Bajaj Allianz Health & Income Protect Goal
UIN: BAJHLIP19114V011819

Critical Illness
Customer Information Sheet (CIS)

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Issuing Office :

CRITICAL ILLNESS CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Critical Illness	
2	What am I covered for?	Critical Illness insurance is a benefit policy which covers the 10 Critical Illnesses. A lump sum amount would be paid on diagnosis of one of the listed critical illness subject to the policy terms and conditions: Critical Illnesses covered under the policy: 1. First Heart Attack (Myocardial Infarction) 2. Open Chest CABG (Coronary Artery Disease Requiring Surgery) 3. Stroke Resulting in Permanent Symptoms 4. Cancer of Specified Severity 5. Kidney Failure Requiring Regular Dialysis 6. Major Organ Transplantation 7. Multiple Sclerosis with Persisting Symptoms 8. Surgery of Aorta 9. Primary Pulmonary Arterial Hypertension 10. Permanent Paralysis of Limbs	Section C 1- 10
3	What are the major exclusions in the policy	1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.	Section D.1
		2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.	Section D.3
		3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.	Section D.4
		4. Occupational diseases.	Section D.5
		5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.	Section D.6
		6. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.	Section D.7
		7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).	Section D.8
		8. Radioactive contamination.	Section D.9
		9. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.	Section D.10
		10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.	Section D.11

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4	Waiting periods	Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded.	Section D.2
5	Payout basis	The claim payment under this policy will be on benefit basis.	NA
6	Cost sharing	NA	NA
7	Renewal Conditions	a. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard or Upon the occurrence of an event of Critical Illness b. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured c. For renewals of age 61 years & above the maximum Sum Insured would be Rs5,00,000/- or expiring Sum Insured which ever is lower) d. In case of 0ur own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy. e. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal	Section E.7.
8	Special Condition	1. Free Look Period You have a period of 15 days (30 days in case this policy is issued as a "Combi Product" and solicited under the provisions of IRDA Guidelines on Distance Marketing^ of Insurance Products) from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. Provided however Free Look option, if exercised, shall be applicable to all three individual policies under this 'Combi Product' as a whole and not to each individual policy. If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to, • a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced, • a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced • a deduction of such proportionate risk premium commensurating with the risk covered during such period ,where only a part of risk has commenced Free Look Period will not be applicable for renewal Policies. ^*Distance marketing is done through website and tele-calling* 2. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured. 3. The benefit amount is payable once the disease is diagnosed meeting specific criteria and the insured survives 30 days after the diagnosis.	Section E.6 and Section E.7
9	Renewal Benefits:	NA	NA
10	Cancellation	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 non-disclosure while proposing for insurance and /or lodging any fraudulent claim You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below	Section E.7

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		PERIOD ON RISK REFUNDED Upto one month Upto three months Upto six months Exceeding six months	RATE OF PREMIUM 75% of annual rate 50%of annual rate 25% of annual rate Nil	
(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.				

Critical Illness

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CRITICAL ILLNESS INSURANCE - POLICY DOCUMENT

Preamble

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

Section A : OPERATIVE PART

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

Section B: DEFINITIONS

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

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

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

3. **Congenital Anomaly**
   Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. Internal Congenital Anomaly
      Congenital anomaly which is not in the visible and accessible parts of the body
   b. External Congenital Anomaly
      Congenital anomaly which is in the visible and accessible parts of the body

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

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

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

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

8. **Emergency Care**
   Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

9. **Grace Period**
   Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of p re existing diseases (if covered). Coverage is not available for the period for which no premium is received.

10. **Hospital**
    A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as

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a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
--has qualified nursing staff under its employment round the clock;
--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
--has qualified medical practitioner(s) in charge round the clock;
--has a fully equipped operation theatre of its own where surgical procedures are carried out;
--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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

12. Illness
Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

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

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

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

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

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

17. 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.

18. Medically Necessary
Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

19. Named Insured/ Insured:
Insured means the persons and or his Family members, named in the Schedule.

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

21. 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.

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

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

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

25. 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.

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

27. 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.

28. 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

29. 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.

30. 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

31. Schedule
Means the schedule and any annexure to it.

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

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

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

Section C : CRITICAL ILLNESS

1. First Heart Attack (Myocardial Infarction)

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

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II. The following are excluded:
   i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
   ii. Other acute Coronary Syndromes
   iii. Any type of angina pectoris.

2. Open Chest CABG (Coronary Artery Disease Requiring Surgery)

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures
ii. Any key-hole or laser surgery.

3. Stroke Resulting in Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Cancer of Specified Severity

I. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded -
   i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
   ii. Any skin cancer other than invasive malignant melanoma
   iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0...
   iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
   v. Chronic lymphocyctic leukaemia less than RAI stage 3
   vi. Microcarcinoma of the bladder
   vii. All tumours in the presence of HIV infection.

5. Kidney Failure Requiring Regular Dialysis

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

6. Major Organ Transplantation

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

II. The following are excluded:
   i. Other stem-cell transplants
   ii. Where only islets of langerhans are transplanted

7. Multiple Sclerosis with Persisting Symptoms

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
   i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
   iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.

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

9. **Primary Pulmonary Arterial Hypertension**
   The diagnosis by a Physician of primary pulmonary hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterization, resulting in permanent irreversible physical impairment to the degree of at least class 3 of the New York Heart Association Classification of cardiac impairment and resulting in the Insured being unable to perform his usual occupation.

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

Section D: EXCLUSIONS

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

I. Waiting Period

1. Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.

II. General Exclusions

1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
3. Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
4. Occupational diseases.
5. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
6. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
8. Radioactive contamination.
9. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

Section E: GENERAL CONDITIONS

I. Conditions precedent to the contract

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

II. Conditions when claim arises

1. **Claim Procedure:**

a. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses.
b. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
c. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
d. You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed Critical Illnesses /discharge from the Hospital (if admitted) give Us the documentation as per the claims documents list specified below.

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

Claim documents to be submitted for claim:

- Critical Illness Insurance Claim Form duly signed by the insured along with NEFT Form signed by the Claimant
- Original Discharge Summary / Discharge Certi cate.
- Original Final Hospital Bill
- Policy copy
- First consultation letter for Illness
- Medical certi cate for the duration of illness
- All required Original Investigation Reports as per the Illness
- Medical certi cation from specialist
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

2. Payment of Claims

a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

b. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

c. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

d. If we, for any reasons decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure.

e. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.

If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

3. Arbitration and Reconciliation

a. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be rst obtained

d. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

III. Conditions for renewal of the contract

1. Renewal

a. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard or Upon the occurrence of an event of Critical Illness

b. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured

c. For renewals of age 61 years & above the maximum Sum Insured would be Rs5,00,000/- or expiring Sum Insured which ever is lower)

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d. In case of 0ur own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
e. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
f. Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA

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

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

4. Withdrawal of Policy
There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.
Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

IV. Conditions applicable during the contract

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

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

3. Free Look Period
You have a period of 15 days (30 days in case this policy is issued as a "Combi Product" and solicited under the provisions of IRDA Guidelines on Distance Marketing^ of Insurance Products) from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. Provided however Free Look option, if exercised, shall be applicable to all three individual policies under this 'Combi Product' as a whole and not to each individual policy. If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

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

Free Look Period will not be applicable for renewal Policies.
^Distance marketing is done through website and tele-calling

4. 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.
b. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

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

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Upto six months	25% of annual rate
Exceeding six months	Nil

5. Entire Contract

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

6. Loadings:

a. Loading would be applicable for the proposals with adverse health conditions, or positive findings in the medical test reports
b. Minimum 10% to maximum 150% loading on the standard premium rates would be applicable based on the adverse health conditions declared on the proposal form and the health status of the proposed insured person.
c. The loading is applied from Commencement Date of the Policy including subsequent renewal with Us
d. We will inform You about the applicable risk loading through a counter offer letter.
e. You need to revert to Us with consent and premium within 15 days of the issuance of such counter offer letter.

7. **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)**

a. 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.
b. Bajaj Allianz General Insurance Company Limited may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause (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.
c. 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.
d. 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.
e. Subject to the provisions in sub-clause (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.
f. The date on which the notice referred to in sub-clause (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 (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.
g. Upon the receipt of the notice referred to in sub-clause (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.
h. 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 (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 (1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause (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.
i. 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.
j. 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—
I. The proceeds under the policy shall become payable to the policyholder or the nominee or nominees in the event of either the assignee or

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transferee predeceasing the insured; or

II. 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.

k. In the case of the partial assignment or transfer of a policy of insurance under sub-clause (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.

8. Portability Conditions

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

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

9. Territorial Limits & Governing Law

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

10. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any service concern, you may please reach out to our Customer Experience team through any of the following options:

- Our website @ https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp
- Call us on our Toll Free No. 1800 209 5858
- Mail us on customercare@bajajallianz.co.in,
- Write to: Bajaj Allianz General Insurance Co. Ltd
  GE Plaza, Airport Road, Yerwada
  Pune, 411006

Level 3

If you are still not satisfied with the resolution provided, you can further escalate to Mr. Hitesh Sindhwani Head, Customer Experience, at email: head.customerservice@bajajallianz.co.in.

Level 3

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Grievance Redressal cell for Senior Citizens

Senior citizen cell for insured person who are senior citizens

'Good thing comes 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
Email address: seniorcitizen@bajajallianz.co.in

In case your complaint is not fully addressed by the insurer, You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

Global Personal Guard Policy (Individual)

Customer Information Sheet (CIS)

Issuing Office :

Global Personal Guard Policy (Individual) Customer Information Sheet

The information mentioned below is illustrative and not exhaustive.

Sr	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Global Personal Guard Policy (Individual)	
2	What am I covered for:	**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 the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) and in the absence of an assignee to the Insured Person's 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 you, then we will pay for the following additional expenses over and above the base sum insured: a. **Transportation of mortal remains** We 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, cremation ground or burial ground or to the insured person's residence. b. **Funeral Expenses** We 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 your nominee or legal representative. **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, , 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.	B. Operative Part & Optional Cover Wordings
		SECTION II: PERMANENT TOTAL DISABILITY If you sustain Accidental Bodily Injury during policy period which directly and independently of all other causes results in permanent total disability within twelve (12) months from the Date of accident, then we agree to pay the Sum Insured as specified in policy schedule under the Section II – Permanent Total Disability. For the purpose of this cover, Permanent Total Disability shall mean either of the following: i. loss of the sight of both eyes ii. physical separation of or the loss of ability to use both hands or both feet iii. physical separation of or the loss of ability to use one hand and one foot iv. loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot **Additional Benefits:** If claim under Section II: Permanent Total Disability of the insured person is accepted, then we will pay the following additional benefit over and above the base sum insured: a. **Lifestyle Modification Benefit:** We will make an additional payment of 2% of the Sum Insured as specified in policy schedule under Section II: Permanent Total Disability 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.	

Global Personal Guard Policy (Individual) Customer Information Sheet

SECTION III: PERMANENT PARTIAL DISABILITY

If you sustain Accidental Bodily Injury during policy period which directly and independently of all other causes results in Permanent Partial Disability within twelve (12) months from the Date of accident, then we agree to pay the percentage shown in the table below applied to the Permanent Partial Disability Sum Insured as specified in policy schedule under the Section III -Permanent Partial Disability.

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. We will pay the percentage shown in the certificate, applied to the Permanent Partial Disability Sum Insured.

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.

Optional Covers:
(Note: Below Optional Covers can be opted on payment of additional premium.)

OPTIONAL COVER I: ACCIDENTAL HOSPITALIZATION EXPENSES

The Global Personal Guard Policy is extended to cover you, if you are 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 we will pay the In-patient Treatment - Medical Expenses for the below listed items up to the Sum Insured as specified in 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 your Accident is accepted, then we will also pay below expenses:

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i) Pre Hospitalization
If we have accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then we will also reimburse the Medical Expenses incurred during the 60 days immediately before you were 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 we have accepted an inpatient Hospitalization claim under Accidental Hospitalization Expenses then we will also reimburse the Medical Expenses incurred during the 90 days immediately after you were discharged post Hospitalization provided that, such costs are incurred in respect of the same injury for which the earlier Hospitalization was required.

OPTIONAL COVER II: ADVENTURE SPORTS BENEFIT

By Opting this Optional Cover either Section I: Death or Section II : Permanent Total Disability or both the Sections of the Global Personal Guard Policy as opted by you is extended to cover Accidental Bodily Injury sustained during policy period whilst you are 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.

Our liability under this cover shall be restricted to the 25% or 50% or 100% of the Section I Death and/or Section II Permanent Total Disability Sum Insured as specified in policy schedule under this Optional Cover, subject to all other terms, conditions and Exclusions & definitions of the Policy.
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

Risk Classification
Your risk classification for Adventure sports shall depend upon your risk classification under the base policy which is based upon your primary occupation

OPTIONAL COVER III: AIR AMBULANCE COVER

The 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 your sustained Accidental Bodily Injury within 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 sum insured as specified in the policy schedule under this cover, subject otherwise to all other terms, conditions and Exclusions of the Policy.

Specific Conditions:
a. Return transportation to your home by air ambulance is excluded.
b. The expenses for Air ambulance transportation are restricted within India Only.

OPTIONAL COVER IV: CHILDREN EDUCATION BENEFIT

The Global Personal Guard Policy is extended to provide coverage if we have accepted a claim under Section I: Death or under Section II: Permanent Total Disability, then we will make a onetime payment of amount as specified in policy schedule under this cover, towards the cost of education of your 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 you 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.

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OPTIONAL COVER V: COMA DUE TO ACCIDENTAL BODILY INJURY

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in you being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, then we agree to pay the lump sum benefit as specified 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.

OPTIONAL COVER VI: EMI PAYMENT COVER

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 as shown under the policy schedule for this Section. 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

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in Fracture/s of Bone/s, then we will pay the percentage shown in the benefit table below applied to the Fracture Care Sum Insured, 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, we 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)	

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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

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within policy period which directly and independently of all other causes results in Hospitalization then we will pay per day benefit amount for the period of Hospitalization as shown in 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.

OPTIONAL COVER IX: LOAN PROTECTOR COVER

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury during the Policy Period that results in your Death or Permanent Total Disability within 12 months and the claim is accepted and paid under Death or Permanent Total Disability Section for you, then we will pay an amount commensurating with balance outstanding Loan amount of your loan account specified in the Policy Schedule as on the date of accident, subject to a maximum of the Sum Insured as specified in 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.

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

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury during the Policy Period which directly and independently of all causes temporarily and completely prevents you from performing each and every duty pertaining to his employment or occupation, then we 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. We 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 ₹ 1,000 per week and maximum of ₹ 50,000 per week.

Specific conditions

a. The bodily injury sustained should be detectable by means of clinical examination and or radiological scanning or imaging ;
b. Injuries to the spine, the ligamentous system, cartilage and nervous system and blood supply to the spine should be detectable by means of radiological scanning or imaging or neurological fallout testing;
c. If the bodily injury is sustained is not detectable by means of clinical examination or radiological scanning and imaging or neurological fallout testing , then we shall not be liable in respect of you for any claim under this cover ;
d. 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

The 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, we will reimburse the actual expenses incurred for ambulance services.
b. We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring you 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 us in respect of (a) and (b) together or singly shall not exceed the Sum Insured as shown in the policy schedule, 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

The Global Personal Guard Policy is extended to cover your sustained Accidental Bodily Injury within the policy period which directly and independently of all other causes results in you being in a Hospital which is outside the City/town of his/her usual place of residence as specified on the policy schedule, then we will reimburse the travel expenses of a Family Member maximum up to the sum insured shown in the policy schedule, 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 opted by you against this cover , subject otherwise to all other terms, conditions and Exclusions of the Policy.
   For the purpose of this cover, Common Cover shall 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.
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
d. Travel Expenses Benefit is restricted for travel within India Only

Global Personal Guard Policy (Individual) Customer Information Sheet

3	What are the major exclusions in the policy:	General Exclusions Applicable to Base and 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 there from; 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, 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. 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.	C. General Exclusions & Optional Cover Wordings

Global Personal Guard Policy (Individual) Customer Information Sheet

		11. Whilst engaged in adventure sports, unless specifically covered under the base 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. **Specific Exclusion Applicable 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. **Specific Exclusion Applicable to Coma Due to Accidental Bodily Injury:** a. Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded. **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.	
4	Waiting Periods	NA	NA
5	Payout Basis	**Base Covers:** Section I: Death – Benefit Basis Section II: Permanent Total Disability – Benefit Basis Section III: Permanent Partial Disability – Benefit Basis **Optional Covers:** Optional Cover I: Accidental Hospitalization Expenses – Indemnity Basis Optional Cover II: Adventure Sports Benefit – Benefit Basis Optional Cover III: Air Ambulance Cover – Indemnity Basis Optional Cover IV: Children Education Benefit – Benefit Basis Optional Cover V: Coma Due to Accidental Bodily Injury –Benefit Basis Optional Cover VI: EMI Payment Cover – Benefit Basis Optional Cover VII: Fracture Care – Benefit Basis Optional Cover VIII: Hospital Cash Benefit – Benefit Basis Optional Cover IX: Loan Protector Cover – Benefit Basis Optional Cover X: Loss of Income due to Disability from Accident –Benefit Basis Optional Cover XI: Road Ambulance Cover – Indemnity Basis Optional Cover XII: Travel Expenses Benefit – Indemnity Basis	B. Scope of Cover & Optional Cover Wordings
6	Cost Sharing	NA	NA
7	Renewal Conditions	i. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/ injury contracted during the break period will be not be admissible under the policy. iii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. 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. iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA. v. 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.	D. Standard Terms and Conditions Point no 14. Terms of Renewal

Global Personal Guard Policy (Individual) Customer Information Sheet

<table>
<tr>
<td>8</td>
<td>Renewal benefits</td>
<td>Cumulative Bonus: (applicable for Death, Permanent Total Disability, Permanent Partial Disability covers)
a. If You renew Your Global Personal Guard Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Benefit by 10% of Sum Assured per annum as Cumulative Bonus, In case long term policy is purchased , the cumulative bonus applicable to base covers will automatically be increased by 10% after the completion of every Policy year, in case of no claim is lodged under base covers.
b. The maximum cumulative increase in the Limit of Benefit will be limited to 5 years and 50% of Sum Assured.
c. In event of a claim under Permanent Partial Disability, the cumulative bonus would be decreased by 10%
d. In case of claim is lodged under optional covers only- cumulative bonus will be allowed for increase by 10% after the completion of every policy year since cumulative bonus is applicable for base covers only
e. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.</td>
<td>D. Standard Terms and Conditions Point no 15. Cumulative Bonus</td>
</tr>
<tr>
<td>9</td>
<td>Policy Cancellation</td>
<td>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.
<table>
<tr><th rowspan="2">Period in Risk</th><th colspan="3">Premium Refund</th></tr>
<tr><th>Policy Period 1 Year</th><th>Policy Period 2 Year</th><th>Policy Period 3 Year</th></tr>
<tr><td>Within 15 Days</td><td colspan="3">Pro Rate Refund</td></tr>
<tr><td>Exceeding 15 days but less than 2 months</td><td>75.00%</td><td>80.00%</td><td>85.00%</td></tr>
<tr><td>Exceeding 2 months but less than 4 months</td><td>60.00%</td><td>75.00%</td><td>80.00%</td></tr>
<tr><td>Exceeding 4 months but less than 6 months</td><td>45.00%</td><td>65.00%</td><td>75.00%</td></tr>
<tr><td>Exceeding 6 months but less than 8 months</td><td>30.00%</td><td>60.00%</td><td>70.00%</td></tr>
<tr><td>Exceeding 8 months but less than 10 months</td><td>15.00%</td><td>50.00%</td><td>65.00%</td></tr>
<tr><td>Exceeding 10 months but less than 12 months</td><td>0.00%</td><td>45.00%</td><td>60.00%</td></tr>
<tr><td>Exceeding 12 months but less than 14 months</td><td rowspan="23"></td><td>35.00%</td><td>55.00%</td></tr>
<tr><td>Exceeding 14 months but less than 16 months</td><td>30.00%</td><td>50.00%</td></tr>
<tr><td>Exceeding 16 months but less than 18 months</td><td>20.00%</td><td>45.00%</td></tr>
<tr><td>Exceeding 18 months but less than 20 months</td><td>15.00%</td><td>40.00%</td></tr>
<tr><td>Exceeding 20 months but less than 22 months</td><td>5.00%</td><td>35.00%</td></tr>
<tr><td>Exceeding 22 months but less than 24 months</td><td>0.00%</td><td>30.00%</td></tr>
<tr><td>Exceeding 24 months but less than 26 months</td><td rowspan="11"></td><td>25.00%</td></tr>
<tr><td>Exceeding 26 months but less than 28 months</td><td>20.00%</td></tr>
<tr><td>Exceeding 28 months but less than 30 months</td><td>15.00%</td></tr>
<tr><td>Exceeding 30 months but less than 32 months</td><td>10.00%</td></tr>
<tr><td>Exceeding 32 months but less than 34 months</td><td>5.00%</td></tr>
<tr><td>Exceeding 34 months but less than 36 months</td><td>0.00%</td></tr>
</table>
However, if any claim has been made then no refund will be given for cancellation of policy.</td>
<td>D. Standard Terms and Conditions Point no 23. Cancellation</td>
</tr>
</table>

Information must be read in conjunction with the Product Brochure and Policy Document. In case of any conflict between the Customer Information Sheet and the Policy Document, the terms and conditions mentioned in the Policy Document shall prevail.

Global Personal Guard Policy (Individual)

Issuing Office :

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

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. 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. 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).

3. 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.

4. Age
   Means completed years as at the commencement date of the policy.

5. 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.

6. Cashless facility
   Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs o f 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.

7. 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.

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

9. Congenital Anomaly
   Congenital Anomaly refers to a condition(s) which ispresent 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

10. 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.

11. Cumulative Bonus
    Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

12. Day Care Centre

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

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.

13. 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

14. 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.

15. 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

16. 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.

17. 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.

18. 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.

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

20. Grace Period
Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

21. 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.

22. 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.

23. 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.

24. Illness

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

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.

25. 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.

26. 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.

27. 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.

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

29. 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.

30. 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.

31. 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.

32. Named Insured/ Insured/ Insured Person:
Insured means the persons, or his Family members, named in the Schedule

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

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

35. 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.

36. Occupation
Your occupation as shown in the Policy Schedule

37. 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

38. Permanent Partial Disability
Medical practitioner certified total and continuous loss or impairment of a body part or sensory organ

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

39. 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.

40. Policy Schedule
Means the policy schedule attached to and forming part of the policy.

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

42. 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.

43. 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.

44. 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 the Insurer.

45. 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.

46. Professional Sports
Means a sport which is the primary livelihood earning of the player,

47. Proposal and Declaration Form
Means any initial or subsequent declaration made by the Insured Person and is deemed to be attached and which forms a part of this Policy

48. 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.

49. 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

50. 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.

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

52. 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

53. 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.

54. 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

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

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

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

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 the case may be, (as per the Proposal Form read with the provisions of Section 38 Insurance Amendment Act 2015) and in the absence of an assignee to the Insured Person's 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:

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, 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:

a. Lifestyle Modification Benefit:
The company will make an additional payment of 2% of the Sum insured 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.

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:

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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 Expenses 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 of Injury.
10. Any treatment taken outside India.
11. Whilst engaged in adventure sports, unless specifically covered under the base 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 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% 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 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

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OPTIONAL COVER IV: CHILDREN 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 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)	

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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.

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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 hisemployment 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 thePolicy 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 certifiesthe 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)

I. Conditions precedent to the contract

1. 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.

2. 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.

II. Conditions when a claim arises

1. 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, than 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.

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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	List of Claim documents for Disappearance
• 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 the Nominee/ legal heir of the insured Person • Original Policy copy along with Original Assignment endorsement (if any) • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)	• 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 confirming disappearance from appropriate authority following a forced landing, stranding, sinking or wrecking of a conveyance • Documentary proof of fare paying passenger of a conveyance as an occupant • Attested copy of Statement of Witness, if any lodged with police authorities. • Attested copy of FIR / Panchanama / Inquest Panchanama. • NEFT details & cancelled cheque of the Nominee/ legal heir of the insured Person • Original Policy copy along with Original Assignment endorsement (if any) • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)
List of Claim Document Specific to Air Ambulance Cover	**List of Claim documents for Permanent Total Disability and Permanent Partial Disability**
• Duly completed claim form signed by the Claimant • Original bills and receipts paid for the transportation from Registered Ambulance Service Provider • Other documents as may be required by the Company to process the claim • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)	• 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) • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)
List of Claim Document Specific to Children Education Benefit	**List of Claim Document Specific to Adventure Sports Benefit**
Bonafide certificate from school / college or certificate from the educational institution • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)	• Certificate of participation from Sports event organizer/service provider • pre participation fitness certificate, and • certificate from the treating doctor mentioning the nature of the Injury, • All Investigation reports • Discharge summary (If hospitalized) • Documents as listed for claim under Death / Permanent Total Disability • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)
List of Claim Document Specific to Fracture Care Cover	**List of Claim Document Specific to EMI Payment Cover**
• 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) • Letter from HR of leave record in case of salaried individual • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)	• Current outstanding Loan certificate from financer, 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 • Attested 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 • Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

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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
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim Document Specific to Loan Protector Cover

- Loan disbursement letter along with the payment record till the date of Accident.
- Current outstanding Loan certificate from financer, 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)
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

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
- Attested 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
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

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.
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous 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
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

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
- Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

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.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

2. Paying a Claim

a. You agree that We shall only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

b. We will make payment to Assignee/Partial Assignee/Conditional Assignee, as the case may be, (as per the provisions of Section 38 of Insurance Amendment Act 2015) or in the absence of assignee to You or Your Nominee. If there is no Assignee or Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

c. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

d. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim

e. If We, for any reasons decide to reject the claim under the policy the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents. You may take recourse to the Grievance Redressal procedure stated under the Policy.

3. 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.

4. Contribution in case of Multiple Policies

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of your claim in terms of any of your policies.

a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.

c. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

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

5. 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, than 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 than all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

6. Subrogation (Applicable for optional Cover I: Accidental Hospitalization Expenses)

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.

III. Conditions for renewal of the contract.

1. Terms of Renewal

a. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.

b. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. However, any accident/ injury contracted during the break period will be not be admissible under the policy.

c. For dependent children, Policy is renewable up to 25 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, Subject to Separate proposal form to be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed with us annually and within the Grace period of 30 days from date of Expiry. 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.

d. Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

e. 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.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

2. Cumulative Bonus: (applicable for Death, Permanent Total Disability, Permanent Partial Disability covers)

a. If You renew Your Global Personal Guard Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Benefit by 10% of Sum Insured per annum as Cumulative Bonus, In case long term policy is purchased , the cumulative bonus applicable to base covers will automatically be increased by 10% after the completion of every Policy year, in case of no claim is lodged under base covers.
b. The maximum cumulative increase in the Limit of Benefit will be limited to 5 years and 50% of Sum Insured.
c. In event of a claim under Permanent Partial Disability, the cumulative bonus would be decreased by 10%
d. In case of claim is lodged under optional covers only- cumulative bonus will be allowed for increase by 10% after the completion of every policy year since cumulative bonus is applicable for base covers only
e. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.

3. Sum Insured Enhancement
The Insured member 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

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

5. 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.

6. 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

IV. Conditions applicable during the contract

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. 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.

3. 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.

4. 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.

5. 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.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

6. 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.

7. 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.

8. 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.

9. 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.

10. 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

11. 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.

12. 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.

13. Free Look Period
You have a period of 15 days (30 days in case this policy is issued as a "Combi Product" and solicited under the provisions of IRDA Guidelines on Distance Marketing^ of Insurance Products) from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. Provided however Free Look option, if exercised, shall be applicable to all three individual policies under this 'Combi Product' as a whole and not to each individual policy.
If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

a. a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges and if the risk has not commenced
b. If the risk has commenced the stamp duty charges, medical examination charges & proportionate risk premium for period on cover would be deducted.
c. Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

^Distance marketing is done through website and tele-calling

14. 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

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rate Refund		
Exceeding 15 days but less than 2 months	75.00%	80.00%	85.00%
Exceeding 2 months but less than 4 months	60.00%	75.00%	80.00%
Exceeding 4 months but less than 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than 8 months	30.00%	60.00%	70.00%
Exceeding 8 months but less than 10 months	15.00%	50.00%	65.00%
Exceeding 10 months but less than 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than 14 months		35.00%	55.00%
Exceeding 14 months but less than 16 months		30.00%	50.00%
Exceeding 16 months but less than 18 months		20.00%	45.00%
Exceeding 18 months but less than 20 months		15.00%	40.00%
Exceeding 20 months but less than 22 months		5.00%	35.00%
Exceeding 22 months but less than 24 months		0.00%	30.00%
Exceeding 24 months but less than 26 months			25.00%
Exceeding 26 months but less than 28 months			20.00%
Exceeding 28 months but less than 30 months			15.00%
Exceeding 30 months but less than 32 months			10.00%
Exceeding 32 months but less than 34 months			5.00%
Exceeding 34 months but less than 36 months			0.00%

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

15. Discounts:

- Family Discount :

a. 10 % family discount shall be offered if 2 or more dependent family members are covered under a single policy.
b. The family discount will be offered for both new policies as well as for renewal policies

- Long Term Policy Discount:

a. 4 % discount is applicable if policy is opted for 2 years
b. 8 % discount is applicable if policy is opted for 3 years

- Employee Discount:
  20 % Discount applicable for policies issued to employees of Bajaj Allianz General Insurance Limited & its group companies.
  (Note: Online/Direct Customer Discount is not applicable to Employees)

- Online Discount/Direct Customer Discount:
  10% discount is extended for the policies purchased online/ through website and to direct customers.
  (Note: Employee Discount is not applicable to Online/Direct Customers)

16. Portability Conditions :
Retail Policies:
As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were holding similar retail Personal Accident Insurance Policy of other non-life insurers/ health insurers.

Group Policies:
As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were insured under a Group Personal Accident Insurance Policy of Bajaj Allianz and are availing Personal Accident Insurance Policy of Bajaj Allianz. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Personal Accident Insurance Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular customer leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships).

Portability Guidelines (Other Company Renewals):

a. Complete set of documents should be in-warded minimum 45 days prior to the Risk Expiry date.
b. All Portable Cases to be referred to Bajaj Allianz Head office (Health Administration Team) for Under Writing.
c. All the applicable benefits shall be passed on lower of expiring Sum insured or opted sum insured, to customers who were holding similar retail personal accident policies, with other of other non-life insurers.

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

d. In case of enhancement of SI the continuity would be given on the expiring Sum Insured & Cumulative Bonus
e. If the previous policy has earned Cumulative Bonus and the insured has opted for higher Sum Insured in our policy then the Cumulative Bonus will be passed on the expiring Policy Sum Insured.
f. List of Documents

- New proposal form
- Renewal Notice along with the claim history
- Portability Annexure
- All the previous policy copies
- Age proof (45 & above)
- Any other document if requested
- All the relevant documents in case of any positive declaration

17. 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.

18. 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)

a. A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made by an endorsement upon the policy itself or by a separate instrument, signed in either case by the transferor or by the assignor or his duly authorised agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.
b. The Company may, accept the transfer or assignment, or decline to act upon any endorsement made under sub-clause 29(1) hereinabove, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy.
c. The Company shall, before refusing to act upon the endorsement, record in writing the reasons for such refusal and communicate the same to the policyholder not later than thirty days from the date of the policyholder giving notice of such transfer or assignment.
d. Any person aggrieved by the decision of the Company to decline to act upon such transfer or assignment may within a period of thirty days from the date of receipt of the communication from the Company containing reasons for such refusal, prefer a claim to the Authority.
e. Subject to the provisions in sub-clause 29(2) hereinabove, the transfer or assignment shall be complete and effectual upon the execution of such endorsement or instrument duly attested but except, where the transfer or assignment is in favour of the Company, shall not be operative as against the Company, and shall not confer upon the transferee or assignee, or his legal representative, any right to sue for the amount of such policy or the moneys secured thereby until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or a copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to and received by the Company with written acknowledgement by the Company:
Provided that where the Company maintains one or more places of business in India, such notice shall be delivered only at the place where the policy is being serviced.
f. The date on which the notice referred to in sub-clause 29(5) hereinabove is delivered to the Company shall regulate the priority of all claims under a transfer or assignment as between persons interested in the policy; and where there is more than one instrument of transfer or assignment the priority of the claims under such instruments shall be governed by the order in which the notices referred to in sub-clause 29(5) hereinabove are delivered:
Provided that if any dispute as to priority of payment arises as between assignees the dispute shall be referred to the Authority.
g. Upon the receipt of the notice referred to in sub-clause 29(5) hereinabove, the Company shall record the fact of such transfer or assignment together with the date thereof and the name of the transferee or the assignee and shall, on the request of the person by whom the notice was given, or of the transferee or assignee, on payment of such fee as may be specified by the regulations, grant a written acknowledgement of the receipt of such notice; and any such acknowledgement shall be conclusive evidence against the Company that he has duly received the notice to which such acknowledgement relates.
h. Subject to the terms and conditions of the transfer or assignment, the insure shall, from the date of the receipt of the notice referred to in sub-clause 29(5) hereinabove, recognize the transferee or assignee named in the notice as the absolute transferee or assignee entitled to benefit under the policy, and such person shall be subject to all liabilities and equities to which the transferor or assignor was subject at the date of the transfer or assignment and may institute any proceedings in relation to the policy, obtain a loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to such proceedings.
Explanation.—Except where the endorsement referred to in sub-clause 29(1) hereinabove expressly indicates that the assignment or transfer is conditional in terms of sub-clause 29(10) hereunder, every assignment or transfer shall be deemed to be an absolute assignment or transfer and the assignee or transferee, as the case may be, shall be deemed to be the absolute assignee or transferee respectively.
i. Any rights and remedies of an assignee or transferee of a policy of life insurance under an assignment or transfer effected prior to the commencement of the Insurance Laws (Amendment) Act, 2015 shall not be affected by the provisions of this clause 29.
j. 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.
k. In the case of the partial assignment or transfer of a policy of insurance under sub-clause 29(1) hereinabove, the liability of the Company shall be limited to the amount secured by partial assignment or transfer and such policyholder shall not be entitled to further assign or transfer the residual amount payable under the same policy.

19. Limitation Period

GLOBAL PERSONAL GUARD POLICY (INDIVIDUAL)

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

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

21. 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.

22. Policy Period
Retail Policy: The policy can be opted for 1 year, 2 years & 3 years

23. 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.

24. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1
In case you have any service concern, you may please reach out to our Customer Experience team through any of the following options:

- Our website @ https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp
- Call us on our Toll Free No. 1800 209 5858
- Mail us on customercare@bajajallianz.co.in,
- Write to: Bajaj Allianz General Insurance Co. Ltd
  GE Plaza, Airport Road, Yerwada
  Pune, 411006

Level 2
In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Rakesh Sharma at ggro@bajajallianz.co.in.

Level 3
If you are still not satisfied with the resolution provided, you can further escalate to Mr. Hitesh Sindhwani Head, Customer Experience, at email: head.customerservice@bajajallianz.co.in.

Grievance Redressal cell for Senior Citizens
Senior citizen cell for insured person who are senior citizens
'Good thing comes 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

Email address: seniorcitizen@bajajallianz.co.in

In case your complaint is not fully addressed by the insurer, You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.
The contact details of the ombudsman offices are mentioned below. However, we request you to visit http://www.gbic.co.in for updated details.

Bajaj Allianz Health & Income Protect Goal
UIN: BAJHLIP19114V011819

Bajaj Allianz LifeStyle Secure

Bajaj Allianz Life Insurance Company Limited
Bajaj Allianz LifeStyle Secure
Part A
FORWARDING LETTER

Name of the Policyholder _____

Address _____

_____

Dear _____

Sub: Issuance of the Policy under Proposal for the life insurance policy towards Regular Premium plan dated _____

We would like to thank you for investing your faith in us. **Your policy requires Regular Premiums to be paid for**

Please find enclosed herewith your Policy Document, a copy of the verbal transcript of the voice record of the queries raised and your answers thereto on the basis of which the policy has been underwritten and documents mentioned herein below, based on which your Insurance Policy has been issued. This Policy is issued subject to section 45 of the Insurance Act, 1938.

Document Type	Specification of Documents provided	Identification No.
Proposal Form	verbal transcript of the voice record	
Age proof		
Identity Proof		

Within thirty (30) days as this Policy is issued under the provisions of IRDAI Guidelines on Distance Marketing of Insurance Products [or fifteen (15) days as this Policy is issued under the provisions other than that of IRDAI Guidelines on Distance Marketing of Insurance Products] of the receipt of this Policy, you have the option to review the terms and conditions of the Policy and if you disagrees to any of the terms & conditions, you have an option to return the Policy stating the reasons for your objections. You shall be entitled to a refund comprising the all Regular Premium (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company and stamp duty.

For any queries kindly write to us at the below mentioned address and we assure and strive to provide you the best of services.

Authorised Signatory

Head- Underwriting

FOR BAJAJ ALLIANZ LIFE INSURANCE COMPANY LTD.

Your Policy Servicing Branch Address: Bajaj Allianz Life Insurance Company Limited

Toll Free Numbers:

Please read policy document, especially following clauses on

Regular Premium	Decrease in Annual Premium, if any
Non-payment of regular premium and forfeiture, if any	Termination

Disclaimer: In case of dispute, English version of policy bond shall be final and binding.

Bajaj Allianz Health & Income Protect Goal
UIN: BAJHLIP19114V011819

Preamble

The Company has received the first Regular Premium from the Policyholder / Life Assured as named in this Schedule. <The voice record of the queries raised and your answers thereto (which is incorporated herein) on the basis of which the policy has been underwritten / The said Proposal Form and declaration >, along with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policyholder as the basis of the contract of insurance, both parties to the assurance contract do hereby further accept and affirm that the Policy, in consideration of and subject to due receipt of subsequent Regular Premiums as set out in the Schedule, with all its parts (Policy Document and Endorsements if any) shall be subject to the terms and conditions as contained in this Policy.

SCHEDULE

Non-Participating Non Linked Term Plan
Regular Premium

Name of the Policyholder _____

Address _____

Address _____

Address _____

Pin code _____

Gender		Date of Birth	
Age at Entry		Age	

Name of the Life Assured _____

Policy No.		Product Name	Bajaj Allianz LifeStyle Secure
Product Code		Policy Commencement Date	
Unique Identification No:	116N129V01	Date of Birth	
Date of Commencement of Risk		Age	
Age		Sum Assured (₹)	
Gender		Sum Assured on Death/TI	(i) for age at entry less than 45 years: Higher of (10 times Annualised Premium*, 105% of total premiums* paid, Sum Assured) (ii) For age at entry 45 years & above: Higher of (7 times Annualised Premium*, 105% of total premiums* paid, Sum Assured)
Policy Term			
Regular Premium (₹)			
Premium Paying Term			
Death/TI Benefit	Sum Assured on Death/TI		
Maturity Date		Settlement Period	Months
Maturity Benefit	Nil		
Premium Payment Frequency			
Due Dates of Last Premium		Settlement Instalment (₹)	
Due Dates of Premium			

** Annualised Premium & total premiums will exclude any GST.*

Details of the Nominee

Nominee(s) Name		Nominee(s) Age	years
Relationship to the Life Assured			
Appointee Name [in case the Nominee(s) is (are) a minor(s)]:			
Relationship to the Life Assured			

Sales Representative Details

Name		Code	
Address			
Phone Number		e-Mail Id	

TOTAL PREMIUM PAYABLE FOR SELECTED PREMIUM PAYMENT FREQUENCY: ₹

In Words: Rupees ……Only

If any of the information given above is incorrect, we request you to kindly send back the whole set-of documents to the Company citing the error/mistake.

To whom the Benefits are Payable: The Benefits are payable to the Life Assured (if alive) or to the Policyholder (if different from the Life Assured) or the assignee or the Nominee(s) (where a valid nomination has been registered by the Company) or the legal heirs of Policyholder/Nominee(s).

The Policy shall be subject to and governed by the terms of the Policy Document along with the Schedule contained herein and endorsements if any, made from time to time and all these shall together form a single agreement

All taxes, including GST, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Policyholder.

Bajaj Allianz Life Insurance Company does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

Signed on behalf of Bajaj Allianz Life Insurance Company Limited for Policy No. _____

Issued on

Authorised Signatory

Bajaj Allianz LifeStyle Secure

Part B

DEFINITIONS & ABBREVIATIONS

This Policy is issued on the basis of the information given and declaration made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy. The following terms shall have the meaning assigned to them below. The singular includes the plural and references to the male include the female where the context so permits.

1) Definitions & Abbreviations:

The following terms shall have the meaning assigned to them below. The singular includes the plural and references to the male include the female where the context so permits.

a. "Age" means age as at last birthday.
b. "Annual Premium" means the total amount of Regular Premiums payable in a Policy Year.
c. "Business Day" is the common working day of the Corporate Office of the Company.
d. "Claimant" means the Life Assure (if alive) or Policyholder (if different from the Life Assured) or the assignee or the Nominee or the legal heirs of Policyholder/ Nominee(s) to whom the Policy Benefit will be payable
e. "Company" refers to BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED.
f. "Date of Commencement of Risk" means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the risk cover of the Life Assured commences under the Policy.
g. "Death/TI Benefit" means the benefit payable on the death of the Life Assured or Terminal Illness on the life of the Life Assured, whichever occurs earlier. Please refer to Section 4a) below for more details.
h. "Financial Year" means the year starting from 1st April of a year and ending on 31st March of the next year.
i. "Goods and Service Tax" is charged based on type of policy communication address of Policy Holder. This may change subject to change in rate/state in address of the Policy Holder as on date of adjustment.
j. "Grace Period" means a period of fifteen (15) days for a monthly Premium Payment Frequency and thirty (30) days for other than monthly Premium Payment Frequency, from the due date of the Regular Premium payment.
k. "GST" means Goods and Service Tax.
l. "IRDAI" means the Insurance Regulatory and Development Authority of India.
m. "Life Assured" means the person named as the Life Assured in the Schedule whose life is assured under this Policy.
n. "Maturity Benefit" means the benefit payable on the Maturity Date, which in this Policy is Nil.
o. "Maturity Date" means the date specified in the Schedule on which the Maturity Benefit as per Section 4b) below shall become payable to the Policyholder
p. "Nominee" means the person specified in the Schedule who has been nominated in writing to the Company by the Policyholder, who is entitled to receive the Death/TI Benefits under the Policy as mentioned in Section 4a) below.
q. "Policy" means the arrangements established by the Policy Document.
r. "Policy Anniversary" means the date corresponding numerically with the Policy Commencement Date in each subsequent year during the Policy Term.
s. "Policy Commencement Date" means the date of commencement of the Policy as specified in the Schedule.
t. "Policy Document" means this Policy wording and that of the Additional Rider Benefits, if any, the Schedule (which is attached to and forms part of this Policy and includes any Annexure or endorsement to it and, if more than one, then, the latest in time) and the voice record of the queries raised and your answers thereto on the basis of which the policy has been underwritten (verbal transcript of voice records attached)
u. "Policyholder" means the adult person named in the Schedule who has concluded the Policy with the Company.
v. "Policy Term" means the period between the Policy Commencement Date and the Maturity Date, as specified in the Schedule.
w. "Policy Year" means the year commencing on the Policy Commencement Date or a Policy Anniversary thereof.
x. "Premium Payment Frequency" is a regular time interval as specified in the Schedule, at which the Regular Premium is payable during the Premium Paying Term.
y. "Premium Paying Term" means the period specified in the Schedule during which the Regular Premium is payable.
z. "Regular Premium" means the amount exclusive of applicable taxes, if any, payable by the Policyholder at regular intervals during the Premium Paying Term, in amount and at the Premium Payment Frequency, both, as specified in the Schedule.
aa. "Revival Period" means a period of two (2) consecutive years from the first unpaid Regular Premium date during which the Policyholder can revive the Policy, subject to the conditions in Section 7 below.
bb. "Settlement Instalment" means amount of equated monthly instalments of Sum Assured on Death /TI benefit payable over the Settlement Period as mentioned in the Schedule.
cc. "Settlement Period" means a period in months equivalent to Policy Term multiplied by 12; as mentioned in the Schedule.
dd. "Sum Assured" is the amount as specified in the Schedule under the Policy.
ee. "Sum Assured on Death / TI" is the amount as specified in the Schedule under the Policy and is higher of
i. Ten (10) times the annualised premium, where annualised premium is the Regular Premium (excluding extra premium, Additional Rider Premium and/or GST) payable in a Policy Year or
ii. 105% of the total of the Regular Premiums (excluding extra premium, Additional Rider Premium and/or GST) paid till the date of death/TI or
iii. Sum Assured
ff. "Surrender Benefit" means the benefit payable on surrender or termination of the Policy. Please refer to Section 9 below for more details.
gg. "Terminal Illness" means the benefit payable on the occurrence of TI on the life of the Life Assured. Please refer to Section 4a)iv) below for details.
hh. "TI" means Terminal Illness.

Bajaj Allianz LifeStyle Secure

Part C

2) Policy Description
(a) The Policy is a non-linked, non-participating, Regular Premium level cover term assurance plan with inbuilt Terminal Illness benefit for individual life.
(b) The Policy provides Death/TI Benefit as per Section 4a) below.
(c) There is no Maturity Benefit or Surrender Benefit under the Policy.
3) Regular Premium
a) Regular Premium, including applicable taxes, is payable in full on the premium due dates specified in the Schedule or within the Grace Period allowed, during the Premium Paying Term.
b) The Company does not have any obligation to issue a notice that Regular Premium is due or for the amount that is due.
c) The Company will not accept any amount less than the Regular Premium along with applicable taxes, if any, due as the Regular Premium.
d) Where the Regular Premium along with applicable taxes, if any, in full has not been paid even within the Grace Period, the Policy shall be subject to the "Non-payment of Regular Premium and Forfeiture" condition(s) as per Section 6 below.
4) Policy Benefits
a) Death /TI Benefit
i) On the death of the Life Assured or Terminal Illness on the life of the Life Assured, whichever occurs earlier, the Company shall pay the following benefit to the Claimant:
(1) If the policy is in-force as on the date of death/TI and all the due Regular Premiums have been paid in full, Sum Assured on Death/TI as in Sub-Section ii) below.
(2) If the Policy is lapsed [as per in Section 6a) below], no death/TI benefit shall be payable.
ii) The Death/TI Benefit will be paid to the Claimant in Settlement Instalments, and this will be payable over the Settlement Period.
iii) The Policy will terminate immediately on intimation of the death or Terminal Illness of the Life Assured.
iv) An illness will be classified as Terminal Illness (TI) only if it is the opined by two (2) practicing medical consultants specializing in the relevant field of medicine and confirmed by the Company's medical officer that:
(1) the Life Assured's life-expectancy is less than six (6) months and
(2) the Life Assured is no longer receiving treatment other than that for symptomatic relief, i.e., for palliative care treatment, and not as a life saving measure.
The diagnosis of Terminal Illness should intimate preferably within three (3) months of diagnosis, for the benefit to be payable.
v) The above benefit is payable subject to Section 6, Section 8, Section 11 and Section 22 below, and provided the Policy has not been terminated as per Section 15 below.
b) Maturity Benefit
No maturity benefit is available under the Policy

Part D

5) Free Look Condition:
Within 15 days [thirty (30) days in case this Policy is issued under the provisions of IRDA Guidelines on Distance Marketing of Insurance Products] of the receipt of this Policy, the Policyholder has the option to review the terms and conditions of the Policy and if the Policyholder disagrees to any of the terms & conditions, he has an option to return the Policy stating the reasons for his objections. The Policyholder shall be entitled to a refund comprising the all Regular Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty.
Provided however Free Look option, if exercised, shall be applicable to all three individual policies under this 'Combi Product' as a whole and not to each individual policy.
6) Non payment of Regular Premium and Forfeiture
(a) If a Regular Premium has not been paid in full before the expiry of the Grace Period, the Policy will immediately and automatically be converted to a lapsed policy at the expiry of the Grace Period and no benefits under the Policy will be payable thereafter.
(b) The Policyholder may revive the lapsed Policy during the Revival Period, subject to the conditions as per Section 7 below.

7) Revival
a) If the Policy is lapsed due to non-payment of due Regular Premium, the Policy can be revived by the Policyholder anytime during the Revival Period, subject to the conditions mentioned below:
i) The application for revival is received within the Revival Period two (2) years from the due date of the first unpaid Regular Premium.
ii) The arrears of Regular Premiums together with interest (as decided by the Company) along with applicable taxes are paid.
iii) The revival of the Policy may be on terms different from those applicable to the Policy before it was lapsed, based on the prevailing Board approved underwriting norms of the Company. The Company may refuse to revive the Policy and refund the amount deposited for the purposes of revival of the Policy.
iv) The revival of the Policy will take effect only on it being specifically communicated by the Company to the Policyholder.
8) Foreclosure
Foreclosure is not applicable under the Policy.
9) Surrender Benefit
No surrender benefit is available under the Policy
10) Flexibilities

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a) Alteration of Premium Payment Frequency
The Premium Payment Frequency may be changed at any time during the Premium Paying Term, provided the existing & requested Premium Payment Frequencies can be aligned and subject to minimum Regular Premium allowed with respect to each Premium Payment Frequency under the plan. Monthly Premium Payment Frequency is allowed only by salary deduction schemes & through ECS.

b) Option to take the Settlement Instalments in a Lump-sum
The Claimant will have the option, at any time, to request for a discontinuance of the Settlement Instalments even after the instalments have commenced. On receiving the request, the Claimant will be eligible to receive an amount equivalent to:
Settlement Instalment * Factor1, where Factor1 is as given in Annexure II

c) Policy Loans
No loan is available under the Policy

Part E

CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc
Not Applicable

Part F

General Conditions

11) Suicide Exclusions
If the Life Assured commits suicide, whether sane or insane, within one (1) year from the Date of Commencement of Risk or the date of the latest revival of the Policy, provided the Policy is in-force on the date of death, the amount payable will be 80% of the Regular Premiums paid till the date of death, and the Policy will be terminated.

12) Age Proof

a) The Regular Premium payable under the Policy is calculated on the basis of the Life Assured's Age and gender as declared during the process of voice record of the queries raised and your answers thereto on the basis of which the policy has been underwritten as mentioned in the verbal transcript of voice record. If the Life Assured's Age has not been admitted by the Company, the Policyholder shall furnish such proof of the Life Assured's Age as is acceptable to the Company and have the Age admitted.

b) If the Age so admitted (the "correct Age") is found to be different from the Age declared during the process of voice record of the queries raised and your answers thereto as mentioned in the verbal transcript of voice record, then, without prejudice to the Company's other rights and remedies including those under the Insurance Act 1938, the following actions shall be taken:

i) If the correct Age is such as would have made the Life Assured uninsurable under this Policy, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the Life Assured's correct Age, which will be subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand terminated with immediate effect and the Company shall make payment of a refund comprising the all Regular Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty expense.

ii) If the Life Assured's correct Age is higher than the Age declared during the process of voice record of the queries raised and your answers thereto as mentioned in the verbal transcript of voice record, the Regular Premium payable under the Policy shall be altered corresponding to the correct Age of the Life Assured and the accumulated difference between the corrected Regular Premium and the original Regular Premium from the Policy Commencement Date up to the date of such alteration shall be collected from the Policyholder. If the Policyholder disagrees to pay the same, the Policy will be terminated with immediate effect by the Company and the Policy shall stand terminated with immediate effect and the Company shall make payment of a refund comprising the all Regular Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty expense.
If the Life Assured's correct Age is lower than the Age during the process of voice record of the queries raised and your answers thereto as mentioned in the verbal transcript of voice record, the Regular Premium payable under the Policy shall be altered corresponding to the correct Age of the Life Assured from the next due date of Regular Premium. The Company shall refund the excess premium received (which is the total of the difference between the original Regular Premium and the corrected Regular Premium from the Policy Commencement Date up to the date of such alteration).

13) Assignment
Assignment should be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time.
[A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure – AA for reference]

14) Nomination
Nomination should be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time.
[A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure – BB for reference]

15) Termination Conditions
This Policy shall immediately and automatically terminate on the earliest occurrence of any of the following events:

i) On the expiry of the revival period of two (2) years from the date of first unpaid Regular Premium.
ii) On receipt of intimation of death/TI of the Life Assured at the Company's office.
iii) On the Maturity Date.
iv) On full surrender of the Policy.

16) Fraud, Misrepresentation and forfeiture
Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time.

Bajaj Allianz LifeStyle Secure

[A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure – CC for reference]

17) Notices

Any notice, direction or instruction to be given under this Policy shall be in writing and delivered by hand, post, facsimile or E-mail to:

a. The Policyholder/Life Assured:

i) Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), Voice call, e-mail or through any other digital/electronic media to the Policyholder to the address or communication/ correspondence details specified by the Policyholder in the Enrollment/Proposal Form or as per subsequent most recent change of address and/or communication/correspondence details intimation submitted by them to the Company.

ii) The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's/Life Assured's address and/or communication/ correspondence details. In case the notice comes back to the Company undelivered to the Policyholder/Life Assured due to any reason, there shall be no obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.

b. The Company, shall be submitted by hand, post, facsimile or E-mail:

Bajaj Allianz Life Insurance Company,
GE Plaza, Airport Road, Yerawada, Pune – 411 006
Toll Free No. 1800 209 7272 | Fax: 020-6602-6789
e-mail: customercare@bajajallianz.co.in

The Policyholder must ensure that he keeps the Company informed if there is a change of address and contact details. This will enable the Policyholder to receive regular updates, and communication from time to time and facilitate efficient and timely payouts by the Company of the benefits under the Policy.

18) Electronic Transactions

Subject to Section 17 above, the Policyholder agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time with regard to all transactions and hereby agrees and confirms that all transactions (other than those requiring a written notice or communication under this Policy) effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service 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.

19) Currency

All amounts payable either to or by the Company shall be payable in India and in Indian Currency.

20) Waiver

Failure or neglect by either party to enforce at anytime the provisions of this Policy shall not be construed or be deemed to be a waiver of either party's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice either party's right to take subsequent action.

21) Modifications

This Policy Document constitutes the complete contract of insurance. This Policy Document cannot be changed or varied except by an endorsement to the Policy, in writing and signed by an officer of the Company authorized for the purpose.

22) Payment of claim

The Company shall be under no obligation to make any payment under Section 4a) above unless and until the Company has received from the Claimant (at no expense to the Company) any information and documentation it requests, including but not limited to:

i) Written notice as soon as possible and preferably within 180 days of the death of the Life Assured, and the circumstances resulting to the death of the Life Assured or, Written notice as soon as possible but within ninety (90) days of the diagnosis of the Terminal Illness of the Life Assured, and the circumstances resulting to the Terminal Illness of the Life Assured, as the case may be.

ii) The claimant's proof of entitlement to receive payment under the Policy.

iii) Original Policy Document.

iv) In case of death of the Life Assured, Original death certificate of the Life Assured issued by a competent authority. In case the Life Assured suffers from Terminal Illness, a certificate from two practising medical consultants specialising in the relevant field of medicine and confirmed by our medical officer, that the Life Assured's life expectancy is less than six (6) months and the Life Assured is no longer receiving treatment other than that for symptomatic relief, i.e., for palliative care treatment and not as a life saving measure

v) Medical cause of death certificate from the doctor who last attended to the Life Assured or from the hospital in which the death occurred.

vi) If the death is due to unnatural causes; a copy of First Information Report (FIR) and Post Mortem Report (PMR).

vii) Any other document as asked for by the Company depending on the facts and circumstances of each case.

viii) Without Prejudice to the right of the Company to insist for any of the documents as mentioned herein above to examine the admissibility of claim for the benefits under the policy of insurance, the Company may at its sole discretion, consider claims where the claimant is unable to submit required documents.

23) Loss of Policy Document

a) If the Policy Document is lost or destroyed, then subject to Sub–Section c) below, at the request of the Policyholder, the Company, if satisfied that the Policy Document has been lost or destroyed, will issue a copy of the Policy Document duly endorsed to show that it is issued following the loss or destruction of the original document. The Company will charge a fee for the issuance of a copy of the Policy Document.

b) Upon the issue of a copy of the Policy Document, the original Policy Document will cease to have any legal effect.

c) The Company reserves the right to make such investigations into and call for such evidence of the loss or destruction of the Policy Document at the expense of the Policyholder, as it considers necessary before issuing a copy of the Policy Document.

d) It is hereby understood and agreed that the Policyholder will protect the Company and hold the Company harmless from and against any claims, costs, expenses, awards or judgments arising out of or howsoever connected with the original Policy Document or arising out of the issuance of a copy of the Policy Document.

Part G

24) Grievance Redressal

In case you have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Center at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company:

By post at: Customer Care Desk,
Bajaj Allianz Life Insurance Company Ltd.,
GE Plaza, Airport Road, Yerawada, Pune - 411006
By Phone at: Toll Free No. 1800 209 7272 | By Fax at: 020-6602-6789
By Email: customercare@bajajallianz.co.in

In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution:

Grievance Redressal Officer,
Bajaj Allianz Life Insurance Company Ltd.
3rd Floor, Bajaj Finserv, Survey No: 208/1-B , Behind Weik Field IT Park,
Viman Nagar, Pune – 411014
Tel. No: 1800 209 7272 | Fax: (+91 20) 40111502
Email ID: customercare@bajajallianz.co.in

If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:

By Phone: TOLL FREE NO: 155255
By Email: complaints@irda.gov.in
By post at: Consumer Affairs Department Insurance Regulatory and Development Authority of India
Survey no. 115/1, Financial District, Nanakramguda, Hyderabad-500032. By Fax at: +91- 40 – 6678 9768
The Policyholder can also register his complaint online at http://www.igms.irda.gov.in/

25) Ombudsman

a) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:

i) Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
ii) Delay in settlement of claim
iii) Dispute with regard to premium
iv) Non-receipt of your insurance document

b) The address of the Insurance Ombudsman is provided as Address & Contact Details of Ombudsmen Centres attached herewith. For the latest list of insurance ombudsman, please refer to the IRDAI website at http://www.irdaindia.org/ins_ombusman.htm.

c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

d) Also please note that as per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

i) Only if the grievance has been rejected by the grievance redressal mechanism of the Company.
ii) The complaint should be filed within a period of one year from the date of rejection by the Company.
iii) The complaint should not be simultaneously under any litigation.

26) Governing Law

Any and all disputes arising out of and under this Policy shall be governed by and determined in accordance with Indian law and by the Indian Courts.

27) Taxation

Payment of taxes, including GST, as applicable, shall be the responsibility of the Policyholder. The Policyholder agrees to pay or allows the Company to deduct/charge from any of the benefits payable or premium received under this Policy, a sum on account of any tax or other payment which may be imposed by any legislation, order, regulation or otherwise, upon the Company, Policyholder or any other beneficiary, which in the opinion of the Company is necessary and appropriate.

28) Status of Insurance Agent

The insurance agent is only authorized by the Company to arrange completion and submission of the Proposal Form. The insurance agent is not authorized to act as the Company's legal representative and any representation made by the insurance agent, which is against the express terms and conditions as contained in this Policy shall not be binding on the Company. Information or payment given to the insurance agent should not be considered as having been given to the Company. Any specific information given to the insurance agent at the time of solicitation of insurance business or negotiating the contract of insurance and not incorporated in the proposal form or other supporting documents on the basis of which this policy has been issued, shall be deemed to have been concealed from the Company knowingly and deliberately by the policyholder. In absence of any specific authorisation to an insurance agent to accept premium on behalf of the Company and issue receipt thereof, payment made to an insurance agent shall be considered from the date of receipt of the premium amount by the Company. In the event of happening of any eventuality between the date of payment of premium amount to the insurance agent and the date of receipt of the premium amount

Bajaj Allianz LifeStyle Secure

Annexure II

Instalments Discontinuance Factors (Factor1)

Months	5 yr	7 yr	10 yr	15 yr	20 yr	Months	7 yr	10 yr	15 yr	20 yr	Months	15 yr	20 yr	Months	20 yr
0	54.57	73.58	99.43	136.29	166.60	61	22.19	53.75	98.75	135.74	121	53.75	98.75	181	53.75
1	53.75	72.81	98.75	135.74	166.14	62	21.26	52.92	98.07	135.18	122	52.92	98.07	182	52.92
2	52.92	72.05	98.07	135.18	165.68	63	20.33	52.09	97.39	134.62	123	52.09	97.39	183	52.09
3	52.09	71.28	97.39	134.62	165.22	64	19.39	51.26	96.70	134.05	124	51.26	96.70	184	51.26
4	51.26	70.51	96.70	134.05	164.76	65	18.45	50.42	96.02	133.49	125	50.42	96.02	185	50.42
5	50.42	69.74	96.02	133.49	164.29	66	17.51	49.58	95.33	132.92	126	49.58	95.33	186	49.58
6	49.58	68.96	95.33	132.92	163.83	67	16.56	48.74	94.64	132.36	127	48.74	94.64	187	48.74
7	48.74	68.19	94.64	132.36	163.36	68	15.61	47.90	93.94	131.79	128	47.90	93.94	188	47.90
8	47.90	67.41	93.94	131.79	162.89	69	14.66	47.05	93.25	131.21	129	47.05	93.25	189	47.05
9	47.05	66.62	93.25	131.21	162.42	70	13.71	46.20	92.55	130.64	130	46.20	92.55	190	46.20
10	46.20	65.84	92.55	130.64	161.95	71	12.75	45.35	91.85	130.06	131	45.35	91.85	191	45.35
11	45.35	65.05	91.85	130.06	161.48	72	11.79	44.50	91.15	129.49	132	44.50	91.15	192	44.50
12	44.50	64.26	91.15	129.49	161.00	73	10.82	43.64	90.44	128.91	133	43.64	90.44	193	43.64
13	43.64	63.47	90.44	128.91	160.53	74	9.85	42.78	89.73	128.33	134	42.78	89.73	194	42.78
14	42.78	62.67	89.73	128.33	160.05	75	8.88	41.92	89.02	127.74	135	41.92	89.02	195	41.92
15	41.92	61.87	89.02	127.74	159.57	76	7.91	41.05	88.31	127.16	136	41.05	88.31	196	41.05
16	41.05	61.07	88.31	127.16	159.09	77	6.93	40.18	87.60	126.57	137	40.18	87.60	197	40.18
17	40.18	60.27	87.60	126.57	158.61	78	5.95	39.31	86.88	125.98	138	39.31	86.88	198	39.31
18	39.31	59.46	86.88	125.98	158.12	79	4.97	38.43	86.16	125.39	139	38.43	86.16	199	38.43
19	38.43	58.66	86.16	125.39	157.64	80	3.98	37.56	85.44	124.80	140	37.56	85.44	200	37.56
20	37.56	57.84	85.44	124.80	157.15	81	2.99	36.68	84.72	124.20	141	36.68	84.72	201	36.68
21	36.68	57.03	84.72	124.20	156.66	82	2.00	35.79	83.99	123.61	142	35.79	83.99	202	35.79
22	35.79	56.21	83.99	123.61	156.17	83	1.00	34.91	83.26	123.01	143	34.91	83.26	203	34.91
23	34.91	55.39	83.26	123.01	155.68	84	0.00	34.02	82.53	122.41	144	34.02	82.53	204	34.02
24	34.02	54.57	82.53	122.41	155.18	85		33.13	81.80	121.81	145	33.13	81.80	205	33.13
25	33.13	53.75	81.80	121.81	154.69	86		32.23	81.06	121.20	146	32.23	81.06	206	32.23
26	32.23	52.92	81.06	121.20	154.19	87		31.33	80.33	120.59	147	31.33	80.33	207	31.33
27	31.33	52.09	80.33	120.59	153.69	88		30.43	79.59	119.99	148	30.43	79.59	208	30.43
28	30.43	51.26	79.59	119.99	153.19	89		29.53	78.84	119.38	149	29.53	78.84	209	29.53
29	29.53	50.42	78.84	119.38	152.69	90		28.62	78.10	118.76	150	28.62	78.10	210	28.62
30	28.62	49.58	78.10	118.76	152.19	91		27.71	77.35	118.15	151	27.71	77.35	211	27.71
31	27.71	48.74	77.35	118.15	151.68	92		26.80	76.60	117.53	152	26.80	76.60	212	26.80
32	26.80	47.90	76.60	117.53	151.18	93		25.89	75.85	116.91	153	25.89	75.85	213	25.89
33	25.89	47.05	75.85	116.91	150.67	94		24.97	75.09	116.29	154	24.97	75.09	214	24.97
34	24.97	46.20	75.09	116.29	150.16	95		24.05	74.34	115.67	155	24.05	74.34	215	24.05
35	24.05	45.35	74.34	115.67	149.65	96		23.12	73.58	115.05	156	23.12	73.58	216	23.12
36	23.12	44.50	73.58	115.05	149.13	97		22.19	72.81	114.42	157	22.19	72.81	217	22.19
37	22.19	43.64	72.81	114.42	148.62	98		21.26	72.05	113.79	158	21.26	72.05	218	21.26
38	21.26	42.78	72.05	113.79	148.10	99		20.33	71.28	113.16	159	20.33	71.28	219	20.33
39	20.33	41.92	71.28	113.16	147.58	100		19.39	70.51	112.53	160	19.39	70.51	220	19.39
40	19.39	41.05	70.51	112.53	147.06	101		18.45	69.74	111.89	161	18.45	69.74	221	18.45
41	18.45	40.18	69.74	111.89	146.54	102		17.51	68.96	111.26	162	17.51	68.96	222	17.51
42	17.51	39.31	68.96	111.26	146.02	103		16.56	68.19	110.62	163	16.56	68.19	223	16.56
43	16.56	38.43	68.19	110.62	145.49	104		15.61	67.41	109.98	164	15.61	67.41	224	15.61
44	15.61	37.56	67.41	109.98	144.96	105		14.66	66.62	109.33	165	14.66	66.62	225	14.66
45	14.66	36.68	66.62	109.33	144.44	106		13.71	65.84	108.69	166	13.71	65.84	226	13.71
46	13.71	35.79	65.84	108.69	143.91	107		12.75	65.05	108.04	167	12.75	65.05	227	12.75

Bajaj Allianz LifeStyle Secure

47	12.75	34.91	65.05	108.04	143.37	108		11.79	64.26	107.39	168	11.79	64.26	228	11.79
48	11.79	34.02	64.26	107.39	142.84	109		10.82	63.47	106.74	169	10.82	63.47	229	10.82
49	10.82	33.13	63.47	106.74	142.30	110		9.85	62.67	106.08	170	9.85	62.67	230	9.85
50	9.85	32.23	62.67	106.08	141.77	111		8.88	61.87	105.43	171	8.88	61.87	231	8.88
51	8.88	31.33	61.87	105.43	141.23	112		7.91	61.07	104.77	172	7.91	61.07	232	7.91
52	7.91	30.43	61.07	104.77	140.69	113		6.93	60.27	104.11	173	6.93	60.27	233	6.93
53	6.93	29.53	60.27	104.11	140.14	114		5.95	59.46	103.45	174	5.95	59.46	234	5.95
54	5.95	28.62	59.46	103.45	139.60	115		4.97	58.66	102.78	175	4.97	58.66	235	4.97
55	4.97	27.71	58.66	102.78	139.05	116		3.98	57.84	102.12	176	3.98	57.84	236	3.98
56	3.98	26.80	57.84	102.12	138.50	117		2.99	57.03	101.45	177	2.99	57.03	237	2.99
57	2.99	25.89	57.03	101.45	137.95	118		2.00	56.21	100.78	178	2.00	56.21	238	2.00
58	2.00	24.97	56.21	100.78	137.40	119		1.00	55.39	100.10	179	1.00	55.39	239	1.00
59	1.00	24.05	55.39	100.10	136.85	120		0.00	54.57	99.43	180	0.00	54.57	240	0.00
60	0.00	23.12	54.57	99.43	136.29										

Note:

1) The benefit payable on discontinuance of the Settlement Instalments under the option to take Death/TI benefit in lump-sum is: Settlement Instalment * Factor1.

2) The Factor1 will be based on Policy Term and no. of Settlement Instalments paid till the date of discontinuance of Settlement Instalments.

Annexure AA

Section 38 of Insurance Act, 1938, as amended from time to time – Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with section 38 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. This Policy may be transferred / assigned, wholly or in part, with or without consideration.
2. An assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Company.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the Company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Company.
6. Fee to be paid for assignment or transfer can be specified by the IRDAI through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. If the Company maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The Company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bona-fide or (b) not in the interest of the Policyholder / Life Assured or (c) not in public interest or (d) is for the purpose of trading of the Policy.
10. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
12. The priority of claims of persons interested in the Policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to IRDAI.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except

a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
b. where the transfer or assignment is made upon condition that

i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the Life Assured OR
ii. the Life Assured surviving the Policy Term.

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the Company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person

a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
b. may institute any proceedings in relation to the Policy
c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

15. Any rights and remedies of an assignee or transferee of the Policy under an assignment or transfer effected before commencement of The Insurance Laws (Amendment) Act, 2015 shall not be affected by this section.

[Disclaimer: Section 38 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 38 as amended from time to time for complete and accurate details.]

Annexure BB

Section 39 of the Insurance Act, 1938, as amended from time to time – Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the Company.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the Company and can be registered by the Company in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the Company for the Company to be liable to such Nominee. Otherwise, Company will not be liable if a bona-fide payment is made to the person named in the text of the Policy or in the registered records of the Company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the IRDAI through Regulations.
8. On receipt of notice with fee, the Company should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.

9. A transfer or assignment made in accordance with section 38 of Insurance Act, 1938, as amended from time to time, shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of Company's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his/her (a) parents or (b) spouse or (c) children or (d) spouse and children or (e) any of them, the Nominees are beneficially entitled to the amount payable by the Company to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.
14. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee(s) or holder of succession certificate of such Nominee(s).
15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance Policies maturing for payment after the commencement of The Insurance Laws (Amendment) Act, 2015 (i.e 20.03.2015).
16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
17. The provisions of section 39 of the Insurance Act, 1938, as amended from time to time, are not applicable to any life insurance Policy to which section 6 of Married Women's Property Act, 1874, applies or has at any time applied except where before or after The Insurance Laws (Amendment) Act, 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under section 39 of the Insurance Act, 1938, as amended from time to time. Where nomination is intended to be made to spouse or children or spouse and children under section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of section 39 of Insurance Act, 1938, as amended from time to time, will not apply.

    [Disclaimer: Section 39 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 39 as amended from time to time for complete and accurate details.]

Annexure CC

Section 45 of the Insurance Act, 1938, as amended from time to time – Policy shall not be called in question on the ground of mis-statement after three years.

Provisions regarding Policy not being called into question in terms of section 45 of the Insurance Act, 1938, as amended by The Insurance Laws (Amendment) Act, 2015 dated 20.03.2015 are as follows:

1. No Policy of life insurance shall be called in question on any ground whatsoever after expiry of three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
2. On the ground of fraud, a Policy of life insurance may be called in question within three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.

    For this, the Company should communicate in writing to the Company or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which such decision is based.
3. Fraud means any of the following acts committed by Life Assured or Policyholder or by his agent, with the intent to deceive the Company or to induce the Company to issue the life insurance Policy:

a. The suggestion, as a fact of that which is not true and which the Life Assured or Policyholder does not believe to be true;
b. The active concealment of a fact by the Life Assured or Policyholder having knowledge or belief of the fact;
c. Any other act fitted to deceive; and
d. Any such act or omission as the law specifically declares to be fraudulent.

4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the Life Assured or Policyholder or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Life Assured or Policyholder / Beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within three (3) years on the ground that any statement of or suppression of a fact material to expectancy of life of the Life Assured or Policyholder was incorrectly made in the Proposal Form or other documents, basis which Policy was issued or revived or Rider issued. For this, the Company should communicate in writing to the Life Assured or Policyholder or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
7. In case repudiation is on ground of mis-statement and not on fraud, the premium(s) collected on Policy till the date of repudiation shall be paid to the Policyholder or legal representative or Nominee or assignees of Policyholder, within a period of 90 days from the date of repudiation.
8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on Company to show that if the Company had been aware of the said fact, no life insurance Policy would have been issued to the Policyholder.
9. The Company can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of Life Assured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

    [Disclaimer: Section 45 of the Insurance Act, 1938, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 45 as amended from time to time for complete and accurate details.]

Disclaimer

- The risks under the components of the Combi Product(s) are distinct. Bajaj Allianz Life Insurance Company Limited shall assume/accept the risk only in relation to the life insurance component of the Combi Product(s) and Bajaj Allianz General Insurance Company Limited shall assume/accept the risk only in relation to the health insurance component of the Combi Product(s).
- Upon purchase of this Combi Product (s), you shall be eligible for a discount of 5% on annual premiums payable towards both the life and health components of the Combi Product (s). Provided that if you take life insurance and health insurance policies individually from either of the Insurers, you shall not be entitled to the discount being offered under the Combi Product(s). In such cases, you would be governed by the terms and conditions of the individual policy being offered to you by either of the Insurers.
- The premium of the life insurance and health insurance components of the Combi Product(s) are separate and have been separately identified and disclosed in the Combi Product(s) policy document. The health insurance component of the Combi Product(s) is entitled to be renewed at the option of the policyholder of Bajaj Allianz General Insurance Company Limited.
- You shall pay the integrated premium for the Combi Product(s) to BAGIC, and BAGIC shall further transfer the relevant share of the premium to BALIC. You shall be entitled to the underlying benefits of both life and health insurance components of the Combi Product(s) from the date and time of acceptance of the integrated premium by BAGIC & BALIC.
- The Combi Product(s) shall have a free look option, which shall be applied to the Combi Product(s) as a whole. Provided where an existing policyholder of any health insurance product has migrated to the Combi Product(s), such policyholder is entitled to all the rights of migration as per the applicable portability norms.
- At any time during the validity of the Combi Product(s) policy, you shall be entitled to continue with either part of the Combi Product(s) policy, discontinuing the other. However, in the event you opt out of the coverage of either the life or health insurance component, the discount, being offered to you under the Combi Product (s) shall not be available going forward.
- The liability to settle the claim vests with respective Insurers, i.e., for life insurance benefits, Bajaj Allianz Life Insurance Company Limited, and for health insurance benefits, Bajaj Allianz General Insurance Company Limited.
- All policy servicing requests pertaining to the Combi Product(s) shall be received by either of the Insurers. However, BAGIC, as the Lead Insurer of the Combi Product(s), shall play a facilitative role in policy servicing and shall be the nodal point for receiving the servicing requests, executing these requests and issuing acknowledgements as required.
- All requests pertaining to the Combi Product(s) impacting premium or policy terms of BAGIC and BALIC shall be serviced by BALIC for life products and by BAGIC for health products, as the case may be.
- Both BAGIC and BALIC shall fulfil servicing requests received by them in accordance with the IRDAI (Protection of Policyholders' Interests) Regulations, 2017. Both BAGIC and BALIC shall be responsible for the pro-active and speedy settlement of claims and other obligations in accordance with the terms and conditions of their respective life insurance or health insurance components of the Combi Product(s). The claim process is available on the website of both BAGIC and BALIC.
- You may lodge a grievance with respect to either or both of the life insurance and health insurance components of the Combi Product(s) at branches of either BAGIC or BALIC. Complaint belonging to any product shall be routed to the respective insurer viz. BAGIC and BALIC, who shall then respond/address to the Customer directly. Complaints shall be forwarded by BAGIC and BALIC to other for its Product, within two (2) days from the date of receipt of the complaint. In the event you are not satisfied with the resolution offered, you may also approach the Insurance Ombudsman in your region. Please refer to the relevant grievance redressal mechanism section mentioned under each component of the Combi Product(s).
- The legal/quasi legal disputes, if any, are dealt by BAGIC and BALIC for their respective benefits. The legal disputes pertaining to life insurance benefits shall be dealt with by Bajaj Allianz Life Insurance Company Limited and for health benefits all the legal disputes will be handled by Bajaj Allianz General Insurance Company Limited.
- BAGIC or BALIC may terminate this tie up between them after obtaining the requisite approval from the IRDAI. Upon receipt of such approval from the IRDAI, BAGIC or BALICmay terminate this tie up with notice period of ninety (90) days, or such other period as may be prescribed by the IRDAI, from the date of such approval. In the event BAGIC or BALIC terminate this tie up, BAGIC and BALICwill intimate the same to you as to the termination of this tie up. However, your Combi Product policy shall continue until the expiry or termination of the coverage in accordance with the Combi Product policy terms and conditions for respective life insurance and health insurance components.
- Upon termination of the tie up between BAGIC and BALIC, BAGIC and BALIC shall exercise equal rights over you and it shall be your sole discretion whether you would like to independently continue with the life insurance component, health insurance component, both or none.
- In the event of termination of this tie up, BAGIC and BALIC shall mutually cooperate for providing customer support and policy servicing post termination of the tie up between BAGIC and BALIC. Further, BAGIC or BALIC, as the case may be, shall remain liable for its respective life insurance or health insurance components for all Combi Product policies in force at the time of termination of this tie up until their expiry.

Address & Contact Details of Ombudsman Centres

Address & Contact Details of Ombudsman Centres

Office Details	Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	BENGALURU - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri/Smt..... 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@ecoi.co.in	Madhya Pradesh Chattisgarh.	BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Shri/Smt..... 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	CHENNAI - Shri/Smt..... 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@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.	GUWAHATI - Shri/Smt..... 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@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri/Smt..... 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@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	JAIPUR - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Shri/Smt..... 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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	KOLKATA - Shri/Smt..... 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@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

Address & Contact Details of Ombudsman Centres

LUCKNOW -Shri/Smt..... 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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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 - Shri/Smt..... 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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri. Ajesh Kumar 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 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.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 - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... 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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region		