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

SURAKSHA CHAKRA

Prospectus

Introduction

Life being uncertain takes you through many twists and turns. We, at Bajaj Allianz, understand your concerns with regards to your loan related financial hardships which might arise out of unfortunate incidents arising out of accidental bodily injury. Accidents can happen to anyone anywhere and moreover accidental death or injury of a breadwinner can create serious financial problems for the family and you may not be prepared for it. To take care of such situations Bajaj Allianz General Insurance Company Limited brings to you a product "Suraksha Chakra" that protects your from all hardships of life.

Scope of Cover

We shall indemnify, compensate, pay and/or reimburse you or your nominee or the legal representatives the benefits as specified in the policy schedule, as the case may be, following an Accidental Bodily Injury to you which results in any of the following events, occurring during the period of insurance:

- Section I: Personal Accident Cover
- Section II: Accidental Hospitalisation Expenses
- Section III: Road Ambulance Cover
- Section IV: Hospital Cash Benefit
- Section V: Loan Protector Cover
- Section VI: Loss of Income due to Disability from Accident
- Section VII: Coma Due to Accidental Bodily Injury

What we will pay for?

SECTION I: PERSONAL ACCIDENT COVER

a) 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 Section I Sum Insured stated in the Policy Schedule, to the Insured Person's Nominee or legal representative.

Additional Benefits:

If the claim under Section I (a): Death is accepted for the Insured Person, then the Company will pay for the following additional expenses which will be over and above the Sum Insured :

a. Transportation of mortal remains

The Company will make an additional payment of 1% of the sum insured as specified in policy schedule under Section I 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 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 Person.

Extensions:

a. Disappearance

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.

b) 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 125% of Section I Sum insured stated in 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 Permanent Total Disability of the insured person is accepted, then the company will pay the following additional benefit which will be over and above the Sum Insured:

a. Lifestyle Modification Benefit:

The Company will make an additional payment of 2% of the Section I 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 Insured Person.

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.

c) 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 Section I Sum Insured shown in 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 %

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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 Sum Insured as stated under the Section I 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 under this section.
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 II - ACCIDENTAL HOSPITALIZATION EXPENSES

If You are hospitalized for a minimum period of 24 hours on the advice of a Doctor because of Accidental Bodily Injury sustained during the Policy Period, then We will reimburse You, the In-patient Treatment- Medical Expenses incurred up to a maximum sum insured mentioned in the schedule for this section which would include:

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables,
- Diagnostic procedures,
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- Physiotherapy expenses as recommended by the treating Doctor

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

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

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

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

Specific Exclusion Applicable to Accidental Hospitalization Cover:

1. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception

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

SECTION III – ROAD AMBULANCE COVER

This section covers the following:

a. If due to an Accidental Bodily Injury sustained by the Insured Person during the Policy Period, he/she 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. 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 Insured Person's transfer 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 Section.

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

SECTION IV - HOSPITAL CASH BENEFIT

The Company will pay per day benefit amount for each complete calendar day that the Insured Person had to be hospitalized for medical reasons because of the Accidental Bodily injury met with. The per day benefit would be as specified under the Policy Schedule for a maximum period of 60 days per Policy Period.

Specific Condition Applicable to Hospital Cash Benefit

1. The final settlement of claim amount will be decided based on the final hospital bill having details of number of days the insured was hospitalized.

   Example:

   An Insured was admitted in hospital for 36 hours. The final hospital bill for the hospitalization was showing no. of days the insured was admitted in the hospital as 2 days.
   In this case total claim amount paid will be Rs. (500*2) = Rs. 1000.

Specific Exclusion Applicable to Hospital Cash Benefit:

2. Any Hospitalization for an existing disability from a previous Accident which has occurred prior to the first inception of this Policy.
3. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.

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4. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
5. 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.
6. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
7. Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
8. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to Accident or as a part of any Injury.
9. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils. .
10. Any other medical or surgical treatment except as may be necessary solely as a result Injury.
11. Any treatment taken outside India.

SECTION V – LOAN PROTECTOR COVER

If the Insured Person sustains 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 Section I , 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. The outstanding Loan amount would not include any arrears due to any reasons whatsoever. The claim payable under this cover shall be in addition to the benefit payable under the Section I Death or Permanent Total Disability.

SECTION VI: LOSS OF INCOME DUE TO DISABILITY FROM ACCIDENT

If the insured person sustains Accidental Bodily Injury during the Policy Period which directly and independently of all causes temporarily and completely prevents the insured person from performing each and every duty pertaining to his employment or occupation, then the company will make a weekly payment as per the weekly benefit amount shown under the heading "Loss of income due to Disability from Accident" in the Policy schedule.

The company shall make weekly payment/s for the disability period as specified by the treating doctor for a maximum period of 100 weeks.

Specific conditions

a. The bodily injury sustained should be detectable by means of clinical examination and radiological scanning or imaging ;
b. Injuries to the spine, the ligamentous system, cartilage and nervous system should be detectable by means of radiological scanning or imaging or neurological fallout testing;
c. If the bodily injury sustained is not detectable by means of clinical examination and radiological scanning and imaging or neurological fallout testing , then the company shall not be liable in respect of the insured person for any claim under this cover ;
d. We will stop making payments when we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier;
e. In case the temporary total disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
f. In the event of a dispute arising with regards to the duration of Temporary total disability, the duration shall be finally determined by a physician mutually appointed by both the parties, who certifies the final date upon which the insured person recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

SECTION VII: COMA DUE TO ACCIDENTAL BODILY INJURY

If the Insured Person meets with an Accidental Bodily Injury during the 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 mentioned in the Policy Schedule.

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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.

General exclusions under Suraksha Chakra Policy

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.
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; or 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,
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 under this policy 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. 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.

Special Conditions

- **Who can be covered under the policy?**
  Loan Borrowers of Banks and Financial Institutions can be covered under the Policy

- **What is the entry age?**

Entry age for Proposer is 18 Years to 70 Years

- **What is renewal age?**
  1. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.
  2. However no Renewal of contract will be permissible in the event of admissible claim and settlement under Section I: Personal Accident Cover (Death or Permanent Total Disability).

- **What is the Policy Period?**
  The policy can be opted for 1 year, 2 years & 3 years

- **What are the Plans under the Policy?**

Section	Cover	Plan A	Plan B	Plan C
I	**Personal Accident Cover**	200000	200000	300000
II	**Accidental Hospitalisation Expenses**	50000	50000	100000
III	**Road Ambulance Cover**	5000	5000	5000
IV	**Hospital Cash Benefit**	500 Per Day	500 Per Day	500 Per Day
V	**Loan Protector Care**	100000	100000	100000
VI	**Loss of Income due to Disability from Accident**	0	1000/week	1000/week
VII	**Coma Due to Accidental Bodily Injury**	0	0	100000
	Net Premium for 1 year	**691**	**797**	**1,001**
	Net Premium for 2 year	**1,326**	**1,529**	**1,922**
	Net Premium for 3 year	**1,906**	**2,198**	**2,763**

*All Figures in INR
* Premium Exclusive of Service Tax

- **What are the Terms of Renewal?**
  1. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.
  2. 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.
  3. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
  4. **Note:** The cover for You shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.

- **How do I cancel my Policy?**
  1. 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.
  2. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period 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 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than 15 months		30.00%	50.00%
Exceeding 15 months but less than 18 months		20.00%	45.00%
Exceeding 18 months but less than 24 months		0.00%	30.00%
Exceeding 24 months but less than 27 months			20.00%
Exceeding 27 months but less than 30 months			15.00%
Exceeding 30 months but less than 36 months			0.00%

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

- **Free Look Period**

  You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.
  If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to:

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

  Free Look period is not applicable for renewal policies.

- **Revision/ Modification of the policy:**

In case of revision or modification or coverages and/or premiums of this product at any time in future of terms with appropriate approval from IRDA we will inform you at least 3 months prior to the date of such revision/modification comes into the effect.

- **Migration of Policy:**
  - You 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

- **What are the 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 policies 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):

1. Complete set of documents should be in-warded minimum 45 days prior to the Risk Expiry date.
2. All Portable Cases to be referred to Bajaj Allianz Head office (Health Administration Team) for Under Writing.
3. 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.
4. In case of enhancement of SI the continuity would be given on the expiring Sum Insured & Cumulative Bonus
5. 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.
6. **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

- **Withdrawal of Policy**

In case 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.

- **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.

- **Enhancement of Plan/ Sum Insured**

The Insured member can apply for enhancement of Plan/ Sum Insured at the time of renewal of the Policy and subject to specific approval and acceptance by the Company.

What would be the process in case of a claim?

i. Reimbursement Claim Procedure of All Sections

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

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

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*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 Claims Document Specific to Personal Accident Cover

List of Claim documents for Death

- Duly Completed Claim Form signed by Nominee 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 Insured Person
- Original Policy copy

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

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

List of Claims Document Specific to Accidental Hospitalization Expenses

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

List of Claim Document Specific to Road Ambulance Cover

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

List of Claims Document Specific to Hospital Cash Benefit Section

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

- Other documents as may be required by the Company to process the claim

List of Claim Document Specific to Loan Protector Cover

- 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

List of Claim Document Specific to Loss of Income due to Disability from Accident

- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original Policy copy.
- For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury
- Certificate from the treating doctor mentioning the extent of Injury along with the period of disability
- Certificate from Treating doctor with date of full recovery & resuming of duties

List of Claims Document Specific to Coma Due to Accidental Injury Section

- Hospital Discharge Card or Certificate from the Hospital regarding the Condition of the patient and the treatment being provided.
- Duly completed claim form signed by the Claimant
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Certificate from the Attending Doctor confirming the Comatose State

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: In case the Insured is claiming for the same event under an indemnity based policy of another insurer and is required to submit the original documents related to his treatment with that particular insurer, then the Insured may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it. If the insured requests for original documents, the same can be returned subject to the submission of self attested copies.

ii. Cashless Claims Procedure:

Applicable only for Accidental Hospitalization Expenses Cover

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 out of any Accidental Injury, at a Network Hospital, the Insured Person must call Us and request pre-authorization by way of the written form which the Company will provide.
b. After considering the Insured's request and after obtaining any further information or documentation the Company have sought, the Company may if satisfied send to the Insured Person 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 Person 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. Insured Person shall, in any event, be required to settle all other expenses directly.

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 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.
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. 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.

How do I buy this policy?

1. Discuss the policy benefits, coverage and premium details with your insurance advisor or visit our website (www.bajajallianz.com) for details
2. Actively seek information on the charges and exclusions under the policy
3. Fill the proposal form stating your personal details and health profile
4. Ensure that the information given in the form is complete and accurate
5. In case of the portability, please contact us, 45 days prior to the risk expiry date of the previous health insurance policy.
6. The Policy Schedule, Policy Wordings will be sent to your mailing address mentioned on the proposal form

***Contact**:*

Health Administration Team,
Bajaj Allianz General Insurance Co. Ltd.
2nd floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road,Viman Nagar-Pune - 411 014.
**Toll Free No. 1-800-225858 (for for BSNL/MTNL lines only) or 1-800-1025858 (for Bharti users - mobile / landline) or 020-30305858*

Disclaimer: The above information is only indicative in nature and for more details on the coverage, terms and exclusions, please get in touch with our nearest office

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 3300+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centers , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens
'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly
Health toll free number: 1800-103-2529
Exclusive Email address: **seniorcitizen@bajajallianz.co.in**

Disclaimer: The above information is only indicative in nature and for more details on the coverage, terms and exclusions, please get in touch with nearest office of Bajaj Allianz General Insurance Co. Ltd

UIN: IRDAI/HLT/BAGI/P-H/V.1/40/16-17