

FLEXI GUARD (GROUP) Policy Wording

SECTION A) PREAMBLE

Whereas as the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the “Company” or “insurance company” or “Insurer” or “Bajaj Allianz”), a proposal/transcript of proposal as sent by Insurer which is hereby agreed to be the basis of this Group Policy and the Insured Beneficiary and the Policy Holder on behalf of Insured Beneficiary and or the Insured Beneficiary has paid/agreed to pay [before the inception of Risk Inception Date] the premium specified in the respective Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, limitations, sub-limit, co-payment and deductible, to cover the Insured Beneficiary in excess of the amount of the Deductible if any and subject always to the Sum Insured specified in the respective Certificate of Insurance, against such losses/expenses incurred by Insured Beneficiary within the Cover Period mentioned in the Certificate of Insurance.

Cover Period:

- **Cover Period** will be 1 year for non-loan linked Certificate of Insurance.
- **Cover Period** will be up to maximum 5 years in case of loan/credit linked Certificate of Insurance, depending upon the loan tenure.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

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

1. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one Illness

Any one Illness means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. AYUSH Hospital

AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

Central or State Government AYUSH Hospital or Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

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 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 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:

- a) Having qualified registered AYUSH Medical Practitioner(s) in charge;
- b) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- c) Maintaining daily records of the patients and making them accessible to the insurance company’s authorized representative.

5. AYUSH treatment

AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

6. Cashless Facility

Cashless Facility means a facility extended by the Insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the Group Policy Standard Terms and Conditions read with Certificate of Insurance, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.

7. Condition Precedent

Condition Precedent shall mean the Group Policy Standard Term or Condition read with Certificate of Insurance upon which the Company's liability under the Certificate of Insurance is conditional upon.

8. Co-Payment

Co-payment means a cost sharing requirement under a health insurance policy that provides that the Insured Beneficiary will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

9. Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly-

Congenital anomaly which is not in the visible and accessible parts of the body

ii. External Congenital Anomaly-

Congenital anomaly which is in the visible and accessible parts of the body

10. Day care centre

A Day care centre means any institution established for day care treatment of Illness and / or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-

i. has qualified nursing staff under its employment,

ii. has qualified medical practitioner (s) in charge,

iii. has 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.

11. 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 Hospitalisation of more than 24 hours.

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

12. Deductible:

Deductible means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

13. Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. Disclosure to information norm

The Certificate of Insurance 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.

15. **Emergency Care**

Emergency care means management for 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 Beneficiary's health.

16. **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.

17. **Hospital**

Hospital means any institution established for inpatient care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under 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 inpatient beds in towns having a population of less than 10,00,000 and at least 15 inpatient 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;

18. **Illness/Medical 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 or 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

19. **Hospitalisation**

Hospitalisation 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.

20. **Injury/Bodily Injury**

Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

21. **Inpatient Care**

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

22. **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.

23. **ICU Charges**

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

24. Maternity expenses

Maternity expenses means;

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);
- ii. expenses towards lawful medical termination of pregnancy during the Cover Period.

25. Medical Advise

Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription

26. Medical Expenses

Medical Expenses means those expenses that an Insured Beneficiary 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 Beneficiary 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.

27. 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.

28. Medically Necessary Treatment

Medically necessary treatment means 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.

29. 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.

30. Network Provider

Network Provider means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured Beneficiary by a Cashless Facility.

31. New Born Baby

Newborn baby means baby born during the Cover Period and is aged upto 90 days, both days inclusive.

32. Non- Network Provider

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

33. 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.

34. OPD treatment

OPD treatment means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

35. Portability

Portability means the right accorded to an individual health insurance policyholder/Insured Beneficiary (including all

members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one Insurer to another.

36. Pre-existing Disease / Condition

Pre-existing Disease/Condition means any condition, ailment, Injury or disease

- a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the Certificate of Insurance issued by the Insurer; or
- b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the Certificate of Insurance .

37. 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.

38. 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.

39. 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.

40. Room Rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses.

41. Surgery or Surgical Procedure

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day care centre by a medical practitioner.

42. Unproven/Experimental treatment:

Unproven/Experimental treatment means the 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

43. Acquired Immune Deficiency Syndrome

Means a condition characterised by a combination of signs and symptoms, caused by Human Immunodeficiency Virus, which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time, Provided however if this definition is changed/modified by way of amendment to Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 or through new legislation, then this definition shall be read with modified/changed definition/new legislation.

44. 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.

45. Age

Age means completed years as at the commencement date/Risk Inception Date of the Certificate of Insurance.

46. Aggregate Deductible

Aggregate deductible is a cost sharing requirement under the Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any indemnity/benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards Hospitalisation expenses incurred during the Cover Period

47. Burglary

Burglary means the unforeseen and unauthorised entry to or exit from the Insured Premises by aggressive and detectable means with the intent to steal Contents there from.

48. 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.

49. Bajaj Allianz Network Providers

Bajaj Allianz Network Providers means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us.

50. Bajaj Allianz Diagnostic Centre

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us.

51. Certificate of Insurance

Certificate of Insurance means the document issued by the Company to the Insured Beneficiary, under the terms of this Group Policy, which contains the details of the Risk Inception Date and Risk Expiry Date as in Cover Period, Insured Beneficiary(s) name, address, age, coverage, sums insured, Deductible, condition(s), exclusions etc. and or endorsement(s) and the Standard Terms and Conditions of the coverage. The Certificate of Insurance should be read in conjunction with Group Policy. Provided however if there is any contradiction between what is stated in the Certificate of Insurance and these Group Policy Wordings, then these Group Policy Wordings shall prevail.

52. Civil War

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.

53. Contribution

If, at the time of any claim, There is, or but for the existence of this Policy, would be any other policy of indemnity or insurance in favour of or effected by the Insured Beneficiary or on Insured Beneficiary's behalf applicable to such claim, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

However, this definition and condition will be applicable only to "Burglary and Robbery Cover".

54. Cover Period

Cover Period means the Period of Insurance from commencement date/risk inception date [RID] to risk end date [RED], 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 Group Policy.

55. Dependent child

A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the primary insured member/proposer. .

For differently abled children- No cap on age.

(Differently abled child is the consequence of an impairment that may be physical, mental, developmental, or some combination of these that results in restrictions on an individual's ability to participate in what is considered "normal" in their everyday society. Physical-Mobility impairment includes – Upper or lower limb Functional & Physical loss, Visual Impairment, Hearing Loss. Mental Includes: Autism, Cerebral Palsy, Downs Syndrome, Disabilities affecting intellectual abilities - Intellectual Disability (Mental Retardation), Neurodevelopmental disorder (impairments of the growth & development of the brain or central nervous system).

56. Dislocation

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.

57. Employee or Employees

Employee or Employees mean such person or persons in direct/onroll employment with the **Insured** in the **Business**, but shall also include any person deployed on contract basis [under Contract Labour (Regulation and Abolition) Act, 1970] or by any other arrangement of whatsoever by a Contractor or Sub-Contractor of the **Insured** provided specifically declared at the time of Insurance contract and also shown as covered in the **Schedule and by an endorsement.**

58. EMI

EMI means the equated monthly installment of Insured Beneficiary's Loan as specified in the Certificate of Insurance.

59. Fracture

A fracture is a complete or incomplete break in a bone resulting from the application of excessive force.

60. Family

For the purpose of Individual Sum Insured policy- includes the Insured Beneficiary;
For the purpose of Floater Sum Insured Policy- includes the Insured Beneficiary; his/her lawfully wedded spouse and dependent children.

61. 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.

62. Policy or Group Policy or Master Policy

Policy or Group Policy or Master Policy means the proposal, the Group Policy Schedule, and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period and these Group Policy Wordings/Terms and Conditions under which Certificates of Insurance shall be issued to the Insured Beneficiary. The validity of the Master Policy shall be for a period as mentioned in the Group Policy Schedule.

63. HIV means Human Immunodeficiency Virus;

64. HIV-affected person means an individual who is HIV-positive or whose partner (with whom such individual normally resides) is HIV-positive or has lost a partner (with whom such individual resided) due to AIDS;

65. HIV-positive person means a person whose HIV test has been confirmed positive;

66. Infection

An infection is the invasion of an organism's body tissues by disease-causing agents, their multiplication, and the reaction of host tissues to the infectious agents and the toxins they produce. An infectious disease, also known as a transmissible disease or communicable disease, is an illness resulting from an infection.

67. Insured Beneficiary

Insured Beneficiary means individual persons who is member of the Group for whom the Policy Holder has taken the Group Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.

68. Intensive Care Unit

Intensive Care Unit shall, apart from standard definition, also include but not limited to NICU, PICU, ICU, SICU, CCU etc.

69. Policy Period or Group Policy Period

Policy Period or Group Policy Period means Period of Insurance for which the Group Policy/Master Policy is valid in the name of Group Manager/Group Policy Holder.

70. Nominee

Nominee is the person selected by the Insured Beneficiary to receive the benefit in case of death of the Insured Beneficiary/ Insured Beneficiary thus giving a valid discharge to the Insurer on settlement of claim under an Certificate of Insurance.

71. Non- Network Provider

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

72. 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.

73. Occupation

Your occupation as shown in the Certificate of Insurance

74. Operative Time

Operative Time means the time that insurance is effective as stated on the schedule.

Note- Operating time is the time interval between the instant of the occurrence and the instant of completion of a specified operation. This condition may be applicable as per request of Policyholder and will not be applicable for following benefits-

- a. Critical Illness Cover
- b. Fire and allied perils Cover
- c. Burglary and Robbery Cover

75. Permanent Total Disability

Permanent Total Disability means 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

76. Period of Insurance

Period of Insurance means operative time stated in Certificate of Insurance commencing on or after Policy effective date and terminating on or before Policy expiry date.

77. Policy Holder/Proposer/Group Administered or "Insured"

Policy Holder/Proposer/Group Administered or "Insured" is the Organization or Legal Entity which has taken the Group Policy on behalf of all Insured Beneficiary(s)/Insured Beneficiary who are homogeneous group of person who assemble together for a commonality of purpose and there is a clear evident relationship between the member of group and Policy Holder for services other than insurance.

78. Policy Period/Group Policy Period/ Master Policy Period

Policy Period/Group Policy Period/ Master Policy Period means the date between the commencement date specified in the Master Policy Schedule with Risk Inception Date to Risk Expiry Date.

79. Group Policy Schedule

Group Policy Schedule means the Group Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the policy.

80. Portable equipment

Portable equipment means Photographic Equipments, Laptops, Mobile Phones, Video Cameras, Telescopes, Musical Instruments, I- Pads, I Pods and Portable Equipments of similar nature.

81. Proposal and Declaration Form

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 the Certificate of Insurance.

82. Specialist Consultant

Specialist Consultant means a person who holds a medical postgraduate or higher degree in the specific line of treatment under Allopathic medicine.

83. Sum Insured/SI

Sum Insured/SI means the pre-defined limit specified in the Certificate of Insurance. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Certificate of Insurance, in respect of that Insured Beneficiary (on Individual basis) or all Insured Beneficiary(s) (on Floater basis)

during the Cover Period.

84. Terrorism

Terrorism means and includes, an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intent to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or any of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

85. Waiting Period

Waiting Period means a period from the inception of the Certificate of Insurance during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Certificate of Insurance has been continuously renewed without any break.

86. You, Your, Yourself/ Your Family

You, Your, Yourself/ Your Family named in the Certificate of Insurance means the Insured Beneficiary or Insured Beneficiary(s) that We insure as set out in the Certificate of Insurance.

87. We, Us, Our, Ours, Insurer, Company means the Bajaj Allianz General Insurance Company Limited.

SECTION C) COVERAGE

Part I: Flexi Health Protect Plan (Group)

A) BASE COVERAGE (Mandatory)

It is mandatory to opt at least one Base Cover and terms and conditions of respective sections will be applicable for Base Covers which are opted by You and displayed on Your Certificate of Insurance:

- BASE COVER 1: MEDICAL EXPENSES INSURANCE
- BASE COVER 2: HOSPITAL DAILY ALLOWANCE
- BASE COVER 3: TOP UP PLANS
- BASE COVER 4: RECOVERY RELIEF

Base Cover 1: Medical Expenses Insurance

Section 1 . In-patient Hospitalisation/Inpatient Care Treatment

If You are Hospitalised for Inpatient Care on the advice of a Medical Practitioner (as defined under this Group Policy read with the Certificate of Insurance) because of Illness or Injury sustained or contracted by Insured Beneficiary during the Cover Period, then We will indemnify to You, Reasonable and Customary Medical Expenses incurred for:

- i. Room and Boarding expenses as provided by the Hospital/Nursing Home at actuals or as per Option opted specified under the Certificate of Insurance.
- ii. If admitted in ICU, the Company will pay up to ICU expenses at actuals
- iii. Nursing Expenses as provided by the Hospital
- iv. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi. Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
- vii. Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
- viii. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by

the treating Medical Practitioner.

Note:

- a) In case of admission to a room at rates /eligibility exceeding the opted limits / Option as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges
- b) Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.
- c) Proportionate deductions shall not apply for ICU charges in case of admission to ICU.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 2. Pre-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 60 days or as per Option opted (as mentioned in Certificate of Insurance) immediately before the Insured Beneficiary was Hospitalised, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".

Section 3. Post-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 90 days or as per Option opted (as mentioned in Certificate of Insurance) immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "In- patient Hospitalisation/Inpatient Care Treatment".

Section 4. Medical Advancement Surgery Cover

You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the SI or as per Option opted as mentioned in the Certificate of Insurance.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 5. Day Care Treatment

We will pay *You* the Medical Expenses as listed above under Section1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient in a Hospital or Day care centre but not in the outpatient department. Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment-

- i. Treatment normally taken on an out-patient basis
- ii. Any dental treatment or procedure

Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Section 6. Organ donor expenses

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- a) The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Beneficiary, and
- b) We have accepted an In-patient Hospitalisation treatment claim for the Insured Beneficiary(ies) under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".
- c) We will pay if Insured Beneficiary is the receiver of the organ.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Base Cover 2: Hospital Daily Allowance

1. Hospital daily allowance

We will pay Daily Allowance for each completed day that You had to be Hospitalised for medical reasons because of the Illness or Injury or Both (as opted), sustained or contracted during the Cover Period for maximum period (days) specified in the Certificate of Insurance.

For the purpose of this benefit, allowance will be as below:

- a) Daily Allowance as stated in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation
- b) Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured Beneficiary in the Intensive Care Unit of a Hospital during any period of Hospitalisation.
- c) One day Daily Allowance, for Day Care Treatment carried out in the Day Care Centre.

This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.

Extension applicable to Hospital Daily Allowance Benefit

Extension 1- Maternity Hospital Daily Allowance Benefit

In consideration of payment of additional premium at the inception of the **Certificate of Insurance** by You to Us and realization thereof by Us, it is hereby agreed and declared that if the claim under this section is accepted for You, then We will pay daily allowance as specified in the Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation underwent for normal delivery or caesarean section and complications of maternity (including and not limited to medical complications) subject to maximum of 2 deliveries/termination during lifetime.

Options available to Maternity Hospital Cash Benefit

Option 1:- Benefit payable after 9 months of Waiting Period

Option 2:- Benefit payable after 12 months of Waiting Period

Option 3:- Benefit payable after 24 months of Waiting Period

Option 3:- Benefit payable after 36 months of Waiting Period

Option 5:- No Waiting Period.

Conditions applicable to Maternity Hospital Cash Benefit

- a. Maximum payable Hospitalisation duration shall be 3 days for normal delivery and termination or 5 days for caesarean section and complications (excluding ectopic pregnancy) or actual Hospitalisation period whichever is lower.
- b. This benefit will be applicable each year for Certificate of Insurance with term more than 1 year.

Note:

If this Extension is opted, then Excl. 18 will be deemed to be inoperative for the purpose this coverage.

Base Cover 3: Top Up Plans

We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalisation claim in excess of the Annual Aggregate Deductible /Per Claim Deductible/Corporate Deductible (at a Group Level) as per Plan opted by Insured Beneficiary subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise.

COVERAGES APPLICABLE TO BASE COVER 3

Section 1: Inpatient Hospitalisation/Inpatient Care Treatment

- i) Room and Boarding expenses as provided by the Hospital/Nursing Home at actuals or as per Option opted and specified under the Certificate of Insurance
- ii) If admitted in ICU, the Company will pay up to ICU expenses at actuals
- iii) Nursing Expenses as provided by the Hospital
- iv) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- v) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances,
- vi) Medicines & Drugs, Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy
- vii) Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process
- viii) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by

the treating Medical Practitioner. This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 2: Pre-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 60 days or as per Option opted (as mentioned in Certificate of Insurance) immediately before the Insured Beneficiary was Hospitalized, provided that such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "Inpatient Hospitalisation/Inpatient Care Treatment".

Section 3: Post-Hospitalisation Medical Expenses

The Reasonable and Customary Medical Expenses incurred during 90 days or as per Option opted (as mentioned in Certificate of Insurance) immediately after the Insured Beneficiary was discharged post Hospitalisation provided that: Such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalisation was required, and the Company has accepted an Inpatient Care claim under Section1- "Inpatient Hospitalisation/Inpatient Care Treatment".

Section 4: Medical Advancement Surgery Cover

You are eligible for Reasonable and Customary Medical Expenses if You undergo Medical Advancement Surgeries as listed in Annexure III maximum up to 25% of the SI or as per Option opted amount or percent as mentioned in the Certificate of Insurance.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year.

Section 5: Day Care Treatment

We will pay You the Medical Expenses as listed above under Section 1- In-patient Hospitalisation/Inpatient Care Treatment for Day care procedures / Surgeries taken as an Inpatient Care in a Hospital or Day care centre but not in the outpatient department. Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Exclusions specific to Day Care Treatment-

- i. Treatment normally taken on an out-patient basis
- ii. Any dental treatment or procedure

Indicative list of **Day Care Treatment** is given in the annexure I of this Group Policy wordings.

Section 6: Organ donor expenses

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- a. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Beneficiary, and
- b. We have accepted an Inpatient Care treatment claim for the Insured Beneficiary(ies) under Section1- "In-patient Hospitalisation/Inpatient Care Treatment".
- c. We will pay if Insured Beneficiary is the receiver of the organ.

This cover will be applicable each year for Certificate of Insurance with term more than 1 year. Insured Beneficiary can opt for any one of the Deductible plan as specified below under Base cover 3.

Plans available for Base Cover 3 :

Plan 1: Aggregate Deductible

If You are Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay You, subject to aggregate deductible as specified on the Certificate of Insurance for Reasonable and Customary Medical Expenses incurred for specified Coverages.

Plan 2: Per Claim Deductible

If You are Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay You, subject to deductible for each and every claim as specified on the Group Policy document or Certificate of Insurance for Reasonable and Customary Medical Expenses incurred for specified Coverages.

Plan 3: Aggregate Deductible at a Group Level

If Insured Beneficiary is Hospitalised on the advice of a Doctor because of Illness or Injury sustained or contracted during the Cover Period, then We will pay subject to Aggregate Deductible opted at Group Level as specified on the Group Policy Schedule for Reasonable and Customary Medical Expenses incurred for specified Coverages. The Aggregate Deductible will be applicable to all claims in aggregate made by the Insured Beneficiaries of the Group.

Claims above the Aggregate Deductible limit will be payable once the Aggregate Deductible is exhausted.

Note:

- i. For the purpose of calculating the Deductibles and assessment of admissibility, all claims must be submitted in accordance with the claims process under Section D: Conditions, as applicable.
- ii. The consumption of the Deductible amount will be on the basis of the admissible claim amount after applying the Sub Limits of the Group Policy.

Base Cover 4: Recovery Relief

In the event of any Illness or Injury or Both (as opted) sustained or contracted during the Cover Period requiring Continuous Hospitalisation of Insured Beneficiary for exceeding the deductible (in days), the Company will pay allowance amount as mentioned in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Group Policy.

Plans available

Plan 1: Multiple event: The Recovery Relief benefit amount towards Medical Expenses will be paid for each event of Hospitalisation not exceeding 5 Hospitalisations in a Cover Period.

Plan 2: One event: The Recovery Relief benefit amount towards Medical Expenses will be paid only once during Cover Period.

Illustration-

If Insured Beneficiary has opted option of 5 days deductible and benefit of 10,000 gets admitted to a Hospital for 6 days in March and 11 days July then payment will be made as below under the two Plans.

Event	Length of stay in Hospital	Plans	
		Plan 1 : Multiple Events	Plan 2 : One Event
Hospitalisation 1	6 days	10,000 (On 6 th Day)	10,000 (On 6 th Day)
Hospitalisation 2	11 days	10,000 (On 6 th Day)	No Benefit is payable
Benefit Payable		20,000	10,000

Special conditions applicable to Recovery Relief Cover:

- The maximum benefit under this section payable to the Insured Beneficiary or his family members individually or collectively is as shown under this section of Certificate of Insurance.
- This benefit will be applicable each year for policies with term more than 1 year.

Part II: Group Guard

ELIGIBILITY-

- a) All members forming part of the Group can be covered with Individual Sum Insured for each Insured Person
- b) All Families forming part of the Group can be covered with Floater Sum Insured for each family (applicable to all Sections except Cover B: Non- Health Sections)

COVER A- HEALTH SECTIONS

A1- PERSONAL ACCIDENT COVER

a. 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 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 Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015) and in the absence of an assignee, to the Nominee or legal representative. 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.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

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 or disappearance as a result of any declared natural calamity/catastrophe, it shall be deemed after he has not been heard of for seven years by those who would naturally have heard of him if he had been alive, , subject to all other terms and conditions of this 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 refunded in full to the Company.

Extension for A1. a- Death:

In consideration of payment of an additional premium at the inception of the Policy, it is hereby agreed and declared that if the claim under A1. a- Death is accepted for the Insured Beneficiary, then the Company will pay any of following additional expenses which are opted by Insured Beneficiary by paying additional premium and claim payment will be over and above the A1. a- Death Sum Insured:

Extension 1: Transportation of mortal remains

The Company will make an additional payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards the expenses of transporting the body remains of the Insured Beneficiary from the place of death to a hospital or cremation ground or burial ground or to the Insured Beneficiary's residence.

Extension 2: Funeral Expenses

The Company will make an additional payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary.
The claim amount shall be paid to the nominee or legal representative of the Insured Beneficiary.

b. 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 the Sum Insured stated in the Certificate of Insurance under the cover 'Permanent Total Disability'

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

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Extension for A1. b- Permanent Total Disability:

In consideration of payment of an additional premium at the inception of the Policy, it is hereby agreed and declared that if the claim under A1. b- Permanent Total Disability is accepted for the Insured Beneficiary, then the Company will pay any of following additional expenses which are opted by Insured Beneficiary by paying additional premium and claim payment will be over and above the A1. b- Permanent Total Disability Sum Insured:

Extension 3: Lifestyle Modification Benefit

The Company will make an additional payment mentioned in Certificate of Insurance as a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle or expenses incurred on professional counselling or any other similar expenses for Insured Beneficiary.

c. PERMANENT PARTIAL DISABILITY

If during the Cover Period, the Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in Permanent Partial Disability within twelve (12) months from the Date of accident, then the Company agrees to pay the percentage shown in the table below applied to the Sum Insured as stated under the Certificate of Insurance.

Hearing of both ears	75 %
An arm at the shoulder joint	70%
A leg above mid-thigh	70 %
An arm above the elbow joint	65 %
An arm beneath the elbow joint	60 %
A leg up to mid-thigh	60 %
A hand at the wrist	55 %
A leg up to beneath the knee	50 %
An eye	50 %
A leg up to mid-calf	45 %
A foot at the ankle	40 %
Hearing of one ear	30 %
A thumb	20 %
An index finger	10 %
Sense of smell	10 %
Sense of taste	5 %
Any other finger	5 %
A large toe	5 %
Any other toe	2 %

For Permanent Partial Disability listed in the above table, the disability percentage certified by the treating doctor would be considered for the claim process.

If the Permanent Partial Disability is not listed in the table, then the disability percentage certified by the Government Civil Surgeon would be considered for claim process. The Company will pay the percentage shown in the certificate, applied to the Sum Insured as stated under the Permanent Partial Disability cover as defined under A1. c- Permanent Partial Disability the Certificate of Insurance

If more than one Permanent Partial Disability loss has resulted due to accidental Injury, the claim amount payable for all such losses put together should not exceed the total Sum Insured under this section.

If the Company become liable to make payment under Death / or Permanent Total Disability due to accidental bodily injury, then this insurance will cease as far as the Insured Beneficiary is concerned.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

d. TEMPORARY TOTAL DISABILITY

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 as opted under heading "Temporary Total Disability" in Certificate of Insurance. 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.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Specific conditions applicable to Temporary Total Disability-

- a) The bodily injury sustained should be detectable by means of clinical examination and or radiological scanning or imaging;
- b) Injuries to the spine, the ligamentous system, cartilage and nervous system and blood supply to the spine should be detectable by means of radiological scanning or imaging or neurological fallout testing;
- c) If the bodily injury sustained is not detectable by means of clinical examination or radiological scanning and imaging or neurological fallout testing, then we shall not be liable in respect of you for any claim under this cover
- d) 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.
- e) We will stop making payments when we are satisfied that you can engage in your occupation again, or maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier;
- f) 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.
- g) 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.

e. CHILD CARE BENEFIT

The Company will make payment of the Sum insured as specified in Certificate of Insurance for "Child Care Benefit", in case of Death or Permanent Total Disability as defined under A1. a- Death and A1. b- Permanent Total Disability of Insured Beneficiary, as a lump sum benefit amount towards the cost of education or care of the Insured Beneficiary's dependent children who are less than 25 years of age, subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

f. PARENTAL CARE BENEFIT

The Company will make payment of the Sum insured as specified in Certificate of Insurance for "Parental Care Benefit", in case of Death or Permanent Total Disability as defined under A1. a- Death and A1. b- Permanent Total Disability of Insured Beneficiary, as a lump sum benefit towards Parental Care Benefit to surviving parent(s) subject otherwise to all other terms, conditions and Exclusions of the Certificate of Insurance read with the Policy.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

CONDITIONAL APPLICABLE FOR A1, PERSONAL ACCIDENT COVER

- a. If we become liable to make payment under A1. a- Death and or under A1. b- Permanent Total Disability due to any accidental bodily injury, then this insurance will cease as far as the Insured Beneficiary is concerned.
- b. The benefits payable under extensions applicable will be over and above the A1. Personal Accident Cover Sum Insured.
- c. The maximum benefit under this section payable to the Insured or his family members individually or collectively is as shown under this section of Certificate of Insurance.

Payment Options for A1. a- Death, b- Permanent Total Disability and c- Permanent Partial Disability

Payment Option 1: Lumpsum payment of total Sum Insured if this contingency occurred.

Payment Option 2: (for loan linked policies only): Lumpsum payment of outstanding loan amount (in respect of Loan account number as stated Certificate of Insurance) at the time of occurrence of any of the opted contingencies. In this option your loan amount at the inception/renewal of policy (whichever is later) is considered to be the Sum Insured. The claim payout will be as per amortization chart and would not include any arrears

due to any reasons whatsoever.

A2 - ACCIDENTAL HOSPITALIZATION EXPENSES

If Insured Beneficiary/his family 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
- Road ambulance (for carrying you from site of accident to the nearest hospital) subject to limit of INR 1000 per claim
- Day Care Procedures

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Special Conditions

1. The maximum sum insured limit under this section and its extensions payable to the Insured or his family members individually or collectively is as shown under this section of Certificate of Insurance.
2. The final settlement of claim amount will be decided based on the final hospital bill having details of number of days the Insured Beneficiary was hospitalized.

Extension(s) for Accidental Hospitalisation Expenses:

In consideration of payment of an additional premium at the inception of the Policy by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that if the claim under this section is accepted for the Insured Beneficiary, then the Company will pay for the following additional benefits/expenses which will be over and above the Sum Insured:

Extension 04- Pre-Hospitalization and Post Hospitalization:

If the claim under Accidental Hospitalization Expenses (including day care procedure mentioned in Annexure I) 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 opted Pre-Hospitalization period 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 opted Pre Hospitalization period 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.

Options available for Pre-Hospitalization and Post Hospitalization

1. 15 Pre Hospitalization and 30 Post Hospitalization or
2. 30 Pre Hospitalization and 60 Post Hospitalization or
3. 60 Pre Hospitalization and 90 Post Hospitalization

A3 - CRITICAL ILLNESS COVER

If the Insured Beneficiary/ family member 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 Sum Insured as per Payment Option opted and maximum up to 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 Cover Period.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Payment options-

Payment Option1: Lumpsum payment of Sum Insured in case of occurrence of any of the opted contingencies

Payment Option 2: (for loan linked policies only): Lumpsum payment of outstanding loan amount (in respect of Loan account number as stated Certificate of Insurance) at the time of occurrence of any of the opted contingencies. In this option your loan amount at the inception/renewal of policy (whichever is later) is considered to be the Sum Insured. The claim payout will be as per amortization chart and would not include any arrears due to any reasons whatsoever.

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 Critical Illness Cover

Plan	Critical Illness Covered
Plan A	10 Critical Illness Cover
	1. Cancer of Specified Severity
	2. Kidney Failure Requiring Regular Dialysis
	3. Major Organ /Bone Marrow Transplant
	4. Multiple Sclerosis With Persisting Symptoms
	5. Myocardial Infarction (First Heart Attack of Specific Severity)
	6. Open Chest CABG
	7. Permanent Paralysis of Limbs
	8. Primary (Idiopathic) Pulmonary Hypertension
	9. Stroke Resulting in Permanent Symptoms
10. Surgery of Aorta	
Plan B	Critical Illness Covered under Plan A + Critical Illness Cover listed below:
	1. Alzheimer's Disease
	2. Benign Brain Tumour
	3. Coma of Specified Severity
	4. End Stage Liver Failure
	5. Open Heart Replacement or Repair of Heart Valves
	6. Primary Parkinson's Disease
	7. Third Degree Burns
Critical Illness Covered under Plan B + Critical Illness Cover listed below:	
1. Angioplasty	
2. Apallic Syndrome	
3. Aplastic Anaemia	

Plan C	4. Blindness
	5. Cardiomyopathy
	6. Deafness
	7. End Stage Lung Failure
	8. Goodpasture's Syndrome
	9. Loss Of Independent Existence
	10. Loss Of Limbs
	11. Loss Of Speech
	12. Medullary Cystic Disease
	13. Motor Neuron Disease With Permanent Symptoms
	14. Multiple System Atrophy
	15. Muscular Dystrophy
	16. Myasthenia Gravis
	17. Pneumonectomy
	18. Progressive Scleroderma
	19. Progressive Supranuclear Palsy
	20. Pulmonary Artery Graft Surgery
	21. Refractory Heart Failure
	22. Lupus Erythematosus
	23. Major Head Trauma

PLAN A: 10 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 tumour 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 leukaemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, 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 tumours 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 Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. 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.

3. 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

4. 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.
 - iii. Neurological damage due to SLE is excluded.

5. 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 changesElevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- 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.

6. 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

7. 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.

8. 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.
- III. Pulmonary 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.

9. 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 embolization 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.

10. 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.

PLAN B: CRITICAL ILLNESS COVERED UNDER PLAN A + 7 CRITICAL ILLNESS COVER

1. 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.

2. 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. The 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

PLAN C: CRITICAL ILLNESS COVERED UNDER PLAN B + 23 CRITICAL ILLNESS COVER

1. 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.

2. 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

3. APLASTIC ANAEMIA

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation

A certified haematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

- Absolute neutrophil count of less than 500/mm³
- Platelets count less than 20,000/mm³
- Reticulocyte count of less than 20,000/mm³ Temporary or reversible Aplastic Anaemia is excluded.

4. BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - a. corrected visual acuity being 3/60 or less in both eyes or ;
 - b. the field of vision being less than 10 degrees in both eyes.
- III. diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

5. CARDIOMYOPATHY

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following are excluded:

1. Cardiomyopathy secondary to alcohol or drug abuse.
2. All other forms of heart disease, heart enlargement and myocarditis.

6. DEAFNESS

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

7. 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 (PaO₂ < 55mmHg); and
- iv. Dyspnea at rest.

8. 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).

9. LOSS OF INDEPENDENT EXISTENCE

Confirmation by a consultant physician acceptable to the Company of the loss of independent existence due to illness or trauma, which has lasted for a minimum period of 6 months and results in a permanent inability to perform at least three (3) of the Activities of Daily Living (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons). For the purpose of this benefit, the word "permanent", shall mean beyond the hope of recovery with current medical knowledge and technology.

Activities of Daily Living are:

- Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances
- Transferring: the ability to move from a bed or an upright chair or wheelchair and vice versa
- Mobility: The ability to move indoors from room to room on level surfaces
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene
- Feeding: the ability to feed self once food has been prepared and made available

10. LOSS OF LIMBS

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

11. LOSS OF SPEECH:

Total and irrecoverable 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.

12. MEDULLARY CYSTIC DISEASE

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

13. 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.

14. 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.

15. MUSCULAR DYSTROPHY

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Beneficiary to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living".

Activities of Daily Living are defined as:

- i) Washing: The ability to maintain an adequate level of cleanliness and personal hygiene
- ii) Dressing: The ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary
- iii) Feeding: The ability to transfer food from a plate or bowl to the mouth once

- food has been prepared and made available
- iii) Toileting: The ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene v Mobility : The ability to move indoors from room to room on level surfaces at the normal place of residence
 - iv) Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa

16.MYASTHENIA GRAVIS

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification as below:
 - i) Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
 - ii) Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
 - iii) Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
 - iv) Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
 - v) Class V: Intubation needed to maintain airway.
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

17.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 condition is excluded:

- Removal of a lobe of the lungs (lobectomy)

18.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:

- a. Localised scleroderma (linear scleroderma or morphea);
- b. Eosinophilic fasciitis; and
- c. CREST syndrome.

19.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.

20.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.

21.REFRACTORY HEART FAILURE

Refractory heart failure must be diagnosed by a Cardiologist and optimal therapy must have been established for at least 6 months. The diagnosis of heart failure to be evidence by at least any 4 following criteria:

- Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain)
- Presence of third heart sound
- Jugular venous pressure above 6cms
- Rales present in both bases on auscultation
- Cardiomegaly on chest x-ray
- Grade 3, or gross ascites, associated with marked abdominal distension or peripheral edema
- 2-D echocardiography report suggestive of LVEF of 40% or less
- Elevated biomarkers – B-type natriuretic peptide (BNP)/N-terminal pro-BNP(NT-proBNP)

The following are excluded:

- Heart Failure due to Auto-immune disorders
- Heart Failure secondary to drug or alcohol abuse

22.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.

23.MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. Activities of Daily Living are:
 - a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d. Mobility: the ability to move indoors from room to room on level surfaces;
 - e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

- i Spinal cord injury

SPECIFIC CONDITIONS APPLICABLE FOR CRITICAL ILLNESS COVER:

1. The maximum benefit under this section payable to the Insured or his family members individually or collectively is as shown under this section of Certificate of Insurance.

A4 - EMI AND RENT PROTECTION COVER

a. FOR SALARIED EMPLOYEES

We will pay the Sum Insured for number of months as per the Certificate of Insurance towards EMI, subject to the terms, conditions, limitations and exclusions mentioned in the Policy if during the Cover Period, the Insured Beneficiary loses job due to accidental body injuries sustained during the policy year that results in:

- i. Permanent Total Disablement
- ii. Permanent Partial Disablement

Payment Option1: Lumpsum payment of Sum Insured in case of occurrence of any of the opted contingencies

Payment Option 2: Monthly payment towards EMI and Rent 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

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Specific Conditions

1. The maximum benefit under this section payable to the Insured or his family members individually or collectively is as shown under this section of Certificate of Insurance.
2. You are a permanent salaried employee of the organization working on a full time basis and such employment has been in force for a continuous period of 12 months.
3. You are paying the EMI on a Regular basis and submission of Sanctioned letter and Repayment Track Record or Bank account statement reflecting EMI or Loan account Statement in respect of Loan account number as stated Certificate of Insurance.
4. You are paying rent on Regular basis through a web aggregator or e-commerce partner and Submission of rent receipts or records provided by web aggregator e-commerce partner.

5. A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment of the Insured Beneficiary shall not be less 30 consecutive days ("Retrenchment Period") from his/her date of employment.
6. The cover as described under this Section for specific Insured Beneficiary shall terminate in the event of claim becoming admissible and accepted by the Company under this Section and the Company admitting liability.
7. We are not liable for any claim arising due to a condition incurred within 90 days from Policy inception date except claims arising due Accidental Bodily Injury from the start date of first policy with us.
8. In the specific cases of forced resignations, claims shall only be settled after 90 days of waiting period. Such period of 90 days from the date of registering claims, shall be utilized by Us to pursue required investigations to be made with the respective employer.

b. FOR NON-SALARIED PERSONS

We will pay the Sum Insured for number of months as per the Certificate of Insurance towards EMI, subject to the terms, conditions, limitations and exclusions mentioned in the Policy if during the Cover Period, the Insured Beneficiary loses income due to accidental body injuries sustained during the policy year that results in:

- i. Permanent Total Disablement
- ii. Permanent Partial Disablement

Payment Option1: Lumpsum payment of Sum Insured in case of occurrence of any of the opted contingencies

Payment Option 2: Monthly payment towards EMI and rent till the reinstatement of their income subject to a maximum of Sum Insured as stated under Certificate of Insurance

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Specific Conditions

1. You are paying the EMI on a Regular basis and Submission of Sanctioned letter and Repayment Track Record or Bank account statement reflecting EMI or Loan account Statement in respect of Loan account number as stated in Schedule of this Certificate of Insurance.
2. You are paying rent on Regular basis through a web aggregator or e-commerce partner and Submission of rent receipts or records provided by web aggregator e-commerce partner.
3. The cover as described under this Section for specific Insured Beneficiary shall terminate in the event one or more claim(s) in respect of that Insured Beneficiary becoming admissible and accepted by the Company under this Section and the Company admitting liability.
4. 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.
5. This benefit will be applicable annually for policies with term more than 1 year.

A5 - COMA CARE

This Policy shall pay the lump sum benefit as stated in the Certificate of Insurance, if Insured Beneficiary(s) sustained Accidental Bodily Injury with in Cover Period which directly and independently of all other causes results in the Insured Beneficiary being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, subject otherwise to all other terms, conditions and Exclusions of the Policy.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Specific definition of Coma/ Comatose State:

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:

- a. No response to external stimuli continuously for at least 96 hours;
- b. Life support measures are necessary to sustain life; and
- c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- d. Condition has to be confirmed by a specialist medical practitioner.

A6 - FRACTURE CARE

If Insured Beneficiary sustains any Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will pay the percentage shown in the benefit table below applied to the Fracture Care Sum Insured shown under the respective section of the Certificate of Insurance, subject otherwise to all other terms, conditions and Exclusions of the Policy.

For an Accidental Bodily Injury where more than one of the circumstances described in the Benefit Schedule is met, the Company will pay the benefit on a cumulative basis provided the liability of the company on a cumulative basis shall not exceed the sum insured stated against this section.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Fractures and Dislocations Benefit Schedule	
Description	Percentage of Sum Assured
A) Hip or Pelvis (excluding thigh or coccyx)	
1. Open Fracture of more than one bone	100%
2. Open Fracture of one bone	50%
3. Closed Fracture of more than one bone	25%
4. Closed Fracture one bone	15%
B) Thigh or Lower Leg	
5. Open Fracture of more than one bone	60%
6. Open Fracture of one bone	45%
7. Closed Fracture of more than one bone	25%
8. Closed Fracture one bone	15%
C) Elbows, Arm (including wrist but excluding Colles type fractures)	
9. Open Fracture of more than one bone	45%
10. Open Fracture of one bone	35%
11. Closed Fracture of more than one bone	20%
12. Closed Fracture one bone	15%
D) Colles type fracture of the lower arm	
13. Open Fracture	25%
14. Closed Fracture	10%
E) Skull	
15. Fracture of the skull needing surgical Intervention	60%
16. Fracture of the skull not needing surgical Intervention	20%
F) Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
17. Open Fracture	30%
18. Closed Fracture	15%
G) Spinal Column (Vertebrae but excluding coccyx)	
19. All compression fractures	40%
20. All spinous, transverse process of pedicle fractures	40%
21. Permanent Spinal Cord damage	40%
22. All vertebral fractures	15%
H) Lower Jaw	

23. Open Fracture	25%
24. Closed Fracture	10%
I) Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
25. Open Fracture of more than one bone	15%
26. Open Fracture of one bone	12%
27. Closed Fracture of more than one bone	4%
28. Closed Fracture one bone	2%
J) Dislocations requiring surgery under anesthesia	
29. Spine	35%
30. Back (Excluding slipped disc)	35%
31. Hip	25%
32. Knee (Left or right)	20%
33. Wrist (Left or right)	15%
34. Elbow (Left or right)	15%
35. Ankle (Left or right)	10%
36. Shoulder blade (Left or right)	10%
37. Collarbone	10%
38. Fingers (Left or right hand)	5%
39. Toes (Left or right foot)	5%
40. Jaw	5%
K) Internal Injuries	
41. Internal injuries resulting in open abdominal or Thoracic Surgery	25%
42. Intracranial hemorrhage and/ or physical brain injury	25%

A7 - ADVENTURE SPORTS COVER

If the Insured Beneficiary is engaged in adventure sports in a non-professional capacity and under the supervision of a trained professional which directly and independently of all other causes results in Death or Permanent Total Disability or Permanent Partial Disability within twelve (12) months of the Date of Injury, Company agrees to pay 100% Of Sum Insured as mentioned in Certificate of Insured Maximum Up To 1 Cr., subject to all other terms, conditions and Exclusions & definitions of the Policy.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

The cover for the Insured Beneficiary/ family members under this section shall terminate immediately in the event of admissible claim and settlement of benefit under the Adventure Sports Benefit Cover For the purpose of illustration the Adventure Sports Benefit is extended for the below listed sports, please note that this is an indicative list only:

- Sky Sports
 Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking
- Mountain Sports
 Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Mountaineering
- Water Sports

Body Boarding, Scuba Diving, Shark Diving, Swimming with Dolphins, Diving with Whales, Wakeboarding, Surfing

- Racing Sports:
Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn mower racing, Snowmobile racing, Truck racing

Specific conditions applicable to Adventure Sports Benefit

1. All terms, conditions as mentioned in A1 shall be applicable for Adventure Sports Cover also.
2. The maximum benefit under this section payable to the Insured or his family members individually or collectively is as shown under this section of Certificate of Insurance.
3. Exclusion Code-09 stands deleted in respect of this cover only.

A8 - AIR AMBULANCE COVER

This policy will indemnify expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the Accident to the nearest hospital arising due to the Insured Beneficiary's/his family's sustained Accidental Bodily Injury during Cover Period which directly and independently of all other causes results in emergency life threatening health conditions.

The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the Certificate of Insurance, subject otherwise to all other terms, conditions and Exclusions of the Policy.

This benefit will be applicable on Floater basis wherein dependent spouse and children can be covered along with Proposer.

Specific Conditions:

- a) Return transportation to the Insured's home by air ambulance is excluded.
- b) The expenses for Air ambulance transportation are restricted within India Only
- c) The maximum benefit under this section payable to the Insured or his family members individually or collectively is as shown under this section of Certificate of Insurance.

COVER B- NON-HEALTH SECTIONS

The below listed non-health covers can be opted only if any one of the sections as mentioned under Cover A-Health Sections is opted.

B1 - FIRE AND ALLIED PERILS COVER

Note: Coverage under this B1 under this Group Guard 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 these Group Guard Policy Wordings and COI, for the purposes of this B1, in case of contradiction of these 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 Policy Wordings and COI.

B2 - BURGLARY AND ROBBERY COVER (UIN : BAJHLGP18090V011718)

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 "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.
- 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.
- d. 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 “BURGLARY AND ROBBERY COVER”

- a. In case of any claim being admissible and payable up to the full Sum Insured for Burglary (Contents), then coverage under this section of the policy will cease to exist for this section. However, in case only partial Sum Insured is paid under this Section of this Policy, then the Policy will still exist on the balance Sum Insured for this covers during the Cover Period.
- b. **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%

- c. **Waiver of Condition of Average for “Home Burglary and Robbery Insurance”**
 Condition of average shall be waived off for this cover since in such case there would be no specific declaration from the Proposer towards the value at risk of the respective assets to be insured.

B3 - MEDICAL INSURANCE PREMIUM PROTECTOR

If during the Period of Insurance an 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 actual costs of the medical insurance premium for the Insured Beneficiary's surviving Spouse and Dependent Child up to the amount per year up to the number of years stated in the Schedule.

SPECIFIC CONDITIONS

- 1. The total Sum Insured is the total amount payable for the Spouse and Dependent Child combined, not per person.
- 2. 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 traveling as an occupant, it shall be deemed after 12 months, subject to all other terms and conditions of this Policy, that such Insured Beneficiary shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that an Insured Beneficiary is still alive, all payments shall be reimbursed in full to the Company.

B4 - FAMILY COUNSELLING EXPENSE COVER

If during the Period of Insurance an 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 actual costs for professional counselling for the Insured Beneficiary's Spouse and Dependent Child up to the Sum Insured stated in the Certificate of Insurance.

SPECIFIC CONDITIONS

- 1. The total Sum Insured is the total amount payable for the Spouse and Dependent Child combined, not per person.

2. 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 traveling as an occupant, it shall be deemed after 12 months, subject to all other terms and conditions of this Policy, that such Insured Beneficiary shall have died as the result of an Accident. If at any time, after the payment of a benefit under this Section, it is discovered that an Insured Beneficiary is still alive, all payments shall be reimbursed in full to the Company.

B5 - WEDDING BENEFIT

If during the Period of Insurance an Insured Beneficiary sustains Accidental Bodily Injury which directly and independently of all other causes results in death within 12 months of the Date of Loss, then the Company agrees to pay amount specified in the Certificate of Insurance in equal shares to each Dependent Child of the Insured Beneficiary.

SECTION D) EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE

EXCLUSIONS APPLICABLE TO COVER I: FLEXI HEALTH PROTECT PLAN (GROUP)

I. STANDARD EXCLUSIONS

A. Waiting Period

1. Pre-Existing Diseases Waiting Period (Code-Excl01)
 - a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months or as per the Option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance with Us.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) If the Insured Beneficiary is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then Waiting Period for the same would be reduced to the extent of prior coverage.
 - d) Coverage under the Certificate of Insurance after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.
2. Specified disease/procedure Waiting Period (Code-Excl02)
 - a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months or as per the Option opted and specified on the Certificate of Insurance of continuous coverage after the date of inception of the first Flexi Health Protect Plan (Group) and the Certificate of Insurance with Us. This exclusion shall not be applicable for claims arising due to an Accident.
 - b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
 - c) If any of the specified disease/procedure falls under the Waiting Period specified for Pre-Existing diseases, then the longer of the two Waiting Periods shall apply.
 - d) The Waiting Period for listed conditions shall apply even if contracted after the Risk Inception Date of Certificate of Insurance or declared and accepted without a specific exclusion.
 - e) If the Insured Beneficiary is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.
 - f) List of specific diseases/procedures is as below:

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Hemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumors/cysts/ nodules/polyps of any kind including breast lumps.
19. Mental Illness*	20. Diseases of gall bladder including cholecystitis

21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsillitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	28. Joint replacement surgery,
29. Surgery for vertebral column disorders (unless necessitated due to an Accident)	30. Surgery to correct deviated nasal septum
31. Hypertrophied turbinate	32. Congenital internal diseases or anomalies
33. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	34. Bariatric Surgery
35. Parkinson's Disease	36. Genetic disorders

* List of Mental Illness and ICD codes as per Annexure IV

3. 30-day Waiting Period (Code-Excl03)

- a) Expenses related to the treatment of any Illness within 30 days from the first Certificate of Insurance commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- b) This exclusion shall not, however apply if the Insured Beneficiary has Continuous Coverage for more than twelve months.
- c) The within referred Waiting Period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

B. General Exclusions

4. Investigation & Evaluation (Code-Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Code-Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Code-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.

9. 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.

10. Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Beneficiary committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holder/Insured Beneficiary are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)

13. Treatments received in health hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)

14. 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 Hospitalisation claim or day care procedure. (Code-Excl14)

15. Refractive Error (Code-Excl15)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.

16. Unproven Treatments (Code-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.

17. Sterility and Infertility (Code-Excl17)

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

18. Maternity: Code Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Cover Period.

II. SPECIFIC EXCLUSIONS

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Injury to natural teeth and also requiring Hospitalisation.
2. Medical Expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical Expenses incurred due to Act of Terrorism will be covered under the Certificate of Insurance.
4. The cost of spectacles, contact lenses, hearing aids the cost of crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, Cost

of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process etc.

5. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
6. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.
7. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
8. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
9. All non-medical Items as per Annexure II.
10. Any treatment received outside India is not covered under this Certificate of Insurance.
11. Circumcision unless required for the treatment of Illness or Accidental bodily Injury,
12. Treatment for any other system other than modern medicine (allopathy) and AYUSH Therapies

EXCLUSIONS APPLICABLE TO PART II: GROUP GUARD

STANDARD EXCLUSIONS

1. EXCLUSION APPLICABLE TO PERSONAL ACCIDENT COVER

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) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
- 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.
2. **SPECIFIC EXCLUSION APPLICABLE TO SECTION "ACCIDENTAL HOSPITALISATION EXPENSE"**
 - I. Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner. Code- Excl14
 - II. Cosmetic or plastic Surgery: Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless as a part of medically necessary treatment. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner for reconstruction following an Accident, Burn(s) or Cancer.
 - III. 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.
 - IV. Unproven Treatments: Code- 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 Exclusion Applicable To Personal Accident Cover

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) Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
- 2) Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion,
- 3) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
- 4) As a result of any curative treatments or interventions that you carry out or have carried out on your body,

- 5) 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 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,
- 6) Any Pre-existing injuries and complications arising out of or resulting therefrom;
- 7) Your consequential losses of any kind or your actual or alleged legal liability.
- 8) Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these,
- 9) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
- 10) the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
- 11) operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines
- 12) 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 detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority
- 13) Any injury occurring while working in underground mines or explosive magazines, or involving electrical installation with high tension supply or as jockey's or circus personnel

2. Specific Exclusion Applicable To Section "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) Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
- 3) Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
- 4) Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils
- 5) Any other medical or surgical treatment except as may be necessary solely as a result Injury.
- 6) Any treatment taken outside India.
- 7) Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.

3. Specific Exclusions Applicable for 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) 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 0/30/ 45/ 90 days (as opted by Insured and or Insured Beneficiary/ Insured Beneficiary) of the date of commencement of the Cover Period is excluded. This exclusion shall not apply to an Insured Beneficiary/ 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) Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
- 4) Occupational diseases.
- 5) Radioactive contamination
- 6) Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

4. Specific Exclusions EMI And Rent Protection Cover

A. For Salaried Employees

- 1) Unemployment at the time of inception of the Cover Period or arising within the first ninety (90) days of inception of the Cover Period. This exclusion shall not apply to an Insured for whom coverage has been renewed without break for subsequent years.
- 2) The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Beneficiary being attributed to any dishonesty or fraud on the part of the Insured Beneficiary or his/her willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Beneficiary by the employer.
- 3) The Company shall not be liable to make any payment under this Policy in connection with or in respect of:

- a. 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;
 - b. Any voluntary unemployment; except Loss of Job due to accidental bodily injury sustained as defined in the Insured Event.
- 4) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Beneficiary.
 - 5) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
 - 6) Any unemployment due to resignation, retirement whether voluntary or otherwise.
 - 7) Any unemployment due to non-confirmation of employment after or during such period under which the Insured Beneficiary was under probation.

B. For Non-Salaried Persons

- 1) Loss of income at the time of inception of the Cover Period or arising within the first ninety (90) days of inception of the Cover Period. This exclusion shall not apply to an Insured for whom coverage has been renewed without break for subsequent years.
- 2) Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
- 3) Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
- 4) While under the influence of liquor or drugs, alcohol or other intoxicants,
- 5) Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, mis- demeanor, civil commotion,
- 6) Whilst engaging in Adventure Sports, 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,
- 7) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
- 8) As a result of any curative treatments or interventions that you carry out or have carried out on your body

5. Specific Exclusion Applicable to Coma Care

Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded.

6. Specific Exclusions Applicable To “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.

7. General Exclusions Applicable To All Covers (Unless Otherwise Mentioned More Specifically Under B1. Fire and Allied Peril Cover)

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 detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
- 2) ionizing 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 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) TERMS AND CONDITIONS - STANDARD TERMS AND CONDITIONS

1. Disclosure of Information

The Certificate of Insurance shall be void ab initio 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.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Group Policy and Certificate of Insurance must be fulfilled by the Insured

Beneficiary for the Company to make any payment for claim(s) arising under the Certificate of Insurance.

3. Premium Payment in Installments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term policies only), Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- iii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
- iv. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- v. No interest will be charged If the instalment premium is not paid on due date.
- vi. In case of instalment premium due not received within the grace period, the Certificate of Insurance will automatically get cancelled.

4. Multiple Policies

- i. In case of multiple policies taken by an Insured Beneficiary during a period from the same or one or more insurers to indemnify treatment costs, the Insured Beneficiary 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 Insured Beneficiary 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.
- ii. Insured Beneficiary having multiple policies shall also have the right to prefer claims under the Certificate of Insurance for the amounts disallowed under any other policy / policies/certificate of insurance even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of the Certificate of Insurance.
- iii. If the amount to be claimed exceeds the Sum Insured under a single policy/Certificate of Insurance, the Insured Beneficiary shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an Insured Beneficiary has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy/certificate of insurance.

5. 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 Insured Beneficiary 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 Insured Beneficiary at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

6. Renewal of Certificate of Insurance

The Certificate of Insurance shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Beneficiary. The Company is not bound to give notice that it is due for Renewal.

- i. Renewal of Certificate of Insurance shall not be denied on the ground that the Insured Beneficiary had made a claim or claims in the preceding policy years
- ii. Request for Renewal along with requisite premium shall be received by the Company before the end of the Cover Period.
- iii. At the end of the Cover Period, the Certificate of Insurance shall expired/terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Certificate of Insurance. Coverage is not

available during the Grace Period.

iv. If not renewed within Grace Period after due Renewal date, the Certificate of Insurance shall terminate.

7. Cancellation:

(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:**
 - o For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
 - o 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) Short term policies: No premium refund

For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Policy is cancelled except in cases such cancellation is on account of Fraud, mis-representation or non-disclosure of material facts or non-co-operation by the Insured/Insured.

(D) 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.

(E) Cancellation of Master Policy:

The Company may cancel the Master Policy by giving 15 days' notice to Master Policy Holder and or due to Master Policy Holders misrepresentation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used and or if the Cancellation of Master Policy is required due to regulatory requirements.

The Master Policy may be cancelled by the Master Policy Holder at any time before the expiry of the Master Policy Period by giving at least 7 days written notice to the Company.

8. Contribution in case of Multiple Policies

(Applicable only to indemnity sections under the Policy)

- i. In case of multiple policies 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 during a period from one or more insurers to indemnify treatment costs, the Insured 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 who has issued the chosen Policy 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.

9. Portability

The Insured Beneficiary will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian

General/Health insurer, the proposed Insured Beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

For Detailed Guidelines on Portability, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

10. Complete Discharge

Any payment to the Insured Beneficiary or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Certificate of Insurance shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

11. Possibility of Revision of Terms of the Group Policy and Certificate of Insurance Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Group Policy and or Certificate of Insurance including the premium rates. The Insured Beneficiary shall be notified three months before the changes are affected.

12. 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.

13. Norms on Migration

The Insured Beneficiary will have the option to migrate the Certificate of Insurance to other health insurance products/plans offered by the Company by applying for migration of the Certificate of Insurance atleast 30 days before the Certificate of Insurance renewal date as per IRDAI guidelines on Migration. If such Insured Beneficiary is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link <https://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

14. Withdrawal of Policy

- i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.
- ii. Insured Beneficiary 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 Certificate of Insurance has been maintained without a break.

15. 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 the Certificate of Insurance, all benefits under the Certificate of Insurance and the premium paid shall be forfeited.
- ii. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.
- 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, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:
 - 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 act or omission as the law specially declares to be fraudulent
- iv. The Company shall not repudiate the claim under Certificate of Insurance 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. Onus of disproving is upon the Insured Beneficiary, if alive, or Beneficiaries.

16. Nomination

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

17. 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
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail
 - a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to 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
 - 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

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

18. 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) TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS

19. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on *Your* behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on *Your* behalf fails to completely satisfy that requirement, then We may refuse to consider *Your* claim.

20. Insured Beneficiary

Only those persons named as the Insured Beneficiary(s) in the Certificate of Insurance shall be covered under the Certificate of Insurance. Cover under the Certificate of Insurance shall be withdrawn from any Insured Beneficiary

upon such Insured Beneficiary giving 14 days written notice to be received by Us.

21. Cancellation of Group Policy

- i. The Group Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice.
- ii. The Group Policy may be cancelled by the Policy Holder at any time before the expiry of the Policy Period by giving at least 1 days written notice to the Company.
- iii. Once Group Policy is cancelled as above, then onwards no further Certificate of Insurance will be issued but COI already issued will be valid till completion of Cover Period of respective COI

22. Additional Norms on Migration

Insured Beneficiary shall apply for migration of the Certificate of Insurance at least 30 days before the Certificate of Insurance Renewal due date. All revised guidelines of IRDAI from time to time as to Migration shall apply.

23. Change of Sum Insured

Sum Insured can be changed (increased/ decreased) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the Waiting Period shall start afresh only for the enhanced portion of the Sum Insured.

24. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy/Certificate of Insurance should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy/Certificate of Insurance.
- iii. The Company shall communicate to the Insured Beneficiary/Policy Holder at the address or through any other electronic mode mentioned in the Certificate of Insurance.

25. Endorsements (Changes in Certificate of Insurance)

- i. The Certificate of Insurance read with The Group Policy constitutes the complete contract of insurance. The Certificate of Insurance read with The Group Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written Endorsement signed and stamped.
- ii. The Insured Beneficiary may be changed only at the time of Renewal. The new Insured Beneficiary must be the legal heir/immediate family member of Insured Beneficiary. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Insured Beneficiary shall be treated as having been renewed without break.
- iii. The Insured Beneficiary may be changed during the Cover Period only in case of his/her demise or him/her moving out of India.

26. Terms and conditions of the Group Policy

The terms and conditions contained herein and in the Group Policy Schedule shall be deemed to form part of the Certificate of Insurance and shall be read together as one document.

27. Renewal: Subject to pre-condition of Master Policy being valid and subsisting

Renewal of Group Policy shall be a pre-condition for Renewal of Certificate of Insurance and if Group Policy is not renewed and lapsed then Certificate of Insurance cannot be Renewed.

28. Additional Norms on Portability

The Insured Beneficiary will have the option to port the Certificate of Insurance to other insurers by applying to such Insurer to port the entire Certificate of Insurance along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Certificate of Insurance Renewal date as per IRDAI guidelines related to portability. If such Insured Beneficiary is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health Insurer, the proposed Insured Beneficiary will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.

29. Withdrawal of Group Policy.

- i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.
- ii. Insured Beneficiary 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 Certificate of Insurance has been maintained without a break.

30. Automatic change in Coverage under the Certificate of Insurance

The coverage for the Insured Beneficiary(s) shall automatically terminate:

- i. In the case of his/ her (Insured Beneficiary) demise. However, the cover shall continue for the remaining Insured Beneficiaries till the end of Cover Period. The other Insured Beneficiaries may also apply to renew the Certificate of Insurance. In case, the other Insured Beneficiary is minor, the Certificate of Insurance shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Beneficiary) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Beneficiary, pro-rata refund of premium of the deceased Insured Beneficiary for the balance period of the Certificate of Insurance will be effective.
- ii. Upon exhaustion of Sum Insured and cumulative bonus, if any, for the Covered Period. However, the **Certificate of Insurance** is subject to Renewal on the due date as per the applicable terms and conditions.

31. Governing Laws, Territorial Jurisdiction and Territorial Limit

- i. This Policy/Certificate of Insurance shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Group Policy/**Certificate of Insurance** shall be, determined by the Indian court and in accordance to Indian laws.
- ii. All medical treatment for the purpose of the Certificate of Insurance will have to be taken in India only.
- iii. We cover Medical Expenses for treatment availed outside India only if opted for Optional Cover- International Cover - emergency Care only.
- iv. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- v. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

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

"The Insurer and Insured/Policy Holder 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/Policy Holder has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

33. Assignment and Transfer of Insurance Policies/Certificate of Insurance (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/certificate 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 authorized 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 36(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 the policyholder/Insured Beneficiary not later than thirty days from the date of the policyholder/ Insured Beneficiary 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 36(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/Certificate of Insurance 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/ Insured Beneficiary is being serviced.

6. The date on which the notice referred to in sub-clause 36(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/Certificate of Insurance; 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 36(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 36(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 insuree shall, from the date of the receipt of the notice referred to in sub-clause 36(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy/Certificate of Insurance, 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/ Certificate of Insurance, obtain a loan under the policy/ Certificate of Insurance or surrender the policy Certificate of Insurance 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 36(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 36(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 36.
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/ Certificate of Insurance shall become payable to the policyholder/Insured Beneficiary 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/ Certificate of Insurance, the Conditional Assignment shall be valid: Provided that a conditional assignee shall not be entitled to obtain a loan on the policy/ Certificate of Insurance or surrender a policy/ Certificate of Insurance.
11. In the case of the partial assignment or transfer of a policy of insurance/ Certificate of Insurance under sub-clause 36(1) hereinabove, the liability of the Company shall be limited to the amount secured by partial assignment or transfer and such policyholder/Insured Beneficiary shall not be entitled to further assign or transfer the residual amount payable under the same policy/Certificate of Insurance.

34. Claims Procedure

Applicable to Part I

All Claims will be settled by In house claims settlement team of the Company. However, the Company reserves to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

Cashless Claims Procedure:

Cashless Facility is only available at Bajaj Allianz Network Providers. In order to avail of Cashless Facility, the following procedure must be followed by You:

- i. For planned treatment or Hospitalisation, prior to taking treatment and/or incurring Medical Expenses at a Bajaj Allianz Network Providers, You or Your representative must intimate Us 48 hours before the planned Hospitalisation and request pre-authorisation by way of the written form.
- ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Bajaj Allianz Network Providers, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Bajaj Allianz Network Providers identified in the pre- authorization letter at the time of Your admission to the same.

- iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Bajaj Allianz Network Providers that We are liable under “In-Patient Hospitalisation Treatment” above and the original bills and evidence of treatment in respect of the same shall be left with the Bajaj Allianz Network Providers. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.
- iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of Hospitalisation.

Reimbursement Claims Procedure:

If Pre-authorization as per Cashless Claims Procedure for Cashless Facility above is denied by Us or if treatment is taken in a Hospital other than a Bajaj Allianz Network Providers or if You do not wish to avail Cashless Facility, then:

- i. You or someone claiming on *Your* behalf must inform Us in writing immediately within 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
- ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the Insured Beneficiary, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

Note:

1. Condition (v) is applicable to all covers.
2. Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.
3. Condition (vi) related: In case You are claiming for the same event under an indemnity based Policy of another Insurer and are required to submit the original documents related to Your treatment with that particular Insurer, then You may provide Us 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 it.

List of Claim documents: -

Applicable to Part I – Flexi Health Protect plan (Group)

Base Cover 1 – Medical Expenses Insurance And Base Cover 3: Top Up Plans

1. Claim form with NEFT details & cancelled cheque duly signed by Insured Beneficiary
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
3. Attested copies of Indoor case papers, if available
4. Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc.
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
9. Cashless settlement letter or other Company settlement letter
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

BASE COVER 2 - HOSPITAL DAILY ALLOWANCE AND BASE COVER 4: RECOVERY RELIEF COVER

1. First Consultation letter from the Doctor

2. Duly completed claim form signed by the Claimant
3. Copy of Hospital Discharge Card
4. Copy of Hospital Bill Money Receipt, duly signed with a Revenue Stamp
5. Copy of All Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram, etc.
6. Aadhaar card & PAN card Copies (Not mandatory if the same is linked with the Certificate of Insurance while issuance or in previous claim)
7. Additional Documents Required For Recovery Relief Cover-
 - 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

Note- The list of documents given above is an indicative list and Insurer reserves rights for asking additional documents related to claim(s) in case required.

Please send the documents on below address Bajaj Allianz General Insurance Company Ltd 2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

Applicable to Part II – Group Guard

Reimbursement Claim Procedure of All Sections

If the Insured Beneficiary meets with any of the opted contingencies that may result in a claim, then 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 take reasonable steps to lessen the consequence of incidence.
- c. 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.
- d. 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 (d) 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.

Cashless treatment - Applicable only for Accidental Hospitalization Expenses

Cashless treatment is only available at Network Hospitals. 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 Injury, at a Network Hospital, the Insured must call Us and request preauthorization by way of the written form which the Company will provide.
- 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 or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured along with this Policy 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's admission to the same.
- c. If the procedure above is followed, the Insured 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.
- d. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

Claim Procedure (Applicable for Critical Illness, Personal Accident Cover)

If the Insured Beneficiary meets with any Accidental Bodily Injury or Critical Illness 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 should allow examination by our medical advisors if we ask for this.
- d. 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.
- e. 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 (e) 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.

Claim Procedure applicable for EMI And Rent Protection 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. Policyholder or Insured Beneficiary/Insured Beneficiary or someone claiming on his/her behalf will furnish all required documents.
- c. Insured Beneficiary should allow examination/investigation by our medical advisors if we ask for this.
- d. 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.

*Note: Waiver of conditions (a) 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.

Claim Procedure applicable 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 VI

List of Claim Documents:

List of Common Claim Documents-

- Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Beneficiary/ Insured Beneficiary.
- Copy of address proof (Ration card or electricity bill copy).
- NEFT details & cancelled cheque of the Insured Beneficiary/ Insured Beneficiary
- Original Policy copy along with Original Assignment endorsement (if any)
- Aadhaar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim)
- Any document Health Administration Team will require which is necessary to process the claim further and not mentioned in the below list.
- Current outstanding Loan certificate from financier, along with Amortization chart in case of Loan/credit linked Policy where Outstanding loan amount is payable

Specific Claim documents for Critical Illness

- Medical documents (Indoor Case Paper/ Consultation papers) mentioning Critical illness

List of Claim documents for Death (its extensions)/ Family Counselling Expense Cover/ Medical Insurance Premium Protector/ Wedding Benefit, Child Care Benefit, Parental Care Benefit (Due to Death)/

- 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).

List of Claim documents for Permanent Total Disability (its extensions)/ Permanent Partial Disability/, Child Care Benefit, Parental Care Benefit (Due to Permanent Total Disability)

- 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.

List of Claim Document Specific to Accidental Hospitalization Expenses/ Pre Hospitalization And Post Hospitalization/ Fracture Care/Coma Care/ Air Ambulance Cover

- First Consultation letter from the Doctor
- 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 Documents Specific to Temporary Total Disability

- 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 and Rent Protection 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.
- 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
- For claiming rent, Rent receipts or records provided by web aggregator e-commerce partner and registered rental agreement

List of Claim Document Specific to Fire And Allied Perils Cover),

Please refer to Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy Wordings which is attached hereto as annexure VI.

List of Claim Document Specific to Burglary and Robbery Cover

- 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
- Any other document deemed necessary to establish the loss or its quantum depending upon the nature of claim.

35. Paying a Claim

- a. You agree that We will 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 You or *Your* Nominee. If there is no 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, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. 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 45 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 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 30 days of the receipt of documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Policy.

36. Basis of Claims Payment

- I. If You suffer a relapse within 45 days from the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- II. The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- III. We shall make payment in Indian Rupees only.

37. Cost Sharing – Applicable to Part I – Flexi Health product Plan (Group)

The Certificate of Insurance is subject to Cost sharing mentioned below;

Cataract Limit: Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in "Specified disease / procedure Waiting Period" above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.

38. Nationality:

- Indian nationals residing in India would be considered for this Policy.
- This Policy can be opted by Non-Resident Indians also and premium paid in Indian currency

39. Sum Insured Enhancement:

- a) The Insured Beneficiary can apply for enhancement of Sum Insured at the time of Renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the Company.
- b) The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured Beneficiary(s) & claim history of the Certificate of Insurance.
- c) All Waiting Periods as defined in the Certificate of Insurance read with Group Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Cover Period as the first Certificate of Insurance with the Company.

40. Inclusion of members under the Certificate of Insurance:

Where an Insured Beneficiary is added to the Certificate of Insurance, either by way of Endorsement or at the time of Renewal, the pre-existing disease clause, exclusions and Waiting Periods will be applicable considering such Policy Year as the first year of Certificate of Insurance with the Company for the Insured Beneficiary.

41. Additional Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing Us as Your Insurer.

This Group Policy wordings, and Group Policy Schedule/ Certificate of Insurance set out the terms of Your contract with Us. Please read Your Group Policy wordings, and Group Policy Schedule/Certificate of Insurance carefully to ensure that the cover meets Your needs.

We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If You are dissatisfied We would like to inform You that We have a procedure for resolving issues. Please include Your Policy number in any communication. This will help Us deal with the issue more efficiently. If You don't have it, please call Our Branch office.

Initially, We suggest You contact the Branch Manager/ Regional Manager of the local office which has issued the Certificate of Insurance. The address and telephone number will be available in the Certificate of Insurance. Naturally, We hope the issue can be resolved to Your satisfaction at the earlier stage itself. But if You feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Toll free:1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858 E-mail:
bagichelp@bajajallianz.co.in
Fax: 020-66026667
Courier: Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road Yerawada, Pune 411006

Insured Beneficiary may also approach the grievance cell at any of the Company's branches with the details of grievance

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary may contact the grievance officer at ggro@bajajallianz.co.in
 For updated details of grievance officer, <https://www.bajajallianz.com/about-us/customer-service.html>

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens

'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: seniorcitizen@bajajallianz.co.in

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

If You are still not satisfied, You can approach the Insurance Ombudsman as mentioned in standard General Terms and Conditions:

Annexure I

Day Care Treatment

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty (Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 W o u n d debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 Oesophageal varices Sclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D

23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I & D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b) Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty

60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochoectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal

97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA

133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of Accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 SternomastoidTenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 Injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopic adhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ

171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thorascopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy (imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair (excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy, lesion removal	394 Laparoscopic oophorectomy
193 ERCP	Critical care
194 Colonscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath (peripherally inserted central catheter)
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath (peripherally inserted central catheter)
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

- (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.
- (ii) Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24

hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions

Annexure II:-

List I: List of Non-Medical Item

(Applicable to Base Cover 1 and Base Cover 3 in Part I) and applicable for all covers in Part II)

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
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
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 Samples	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
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 Payable)	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, Etc]	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	Trolley 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

(Applicable to Base Cover 1 and Base Cover 3 in Part I) and applicable for all covers in Part II)

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	Disineftant 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	Incidental Expenses / Mtsc. Charges (Not Explained)
36	Patient Identification Band / Name Tag
37	Pulseoxymeter Charges

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

(Applicable to Base Cover 1 and Base Cover 3 in Part I) and applicable for all covers in Part II)

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, Harmonic scalpel, 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

(Applicable to Base Cover 1 and Base Cover 3 in Part I) and applicable for all covers in Part II)

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 Perioxide\Spirit\Disinfection Etc
9	Nutrition 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 III: Modern Treatment Methods and Advancement in Technologies (Applicable to Base Cover 1 and Base Cover 3 in Part I)

1. Uterine Artery Embolization and HIFU
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral chemotherapy
5. Immunotherapy- Monoclonal Antibody to be given as injection
6. Intra vitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchical Thermoplasty
10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
11. IONM -(Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

**Annexure IV:
ICD specific for Mental Illness**

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

Annexure V –

List of Ombudsmen offices in India and their contact details

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - 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: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU - 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: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - 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: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - 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: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - 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: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - 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. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI – 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: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.</p>	<p>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,</p>

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - 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: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - 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: bimalokpal.noida@cioins.co.in	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.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - 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: bimalokpal.pune@cioins.co.in	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

Tel: 022 -69038800/69038812

Website: <https://www.cioins.co.in>

“List of Ombudsman offices established by the Central Government for redressal of grievance are also available at <https://www.cioins.co.in/Ombudsman>”

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, **Tel:** 022-69038800/69038812, **Website:** <https://www.cioins.co.in>

Please visit Our **website for list of** Bajaj Allianz Network Providers **and network Diagnostic Centres,**
Website: www.bajajallianz.com/general-insurance.html. Please refer to **Support** (Customer Service Support Page) on the website.

or Please get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Applicable to Part II only

Annexure VI

CONTENTS	
CLAUSE A - THIS POLICY AND THE INSURANCE CONTRACT	45
CLAUSE B - INSURED EVENTS	47
CLAUSE C - HOME BUILDING COVER	48
CLAUSE D - HOME CONTENTS COVER	49
CLAUSE E- ADDITIONAL COVERS	50
CLAUSE F - EXCLUSIONS (WHAT WE DO NOT COVER) FOR ALL COVERS UNDER THIS POLICY	50
CLAUSE G - CONDITIONS	50
CLAUSE H - CHANGES TO COVERS	54
CLAUSE I - WAIVER OF UNDERINSURANCE	54
CLAUSE J - OTHER DETAILS	54
CLAUSE K - GRIEVANCES	54

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

- 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:
 - This Policy document,
 - The Policy Schedule attached to this Policy document,
 - Any Endorsement attached to and forming part of this Policy document,
 - Any Add-on to this Policy that You may have purchased from Us,
 - The proposals and all declarations made by You or on Your behalf.
- To whom this Policy is issued and what it covers:**
 - 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
Bank	A bank or any financial institution
Carpet Area	1. 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; 2. for any enclosed structure on the same site, it is the net usable floor area of such structure; and 3. 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.
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	The amount required to construct Your Home Building at the Commencement Date. This amount is calculated as follows: a. 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. b. 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.
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.
Kutchra 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 Kutchra 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.

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
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover 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	-
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover 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.
 - a. **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) 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	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: 1st January 2020 to 31st 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: 1st January 2020 to 31st 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

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

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. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at 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-rata 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.