the Policy Schedule and the relevant clause/s and/or Endorsements will be attached to this Policy.

**CLAUSE F - EXCLUSIONS (WHAT WE DO NOT COVER) FOR ALL COVERS UNDER THIS POLICY**

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
  - i. the pollution or contamination itself has resulted from an Insured Event, or
  - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (Lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the Policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional Premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees or expenses for preparing any claim.

**CLAUSE G - CONDITIONS****(I) Your Obligations****1. Make true and full disclosure in the proposal and related documents**

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

**2. Obligation to take care:** You must:

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

**3. Inform change in circumstances:** You must inform Us immediately if

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

**4. Allow inspection and investigation of claim:** You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

**5. Make true statements and full disclosure in the claim and related documents**

You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your Policy.

**(II) Renewal of Policy**

**1. End of Policy:** This Policy will expire at the end of the Policy Period.

**2. Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis-representation, non-disclosure of material facts, fraud or non-co-operation on Your part.

**3. Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required Premium amount.

**(III) Cancellation and Termination of Policy**

**1. Cancellation by You at any Time**

- a. You can cancel this Policy at any time by giving Us notice in writing. The Policy will terminate when We receive Your notice.
- b. If You cancel the Policy, We will refund premium as per table (B1) and (B2) hereinafter, as may be applicable, subject however to a minimum retention of Rs.100, except as stated in B1.1.
- c. No premium refund shall be made in respect of Policy on which claim has been lodged by the Insured or a person on behalf of the Insured, whether such claim was admitted or repudiated.

**(B1) Short Period Scale (Applicable to Annual Policy):**

Sr. No	Cancellation Period (Days)	Refund Amount as percentage of Annual Premium
B1.1	Up to 7 Days	100%
B1.2	8 to 270 days	Pro Rata
B1.3	271 to 365 days	0%

**Note:**

- a. No request for cancellation of Policy shall be entertained after completion of 270 days (applicable only to annual Policy) from the date of commencement of the Policy Period.
- b. Policy where Policy Period is short term (lesser than one year) cannot be cancelled.
- c. B1.1 shall apply only at first inception of the Policy (Commencement Date) and shall not be applicable for cancellation in the subsequent years as applicable under (B2)

**Example:** Policy Period: 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020 (Annual Policy)

**Case 1:**

Request for cancellation received on: 5th January 2020

Refund: 100% refund

**Case 2:**

Request for cancellation received on: 5th March 2020

You shall be entitled to refund calculated as below:

Refund: Pro-Rata of annual premium

**Case 3:**

Request for cancellation received on: 5th November 2020

Refund: Nil

**(B2) Policy Period of more than 1 year, up to 10 Years:**

- (i) If the request for cancellation is received in First Year, the apportioned premium of unutilized Policy Period will be refunded in full; for First Year the above mentioned short period scale in table (B1) will be applied on the apportioned First Year premium.
- (ii) If the request for cancellation is received in any consecutive year after completion of one year from Commencement Date, the premium for fully utilized Policy Period will be retained in full by the Company, the annual short period scale as mentioned in B1.2 and B1.3 hereinabove shall apply to the apportioned active Policy year, and full refund shall be made of the apportioned unutilized Policy Period

**Example:** Policy Period: 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2024 (Long Term Policy of 5 years)

**Case 1:**

Request for cancellation received on: 5th January 2020

Refund: 100% refund of Policy Premium

**Case 2:**

Request for cancellation received on: 5th March 2020

You shall be entitled to refund calculated as below:

Refund: [Pro-Rata of {Apportioned First Year Premium}] + Apportioned premium of second, third, fourth and fifth year in full

**Case 3:**

Request for cancellation received on: 5th November 2020

Refund: (Nil for First Year) + Apportioned premium of second, third, fourth and fifth year in full

**Case 4:**

Request for cancellation received on: 5th March 2021

You shall be entitled to refund calculated as below:

Refund: (Nil for first year) + [Pro-Rata of {Apportioned Second Year Premium}] + Apportioned premium of third, fourth and fifth year in full

## 2. Cancellation by Us:

- a. We will not cancel the Policy during the Policy Period except on the grounds of mis-representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- b. In case of Total Loss of Your Home Building in a long term Policy where You have decided not to reinstate Your Home Building in favour of a cash settlement of Your claim, We will cancel the Policy for the remaining duration of the Policy Period. In such a case We shall refund the proportionate Premium for the un-expired Policy years after grossing up the Premium paid by You towards long term discount, if any.

## 3. Automatic termination of the Policy

This Policy will automatically end in the following cases:

- a. **Destruction of Your Home Building:** This Policy will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.  
You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.
- b. **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional Premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. **Change of use of Your Home Building or Home Contents:** The Policy will end
  - i. if You change the use of Your Home Building from personal residence to any other purpose, or
  - ii. if You use any item of Home Contents for use that is not personal.
- d. **Sale of Your Home Building or Home Contents:** This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- e. **Effect of death**  
In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

## (IV) Claims Procedure

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

### 1. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
  - i. the Policy Number,
  - ii. Your name,
  - iii. details of report to the police that You made,
  - iv. details of report to any Authority that You made,
  - v. details of the Insured Event,
  - vi. a brief statement of the loss,
  - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
  - viii. details of loss or damage under any Optional Cover or Add-ons,
  - ix. submit photographs of loss or physical damage, wherever possible.

### 2. Steps to prevent loss and damage

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
  - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
  - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
  - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

### 3. Immediate notice to Authorities

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by Fire/ Explosion / Implosion or Lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

### 4. Submit claim

- a. Claim form:
  - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
  - ii. You must state in Your claim the details of any other insurance Policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the

subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

**5. Establish loss**

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,
  - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
  - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.
  - iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.

**6. Fraudulent claim**

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and Premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

**7. Other insurance**

- a. If You have any other Policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
- d. We will ensure that Our actions do not impose any liability on You.

**8. Recovery action by Us**

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
  - i. without seeking Your consent,
  - ii. in Your name, and
  - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- c. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

**CLAUSE H - CHANGES TO COVERS**

- a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional Premium, where applicable.
- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

**CLAUSE I - WAIVER OF UNDERINSURANCE**

Underinsurance does not apply to this Policy. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

**CLAUSE J - OTHER DETAILS****1. Notices**

- a. We will send any notice, letter or communication in writing to You at Your address mentioned in the Policy Schedule, and to Your email address that You have registered with Us.
- b. You will send any notice, letter, intimation or communication in writing to Us at Our branch office where You purchased this Policy. You can also send it at the address mentioned in the Policy Schedule.

**2. Nomination for this Policy**

You can nominate a person to receive the claim amount under this Policy in the event of Your death. You can make such nomination at the time You take the Policy, or later. You can also change the nomination at any time. You can make the nomination on Our nomination form available in Our office or from Our website: [www.bajajallianz.com](http://www.bajajallianz.com)

**3. Applicable law and jurisdiction**

This Policy will be subject to the laws of India, and to the jurisdiction of courts in India.

**4. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)**

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.  
2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.



#### CLAUSE K - GRIEVANCES

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

**1. Our Grievance Redressal Officer**

You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:

Address including email

Customer Care Cell

Bajaj Allianz General Insurance Co. Ltd

Bajaj Allianz House, Airport Road, Yerawada, Pune 411 006

E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

**2. Consumer Affairs Department of IRDAI**

- a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number **155255 (or) 1800 4254 732** or sending an e-mail to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in). You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at [igms.irda.gov.in](http://igms.irda.gov.in).
- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032.
- c. You can visit the portal <http://www.policyholder.gov.in> for more details.

#### STANDARD SPECIAL CLAUSE

##### AGREED BANK CLAUSE

If You have mortgaged, hypothecated or created any security over Your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Policy Schedule under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement.

Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the Insured.
- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the Insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of Your Home or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the Policy and this clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank, and shall pay additional Premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other person.

**N.B: The Bank shall mean the first named Financial Institution/Bank named in the Policy.**

#### TERRORISM DAMAGE COVER ENDORSEMENT

##### Insuring Clause

Subject otherwise to the terms, exclusions, provisions, and conditions contained in the Policy, it is hereby agreed and declared that Notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the Contrary, this Policy is extended to cover Physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism, subject to the exclusions, limit and excess described hereinafter.

For the Purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government (s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes

This **Terrorism Damage Cover** also includes Loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be limited only for the excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

### **EXCLUSION**

This cover shall not indemnify loss of or damage to property caused by any or all of the following

1. Loss by seizure or legal or illegal occupation;
2. Loss or damage caused by:
3. Voluntary abandonment or vacation ,
4. Confiscation , commandeering , nationalization, requisition ,detention, embargo , quarantine , or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
5. Loss or damage arising from acts of contraband or illegal transportation or illegal trade;
6. Loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment.
7. Loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
8. Loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
9. Any fine, levy, duty, interest or penalty or cost or compensation/damage and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
10. Loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorized instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and /or firing mechanism of any weapon or missile;
11. Loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
12. Loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property Insured hereunder;
13. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
14. Loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
15. Loss or increased cost as a result of threat or hoax;
16. Loss or damage caused by or arising out of burglary, house breaking, looting , theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of terrorism;
17. Loss or damage caused by mysterious disappearance or unexplained loss;
18. Loss or damage directly or indirectly caused by mould , mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
19. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

### **LIMIT OF INDEMNITY**

The Limit of indemnity under this cover shall not exceed the Total Sum Insured given in the Policy Schedule or INR 15,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by anyone or all insurers shall be INR 15,000,000,000. If the actual aggregate loss suffered at one compound/location is more than 15,000,000,000 the amounts payable under individual policies shall be reduced in proportion to the Sum Insured of the policies.

### **EXCESS**

1. **Shops & Residential Risks:** 1% of the claim amount for each and every claim subject to Minimum of INR 10,000 and Maximum of INR 500,000
2. **Non-Industrial Risks:** 1% of the claim amount for each and every claim subject to Minimum of INR 25,000 and Maximum of INR 1,000,000
3. **Industrial Risks:** 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and maximum of INR 25,000,000

### **CANCELLATION CLAUSE**

Notwithstanding the cancellation provisions relating to the basic insurance Policy on which this Endorsement is issued, there shall be no refund of Premium allowed for cancellation of the terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a Policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the Insured, pro-rate refund of the cancelled Policy Premium will be allowed.

If the cancellation is for any other purpose, refund of Premium will only be allowed after charging short term scale rates. Note:

The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.