

Issuing Office :

Tax Gain (Comprehensive Health Cover) Policy Document

Our agreement to insure *You/Your spouse 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) *Hospitalization Medical Expenses* : If *You/Your spouse 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 subject to the maximum *Limit of Indemnity* specified in the schedule.
- 2) *Out Patient Medical Expenses*: If *You/Your spouse* named in the schedule require treatment to be taken on Out Patient basis on 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 subject to the maximum *Limit of Indemnity* specified in the schedule
- 3) *Ambulance Expenses* :If a claim under Cover 1) is accepted, We will also pay the reasonable cost to a maximum of Rs 1000 per valid hospitalization claim for transferring *You/Your spouse named in the schedule* to or between *Hospitals* in the *Hospital's* ambulance or in an ambulance provided by any ambulance service provider.
- 4) *Medical Check-up*
At the end of every continuous period of 4 years during which *You/your spouse named in the schedule* have held Our Tax Gain Policy without making a hospitalization claim, either *You or your spouse (any one of You) named in the schedule* may apply to Us for a free medical check up (Physician Consultation, Fasting Blood Glucose, Complete Blood Count, Serum Cholesterol, Urine Routine, X-ray Chest,) at a Bajaj Allianz Diagnostic Centre, the location of which We will specify at the time of *Your* application.

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 spouse 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 the respective State of India in which he operates and is practicing within the scope of such license.
- 6) *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;
- 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 mental disease, sickness or illness.

- 10) *Pre-existing Condition/Ailment*: 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 .
- 11) *Limit of Indemnity* represents *Our* maximum liability to make payment for each and every claim per person 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 in Section A.
- 12) *Hospitalization Medical Expenses* means the reasonable charges that *You/your spouse covered under the policy* necessarily incur on the advice of a *Doctor* as an in-patient in a *Hospital* for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables;
- 13) *Out patient Medical Expenses*: means the reasonable charges *You/Your spouse covered under the policy* necessarily incur on the advice of a *Doctor* on an outpatient basis in respect of medical treatment and essential investigations for medical treatment related to any *Illness* or accidental *Bodily Injury* .
- 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 date between the commencement date and the expiry date (including the commencement date and expiry date) specified in the *Schedule*.
- 16) *Schedule* means the schedule and any annexure to it.

C What we will not pay in case of hospitalization claims

- 1) Benefits will not be available for Any condition, ailment or injury or related condition(s) for which you have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of your first policy, until 48 months continuous coverage have elapsed, after the date of inception of the first policy, with us.
The above exclusion C1 shall cease to apply if You have maintained a Tax Gain Policy with Us for a continuous period of a full 4 years without break from the date of Your first Tax Gain Policy with Us. In case of enhancement of Sum Insured (upgradation of 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 Tax Gain Policy without break in cover.
- 2) Without derogation from C1) above, any *Medical Expenses* incurred during the first two consecutive annual periods during which *You/ your spouse named in the schedule* have the benefit of a Tax Gain Policy with *Us* in connection with any types of gastric or duodenal ulcers, cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, 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 for any skin ailment, Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth. This exclusion period shall apply for a continuous period of a full 4 years from the date of *Your* first Tax Gain Policy with *Us* if the above referred illness were present at the time of commencement of the policy and if *You* had declared such illness at the time of proposing the policy for the first time.
In case of enhancement of Sum Insured the waiting periods 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 Health Policy without break in cover
- 3) Any *Medical Expenses* incurred during the first four consecutive annual periods during which *you/ your spouse named in the schedule* have the benefit of a Tax Gain Policy with *Us* in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental *Bodily Injury*.
In case of enhancement of Sum Insured the waiting periods 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 Tax Gain policy without break in cover.
- 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*. This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the policy is a renewal of the Health Policy with *Us* without break in cover.
- 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 required for treatment of illness or injury, laser treatment for correction of eye sight due to refractive error.
- 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, artificial limbs, 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 diseases or defects or anomalies.
- 12) 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.
- 13) *Medical Expenses* relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.



- 14) Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
- 15) Vaccination or inoculation unless forming a part of post bite treatment.
- 16) Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- 17) Surgery to correct deviated nasal septum and hypertrophied turbinate.
- 18) Treatment for any mental illness or psychiatric illness

D What we will not pay in case of Outpatient treatments

- 1) Any expenses for treatment taken without the doctor advising the same and which is not duly supported by prescriptions.
- 2) Any expenses for diagnostic tests without the treating doctor's referral.
- 3) Cost of spectacles in the first year of the policy. (This cost is payable in the second year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
- 4) Cost of dentures in the first two years of the policy. (This cost is payable in the third year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
- 5) Cost of hearing aids in the first two years of the policy. (This cost is payable in the third year of continuous renewal subject to a maximum limit of 25% of the OPD limit.)
- 6) Cost of Annual Health Check up.
- 7) Any expenses in excess of the maximum payable under the Outpatient medical expenses limit.

E What we will not pay in case of Inpatient and Out patient treatments

- 1) Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- 2) Intentional self-injury (including but not limited to the use or misuse any intoxicating drugs or alcohol)
- 3) Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- 4) Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarian section, and/or any treatment related to pre and postnatal care.
- 5) Any fertility, sub fertility, impotence or assisted conception operation or sterilization procedure.
- 6) Experimental, unproven or non-standard treatment
- 7) Treatment for any other system other than modern medicine (also known as Allopathy)
- 8) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- 9) Venereal disease or any sexually transmitted disease or sickness.
- 10) Weight management services and treatment related to weight reduction programmes including treatment of obesity

F Conditions

- 1) *Conditions Precedent*
Where this *Policy* requires *You/your spouse 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 spouse 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*.
- 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 spouse named in the schedule* meets 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-authorisation 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-authorisation letter. The pre-authorisation 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-authorisation 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-authorisation 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 reasonable 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, and as often as *We* consider this to be necessary.
 - 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. In case of claim under the Outpatient Medical expenses section a single claim to be lodged after 90 days of the inception of the policy period and within 60 days from the end of the policy period.
 - viii. In case of Outpatient treatment the claim should be supported by the following documents
 - a) Treating doctors consultation/Prescription with diagnosis / Receipts/Bills
 - b) Prescriptions for all medicines purchased along with bills/receipts in originals
 - c) Treating doctors referral for diagnostic tests conducted
 - d) Report of diagnostic tests/bills/receipts

*Note: Waiver of conditions (i) and (v) 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.

5) *Basis of Claims Payment*

- a) If *You/your spouse named in the schedule* 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) If *You/your spouse named in the schedule* are hospitalized in a *Hospital* other than a *Network Hospital*, *You* shall bear 10% of the claim payable under the *Policy* and *Our* liability, if any, shall only be in excess of that sum. The waiver of co-payment is available on payment of additional premium.
- c) *We* shall not indemnify *You/your spouse named in the schedule* for any period of hospitalisation of less than 24 hours except for the 130 Day Care procedures the list of which is annexed.
- d) 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.
- 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 10% of the *Limit of Indemnity* for each and every claim, subject to a minimum of Rs 12000 (or the actual incurred amount which ever is lower) and maximum of Rs 25000/- for each of *You*.
- f) *We* shall make payment in Indian Rupees only.

6. *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.

7. *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. In respect of a Cancer Insurance Policy issued in collaboration with the Indian Cancer Society, the benefits under this *Policy* shall be in excess of the benefits available under that policy.

8. *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. *We* may invite renewals with loading of premium for adverse claim experience. This loading will be applicable only in case of inpatient (hospitalization) claims.
- 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 *We* shall refund premium on short term rates for the unexpired *Policy Period* as per the rates detailed below.

<i>PERIOD ON RISK</i>	<i>RATE OF PREMIUM REFUNDED</i>
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

9. *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.

10. *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.

11. *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.

12. *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 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*.

Day Care Procedures – As below

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 -oesophagus/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. Orchidectomy
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 appendicectomy
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 osetosynthesis
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.

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: customer-care@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 Andeman & 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

