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Issuing Office:

# PREMIUM PERSONAL GUARD

## 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 |
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| 1 | **Name of Insurance Product** | **Premium Personal Guard** | |
| 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** | |
| | | **Part I**<br>1. Death – Nominee will be payed 100% of the sum assured shown under the schedule, if during the Policy Period the insured meets with Accidental Bodily Injury that causes death within 12 Months. | Section C.I.1 |
| | | 2. Permanent Total Disability - 200 % of the sums assured shown under the Schedule will be payed if the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability within 12 months. | Section C.I.2 |
| | | 3. Permanent Partial Disability - If the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Partial Disability within 12 months, specific percentage of the sums assured will be paid. | Section C.I.3 |
| | | 4. Temporary Total Disability - If the insured person (s) named in the schedule, except for the dependent children, suffer Accidental Bodily Injury during the Policy Period which completely prevents the insured person(s) from engaging in his/her respective occupation, then the insured will be paid a weekly payment under TTD benefit. | Section C.I.4 |
| | | **Additional Cover-**<br>5. Transportation – Expenses will be paid for death of the insured and his/her family member(s) named in the schedule, towards the actual cost of transporting from the place of death to a hospital, cremation ground or burial ground. | Section C.I.5.a |
| | | 6. Children's Education Benefit – Expenses will be paid for the cost of education of up to 2 dependent children under the age of 19 at the date insured was covered under the policy met with Accidental Bodily Injury. | Section C.I.5.b |
| | | **Part II**<br>7. Hospital Confinement Allowance - If insured and his/her family member(s) opted for Hospital confinement Allowance Benefit, sum insured opted under this cover for each complete calendar will be paid for member(s) hospitalized for medical reasons because of the Accidental Bodily injury met. | Section C.II |
| | | **Part III**<br>8. Accidental Hospitalization Expenses - If insured and his/her family member(s) are hospitalized on advice of a Doctor because of Accidental Bodily Injury sustained during the Policy Period, then Reasonable and Customary Medical Expenses incurred up to a maximum sum insured will be reimbursed. | Section C.III |
| 6 | **Exclusions** | We will not pay for any event that arises because of, is caused by, or can in any way be linked to any of the following. | Section D |

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| | **(What the policy does not cover)** | **1. Maternity (Excl. 18)**<br>a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.<br>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.<br><br>SECTION D) EXCLUSIONS UNDER THE POLICY – SPECIFIC EXCLUSIONS<br><br>We will not pay for "any event that arises because of, is caused by, or can in any way be linked to any of the following.<br>**I. General Exclusion**<br>1. Accidental Bodily Injury that You meet with:<br>a. Through suicide, attempted suicide or self inflicted injury or illness.<br>b. While under the influence of liquor or drugs.<br>c. Through deliberate or intentional, unlawful or criminal act, error, or omission.<br>d. 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.<br>e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.<br>f. As a result of any curative treatments or interventions that you carry out or have carried out on your body.<br>g. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic.<br>2. Consequential losses of any kind or insured person's actual or alleged legal liability.<br>3. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition.<br>4. Venereal or Sexually transmitted diseases<br>5. 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.<br>6. 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.<br>7. Nuclear energy, radiation. | |
| **8** | **Financial Limits of Coverage**<br>i. Sublimit (it is a pre defined limt and the insurance company will not pay any amount in excess of this limit) | The policy will pay only up to the limits specified hereunder for the following diseases/procedures:<br><br>**Sub limits**<br><br>Covers: Road Ambulance — Limit: upto a limit of Rs 1000 per claim<br><br>**Deductible –** Not applicable<br><br>**Other Limits:**<br>1. Permanent Partial Disability – If insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Partial Disability | Section C. Part I |

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| | ii. 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)<br>iii. Any other limit (as applicable) | within 12 months, percentage of sums assured shown as per table as specified in policy wordings , 50% & 25% (respectively for Spouse & child):<br>2. Transportation - limited to the lower of Rs.5,000/- or 2% of the Sum Assured<br>3. Children's Education Benefit - payment of Rs.5,000/- each towards the cost of education of up to 2 of your dependent children who were under the age of 19<br>4. Hospital Confinement Allowance - per day allowance 50% for Spouse & 25% for child. | |
| **9** | **Claims/claims procedure** | If you meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to our liability:<br>a. You or someone claiming on behalf must inform us in writing immediately and in any event within 30 days.<br>b. You must immediately consult a Doctor and follow the advice and treatment that he recommends.<br>c. You must take reasonable steps to lessen the consequence of Bodily injury.<br>d. You must have yourself examined by our medical advisors if we ask for this.<br>e. You or someone claiming on behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.<br>f. In case of your death, someone claiming on your behalf must inform us in writing immediately and send us a copy of the post-mortem (If conducted) report within 30 days.<br>*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 You were placed, it was not possible for You or any other person to give notice or fi le claim within the prescribed time limit.<br><br>**Turnaround time(TAT) for claim settlement:**<br>1. Turnaround time (TAT) for claim settlement: 30 Working Days<br>2. TAT for preauthorization of cashless facility: Within 120 Mins<br>3. TAT for cashless final bill authorization: Within 120 Mins<br>**Weblinks**<br>Network hospital and Black listed hospital list<br>https://www.bajajallianz.com/branch-locator.htmll<br><br>**Helpline numbers** | Section E 29 |

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| | | Tollfree: 1800-103-2529<br><br>**Downloading /getting claim forms**<br>Health Insurance Claim Process \| Accident Insurance Claim (bajajallianz.com) | |
| **10** | **Policy Servicing** | Call centre number(Toll free): 1800-209-5858<br>Details of Company officials: Branch-wise GRO details can be found on the below link.<br>https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf | |
| **11** | **Grievances /Complaints** | **Grievance Redressal Procedure:**<br>a) Toll-free number 1-800-209- 5858 or 020-30305858,<br>Say "Hi" on WhatsApp on +91 7507245858<br>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html<br>Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html<br><br>c) E-mail<br>• Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in<br>• 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<br><br>• 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<br>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 | Section E.8 |
| **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.<br><br>**Policy Renewal:** Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied<br><br>**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<br>For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128<br>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<br><br>**Change in Sum Insured:** sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by | Section E 6, 10,11, 16 |

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| | | the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured<br><br>**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<br>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 | |
| **13** | **Your Obligations** | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement<br><br>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