Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
For more details, log on to: www.bajajallianz.com | E-mail: bagichelp@bajajallianz.co.in or
Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office:

CRITICAL ILLNESS INSURANCE

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document

Sl No	Title	Description	Policy Clause Number
1	**Name of Insurance Product**	**CRITICAL ILLNESS INSURANCE**	
2	**Policy Number**	Kindly refer to Your Policy schedule	
3	**Type of Insurance**	Kindly refer to Your Policy schedule	
4	**Sum Insured (Basis)**	Kindly refer to Your Policy schedule	
5	**Policy Coverage (What the Policy Covers)**	**Coverages** 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 lump sum Critical Illness Benefit, for conditions specified in table below: 1. Myocardial Infarction (First Heart Attack of specific severity) 2. Open Chest CABG 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 (Idiopathic) Pulmonary Hypertension 10. Permanent Paralysis of Limbs 11. Neuro Surgery 12. Joint Replacement	Section C
6	**Exclusions (What the policy does not cover)**	**Specific 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, 2. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III etc. 3. Treatment arising from or traceable to pregnancy etc. 4. Occupational diseases. 5. War, invasion, acts of foreign enemies, civil war, insurrection, terrorism etc 6. Naval or military operations of the armed forces or airforce and participation in operations etc. 7. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane). 8. Radioactive contamination. 9. Consequential losses of any kind, loss of gain, business interruption, market loss etc. 10. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.	Section D

7	**Waiting Period** Time period during which specified disease/treatment are not covered	**Initial Waiting period:** Any Critical Illness diagnosed within the first 90 days of the date of commencement of the first Policy with Us **Survival Period:** Insured should survive for 30 days as mentioned in the policy schedule from the diagnosis and fulfilment of the critical illness definition before the claim benefit will be paid	Section D Section C
8	**Financial Limits of Coverage** i. Sublimit (it is a pre defined limt and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured) iii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: **Sub limits** : Not Applicable **Co-payment** : Not Applicable **Deductible –** Not applicable	

	iv. Any other limit (as applicable)		
9	**Claims/claims procedure**	**Claim Procedure** i. 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. ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends. iii. 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. iv. 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. *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 **Turnaround time(TAT) for claim settlement:** 1. Turnaround time (TAT) for claim settlement: 30 Working Days **Helpline numbers** Tollfree: 1800-103-2529 **Downloading /getting claim forms** Health Insurance Claim Process | Accident Insurance Claim (bajajallianz.com)	Section E 24.
10	**Policy Servicing**	Call centre number(Toll free): 1800-209-5858 Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf	
11	**Grievances /Complaints**	**Grievance Redressal Procedure:** a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858 b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html c) E-mail • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in • Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back	Section E.12

		d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman e)	
12	**Things to remember**	**Free Look Cancellation:** Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions. **Policy Renewal:** Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied **Migration and Portability:** At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128 beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least45days before, butnotearlierthan60days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability **Change in Sum Insured:** sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured **Moratorium period:** After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits	Section E
13	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the Policy Period.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Declaration by policy holder

I have read the above and confirm having noted the details

Place
Date: Signature of Policy holder

Note: Web link for downloading the product related documents
https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html