

Bajaj Allianz General Insurance Company Limited
GE Plaza, Airport Road, Yerewada, Pune-411006, Reg. no. 113
CIN: U66010PN2000PLC015329

Global Personal Guard Policy (Group)

Policy Wordings

Preamble

Whereas the Insured described in the Schedule hereto (hereinafter called 'the Insured') by a Proposal and declaration which shall be the basis of this Contract and is deemed to be incorporated herein has applied to Bajaj Allianz General Insurance Company Limited (hereinafter called 'the Company') for the insurance hereinafter contained and has paid the premium as stated in the Schedule hereto as consideration for the indemnity hereinafter contained. This Policy records the entire agreement between us and sets out what we insure, how we insure it, and what we expect of you.

A. GENERAL DEFINITIONS

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

1. **Accident, Accidental –**
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Accumulation Limit**
means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same [accident, event or occurrence or series of related accidents, events or occurrences] AND/OR [location], and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) then the individual benefits attributable to those outstanding claims shall be reduced prorata as necessary to ensure that the Accumulation Limit is not exceeded.
3. **Acquired Immune Deficiency Syndrome**
means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immunodeficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Complex).
4. **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.
5. **Age**
means completed years as at the commencement date of the policy.
6. **Bajaj Allianz Network Hospitals / Network Hospitals/Network Provider**
means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com
7. **Beneficiary**
Insured Person shall be the Beneficiary under the Policy.
8. **Cashless facility**

Cashless facility” means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

9. Certificate of Insurance

means the document issued by Us detailing the effective date, installment date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

10. Common Carrier means any civilian land or water conveyance or Scheduled Aircraft in each case operated under a valid license for the transportation of passengers for hire.

11. Condition Precedent

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

12. 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

13. Contribution

Contribution is essentially the right of an Insurer to call upon other insurers liable to the same Insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any benefit offered on fixed benefit basis.

14. Day Care Centre

means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under

- a. has qualified nursing staff under its employment
- b. has qualified medical practitioner (s) in charge
- c. has a fully equipped operation theatre of its own where surgical procedures are carried out
- d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

15. Day Care Treatment

Day Care Treatment refers to medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition

16. Dental Treatment

Dental treatment is treatment carried out by a dental practitioner including examinations, flings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

17. Dependent Child- Dependent Child refers to a child (natural or legally adopted) and studying at an accredited educational institution, who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income

18. 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.

19. Dislocation

A dislocation is a separation of two bones where they meet at a joint. Joints are areas where two bones come together. A dislocated joint is a joint where the bones are no longer in their normal positions.

20. 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.

21. Fracture:

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

22. Group

Group shall mean persons with a commonality of purpose or persons who are engaged in a common economic activity and include the following:

- a. Employees of a Company or any such entity or
- b. Non-Employee Groups like Employee Welfare Associations, Holders of Credit Card Issued by a Specific Company, Customer of a particular business where insurance is offered as an add on benefit, borrowers of a bank, professional association or societies

Provided the President, Secretary, Manager or Group Organizer has the authority from majority of the members of the Group to arrange Insurance on their behalf or is doing so as part of a necessary security such as a bank on the life of the borrowers.

23. Hazardous Activities

means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer , Bookmaker (for gambling) , Demolition contractor, Explosives users , Fisherman (seagoing ,Jockey , Marine salvager ,Miner and other occupations underground , nuclear installations, Off-shore oil or gas rig worker , Policeman , Pop Musicians , Professional sports person , Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m , Saw miller , Scaffolder , Scrap metal merchant, Security guard (armed) , Ship crew , Steeplejack ,Stevedore ,Structural steelworker Tower crane operator ,Tree feller.

24. 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:

- a. has qualified nursing staff under its employment round the clock;
- b. 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;
- c. has qualified medical practitioner(s) in charge round the clock;
- d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

25. 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 24consecutive hours.

26. 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.

27. 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.

28. Insured Person

Insured Person shall mean the member of the Group.

29. 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.

30. 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.

31. Medical Advice

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

32. 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.

33. Medical Practitioner/ Physician/Doctor:

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.

34. Medically Necessary

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

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

35. Nominee

Nominee is the person selected by the Insured Person to receive the benefit in case of death of the Insured Person thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.

36. Non- Network

Any hospital, day care centre or other provider that is not part of the network.

37. 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.

38. Occupation

Insured Person's occupation as shown in the Policy Schedule

39. Permanent Total Disability

Medical practitioner certified total, continuous and permanent:

- a. loss of the sight of both eyes
- b. physical separation of or the loss of ability to use both hands or both feet
- c. physical separation of or the loss of ability to use one hand and one foot
- d. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

40. Permanent Partial Disability

Medical practitioner certified total and continuous loss or impairment of a body part or sensory organ

41. Policy

This Policy Document, the Schedule and the Proposal, declaration and applicable Endorsements under the Policy. The Policy contains the details of the extent of cover available to the Insured, the Exclusions under the cover and the terms, conditions, warranties and limitations.

42. Policy Schedule

means the policy schedule attached to and forming part of the policy.

43. Policyholder

The Policy holder shall be the Group Organizer/President/Secretary/Manager named in the Policy Schedule who has the authority from the majority of the members of the Group to arrange insurance on their behalf or is doing so as part of a necessary security such as a bank on the life of the borrowers and who has executed the Insurance Contract and is responsible for payment of premium.

44. Policy Period

The period between and including the start and end dates shown in the schedule.

45. 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.

46. Post-hospitalization Medical Expenses

Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
- ii. The inpatient hospitalization claim for such Hospitalization is admissible by the Insurance company.

47. Pre-existing Condition

means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the commencement of the first Policy issued by the Insurer.

48. Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is hospitalised, provided that:

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

49. Professional Sports

means a sport which is the primary livelihood earning of the player, which remunerates a player in excess of 30% of his or her annual income.

50. Proposal and Declaration Form

means any initial or subsequent declaration made by the Policyholder/Insured Person and is deemed to be attached and which forms a part of this Policy

51. 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.

52. 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

53. 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.

54. Room Rent

Room Rent shall mean the amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.

55. Scheduled Airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

56. Subrogation

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

57. Sum Insured

means the sum as specified in the Schedule to this Policy against the name of Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

58. 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

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

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

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

B. OPERATIVE PARTS

What we will pay for

a) BASE COVERS:

It is mandatory to opt for at least one of the below listed sections and below terms and conditions of respective section will be applicable for Base Covers which are opted by you and displayed on your policy schedule:

Our liability to make payment to you for one or more of the events described under **Death** due to accidental bodily injury, **Permanent Total Disability** due to accidental bodily injury, or **Permanent Partial Disability** due to accidental bodily injury would be limited to the sum insured as specified under the respective sections.

SECTION I: DEATH

SECTION II: PERMANENT TOTAL DISABILITY

SECTION III: PERMANENT PARTIAL DISABILITY

However, if we 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 member is concerned.

SECTION I: DEATH

If during the Policy Period, the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in Death of the insured person within twelve (12) months from the Date of accident, then the Company agrees to pay the Sum Insured stated in the respective section of the Policy Schedule, to assignee, (as per the Proposal Form read with the provisions of Section 38 Insurance 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 shall depend upon and subject to terms and conditions of such partial assignment/conditional assignment.

Additional Benefits:

If the claim under Section I: Death is accepted for the insured person, then the company will pay for the following additional expenses over and above the base sum insured:

a. Transportation of mortal remains

The company will make an additional payment of 1% of the sum insured as specified in policy schedule under Section I: Death as a lump sum benefit amount towards the expenses of transporting the body remains of the insured person from the place of death to a hospital or cremation ground or burial ground or to the insured person's residence.

b. Funeral Expenses

The company will make an additional payment of 1% of the Sum insured as specified in policy schedule under Section I: Death as a lump sum benefit amount towards Funeral Expense of the deceased Insured Person.

The claim amount shall be paid to the nominee or legal representative of the insured

Extensions:

a. Disappearance

In the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person 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 Person is still alive, all payments shall be reimbursed in full to the Company.

SECTION II: PERMANENT TOTAL DISABILITY

If during the Policy Period, the Insured Person 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 Section II of the Policy Schedule.

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

Additional Benefits:

If claim under Section II: Permanent Total Disability of the insured person is accepted, then the company will pay the

following additional benefit over and above the base sum insured:

a. Lifestyle Modification Benefit:

The company will make an additional payment of 2% of the Sum insured as specified under Section II: Permanent Total Disability of the policy schedule as a lump sum benefit amount towards lifestyle modifications such as modification of place of residence and / or modification of the vehicle for the insured person.

Note:

The additional benefits payable under Section I and II of the base cover is over and above the sum insured opted.

SECTION III: PERMANENT PARTIAL DISABILITY

If during the Policy Period, the Insured Person 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 Permanent Partial Disability Sum Insured shown under the section III of the Policy Schedule

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 %

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 permanent partial disability sum insured as stated under the respective section of the Policy Schedule.

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 as opted by the Insured under this section

Note:

Our liability under base cover benefit will be dealt independently for each cover in case of claim and subject to the Sum Insured mentioned against each cover in Policy Schedule.

b) OPTIONAL COVERS:

(Note: Below terms and conditions will be applicable for Optional Covers which are opted by you on payment of additional

premium and displayed on your policy schedule.)

OPTIONAL COVER I: ACCIDENTAL HOSPITALIZATION EXPENSES

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to cover the Insured Person, if he/ she is Hospitalized for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner because of Accidental Bodily Injury sustained during the Policy 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 Policy Schedule, subject otherwise to all other terms, conditions and exclusions of the 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

Day Care procedure coverage:

Waiver of 24hours hospitalization would be considered under Accidental Hospitalization Expenses for the surgeries/procedures due to technological advancement provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the Policy definitions. The Pre and Post Hospitalisation expenses payable under day care procedure shall include expenses incurred on Physiotherapy also

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

i) Pre Hospitalization

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

ii) Post-Hospitalization

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

Specific Exclusion Applicable to Accidental Hospitalization Cover:

1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.
2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.
3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self medication or any treatment that is not scientifically recognized.
5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
6. Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
7. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.
8. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils. .

9. Any other medical or surgical treatment except as may be necessary solely as a result Injury.
10. Any treatment taken outside India.
11. Whilst engaged in adventure sports, unless specifically covered under the base cover of the said policy.
12. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
13. Experimental, unproven or non-standard treatment.

OPTIONAL COVER II: ADVENTURE SPORTS BENEFIT

In consideration of payment of an additional premium at the inception of the Global Personal Guard Policy by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that either Section I: Death or Section II: Permanent Total Disability or both the Sections as opted by the Insured, is extended to cover Accidental Bodily Injury sustained during the policy period whilst the Insured 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 within twelve (12) months of the Date of Injury. In consequence where of the General Exclusion no "4", "7" and "8" applicable to Section I and II of the Policy stands deleted in respect of this cover only.

It is also agreed and declared that the Company's liability under this cover shall be restricted to the 25% or 50% or 100% (as opted by the Insured) Sum Insured maximum up to 1 Cr of the Section I: Death and/or Section II: Permanent Total Disability Sum Insured as opted under this Optional Cover and as mentioned in the Policy Schedule, subject to all other terms, conditions and Exclusions & definitions of the Policy.

The cover for the Insured Person 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 Exclusion applicable to Adventure Sports Benefit

1. No benefit shall be payable under this optional cover in the event of accidental bodily injury sustained whilst engaged in adventure sports activity resulting in Permanent Partial Disability or Temporary Total Disability.

Risk Classification

Your risk classification for Adventure sports shall depend upon your risk classification under the base cover of the said policy which is based upon your primary occupation.

OPTIONAL COVER III: AIR AMBULANCE COVER

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to pay the 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 Person's sustained Accidental Bodily Injury during policy 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 Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

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.

OPTIONAL COVER IV: CHILDREN'S EDUCATION BENEFIT

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to provide coverage if the Company has accepted a claim under Section I: Death or under Section II: Permanent Total Disability, then the Company will make a onetime payment of amount as stated under heading 'Children's Education Benefit' in the Policy Schedule, towards the cost of education of the Insured Person's dependent children, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions:

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

OPTIONAL COVER V: COMA DUE TO ACCIDENTAL BODILY INJURY

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to cover Insured Person's sustained Accidental Bodily Injury with in policy period which directly and independently of all other causes results in the Insured Person being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, then the Company agrees to pay the lump sum benefit as stated in the policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.

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.

Specific Exclusion:

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

OPTIONAL COVER VI: EMI PAYMENT COVER

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that if You meet with an Accidental Bodily Injury during the Policy Period which directly and independently of all other causes results in Permanent Partial Disability and it completely prevents you from performing each and every duty pertaining to your employment or occupation for a minimum period of 1 month. In such an event, We will pay the amount commensurating with your contribution in EMI of your loan account specified in the Schedule of this Policy, provided the claim is accepted and paid under your Permanent Partial Disability Section and subject to a maximum of the Sum Insured shown under the Schedule for this Section. We will make the payment when You satisfy Us that the Permanent Partial Disability has completely prevented you from engaging in Your Occupation as mentioned in the Schedule of the Policy. We will stop making payments when We are satisfied that You can engage in Your Occupation again, or when We have made payments for a maximum period of 3 months beginning from the date You met with the Accidental Bodily Injury, whichever is earlier, The EMI amount payable under this Section would not include any arrears due to any reasons whatsoever.

Subject otherwise to all other terms, conditions and Exclusions of the Policy

OPTIONAL COVER VII: FRACTURE CARE

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that the Global Personal Guard Policy is extended to cover the Insured

Person's sustained Accidental Bodily Injury during policy period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will pay the percentage shown in the benefit table below applied to the Fracture Care Sum Insured shown under the respective section of the Policy Schedule, 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.

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%

Note:

"Open Fracture" is a fracture where the broken bone(s) penetrate(s) the skin.

"Closed Fracture" is a fracture where the broken bone(s) do(es) not penetrate the skin

OPTIONAL COVER VIII: HOSPITAL CASH BENEFIT

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to cover the Insured Person's sustained Accidental Bodily Injury during policy period which directly and independently of all other causes results in Hospitalization then the Company will pay per day benefit amount for the period of Hospitalization and the per day benefit would be as specified under the Policy Schedule for a maximum period of 60 days per Policy Period, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Exclusion Applicable to Hospital Cash Benefit:

1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.
2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.
3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self medication or any treatment that is not scientifically recognized.
5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
6. Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
7. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.
8. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils. .
9. Any other medical or surgical treatment except as may be necessary solely as a result of Injury.
10. Any treatment taken outside India.

OPTIONAL COVER IX: LOAN PROTECTOR COVER

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that the Global Personal Guard Policy is extended to cover the Insured person's sustained Accidental Bodily Injury during the Policy Period that results in his/ her Death or Permanent Total Disability within 12 months and the claim is accepted and paid under Death or Permanent Total Disability Section for the

Insured Person, then the Company will pay an amount commensurating with balance outstanding Loan amount of the Insured Person's loan account specified in the Policy Schedule as on the date of accident, subject to a maximum of the Sum Insured shown under the Policy Schedule for this Section, subject otherwise to all other terms, conditions and Exclusions of the Policy. The outstanding Loan amount would not include any arrears due to any reasons whatsoever.

The claim payable under this optional cover shall be in addition to the benefit payable under the applicable Base Cover.

The cover for the Insured Person under this section shall terminate immediately in the event of admissible claim and settlement of benefit under the Loan Protection Cover.

OPTIONAL COVER X: LOSS OF INCOME DUE TO DISABILITY FROM ACCIDENT

In consideration of payment of additional premium, it is hereby agreed and declared that Global Personal Guard Policy is extended to cover the insured person's sustained Accidental Bodily Injury during the Policy Period which directly and independently of all causes temporarily and completely prevents the insured person from performing each and every duty pertaining to his employment or occupation, then the company will make a weekly payment as per the weekly benefit amount shown under the heading "Loss of income due to Disability from Accident" in the Policy schedule, subject otherwise to all other terms, conditions and exclusions of the policy.

The company shall make weekly payment/s for the disability period as specified by the treating doctor for a maximum period of 100 weeks and the maximum weekly benefit payable would be limited to 25% of the monthly income subject to a minimum of Rs. 1,000 per week and maximum of Rs. 50,000 per week.

Specific conditions

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

OPTIONAL COVER XI: ROAD AMBULANCE COVER

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to cover the following:

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

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

Specific Conditions:

- a. Expenses for Road ambulance transportation are restricted within India Only.

- b. Return transportation to the Insured's home by ambulance is excluded

OPTIONAL COVER XII: TRAVEL EXPENSES BENEFIT

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Global Personal Guard Policy is extended to cover Insured Person's sustained Accidental Bodily Injury with in policy period which directly and independently of all other causes results in the Insured Person being in a Hospital which is outside the City/town of his/her usual place of residence as mentioned on the policy schedule, , then the Company will reimburse the travel expenses of a Family Member, as below:

- a. the actual cost of economy class transportation by the most direct route via a common carrier subject to the maximum Sum Insured stated against this cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.
- b. For this purpose, family member shall mean spouse, parent, Children above age of 18 years, sibling and in laws of the insured.
- c. The claim would be triggered under this section provided we have paid the claim for accidental Hospitalization for the insured person

C. GENERAL EXCLUSIONS APPLICABLE TO ALL COVERS (INCLUDING OPTIONAL COVERS)

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

1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
3. Mental or nervous disorder , anxiety , stress or depression,
4. Whilst engaging in Adventure Sports unless specifically insured,
5. While under the influence of liquor or drugs , alcohol or other intoxicants,
6. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony , riot , crime , misdemeanour , civil commotion,
7. 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 ,
8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
9. As a result of any curative treatments or interventions that you carry out or have carried out on your body,
10. Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,
11. Your consequential losses of any kind or your actual or alleged legal liability.
12. Venereal or sexually transmitted diseases,
13. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused,
14. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these,
15. 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
16. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
17. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
18. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines;
19. 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,
20. No benefit would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor
21. While engaged in hazardous activity unless specifically insured
22. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.

D. STANDARD TERMS AND CONDITIONS APPLICABLE TO ALL COVERS (INCLUDING OPTIONAL COVERS)**1. Reasonable Care**

The Insured person shall take all reasonable steps to safeguard against any accident or injury that may give rise to any claim under this policy.

2. Incontestability and Duty of Disclosure

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this policy.

3. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this policy.

4. Electronic Transactions

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

5. Notice of charge

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

6. Entire Contract - Changes

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

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

7. Notification of Changes

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

8. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

9. No constructive Notice

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

10. Special Provisions

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

11. Territorial Limits

- a. World wide coverage is applicable for below sections
Section I: Death
Section II: Permanent Total Disability
Section III: Permanent Partial Disability
Optional Cover II: Adventure Sports Benefit
Optional Cover IV: Children's Education Benefit
Optional Cover V: Coma Due to Accidental Bodily Injury
Optional Cover VI: EMI Payment Cover
Optional Cover VII: Fracture Care
Optional Cover IX: Loan Protector Cover
- b. Following covers are restricted to within India Only:
Optional Cover I: Accidental Hospitalization Expenses
Optional Cover III: Air Ambulance Cover
Optional Cover VIII: Hospital Cash Benefit
Optional Cover X: Loss of Income due to Disability from Accident
Optional Cover XI: Road Ambulance Cover
Optional Cover XII: Travel Expenses Benefit
- c. Our liability to make any payment shall be to make payment within India and in Indian Rupees only

12. Special Conditions relating to Group Policy

All group policies are subject to the following conditions:

- a. The insured will maintain sufficient deposit or provide a Bank Guarantee to comply with the requirement of section 64VB.
- b. New names can be added to the existing group policies by charging pro-rata premium for the unexpired period of insurance.
- c. For deletion of names from Group Policies during the currency of the Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular insured Person as on date when request for deletion of name has been received

13. Consideration

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

14. Automatic Termination of Cover for Insured Person

The cover for the Insured Person shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability.

15. Addition /Deletion of Insured Person(s)

1. No person other than those persons named as the Insured Person(s) or those categories of the Insured specified in the Schedule shall be covered under this Policy unless and until his/her name or the category has been notified in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an Insured
2. Cover under this Policy shall be withdrawn from any Insured Person(s) named or any category of persons Insured immediately upon the Policyholder delivering written notice of the same to the Company.

16. Accumulation clause

The Company's maximum liability in case of losses arising out of one event is limited to accumulation limit of Rs._____. In the event of claim where the single event limit exceed Rs._____, the benefits payable under this policy to each Insured person will be reduced proportionately in ratio of the overall event limit of Rs._____ to the total amount claimed cumulatively by all the affected Insured persons in that event.

17. Adjustment of Premium (applicable to policies issued on unnamed employees basis)

- a. The premium payable hereon has been determined by reference to your estimate of the number of persons and their category as stated in the Schedule. It is hereby agreed that during the Policy Period you shall maintain a proper and contemporaneous record of the actual number of persons within such category, which record shall be available for inspection by us at any reasonable time.

- b. Within one month from the expiry of this Policy, you shall provide us with a written record of the actual number of persons within such category during the Policy Period and any information or supporting documentation in respect thereof at our request. If the actual number of persons within such category ascertained after the expiry of this Policy shall differ from your original estimate thereof, then:
- i. if the actual number of persons within such category exceeds the estimate of the same, you shall pay us any additional premium that we may determine by reference to the differential, or
 - ii. if the actual number of persons within such category is less than the estimate of the same, we will reimburse you by reference to the differential but subject to minimum retention of premium of 50%
- c. Payment and adjustment of premium shall be in compliance with sec 64 VB of Insurance Act 1938.

18. Terms of Renewal

- i. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- ii. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- iii. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience

Note: The cover for the member shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible

19. Discounts:

- **Group Discount:**

The applicable group discount is as under: -

No of members	Discount
10 to 500	10%
501 to 2000	17%
2001 to 5001	20%
5001 to 10000	23%
10001 to 50000	26%
50001 to 100000	30%
100001 and above	35%

20. 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 IRDAI. 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

21. Portability Conditions :

Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to insured persons who were insured under Our Group Personal Accident Policy and are availing Our Personal Accident Policy. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Personal Accident Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person 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).

22. 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 Personal accident 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.

23. Migration of Policy:

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

24. Contribution in case of Multiple Policies

(Applicable only to indemnity sections under the Policy)

If You or any of Your family members covered under the Policy hold two or more policies from one or more insurers to indemnify treatment costs, we will not apply the Contribution clause, and You will have the right to require a settlement of Your claim in terms of any of the policies You or Your family members hold with any Insurer.

- a) In all such cases if You or Your family members covered choose to claim under our Policy then we shall settle the claim without insisting on the Contribution clause as long as the claim is within the limits of and according to the terms of the Policy.
- b) If the amount claimed under our Policy exceeds the sum insured after considering the Deductibles or Co-Payment, then You shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, we will settle the claim with Contribution clause.

25. Policy Period:

The duration of a Group Policy shall be for a period of Twelve months. However to provide coverage for specific events the Group Personal Accident Policies can be issued for a period less than twelve months.

Short Period Cover may be granted for periods less than twelve months at the following short period scale:

Policy Period	% of Annual Premium Retention
Upto 15 Days	15.00%
Exceeding 15 days but less than 1 months	20.00%
Exceeding 1 month but less than 3 months	40.00%
Exceeding 3 months but less than 6 months	65.00%
Exceeding 6 months but less than 12 months	100.00%

26. Cancellation

- a. 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. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
- b. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on Risk	% of Annual Premium Refunded
less than or equal to 2 months	75%
Exceeding 2 months but less than 4 months	60%
Exceeding 4 months but less than 6 months	45%
Exceeding 6 months but less than 8 months	30%
Exceeding 8 months but less than 10 months	15%
Exceeding 10 months but less than 12 months	No refund

However, if any claim has been made then no refund will be given for cancellation of policy.

27. Making a Claim:

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

Reimbursement Claim Procedure of All Sections

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

- a. Policyholder or the Insured Person 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 Person must immediately consult a Doctor and follow the advice and treatment that he recommends.
- c. Insured Person must take reasonable steps to lessen the consequence of Bodily injury.
- d. Insured Person should allow examination by our medical advisors if we ask for this.
- e. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- f. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

*Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for the Insured Person or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

List of Claim documents:

List of Claim documents for Death

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

List of Claim documents for Permanent Total Disability and Permanent Partial Disability

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

List of Claim Documents Specific for Accidental Hospitalization Expenses

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

List of Claim Documents Specific to Adventure Sports Benefit

- Documents as listed above for claims under Death / Permanent Total Disability (which ever applicable)
- Certificate of participation from Sports event organizer/service provider
- Pre participation fitness certificate, and
- Certificate from the treating physician mentioning the nature of the Injury,
- All Investigation reports
- Discharge summary (If hospitalized)
- Documents as listed for claim under Death / Permanent Total Disability

List of Claim Documents Specific to Air Ambulance Cover

- Duly completed claim form signed by the Claimant
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Other documents as may be required by the Company to process the claim

List of Claim Document Specific to Children's Education Benefit

- Documents as listed above for claims under Death / Permanent Total Disability (which ever applicable)
- Bonafide certificate from school / college or certificate from the educational institution

List of Claim Document Specific to EMI Payment Cover

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

List of Claim Document Specific to Fracture Care Cover

- Duly completed claim form signed by the Claimant
- X Ray confirming the fracture & site of fracture
- Certificate from Treating surgeon with extent of Injury, cause of injury, site of Injury & date of injury
- Treatment details
- Discharge summary (if Hospitalized)

List of Claim Documents Specific to Hospital Cash Benefit Cover

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill Money Receipt, duly signed with a Revenue Stamp
- All Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram, etc.
- Other documents as may be required by the Company to process the claim

List of Claim Document Specific to Loan Protector Cover

- Documents as listed above for claims under Death / Permanent Total Disability (which ever applicable)
- Loan disbursement letter along with the payment record till the date of Accident.
- Current outstanding Loan certificate from financier, along with the documents submitted for claim under Death or Permanent Total Disability.
- Attested copy of Death Certificate.
- All X-Ray / Investigation reports and films supporting to disability.
- Claim form with NEFT details & cancelled cheque duly signed by Insured or his/her Nominee in case of Insured's Death
- Original Policy copy along with Original Assignment endorsement (if any).

List of Claim Documents Specific to Loss of Income due to Disability from Accident Cover

- Duly Completed Personal Accident Claim Form signed by insured.
- 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
- 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 Road Ambulance Cover

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider
- Treating Doctor certificate to transfer the Injured person to a higher medical centre for further treatment
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Other documents as may be required by the Company to process the claim.

List of Claim Document Specific to Travel Expenses Benefit Cover

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

All documents related to claims should be submitted to:

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

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

Cashless Claims Procedure:

Applicable only for Optional Cover I: 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 pre-authorization by way of the written form which the Company will provide. Waiver of this condition shall be considered in case of emergency hospitalisation arising out of accidental bodily injury.
- b. After considering the Insured'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. 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.

28. Physical Examination

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

29. Paying a Claim

- a. The Policyholder/ Insured Person agrees that We need only to make payment when the Insured Person or someone claiming on his/her behalf has provided Us with necessary documentation and information.
- b. We will make payment to Assignee/Partial Assignee/Conditional Assignee, as the case may be, (as per the provisions of Section 38 of Insurance Amendment Act 2015) or in the absence of assignee to You or Your Nominee. If there is no Assignee or Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- c. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days settlement of the claim to the Insured Person. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person. 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.
- d. If We, for any reasons decide to reject the claim under the policy the reasons regarding the rejection shall be communicated to the Policyholder / Insured Person in writing within 30 days of the receipt of documents. Policyholder / Insured Person may take recourse to the Grievance Redressal procedure stated under the Policy.

30. Claims falling under Two Policy Period

If claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles (if any) for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of the premium to be received for renewal/due date of premium of this policy, if not received earlier.

31. Nomination

The insured person is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims under the policy in the event of death of insured person. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In case of death of family member of insured person for the purpose of payment of claims, the default nominee would be the insured person.

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

1. A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
2. Bajaj Allianz General Insurance Company Limited may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause 32(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. Bajaj Allianz General Insurance Company Limited shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.

4. Any person aggrieved by the decision of Bajaj Allianz General Insurance Company Limited 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 Bajaj Allianz General Insurance Company Limited containing reasons for such refusal, prefer a claim to the Authority.
5. Subject to the provisions in sub-clause 32(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 Bajaj Allianz General Insurance Company Limited, shall not be operative as against Bajaj Allianz General Insurance Company Limited, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to and received by Bajaj Allianz General Insurance Company Limited with written acknowledgement by Bajaj Allianz General Insurance Company Limited:

Provided that where Bajaj Allianz General Insurance Company Limited maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.

6. The date on which the notice referred to in sub-clause 32(5) hereinabove is delivered to Bajaj Allianz General Insurance Company Limited shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause 32(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 32(5) hereinabove, Bajaj Allianz General Insurance Company Limited 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 Bajaj Allianz General Insurance Company Limited that he has duly received the notice to which such acknowledgement relates.

8. Subject to the terms and conditions of the transfer or assignment, the insure shall, from the date of the receipt of the notice referred to in sub-clause 32(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.

Explanation.—Except where the endorsement referred to in sub-clause 32(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 32(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 32.

10. Notwithstanding any law or custom having the force of law to the contrary, an assignment in favour of a person made upon the condition that—

(a) the proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or transferee predeceasing the insured; or

(b) If the insured surviving the term of the policy, the Conditional Assignment shall be valid:

Provided that a conditional assignee shall not be entitled to obtain a loan on the policy or surrender a policy.

11. In the case of the partial assignment or transfer of a policy of insurance under sub-clause 32(1) hereinabove, the liability of Bajaj Allianz General Insurance Company Limited shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

33. Limitation Period

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

recoverable hereunder.

34. **Fraudulent Claims**

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

35. **Subrogation**

(Applicable only to indemnity sections under the Policy)

The Insured Person and any claimant under this Policy shall do whatever is necessary to enable the Company to enforce any rights and remedies or obtain relief from other parties to which the Company would become entitled or subrogated upon the Company paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after the Insured Person's indemnification by the Company.

36. **Arbitration**

- a. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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 three arbitrators, comprising of two arbitrators one to be 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 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 the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.
- d. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- e. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

37. **Applicable Law**

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

38. **Sum Insured Enhancement**

Midterm enhancement of Sum Insured is not allowed. The Insured can apply for enhancement of Sum Insured at the time of renewal of the Policy and subject to specific approval and acceptance by the Company

39. **Policy Disputes**

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

40. **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

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person 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

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 - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU 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@gbic.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>

Office Details	Jurisdiction of Office Union Territory, District
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

Office Details	Jurisdiction of Office Union Territory, District
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE 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 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: Address and contact number of Governing Body of Insurance Council
 Secretary General - Governing Body of Insurance Council
 Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
 Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Annexure:- List of Non-Medical Items

S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.

16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer /TPA than payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified

60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges , not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges , not separately
79	SURGICAL DRILL	Payable under OT Charges , not separately
80	EYE KIT	Payable under OT Charges , not separately
81	EYE DRAPE	Payable under OT Charges ,not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Payable under OT Charges , not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable -Part of Dressing Charges

89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -P a r t of Hospital Services/ Disposable linen to be p a r t of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables c a n n o t be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part o f Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable. P a r t of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - P a r t of Room Charges
103	M IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCEPASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable

122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S P0 2PRO B E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable

158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable /unsterilized gloves not payable
164	HIV KIT	Payable-payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE	
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - P a r t of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - P a r t of Hospital's internal Cost
	OTHERS	
176	VACCINE CHARGES FOR BABY	Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PI VI) requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports an d Charts

		required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and than 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.