



Bajaj Allianz General Insurance Company Limited

Issuing Office :

EXTRA CARE POLICY DOCUMENT

Our agreement to insure You/Your family members named in the schedule is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

A Cover

1) Medical Expenses

If You/Your family member(s) named in the schedule are hospitalised on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable charges Medical Expenses incurred, in excess of the deductible stated in the schedule.

2) Ambulance Expenses

If a claim under Cover 1) is accepted, We will also pay the ambulance expenses to a maximum of Rs 3000 per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

B Definitions

Words or terms in *Italic* 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 female wherever the context permits:

- 1) Bodily Injury means physical bodily harm or injury, but does not include any mental disease or illness or sickness.
- 2) Accident, Accidental - A sudden, unintended and fortuitous external and visible event
- 3) You, Your, Yourself/Your family member(s) named in the schedule means the person or persons that We insure as set out in the Schedule.
- 4) We, Our, Ours means the Bajaj Allianz General Insurance Company Limited.
- 5) Doctor means a person who holds a recognised qualification in allopathic medicine, is registered by the medical council of any State of India in which he operates and is practicing within the scope of such license.
- 6) Hospital: Any institution in India established for indoor care & treatment of disease & injury, which
 - a) Is registered either as a hospital or nursing home with the local authorities & is under the supervision of a registered medical practitioner
 - OR
 - b) Complies with minimum criteria of
 - i. At least 15* in-patient beds
 - ii. Fully equipped OT of its own where surgical operations are carried out
 - iii. Fully qualified nursing staff under employment round the clock
 - iv. Qualified doctors in charge round the clock but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place(*NOTE: In class 'C' towns, minimum number of beds shall be 10)
- 7) Bajaj Allianz Network Hospitals 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.
- 8) Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request
- 9) Illness means sickness (a condition or an ailment affecting the general soundness and health of the Insured's body) or disease (an affliction of the bodily organs having a defined and recognised pattern of symptoms) that first manifests itself during the Policy Period and for which immediate treatment by a Doctor is necessary, but does not include any

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mental disease, sickness or illness.

- 10) Pre-Existing ailment or disease - 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 prior to inception of your first policy
- 11) Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and means the amount stated in the Schedule . The limit of indemnity / Sum Insured is the maximum liability above the deductible .
- 12) Deductible means the amount stated in the schedule which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period . The company's liability to make any payment for each and every claim under the policy is in excess of the deductible. Each and every hospitalization would be considered as a separate claim. (If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim .
- 13) Medical Expenses means the charges that You/your family member(s) covered under the policy necessarily incur on the advice of a Doctor:
 - a) As an in-patient in a Hospital for accommodation; Boarding Expenses including patients diet as provided by the hospital / nursing home, nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables;
 - b) In respect of medical treatment and essential investigations for a period of upto 90 days after discharge from a Hospital for medical treatment related to the Illness or accidental Bodily Injury; (post-hospitalisation expenses);
 - c) In respect of the medical treatment of Illness or accidental Bodily Injury during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness / or accidental Bodily Injury, provided that the aforesaid 60 day period commences and ends within the Policy Period (pre-hospitalisation expenses). However in case of renewed policies the pre- hospitalisation period may fall in the previous policy period .
- 14) Policy means the proposal, the Schedule (and any endorsements attaching to or forming part thereof) and the policy document.
- 15) Policy Period means the period between the commencement date and the expiry date specified in the Schedule and includes both the commencement date as well as the expiry date.
- 16) Schedule means the schedule and any annexure to it.
- 17) Reasonable 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.
- 18) Primary Insurer means the insurer with whom the insured person first lodges his claim for hospitalization expenses.

C What we will not pay

- 1) Benefits will not be available for Any Pre-existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Extra Care policy with us.

In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Policy without break in cover.

We will also not pay for claims arising out of or howsoever connected to the following:
- 2) Any Medical Expenses incurred during the first four consecutive annual periods during which You/your family member(s) named in the schedule have the benefit of an Extra Care policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury.

In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Policy without break in cover.
- 3) Any Medical Expenses incurred for Any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury.
- 4) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- 5) Circumcision unless required for the treatment of illness or accidental bodily injury, laser treatment for correction of eye sight due to refractive error, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/ gender.





- 6) Any form of plastic surgery (unless necessary for the treatment of cancer, burns or accidental Bodily Injury).
- 7) The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plating, K-wires etc.
- 8) External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 9) Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.
- 10) Convalescence, general debility, rest cure, congenital diseases or defects or anomalies.
- 11) Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 12) Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- 13) Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 14) Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- 15) Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
- 16) Treatment arising from or traceable to pregnancy and childbirth including caesarian section, and/or any treatment related to pre and postnatal care. (ectopic pregnancy is covered under the policy)
- 17) Vaccination or inoculation unless forming a part of post bite treatment.
- 18) Any fertility, sub fertility, impotence or assisted conception operation or sterilization procedure.
- 19) Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- 20) Experimental, unproven or non-standard treatment.
- 21) Surgery to correct Deviated Nasal Septum and hypertrophied turbinate.
- 22) Treatment for any other system other than modern medicine (also known as Allopathy)
- 23) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- 24) Venereal disease or any sexually transmitted disease or sickness.
- 25) Weight management services and treatment related to weight reduction programmes including treatment of obesity.
- 26) Treatment for any mental illness or psychiatric illness.

D Conditions

1) Conditions Precedent

Where this Policy requires You/your family member(s) named in the schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.

2) Insured

Only those persons named, as the Insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 15 days written notice to be received by the Company.

3) 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.

4) Claims Procedures

If You/your family member(s) named in the schedule meets with any accidental Bodily Injury or suffer an Illness that may result in a claim which is above the deductible as stated in the schedule, then as a condition precedent to Our liability, you must comply with the following:

- a. Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, the following procedure





must be followed by You:

- i) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form We will provide.
 - ii) After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre-authorization letter. The pre-authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
 - iii) If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the deductible in the Network Hospital that We are liable to indemnify under Cover A1) above 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.
- b. If pre-authorization per 4 a) above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:
- i. You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 30 days of the aforesaid Illness or Bodily Injury.
 - ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
 - iii. You must take steps or measure to minimise the quantum of any claim that may be made under this Policy.
 - iv. You must have Yourself examined by Our medical advisors if We ask for this, at the insurers cost.
 - v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable) and other information We ask for to investigate the claim or Our obligation to make payment for it.
 - vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.
 - vii. We shall not indemnify you for any period of hospitalisation of less than 24 hrs.
 - viii. We shall make claim payment in Indian Rupees only.

*Note: Waiver of conditions (i) and (vi) may be considered 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. This would be considered in case of every claim where insured may have intimated primary insurer only, as he may not know initially that his claim will cross deductible.

- c. In case the originals are required by the primary insurer, we would return the original documents to the primary insurer after stamping the documents for the amount we have settled under the policy.
- d. In case of any other concurrent insurance cover, the amount paid by the primary insurer for ambulance expenses would be deducted from the amount claimed under under A 2) of Extra care policy, subject to the actuals or Rs 3000/- whichever is less.

5. Fraud

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

6. Other Insurance

If at the time when any claim arises under this Policy there is any other indemnity medical expenses insurance where the Sum Insured is higher than the deductible specified in this policy, then the claim amount over and above the deductible would be shared in rateable proportion. We shall not be liable to pay or contribute more than rateable proportion of any claim.

7. Renewal & Cancellation

- a) We are not bound to accept any renewal premium or give notice that renewal is due. Under normal circumstances, renewal will not be refused except on the grounds of moral hazard of the insured.
- b) In case of Our own renewal a grace period of 15 days is permissible and the Policy will be considered as continuous for the purpose of waiting periods. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy. For renewal proposal received after completion of grace period of 15 days, the waiting periods would apply afresh.





- c) 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 .
- d) 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 the 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
Upto six months	25% of annual rate
Exceeding six months	Nil

8. Territorial Limits & Governing Law

- a) This Policy is restricted to insured events occurring in and Medical Expenses incurred in India.
- b) 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.
- c) 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. 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 first 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.

10. Subrogation

You and any claimant under this Policy shall do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us 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 Your indemnification by Us.

11. Declaration

- a) It is specifically and clearly understood by You that if you make any declaration which is false in the proposal form for insurance, and is material to assumption of risk ,we will have absolutely no liability on any claim arising out of or from this Policy.
- b) It is further understood and accepted by you that you have gone through the Policy and / or prospectus and have understood the implications of all its contents prior to affixing your signature on the proposal form.
- c) You further declare that your signing the proposal form is binding on All others who have been included by You in the Policy and indemnify Us in case of any loss arises as a consequence of their non adherence or challenging any of the terms of this Policy.





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 & Rajasthan	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- General Insurance Corporation of India
 "Suraksha", 170, Jamshedji Tata Road, Churchgate, Mumbai - 400 020 India
 Tel. (Board): +91 22 2286 7000, Fax No: +91 22 2289 9600 , e-mail id:info@gicofindia.com

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