

Issuing Office :

WOMEN SPECIFIC CRITICAL ILLNESS POLICY

Whereas the Named Insured has made a proposal to Bajaj Allianz General Insurance Company Limited (hereinafter referred to as the "Company") which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, the Company agrees, subject to the following terms, exclusions, definitions, limitations, and conditions, to make payment as is provided herein.

A OPERATIVE PART

If the Insured is diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit.

B DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural or to the female wherever the context so permits:

- 1 Consultant means a qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a consultant, and who is not related to the Insured or the Named Insured by blood or marriage.
- 2 Critical Illness means an illness, sickness, disease, injury or a corrective measure as specified in Section C 1 of this Policy.
- 3 Congenital Disability means a birth defect as specified in Section CII of the policy.
- 4 Critical Illness Benefit means the amount specified in the Schedule, which is the maximum amount for which the Company may be liable to make payment for any Critical Illness.
- 5 Insured means the persons, or a person within a category, named in the Schedule and the dependents of such named persons provided that an Insured has attained the age of 21 years and is not older than 55 years of age at the commencement of the Policy Period.
- 6 Named Insured means the person or organisation named in the Schedule.
- 7 Physician means a qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, acting within the scope of his license, and who is not related to the Insured or the Named Insured by blood or marriage.
- 8 Policy means the proposal, the Schedule, the Policy document and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period.
- 9 Policy Period means the date between the commencement date specified in the Schedule and, in respect of any Insured, the earlier of (a) the expiry date specified in the Schedule and (b) the occurrence of an event of Critical Illness.
- 10 Schedule means the Schedule, and any annexure to it, attached to and forming part of this Policy.

C. Coverage

l) Critical Illness

a) Breast Cancer

The diagnosis by a Consultant oncologist of the presence of malignant tumour of breast characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by Consultant pathologist

Specific Exclusions:

- I) Tumours, which are histologically described as pre malignant and Ductal /Lobular carcinoma in situ of the breast.
 - II) Breast Lumps e.g. fibro adenoma, fibrocystic diseases of breast etc.
 - III) All hyperkeratoses or basal cells carcinomas, melanomas, squamous cell carcinoma, Kaposi's sarcoma and other tumours associated with HIV infections or AIDS of the skin.
- b) Fallopian Tube Cancer
The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the Fallopian Tubes characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist
- Specific Exclusions:*
Carcinoma in situ, dysplasia, inflammatory masses, Hydatidiform mole, trophoblastic tumours
- c) Uterine/Cervical Cancer
The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the uterine cervix/ uterine endometrium characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue at the respective site microscopically confirmed by the Consultant pathologist
- Specific Exclusions :*
- I) Tumours showing the malignant changes of carcinoma in situ (including cervical dysplasia CIN-1, CIN-2, and CIN- 3);
 - II) Squamous Intraepithelial Lesion (SIL)
 - III) Fibroid, endometriosis, cystic lesions, Hyperplasia of any type presenting as tumours.
 - IV) Hydatidiform mole, trophoblastic tumours
- d) Ovarian Cancer
The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the ovary, characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist
- Specific Exclusions:*
- I) Non cancerous (benign) ovarian masses including abscesses or infections, fibroids, cysts, polycystic ovaries, endometriosis-related masses,
 - II) Hydatidiform mole, trophoblastic tumours.
- e) Vaginal Cancer
The clinical diagnosis by a Consultant oncologist of the presence of malignant tumour or lesion of the vagina characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue microscopically confirmed by the Consultant pathologist
- Specific Exclusions:*
Vulval cancers/tumours
Vaginal /Vulval granulomatous diseases.
- f) Paralysis
The diagnosis and certification by a Consultant neurologist of the Insured's complete and permanent loss of use of both arms or both legs or one arm and one leg, through paralysis of grade 0-2 of 6 motor power caused by disease or accidents, persisting for more than six months from the date of diagnosis.
- g) Multitrauma
The diagnosis and certification by a Consultant surgeon of a severe injury due to an accident resulting in multiple fractures (excluding hairline fractures) involving long bones of upper or lower limbs, vertebral column, head and/or injury to internal organs endangering insured's life due to traumatic/ hemorrhagic shock (involving two or more sites on the body)
- Specific exclusions:*
Fracture at single site on the body, Injuries involving fractures of small bones of hand, feet, ribs even if multiple are excluded. These exclusions are applicable to any type of fracture such as open or closed, displaced or undisplaced, simple or compound types.
- h) Burns
Burns involving 40% or more of the body surface area (as calculated on rule of 9 for each area of body affected) OR

second or third degree burns caused by accidental thermal, electric, chemical burn injury.

Specific exclusions:

Radiation induced burns are specifically excluded.

II) Congenital Disability Benefit (50% of Sum insured)

An amount equal to 50% of the sum assured will be payable under the plan on the birth of the child with any one or more of the Congenital Disabilities listed below and the child survives 30 days from the date of diagnosis. This benefit will be available for first two children only and will not be available if the birth of the child occurs after the proposer attains the age of 40 years.

- a) Down's syndrome: Diagnosis confirmed by chromosomal analysis showing trisomy 21 pattern (an extra chromosome), translocation (a breaking off of one chromosome and attaching to another), or mosaicism (some cells have 46 chromosomes and some have 47); resulting in genetic, physical, mental defects.
- b) Congenital cyanotic heart disease:
Congenital heart diseases characterised by presence of cyanosis at birth due to any one or more of the following cardiac lesions.
 - i. Tetralogy of Fallot
 - ii. Transposition of great vessels
 - iii. Total Anomalous pulmonary venous drainage
 - iv. Truncus Arteriosus,
 - v. Tricuspid Atresia,
 - vi. Hypoplastic Left Heart Syndrome
- c) Tracheo-esophageal fistula:
Fistula detected at birth due to developmental defect of either trachea and or esophagus, excluding any other cause for such a fistula
- d) Cleft Palate with or without cleft lip:
The cleft in the soft or hard palate, partial or complete, unilateral or bilateral, which is due to developmental defect present at birth either as a single defect or with additional defect of cleft lip.
Special Exclusions : Cleft lip alone is specifically excluded.
- e) Spina bifida:
Presence of developmental vertebral column defect resulting in incomplete closure of spinal column with meningocele / myelo-meningocele.
Specific Exclusions: Spina bifida occulta is specifically excluded.
Special condition : For a claim to be admissible under this section the member should also have conceived during the policy period.

Please note: The company's liability under I) and II) together would be restricted to the sum insured.

III) Children Education Bonus:

In the event of a Claim being admissible under Section I (Critical Illness) the policy will pay Children's Education Bonus for future education of the children (one or more). The amount payable under this section would be restricted to Rs 25000/- for one or more child put together.

IV) Loss of Job:

In the event of the insured person losing her job within a period of 3 months of the date of diagnosis of any of the Critical Illness as covered in the policy, the policy will pay an amount of Rs 25000/- towards loss of employment. For a claim to be admissible under this section the claim under Section. I should be admissible.

Specific Exclusions: Loss of Job due to voluntary resignation from service is excluded.

D EXCLUSIONS

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- 1 Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.

- 2 Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed, without a break, for subsequent years. This exclusion is not applicable to Section CI (g) and (h)
- 3 Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 4 Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies. This exclusion does not apply to Section CII of the Policy.
- 5 Occupational diseases.
- 6 War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- 7 Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- 8 Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- 9 Radioactive contamination.
- 10 Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
- 11 Intentional self-injury, suicide, attempted suicide and/or the use or misuse of intoxicating drugs and/or alcohol.

E GENERAL CONDITIONS

- 1 Due Observance
The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured and/or the Named Insured shall be a condition precedent to the Company's liability under this Policy.
- 2 Duties and Obligations of the Insured and/or Named Insured Upon the Diagnosis of an Event of Critical Illness
 - 2.1 It is a condition precedent to the Company's liability to make any payment under this Policy that, upon the diagnosis of an event of Critical Illness:
 - 2.1.1 the Insured and/or the Named Insured shall immediately and in any event within 4 weeks provide the Company with written notification of a claim, and
 - 2.1.2 the Insured and/or the Named Insured shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the Critical Illness, the claim and/or the Company's liability hereunder that may be requested, and the Insured shall submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.
 - 2.1.3 In the event of a claim being lodged under Section CI (h) Burns the insured would be required to submit the Final Police Investigation Report along with the claim documents.
 - 2.2 The Company shall be under no obligation to make any payment under this Policy until such time as the

Insured has taken all necessary steps to satisfy the Company that here has been an event of Critical Illness within the terms of this Policy and this diagnosis has been confirmed by the Company's medical advisors.

3 Payment of Claims

3.1 The Company shall make payment under this Policy in the name of or to the benefit of the Insured by delivering the same to the Named Insured, who shall hold such payment on trust for the Insured and whose obligation it is to forward such payment to the Insured. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this Policy, and the Named Insured agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of any failure to make payment of all or part of the sum due under this Policy to the Insured.

4 Fraud

If the Insured and/ or Named Insured shall make or advance any claim knowing the same to be false or fraudulent and or found false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

5 Notifications & Declarations

5.1 Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be delivered to the address specified in the Schedule.

5.2 All notices and declarations for the attention of the Insured or the Named Insured shall be posted and addressed to the Named Insured's address as stated in the Schedule.

5.3 The Insured and Named Insured agree that the Named Insured shall also act on behalf of all Insureds as to:

5.3.1 The giving and receiving of any notice or declaration under or in respect of this Policy (including notice of cancellation), and

5.3.2 The payment of premiums and the receipt of any return premium, and

5.3.3 The acceptance of any endorsements to this Policy.

6 No person other than a person named as an Insured shall be covered under this Policy.

6.1 Cover under this Policy shall be withdrawn from any person named as an Insured immediately upon the Named Insured delivering written notice of the same to the Company. The Named Insured agrees to and shall hold the Company harmless against any and all claims, costs and expenses that may result because of the incorrect or unintentional cancellation of this insurance in relation to any Insured.

6.2 Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.

7 Arbitration and Reconciliation

7.1 If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such dispute or difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or, if they cannot agree upon a single arbitrator within 30 days of any party having given notice of arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one appointed by each of the parties to the dispute or difference and the third arbitrator (who shall serve as Chairman) to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996.

- 7.2 It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if *the Company* has disputed or not accepted liability under or in respect of this *Policy*.
- 7.3 It is hereby expressly stipulated and declared that it is a condition precedent to any right of action or suit upon this *Policy* that the award of such arbitrator/arbitrators shall be first obtained.
- 7.4 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 at the place of issuance of the policy only.

8 Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

9 Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

10 Renewal & 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. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- 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 .
- e) 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.

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

11 Territorial Limits

The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

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

Please read your policy and schedule.

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

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, Pune 411006

E-mail: customercare@bajajallianz.co.in

Call : 1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users - mobile /landline) or

020-30305858

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 are mentioned below:

Areas of Jurisdiction	Office of the Ombudsman
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	2nd 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	1st 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, 1st 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, 1st 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	2nd 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, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (O) 0522-2201188, 2231330, 2231331, Fax:0522-2231310
Maharashtra, Goa	3rd Flr. Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054 (O) 022-26106928, 26106360, EPBX: 022-6106889, Fax: 022-26106052

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

Secretary General - Governing Body of Insurance Council

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

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