

# Family Health - Policy Document

Greetings!

We thank you for choosing Bajaj Allianz as your insurance partner. Your Insurance Policy along with the policy schedule and policy wordings given below.

Our agreement to insure *You/ Your Family 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 (Hospitalisation)

If *You/ Your family 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 and Customary Medical Expenses* incurred as per the table of benefits below

	<b>Hospitalisation Benefits</b>	<b>Limits</b>
1.(i)	Room, Boarding & Nursing Expenses as provided By the Hospital/ Nursing home including registration and service Charges.	Up to 1% of SI per day
(ii)	If admitted into Intensive Care Unit All admissible Claims under (i) & (ii) during the policy period	Up to 2 % of SI per day Up to 30% of SI per illness/injury
2.	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees	Up to 30% of SI per illness/injury
3.	Emergency Ambulance charges up to Rs 1000/-, Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacer-maker, Artificial Limbs and any medical expenses incurred which is integral part of the operation	Up to 40% of SI per illness/injury

### 2) Personal Accident (Death Only) for the proposer (self insured):

In the event of the proposer (self insured) suffers an accidental bodily injury within the policy period which results into death within 12 months of the accidental bodily injury we will pay Rs100,000 to the assignee named under the policy.

## 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) *You, Your, Yourself/ Your Family named in the schedule* means the person or persons that *We* insure as set out in the *Schedule*
- 3) *We, Our, Ours* means the Bajaj Allianz General Insurance Company Limited.
- 4) *Doctor* means a person who holds a recognised qualification in allopathic medicine, is registered by the medical council of the respective State of India in which he operates and is practicing within the scope of such license.

5) *Hospital* means any institution in India established for the indoor medical care and treatment of patients and which either:

a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a *Doctor* in attendance 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, aged, mentally disturbed or similar institution, or

b) Complies with at least the following criteria:

i) It has at least 10 inpatient beds;

ii) It has a fully equipped and functioning operating theatre;

iii) It has qualified nursing staff (any person who holds a certificate issued by a recognised nursing council) in attendance 24 hours per day;

iv) It has a *Doctor* who is in attendance 24 hours per day;

v) It maintains daily medical records for each of its patients;

6) *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.

7) *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 mental disease, sickness or illness.

8) *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 with us

9) *Accident, Accidental* - A sudden, unintended and fortuitous external and visible event.

10) *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 in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the *Schedule* against each Cover and subject to the limits specified in A (1)

11) *Medical Expenses* means the reasonable charges that You necessarily incur on the advice of a *Doctor*:

a) As an in-patient in a *Hospital* for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables;

b) An amount equivalent to 2% of hospitalisation expenses as in (a) to cover the pre-hospitalisation and post hospitalisation expenses.

12) *Policy* means the proposal, the *Schedule* (and any endorsements attaching to or forming part thereof) and the policy document.

13) *Policy Period* means the date between the commencement date and the expiry date specified in the *Schedule*.

14) *Schedule* means the schedule and any annexure to it.

15) *Reasonable and Customary* means a charge which: a) is charged for medical treatment, supplies or medical services that are medically necessary to treat your condition; b) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred.

### **C What we will not pay under Hospitalisation Benefit**

We will not pay for claims arising out of or howsoever connected to the following:

1 Any Pre-existing condition /Ailment (as defined in the policy) and /or its complications, until 48 consecutive months have elapsed, after the date of inception of the first policy, with us.

2 Without derogation from C1) above, any *Medical Expenses* incurred during the first two consecutive annual periods during which You have the benefit of an *Insta Insure – Family Health Policy* with Us in connection with

any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment, cataracts, benign prostatic hypertrophy, hernia of all types, fistulae, haemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma endometriosis, hysterectomy, stones in the urinary and biliary systems, surgery on ears/tonsils/adenoids/paranasal sinuses, Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps.

3 Any *Medical Expenses* incurred during the first four consecutive annual periods during which *You* have the benefit of an *Insta Insure – Family Health Policy* with *Us* in connection with treatment of Gout and rheumatism, surgery for prolapsed inter vertebral disc and joint replacement surgery unless such surgery is necessitated by accidental *Bodily Injury*.

4 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*.

5 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.

6 Circumcision unless necessitated for treatment of a disease not excluded hereunder, 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.

7 Any form of plastic surgery (unless necessary for the treatment of *Illness* or accidental *Bodily Injury*).

8 The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment.

9 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.

10 Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental *Bodily Injury* to natural teeth.

11 Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies.

12 Intentional self-injury (including but not limited to the use or misuse any intoxicating drugs or alcohol)

13 Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.

14 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.

15 *Medical Expenses* relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.

16 Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.

17 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*)

18 Vaccination or inoculation unless forming a part of post bite treatment.

19 Any fertility, sub fertility or assisted conception operation or sterilization procedure.

20 Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor

21 Experimental, unproven or non-standard treatment.

22 Surgery to correct deviated nasal septum and hypertrophied turbinate.

23 Treatment for any other system other than modern medicine (also known as Allopathy)

24 Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.

25 Venereal disease or any sexually transmitted disease or sickness.

26 Weight management services and treatment related to weight reduction programmes including treatment of obesity.

27 Treatment for any mental illness or psychiatric illness.

### ***D What we will not pay under Personal Accident (applicable for Proposer /self insured only)***

We will not pay for any event that arises because of, is caused by, or can in anyway be linked to any of the following.

1) Accidental Bodily Injury that You meet with:

a) Through suicide, attempted suicide or self inflicted injury or illness.

b) While under the influence of liquor or drugs.

c) Arising or resulting from you committing any breach of law with criminal intent.

d) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trail runs.

e) As a result of any curative treatments or interventions that you carry out or have carried out on your body.

f) 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.

2) Your consequential losses of any kind or your actual or alleged legal liability.

3) Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition.

4) Venereal or Sexually transmitted diseases

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.

6) Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.

7) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling 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) 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 nationalisation or requisition of or damage by or under the order of any government or public local authority.

9) Nuclear energy, radiation.

If we cannot agree whether any of these exclusions apply to your claim, you agree to accept the burden of proving that they do not apply.

### ***E Conditions***

#### ***1) Conditions Precedent***

Where this *Policy* requires *You* 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* 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 14 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 Procedure for Hospitalisation Claim

If *You* meet with any accidental *Bodily Injury* or suffer an *Illness* that may result in a claim, 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 of 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* 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*.

i. *You* must immediately consult a *Doctor* and follow the advice and treatment that he recommends.

ii. *You* must take reasonable steps or measure to minimise the quantum of any claim that may be made under this *Policy*.

iii. *You* must have *Yourself* examined by *Our* medical advisors if *We* ask for this, and the cost for the same would be borne by us.

iv. *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.

### 5) Claims procedure for Personal Accident Claim

If *You* meet with any *Accidental Bodily Injury* that may result in a claim, then as a condition precedent to our liability:

a) *You* or someone claiming on behalf must inform us in writing immediately, and in any event within 30 days.

b) *You* must immediately consult a *Doctor* and follow the advice and treatment that he recommends.

c) *You* must take reasonable steps to lessen the consequence of *Bodily injury*.

d) *You* must have yourself examined by our medical advisors if we ask for this, and as often as we consider this to be necessary.

e) *You* or some one 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.

f) In case of your death, someone claiming on behalf must inform us in writing immediately and send us a copy of the post –mortem report within 30days.

Note: Waiver of conditions 4(b) (i) and (iv ) and 5 (f) may be considered in extreme cases of hardship where it is proved to the satisfaction of the *Company* that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

#### **6) Basis Of Claim payment for both covers**

a) Any individual can be covered only under one *Insta Insure Family Health Policy*.

b) *Our* maximum liability to make payment under *Insta Insure Family Health Policy* would be restricted to 1 Lac only under Hospitalisation cover for each and every claim per person mentioned in the *Schedule* and in the aggregate for the person covered under this section.

c) *Our* maximum liability to make payment under *Insta Insure Family Health Policy* would be restricted to 1 Lac only under Personal Accident cover (this cover is only for the proposer).

#### **7) Basis of Claims Payment for Hospitalisation Claim**

a) 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.

b) *We* shall not indemnify *You* for any period of hospitalisation of less than 24 hours except for the 130 Day Care procedures the list of which is annexed.

c) The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.

d) *Our* liability to pay claims under this policy would be subject to the limits specified against the hospitalization benefits as per A (1)

e) *Our* obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year period referred to in Exclusion C2) above), shall be restricted to the maximum of Rs 12000 per eye (or the actual incurred amount which ever is lower) for each of *You*.

f) *We* will pay an amount equivalent to 2%of hospitalisation expenses to cover the pre-hospitalisation and post hospitalisation expenses.

g) *We* shall make payment in Indian Rupees only.

#### **8) Basis of Claims Payment for Personal Accident Claim**

a) *You* agree that *we* need only make payment when you or someone claiming on behalf has provided a claim to our satisfaction.

b) *We* will make payment to you or to your Assignee. If there is no assignee and *You* are deceased *we* will pay your legal 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.

#### **9) 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.

#### **10) Other Insurance**

If at the time when any claim arises under this *Policy* there is any other insurance which covers (or would but for the existence of this *Policy* cover), the same claim (in whole or in part), then *We* shall not be liable to pay or contribute more than its rateable proportion of any claim

### 11) *Renewal & Cancellation*

- a) *We are not bound to accept any renewal premium or give notice that renewal is due.* Under normal circumstances any continuous renewal without any break will not be refused. The company will provide reasons for refusal of any renewals.
- b) *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.*
- c) *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 premium on short term rates for the unexpired Policy Period as per the rates detailed below.*

<b>Period on Risk</b>	<b>Rate of Premium Refunded</b>
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

### 12) *Territorial Limits & Governing Law*

- a) This *Policy* is restricted to insured events occurring in and *Medical Expenses* incurred in India for hospitalization cover as specified in A1.
- b) For PA cover as specified in A2 - We cover *Accidental Bodily Injury* sustained during the *Policy Period* anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but we will only make payment within India and in Indian Rupees.
- c) 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*.
- d) 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.

### 13) *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.

### 14) *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*.

### **15) 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, whether material to the claim or not, *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 cum *policy schedule*.

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*.

### **“Day Care Procedures”**

1. Suturing – CLW –under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea/-pharynx-larynx/bronchus.
10. Endoscopic Foreign Body Removal - Esophagus/stomach/rectum.
11. True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/- Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Bronchoscopic treatment of bleeding lesion
24. Bronchoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy

28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubic cystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchiectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region

67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of Dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma

106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory.

### **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.

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.

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. 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:

**Bajaj Allianz General Insurance Co. Ltd**  
**GE Plaza, Airport Road, Yerawada,Pune411006**  
**E-mail: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)**

If You are still not satisfied, You can approach the Insurance Ombudsman in the respective area for resolving the issue.

<b>Ombudsman Offices</b>	<b>Address</b>
Delhi, Rajasthan Ph: 23239611 / 33 Fax: 232305858	First floor, Universal Insurance Building, 2/2A Asaf Ali Road, New Delhi 110002
West Bengal, Bihar Ph: 222 12669 Fax: 22212668	29, N.S. Road Third Floor, Kolkata 700001.
Maharashtra	Jeevan Seva Annex, 3rd Floor Above MTNL, SV Road, Santacruz (W) Mumbai 400054
Tamil Nadu, Pondicherry Chennai 600018	Fatima Akhtar Court Fourth Floor, 312 Anna Salai,
Andhra Pradesh	6-2-47, Yeturu Towers, A.C. Guards Lakdi-ka-Pool, Hyderabad 500004
Gujarat	Second Floor, Shree Jayashree Ambica House, 5, Navyug College, Ashram Road, Ahmedabad 380014
Kerala, Karnataka	Pulinat building, Second Floor, M.G. Road, Kochi 682015
North-Eastern States	Aquanus, Bhaskar Nagar R.G. Baruah Road, Guwahati 781021
Uttar Pradesh	Chintal House, First Floor, 16 Station Road, Lucknow 226001
Madhya Pradesh	First Floor, 117 Zone 2, Maharana Pratap Nagar, Bhopal 462011
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, Chandigarh	Batra Building, Shop cum office 101-103, Second floor, Sector 17D, Chandigarh
Orissa	62, Forest Park, Bhubaneswar 751009