

WOMEN SPECIFIC CRITICAL ILLNESS PLAN POLICY DOCUMENT**Preamble**

Whereas the Named Insured has made a proposal to Bajaj Allianz General Insurance Company Limited (hereinafter referred to as the "Company") which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, the Company agrees, subject to the following terms, exclusions, definitions, limitations, and conditions, to make payment as is provided herein.

A OPERATIVE PART

If the Insured is diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit as specified under the schedule.

B DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural or to the female wherever the context so permits:

1. Accident:

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

2. Condition Precedent

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

3. 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.

a. Internal Congenital Anomaly

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

b. External Congenital Anomaly

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

4. Consultant/ Physician /A Medical Practitioner

Consultant/ Physician /A Medical Practitioner 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 licence.'

5. Critical Illness

Critical Illness means an illness, sickness or a disease or a corrective measure as specified in Section C of this Policy.

6. Critical Illness Benefit

Critical Illness Benefit means the amount specified in the Schedule, which is the maximum amount for which the Company may be liable to make payment for any Critical Illness.

7. Disclosure to information norm

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

8. Emergency Care

Emergency care means management for a severe 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 person's health.

9. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be

made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

10. Hospital

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

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

11. Hospitalisation

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

12. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

13. Inpatient Care

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

14. Injury/ Bodily Injury

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

15. 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.

16. Limit of Indemnity

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover

17. Medical Advise

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

18. Medical expenses

Medical Expenses means those expenses that an Insured Person 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 Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

19. Medical Practitioner/ Physician:

A Medical Practitioner 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.

20. Medically Necessary

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

21. Nominee

Nominee means a person designated by You to receive the proceeds of this Policy upon Your death

22. Named Insured/ Insured:

Insured means the persons, or his Family members, named in the Schedule

23. Notification of Claim

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

24. Pre-Existing Disease

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

25. Policy

Policy means the proposal, the Schedule, the Policy document and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period.

26. Policy Period

Policy Period means the date between the commencement date specified in the Schedule and, in respect of any Insured, the earlier of (a) the expiry date specified in the Schedule and (b) the occurrence of an event of Critical Illness.

27. Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

28. Proposal

The proposal form and other information and documentation supplied to us in considering whether and on what terms to offer this insurance

29. Qualified Nurse

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

30. Reasonable and Customary Charges

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

31. Renewal

Renewal defines 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 all waiting periods.

32. Surgery

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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

33. Schedule

Schedule means the schedule and any annexure to it.

34. You, Your, Yourself/ Your Family

You, Your, Yourself/ Your Family named in the schedule means the person or persons that We insure as set out in the Schedule

35. We, Our, Ours,Us

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

C COVERAGES

I. Critical Illness Cover

a. Breast Cancer

The diagnosis by a Consultant oncologist of the presence of malignant tumour of breast characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by Consultant pathologist

Specific Exclusions:

- I. Tumours, which are histologically described as pre malignant and Ductal /Lobular carcinoma in situ of the breast.
- II. Breast Lumps e.g. fibro adenoma, fibrocystic diseases of breast etc.
- III. All hyperkeratoses or basal cells carcinomas, melanomas, squamous cell carcinoma, Kaposi's sarcoma and other tumours associated with HIV infections or AIDS.

b. Fallopian Tube Cancer

The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the Fallopian Tubes characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist.

Specific Exclusions:

Carcinoma in situ, dysplasia, inflammatory masses, Hydatidiform mole, trophoblastic tumours

c. Uterine/Cervical Cancer

The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the uterine cervix/ uterine endometrium characterized by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue at the respective site microscopically confirmed by the Consultant pathologist.

Specific Exclusions :

- I. Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN- 3);
- II. Squamous Intraepithelial Lesion (SIL)
- III. Fibroid, endometriosis, cystic lesions, Hyperplasia of any type presenting as tumours.
- IV. Hydatidiform mole, trophoblastic tumours

d. Ovarian Cancer

The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the ovary, characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist

Specific Exclusions:

- I. Non cancerous (benign) ovarian masses including abscesses or infections, fibroids, cysts, polycystic ovaries, endometriosis-related masses,
- II. Hydatidiform mole, trophoblastic tumours.

e. Vaginal Cancer

The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the vagina characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist

Specific Exclusions:

Vulval cancers/tumours Vaginal /Vulval granulomatous diseases.

f. 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.

g. Multitrauma

The diagnosis and certification by a Consultant surgeon of a severe injury due to an accident resulting in multiple fractures (excluding hairline fractures) involving long bones of upper or lower limbs, vertebral column, head and/or injury to internal organs endangering

insured's life due to traumatic/ hemorrhagic shock (involving two or more sites on the body)

Specific exclusions:

Fracture at single site on the body, Injuries involving fractures of small bones of hand, feet, ribs even if multiple are excluded. These exclusions are applicable to any type of fracture such as open or closed, displaced or undisplaced, simple or compound types.

h. Burns

Burns involving 40% or more of the body surface area (as calculated on rule of 9 for each area of body affected) OR second or third degree burns caused by accidental thermal, electric, chemical burn injury.

Specific exclusions:

Radiation induced burns are specifically excluded.

II. Congenital Disability Benefit

An amount equal to 50% of the sum assured will be payable under the plan, on the birth of the child with any one or more of the Congenital Disabilities listed below and the child survives 30 days from the date of diagnosis. This benefit will be available for first two children only and will not be available if the birth of the child occurs after the proposer attains the age of 40 years.

a. Down's syndrome

Diagnosis confirmed by chromosomal analysis showing trisomy 21 pattern (an extra chromosome), translocation (a breaking off of one chromosome and attaching to another), or mosaicism (some cells have 46 chromosomes and some have 47); resulting in genetic, physical, mental defects.

b. Congenital cyanotic heart disease

Congenital heart diseases characterised by presence of cyanosis at birth due to any one or more of the following cardiac lesions.

- i. Tetralogy of Fallot
- ii. Transposition of great vessels
- iii. Total Anomalous pulmonary venous drainage
- iv. Truncus Arteriosus,
- v. Tricuspid Atresia,
- vi. Hypoplastic Left Heart Syndrome

c. Tracheo-esophageal fistula

Fistula detected at birth due to developmental defect of either trachea and or esophagus, excluding any other cause for such a fistula

d. Cleft Palate with or without cleft lip

The cleft in the soft or hard palate, partial or complete, unilateral or bilateral, which is due to developmental defect present at birth either as a single defect or with additional defect of cleft lip.

Special Exclusions: Cleft lip alone is specifically excluded.

e. Spina bifida:

Presence of developmental vertebral column defect resulting in incomplete closure of spinal column with meningocele / myelomeningocele.

Specific Exclusions: Spina bifida occulta is specifically excluded.

Special condition : For a claim to be admissible under this section the member should also have conceived during the policy period.

Please note: The company's liability under I) and II) together would be restricted to the sum insured.

III. Children Education Bonus:

In the event of a Claim being admissible under Section I (Critical Illness) the policy will pay Children's Education Bonus for future education of the children (one or more). The amount payable under this section would be restricted to Rs 25000/- for one or more child put together.

IV. Loss of Job:

In the event of the insured person losing her job within a period of 3 months of the date of diagnosis of any of the Critical Illness as covered in the policy, the policy will pay an amount of Rs 25000/- towards loss of employment. For a claim to be admissible under this section the claim under Section. I should be admissible.

Specific Exclusions: Loss of Job due to voluntary resignation from service is excluded.

D EXCLUSIONS

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
2. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed, without a break, for subsequent years.
This exclusion is not applicable to Section CI (g) Multitrauma and (h) Burns
3. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
4. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies. This exclusion does not apply to Section CII Congenital Disability Benefit of the Policy.
5. Occupational diseases.
6. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
7. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
8. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
9. Radioactive contamination.
10. 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.
11. Intentional self-injury, suicide, attempted suicide and/or the use or misuse of intoxicating drugs and/or alcohol.

E GENERAL CONDITIONS

1. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured and/or the Named Insured shall be a condition precedent to the Company's liability under this Policy.

2. Insured

No person other than a person named as an Insured shall be covered under this Policy unless and until his name has been notified in writing to the Company. Cover under this Policy shall be withdrawn from any person named as an Insured immediately upon the Named Insured delivering written notice of the same to the Company. The Named Insured agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of the incorrect or unintentional cancellation of this insurance in relation to any Insured.

3. Claims Procedures

- a. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses.
- b. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. 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.
- d. You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed Critical Illnesses /discharge from the Hospital (if admitted) give Us the documentation (written details of the quantum of any claim along with all supporting documentation as per the claims documents list specified below.

***Note:**

Waiver of conditions (a) and (d) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

Claim documents to be submitted for claim:

- Critical Illness Claim Form duly signed by the insured along with NEFT Form signed by the Claimant
- Copy of Discharge Summary / Discharge Certificate.
- Copy of Final Hospital Bill
- Policy copy

- First consultation letter for Illness
- Medical certificate for the duration of illness
- All required Investigation Reports as per the Illness
- Medical certification from specialist
- FIR in case claims being lodged due to Burns
- Certification from HR of the organization mentioning the reason for discontinuation of services from the organization (applicable only for loss of job claim)

4. Payment of Claims

- You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. 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.
- On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, we 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.
- If we, for any reasons decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated under condition no. 15.
- Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.

5. Fraud

If the Insured and/ or Named Insured shall make or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

6. Free Look Period

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced

Free Look Period is not applicable for renewal policies.

7. Renewal & Cancellation

- Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard or Upon the occurrence of an event of Critical Illness
- Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.
- In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA
- We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50% of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

8. Revision/ Modification of the policy

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

9. Sum Insured Enhancement

The Insured member can apply for enhancement of Sum Insured at the time of renewal, by submitting a fresh proposal form to the company.

10. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

11. Territorial Limits & Governing Law

The Company's liability to make any payment shall be within India and in Indian Rupees only.

12. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

13. Arbitration and Reconciliation

- a. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained
- d. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

14. Portability Conditions

Retail Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were holding similar retail Critical Illness policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases

Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were insured under a Group Critical Illness Policy of Bajaj Allianz and are availing an Critical Illness policy of Bajaj Allianz. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Critical Illness Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular customer leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

15. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule 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 your Branch Office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. 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:

Bajaj Allianz General Insurance Co. Ltd
GE Plaza, Airport Road
Yerawada, Pune 411006
E-mail: customercare@bajajallianz.co.in

Call :

1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users – mobile /landline) or 020-30305858

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 of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri P. Ramamoorthy	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email iobbsr@dataone.in	Orissa
CHANDIGARH	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh

CHENNAI		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Shri R. Jyothindranathan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
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