



Bajaj Allianz General Insurance Company Limited

Issuing Office :

HEALTH GUARD FAMILY FLOATER PLAN POLICY DOCUMENT

Our agreement to insure You 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 members named in the schedule are hospitalized 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.
- 2) **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 family members named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.
- 3) **Medical Check-up**
At the end of every continuous period of 4 years during which You have held Our Health Guard Family Floater policy without making a claim You / Your family members named in the schedule may apply to Us for a free medical check up (Physician Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Sr Creatinine, SGOT, SGPT, GGTP and Chest X-ray) at a *Bajaj Allianz Diagnostic Centre*, the location of which We will specify at the time of Your application. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). This benefit also floats over the family member(s) covered 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 feminine 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, unforeseen and involuntary event caused by external and visible means.
- 3) *You, Your, Yourself* 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 recognized 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* means 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) *Inpatient care* means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 8) *Bajaj Allianz Network Hospitals / 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.
- 9) *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.
- 10) *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 recognized 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.
- 11) *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.
- 12) *An external congenital anomaly* refers to a condition(s) which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position.



- 13) *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 in Section A.
- 14) *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; 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 an Illness during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness, 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 .
- 15) *Policy* means the proposal, the Schedule (and any endorsements attaching to or forming part thereof) and the policy document.
- 16) *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.
- 17) *Schedule* means the schedule and any annexure to it.
- 18) *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.
- 19) *Voluntary Deductible* means the deductible You have opted for, and is 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 .)

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 Health Guard policy with us. The above exclusion C1 shall cease to apply if You have maintained a Health Guard Policy with Us for a continuous period of a full 4 years with out break from the date of Your first Health Guard Policy with Us. In case of enhancement of Sum Insured 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 Health Guard Policy without break in cover.
We will also not pay for claims arising out of or howsoever connected to the following:
- 2) Without derogation from C1) above, any Medical Expenses incurred during the first two consecutive annual periods during which You have the benefit of a Health Guard 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 Health Guard 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 have the benefit of a Health Guard Policy with Us in connection with joint replacement surgery, surgery for prolapsed inter vertebral disc (unless necessitated due to accident), Surgery to correct deviated nasal septum and hypertrophied turbinate , congenital internal diseases or anomalies and laser treatment for correction of eye sight due to refractive error.
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.
- 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. 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.
- 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 the treatment of Illness or Accidental bodily injury, 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 cancer ,burns 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 except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires .
- 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 as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization .
 - 11) Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
 - 12) Intentional self-injury (including but not limited to the use or misuse of 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) Medical expenses where *Inpatient care* is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock .
 - 17) Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
 - 18) 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)
 - 19) Vaccination or inoculation unless forming a part of post bite treatment.
 - 20) Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
 - 21) Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
 - 22) Experimental, unproven or non-standard treatment.
 - 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.(not applicable for Daycare procedure no.111)
 - 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, Parkinson's and Alzheimer's disease.

D 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.
- 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 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 Network Hospitals. 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, an authorisation letter. The 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-authorisation 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 minimize 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 at insurer's 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*

*Note: Waiver of conditions (i) and (vi) 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) Cumulative Bonus

If You renew Your Health Guard Policy with Us without any break in the Policy Period and there has been no claim in the receding year, We will increase the Limit of Indemnity by 5% per annum, but:

- i) The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 50% of Sum Insured.
- ii) This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.
- iii) If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity shall be reduced by 10%, save that the Limit of Indemnity applicable to Your first Health Guard Policy with Us shall be preserved.
- iv) This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.
- v) There is no transfer of Cumulative Bonus from other Company renewals

6) Basis of Claims Payment

- 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) If you 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. This clause is not applicable if additional premium is paid towards waiver of co-payment.
- c) Any insured person aged 56yrs and above, being covered for the first time in the revised Health Guard policy, shall bear 20% of each and every claim payable under the policy and Our liability, if any, shall only be in excess of that sum.
- d) If you are hospitalized and have opted for a voluntary deductible, our liability would be over and above the deductible amount in each and every claim.
- e) 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.
- f) 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.
- g) 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, maximum of Rs 35000/- for each of You.
- h) We shall make payment in Indian Rupees only.

7. 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.

8. 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.

9. 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 maximum of 50% loading of premium for adverse claims experience.
- 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 Two year waiting period / Four year waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- c) For renewal proposal received after completion of grace period of 15 days, the Two year waiting period / Four year waiting periods and Health Check-up would apply afresh.
- d) 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 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

10. Territorial Limits & Governing Law
 - a) This Policy is restricted to insured events 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.
11. 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.
12. 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.
13. 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.

"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. Brochosopic treatment of bleeding lesion
24. Brochosopic 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.

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:

Ombudsman Offices

Delhi, Rajasthan	First floor, Universal Insurance Building, 2/2A Asaf Ali Road, New Delhi 110002 Ph: 23239611 / 33 Fax: 232305858
West Bengal, Bihar	29, N.S. Road Third Floor, Kolkata 700001. Ph: 222 12669 Fax: 22212668
Maharashtra	Jeevan Seva Annex, 3rd Floor Above MTNL, SV Road, Santacruz (W) Mumbai 400054
Tamil Nadu, Pondicherry	Fatima Akhtar Court Fourth Floor, 312 Anna Salai, Chennai 600018
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

