



Bajaj Allianz General Insurance Company Limited

Issuing Office :

CRITICAL ILLNESS COVER

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.

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.

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 Consultant means a qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a consultant, and who is not related to the Insured or the Named Insured by blood or marriage.
- 2 Critical Illness means an illness, sickness or a disease or a corrective measure as specified in Section C of this Policy.
- 3 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.
- 4 Insured means the persons, or a person within a category, named in the Schedule and the dependents of such named persons provided that an Insured has attained the age of 6 years and is not older than 60 years of age at the commencement of the Policy Period.
- 5 Named Insured means the person or organisation named in the Schedule.
- 6 Physician means a qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, acting within the scope of his license, and who is not related to the Insured or the Named Insured by blood or marriage.
- 7 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.
- 8 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.
- 9 Schedule means the Schedule, and any annexure to it, attached to and forming part of this Policy.

C. CRITICAL ILLNESS

- 1) **First Heart Attack (Myocardial Infarction)**
Diagnosis by a Physician of the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis will be evidenced by all of the following criteria :
 - History of typical chest pain.
 - New and recent electrocardiographic changes indicating myocardial infarction.
 - Elevation of infarction specific enzymes.Non –ST segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T is excluded.
Specific Exclusion: Angina or chest pain.
- 2) **Coronary Artery Disease Requiring Surgery**
The undergoing of open chest surgery for the treatment of a blockage of two or more coronary arteries with bypass grafts (CABG).
Specific Exclusion: non-surgical techniques including but not limited to balloon angioplasty, laser relief of an obstruction or other forms of coronary artery clearing through catheters or similar devices.
- 3) **Stroke**
The diagnosis and certification by a Consultant neurologist of any cerebrovascular incident producing neurological sequel lasting more than twenty-four hours and including infarction of brain tissue, haemorrhage and embolisation from an extra cranial source if there is evidence satisfactory to the Company of permanent neurological deficit for more than six months.
Special Exclusion: Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve as well as ischaemic disorders of the vestibular system.

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- 4) **Cancer**
The diagnosis by a Consultant oncologist of the presence of one or more malignant tumours including leukaemia (other than chronic lymphocytic leukaemia), lymphomas and Hodgkins disease characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.
Specific Exclusions:
- I. Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN- 3) or, which are histologically described as pre malignant and Ductal carcinoma in situ of the breast.
 - II. Melanomas of less than 1.5-mm maximum thickness as determined by histological examination or less than Clark Level 3 Depth of invasion.
 - III. All hyperkeratoses or basal cells carcinomas of the skin.
 - IV. All squamous cell carcinomas of the skin unless there has been a spread to other organs.
 - V. Kaposi's sarcoma and other tumours associated with HIV infections or AIDS.
 - VI. Papillary carcinoma of the bladder and Prostatic cancers which are histologically described as TNM Classification T1 (including T1(a) T2(b) or are of another equivalent or lesser classification. Stage I prostate carcinoma is excluded) and
 - VII. Hodgkins disease stage 1.
- 5) **Kidney Failure (End-stage renal disease)**
End stage renal disease presented as chronic irreversible failure of both the kidneys to function, as a result of which either regular renal dialysis (peritoneal dialysis or haemodialysis) is instituted or renal transplantation is carried out.
- 6) **Major Organ Transplantation**
The undergoing as a recipient of a transplant of a heart, lung, liver, kidney, pancreas (excluding the transplantation of the islets of Langerhans only) or bone marrow.
- 7) **Multiple Sclerosis**
Diagnosis by a Consultant neurologist of neurological abnormalities.
The insured must exhibit neurological abnormalities that have existed for a continuous period of at least 6 months or must have had at least two clinically documented episodes. This must be evidenced by the typical symptoms of demyelination and impairment of motor and sensory functions as well as by typical MRI findings
- 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) **Paralysis**
The diagnosis and certification by a Consultant neurologist of the Insured's complete and permanent loss of use of both arms or both legs or one arm and one leg, through paralysis of grade 0-2/6 motor power caused by sickness, illness, disease or accidents, persisting for at least six months from the date of diagnosis.

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:

- 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 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.
- 3 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 Lymphadenopathy 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.
- 4 Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies
- 5 Occupational diseases.





- 6 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.
- 7 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.
- 8 Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- 9 Radioactive contamination.
- 10 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.
- 11 Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

E GENERAL CONDITIONS

- 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.
- 2 **Duties and Obligations of the Insured and/or Named Insured Upon the Diagnosis of an Event of Critical Illness**
 - 2.1 It is a condition precedent to the Company's liability to make any payment under this Policy that, upon the diagnosis of an event of Critical Illness:
 - 2.1.1 the Insured and/or the Named Insured shall immediately and in any event within 4 weeks provide the Company with written notification of a claim, and
 - 2.1.2 the Insured and/or the Named Insured shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the Critical Illness, the claim and/or the Company's liability hereunder that may be requested, and the Insured shall submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.
 - 2.2 The Company shall be under no obligation to make any payment under this Policy until such time as the Insured has taken all necessary steps to satisfy the Company that there has been an event of Critical Illness within the terms of this Policy and this diagnosis has been confirmed by the Company's medical advisors.
- 3 **Payment of Claims**
 - 3.1 The Company shall make payment under this Policy in the name of or to the benefit of the Insured by delivering the same to the Named Insured, who shall hold such payment on trust for the Insured and whose obligation it is to forward such payment to the Insured. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this Policy, and the Named Insured agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of any failure to make payment of all or part of the sum due under this Policy to the Insured.
- 4 **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.
- 5 **Notifications & Declarations**
 - 5.1 Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be delivered to the address specified in the Schedule.
 - 5.2 All notices and declarations for the attention of the Insured or the Named Insured shall be posted and addressed to the Named Insured's address as stated in the Schedule.
 - 5.3 The Insured and Named Insured agree that the Named Insured shall also act on behalf of all Insureds as to:
 - 5.3.1 The giving and receiving of any notice or declaration under or in respect of this Policy (including notice of cancellation), and
 - 5.3.2 The payment of premiums and the receipt of any return premium, and
 - 5.3.3 The acceptance of any endorsements to this Policy.
- 6 **Cancellation and Addition and Deletion of Insureds**
 - 6.1 This Policy may be cancelled wholly or for a specific Insured by or on behalf of the Company by giving the Named Insured at least 7 days written notice and in such event the Company shall refund to the Named Insured a pro-rata premium for the unexpired Policy Period. For the avoidance of doubt, the Company shall remain liable for any claim which was made prior to the date upon which the insurance is cancelled.





- 6.2 This Policy may be cancelled by the Named Insured at any time by giving at least 7 days written notice to the Company. The Company will refund premium according to the Company's Short Period Rates (except that no refund of premium will be due if any claim has been made on the Policy):

Period on risk	Rate of premium to be retained by the Company
Up to 1 month	25% of premium
Up to 3 months	50% of premium
Up to 6 months	75% of premium
Exceeding 6 months	100% of premium

- 6.3 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, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured. For the avoidance of doubt, the Company reserves the right to refuse to include the name of a person as an Insured.
- 6.4 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.
- 6.5 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.
- 7 Arbitration and Reconciliation
- 7.1 Any and all disputes or differences, which may arise under or in relation to this Policy, including its interpretation or the quantum of any claim shall be referred to arbitration and to a sole arbitrator to be appointed in accordance with Arbitration and Conciliation Act, 1996, within a period of 30 days of either the Company or the Insured giving notice in this regard.
- 7.2 The applicable law in and of the arbitration shall be the Indian law.
- 7.3 The expenses of the arbitrator shall be shared between the parties equally and such expenses along with all reasonable costs in the conduct of the arbitration shall be awarded by the arbitrator to the successful party, or where no party can be said to have been wholly successful, to such party, as substantially succeeded.
- 7.4 It is agreed condition precedent to any right of action or suit upon this Policy that an award by such arbitrator or arbitrators shall be first obtained.
- 7.5 In the event that these arbitration provisions shall be held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts.
- 8 Governing Law
The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.
- 9 Entire Contract
The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.
- 10 Renewal
For the avoidance of doubt, nothing herein shall oblige the Company to offer renewal terms or renew this Policy or issue a fresh Policy.
- 11 Territorial Limits
The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.



Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule. The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

RESOLVING ISSUES

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz, If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

First Step

Initially, we suggest you contact the Branch Manager / Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy.

Second Step

Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Customer Care Cell

Bajaj Allianz General Insurance Co. Ltd
GE Plaza, Airport Road, Yerawada, Pune 411 006
E-mail: customercare@bajajallianz.co.in

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices is mentioned below:

Areas of Jurisdiction	Office of the Ombudsman
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	2 nd Flr., Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 (O) 079-27546150, 27546139, Fax:079-27546142
Madhya Pradesh & Chhattisgarh	1 st Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011 (O) 0755-2769200, 2769202, 2769201, Fax:0755-2769203
Orissa	62, Forest Park, BHUBANESWAR - 751 009 (O) 0674-2535220, 2533798, Fax:0674-2531607
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 (O) 0172-2706196, 2705861, EPBX: 0172-2706468, Fax: 0172-2708274
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018 (O) 044-24333678, 24333668, Fax: 044-24333664
Delhi & Rajashtan	2/2 A, 1 st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002 (O) 011-23239611,23237539, 23237532, Fax: 011-23230858
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (O) 0361-2413525, EPBX: 0361-2415430, Fax: 0361-2414051
Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	6-2-46, 1 st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (o) 040-23325325, 23312122, 65504123, Fax:040-23376599
Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	2 nd Flr., CC 27/ 2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (O) 0484-2358734, 2359338, 2358759, Fax:0484-2359336
West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim	North British Bldg. 29, N. S. Road, 3rd Flr., KOLKATA -700 001. (O) 033-22134869, 22134867, 22134866, Fax: 033-22134868
Uttar Pradesh and Uttaranchal	Jeevan Bhawan, Phase 2, 6 th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (O) 0522-2201188, 2231330, 2231331, Fax:0522-2231310
Maharashtra, Goa	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054 (O) 022-26106928, 26106360, EPBX: 022-6106889, Fax: 022-26106052

Note : Address and contact number of Governing Body of Insurance Council:

Secretary General - Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel. No. : 022 - 2610 6889, 26106245, Fax No. : 022 - 26106949, 2610 6052, E-mail ID : inscoun@vsnl.net