

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN: IRDAN113CP0004V01202122

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

- a. **Deductible:** 5% of the claim amount subject to a minimum of Rs. 5,000 for each and every claim.
- b. Loss of or damage to money, securities for money, stamps, bullion, deeds, bonds, bills of exchange, promissory notes, stock and share certificates, business bodies, manuscripts, documents of any kind, unset precious stones and jewellery and **Valuables** unless specifically mentioned.
- c. Any claim in which the **Insured**, any **Employee** or any other person lawfully on or about the **Insured Premises** is or is alleged to be in any way concerned or implicated.
- d. Any consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain or potential gain, business interruption, market loss or otherwise, and any other legal liability of any kind.
- e. Loss of **Contents** from any **Safe** or **Strong Room** following the use of a key to gain access thereto, or any duplicate thereof belonging to the **Insured** and/or combination and/or code to gain access unless this has been obtained by **Robbery**.
- f. Loss of or damage to livestock, motor vehicles, trucks, trailers and pedal cycles.
- g. Loss or damage when the **Insured Premises** is left unoccupied for a consecutive period of seven days.
- h. Loss or damage due to theft

SECTION 3 – MONEY INSURANCE COVER

COVERAGE (This Section is operative only if shown as such in the **Schedule**)

The **Company** will indemnify the **Insured** for the loss **In Transit** of **Money** whilst carried by the **Insured** or its **Employee**, caused during the **Policy Period** by **Robbery**, theft or any other fortuitous event.

The **Company** will also indemnify the **Insured** (if specifically declared and insured if shown as such on the **Schedule**):

- a. For the loss of **Money** caused by actual or attempted **Burglary** during the **Policy Period** but only if the **Money** is contained in a **Safe** or **Strong Room** whilst the **Insured Premises** are unoccupied, and
- b. For the loss of **Money** caused by **Robbery** during the **Policy Period** from the cashier's till and/or counter in the **Insured Premises** during business hours.

SPECIAL CONDITIONS APPLICABLE TO SECTION 3

1. It is a condition precedent to the **Company's** liability hereunder that the **Insured** shall:
 - a. immediately and in any event within 24 hours of the happening of any **Insured** event giving rise to or likely to give rise to any claim under this **Policy** give written notice to the **Company** to the address shown in the **Schedule**, and in the case of the notification of an event likely to give rise to a claim, the **Insured** shall specify in writing the grounds for holding such belief.
 - b. immediately and in any event within 24 hours lodge a complaint with the police detailing the **Money** lost in respect of which the **Insured** intends to submit a claim, and within the same period provide a copy of that written complaint and the First Information Report to the **Company**.
 - c. within 14 days deliver to the **Company** a detailed written statement of the **Money** lost and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the **Company**.
 - d. expeditiously provide the **Company** and its representatives and appointees with all the information, assistance and documentation that they might reasonably require.
 - e. take all reasonable steps to identify the perpetrators of the **Robbery** and/or theft and discover and recover any **Money** lost.
 - f. ensure that when the **Insured Premises** are unoccupied all safety installations and aids (including, but not limited to, any burglar alarm system) have been properly deployed.
2. The **Insured** shall maintain a contemporaneous daily written record of the **Money In Transit** and such record shall be produced to the **Company** in the event of any claim under this **Policy**.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 3

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

1. Any consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain or potential gain, business interruption, market loss or otherwise, and any other legal liability of any kind.
2. Loss of **Money** carried by anyone other than the **Insured** or an **Employee**.

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3. Loss of **Money** where the **Insured** or his **Employee** is or is alleged to be involved as a principal or accessory or is alleged to be in anyway concerned or implicated.
4. **Money** carried under contract of affreightment.
5. Loss of **Money** from an unattended vehicle.
6. Loss of **Money In Transit** being transported other than as stated in the proposal form or as otherwise agreed in writing by the **Company**.
7. Loss due to or in any way contributed to by the **Insured** having knowingly permitted or caused or suffered anything to be done or not done whereby the risks hereby insured against were increased.
8. Any loss of or damage to any property, whether belonging to the **Insured**, an **Employee** or any third party.
9. Any personal or bodily or mental injury or suffering of any description.
10. Any loss not discovered within a period of 72 hours from its occurrence.
11. Shortage due to error or omission or not identifiable with a specific event.
12. Loss occurring on the **Insured Premises** after business hours, unless the **Money** is contained in a **Safe** or Strong Room.
13. Loss of **Money** from any **Safe** or **Strong Room** following the use of a key to gain access thereto, or any duplicate thereof belonging to the **Insured** and/or combination and/or code to gain access unless this has been obtained by **Robbery**.
14. Loss or damage when the **Insured premises** are left unoccupied for a consecutive period of seven days.

SECTION 4 – PLATE GLASS COVER

COVERAGE (This Section is operative only if shown as such in the Schedule)

The **Company** will indemnify the **Insured** in respect of:

- a. Any **Accidental** loss of or damage caused to **Plate Glass** at the **Insured Premises** occurring during the **Policy Period**, and
- b. The reasonable cost of repairing and reinstating frames and/or framework necessitated by such loss or damage to **Plate Glass**, but subject to a maximum payment of Rs.5,000/- for each and every claim.

SPECIAL CONDITIONS APPLICABLE TO SECTION 4

1. The **Company** may, in its sole and absolute discretion, repair, replace or reinstate the **Plate Glass** to a condition equivalent to that which existed immediately prior to the insured event as an alternative to making payment to the **Insured**.
2. If the **Company** opts to make payment to the **Insured**, then:
 - a. The payment will be assessed by reference to the cost of replacing the **Plate Glass** with glass of plain and ordinary glazing quality, unless specifically stated otherwise in the **Schedule**.
 - b. Where any **Plate Glass** is no longer in production, the payment will be assessed by reference to the latest available price that was being charged by reputable manufacturers for the same or similar **Plate Glass**.
 - c. The **Company's** liability to make payment shall be up to the sub-limit of the **Sum Insured** as specified in the **Schedule** for each item of **Plate Glass**, subject always to the **Sum Insured**.
 - d. All **Plate Glass** in respect of which a claim is accepted under this **Policy** shall become the property of the **Company** and the **Insured** shall, at its own expense, take all steps to preserve it and remove from it any uninsured items.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 4

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

1. Deductible: 1% of the respective **Plate Glass Sum Insured** subject to a minimum of Rs. 2,500/- for each and every claim.
2. Any loss or damage that could have been insured against under a fire policy.
3. Cracked, scratched, or imperfect **Plate Glass**.
4. Any loss or damage caused wilfully or knowingly by the **Insured** or his **Employees**, or any loss or damage in which the **Insured** or any person acting on his behalf is involved or implicated.
5. Any **Plate Glass** other than **Plate Glass** of plain and ordinary glazing quality, unless specifically stated otherwise in the **Schedule**.

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10. Loss, damage, and/or liability due to explosions in Chemical Recovery Boilers, other than pressure explosions for e.g. smelt, chemical, ignition, explosions etc.
11. The **Deductible**, as stated in the **Schedule**, to be first borne by the **Insured** out of each and every claim; where more than one item is damaged in one and same occurrence, the **Insured** shall not, however, be called upon to bear more than the highest **Deductible** applicable to any one such item.
12. Loss of or damage to belts, ropes, chains, rubber tyres, dies, moulds, blades, cutters, knives or exchangeable tools, engraved or impression cylinders or rolls; objects made of glass, porcelain, ceramics, all operating media (e.g. lubricating oil, fuel, catalyst, refrigerant, dowtherm) felts, endless conveyor belts or wires; sieves, fabrics, heat resisting and anti-corrosive lining and parts of similar nature, packing material, parts not made of metal (except insulating material) and non-metallic lining or coating of metal parts.
13. Loss or damage for which the manufacturer or supplier or repairer of the property is responsible either by law or contract.

SPECIAL PROVISIONS APPLICABLE TO SECTION 5

1. Sum Insured

It is the requirement of this Insurance that the **Sum Insured** shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity which shall mean its replacement cost including freight and customs duties, if any, and erection costs.

2. Basis of Indemnity

- a. In cases where damage to an insured item can be repaired, the **Company** will pay expense necessarily incurred to restore the damaged machine to its former state of serviceability plus the cost of dismantling and re-erection incurred for the purpose of effecting the repairs as well as ordinary freight to and from a repair shop, customs duties if any to the extent such expenses have been included in the **Sum Insured**. If the repairs are executed at a workshop owned by the **Insured**, the **Company** will pay the cost of materials and wages incurred for the purpose of the repairs plus a reasonable percentage to cover overhead charges. No deduction shall be made for depreciation in respect of parts replaced except for (i) wear and tear parts and (ii) parts for which manufacturers have specified a fixed life for use and the like but the value of any salvage will be taken into account. If the cost of repairs as detailed here in above equals or exceeds the actual value of the machinery insured immediately before the occurrence of the damage the settlement shall be made on the basis provided for in (b) below.
- b. In cases where an insured item is destroyed, the **Company** will pay the actual depreciated value of the item immediately before the occurrence of the loss including costs for ordinary freight erection and customs duties if any provided such expenses have been included in the **Sum Insured**, such actual value to be calculated by deducting proper depreciation from the replacement value of the item. The **Company** will also pay any normal charges for the dismantling of the machinery destroyed but the salvage will be taken into account. Any extra charges incurred for overtime, night-work, work on public holidays, express freight are covered by this insurance only if especially agreed to in writing. In the event of the makers' drawings, patterns and for boxes necessary for the execution of a repair not being available the **Company** shall not be liable for cost of making any such drawing patterns or core boxes.

The cost of any alterations, improvements or overhauls shall not be recoverable under this **Policy**. The cost of any provisional repairs will be borne by the **Company** if such repairs constitute part of the final repairs and do not increase the total repair expenses. If the **Sum Insured** is less than the amount required to be insured as per Provision 1 here in above, the **Company** will pay only in such proportion as the **Sum Insured** bears to the amount required to be insured. Every item if more than one shall be subject to this condition separately. The **Company** will make payments only after being satisfied, with the necessary bills and documents that the repairs have been effected or replacements have taken place, as the case may be. The **Company** may, however, not insist for bills and documents in case of total loss where the **Insured** is unable to replace the damaged equipments for reasons beyond their control. In such cases claims can be settled on 'Indemnity Basis'.

3. Inspection of Turbines and Turbo generators

All Mechanical and Electrical parts of any steam turbine, gas turbine or generator upto 30,000 KW shall be inspected and overhauled thoroughly under the supervision of Maker's representatives, in a completely opened up state at least every two years: for turbines or generators exceeding 30,000 KW such inspection and overhaul shall take place after 32,000 hours of operation or every four years. The cost of inspection and overhauling shall be borne by the **Insured** and a copy of the Report issued by the Maker's representative on such inspection and overhauling shall be furnished to the

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Company immediately after the work has been carried out.

The **Insured** shall arrange for these regular inspections in such a way as to enable the **Company's** representative to be present at the inspection at their own expenses. The **Company** shall be notified at least seven days in advance of the commencement of any overhauling necessary according to expert opinion.

If the **Insured** fails to comply with the requirements of his condition, the **Company** shall be free from all liability for loss or damage caused by any circumstances, whatsoever.

The **Insured** may apply for an extension of the period between any two regular inspections, and such extension may be considered if in the opinion of the **Company** the risk is not aggravated thereby.

4. Obligations of the Insured

- a. The **Insured** shall take all reasonable steps to maintain the insured property in efficient working order and to ensure that no item is habitually or intentionally over loaded. The **Insured** shall fully observe the manufacturer's instructions for operating, inspection and overhaul, as well as government, statutory municipal and all other binding regulations in force concerning the operation and maintenance of the insured plant and machinery.
- b. The **Company's** Officials shall at all reasonable times have the right to inspect and examine any property insured hereunder and the **Insured** shall provide the Officials of the **Company** with all details and information necessary for the assessment of the risk. The **Company** shall provide the **Insured** with a copy of the inspecting Official's report; which shall however be treated as strictly confidential both by the **Insured** and the **Company**.
- c. In the event of any:
 - i. Material change in the original risk
 - ii. Alteration, modification or addition to insured item
 - iii. Departure from prescribed operating conditions, whereby the risk or loss or damage increases
 - iv. Changes in the **Insured's** Interest (such as discontinuation or liquidation of the business or being placed in receivership)
 taking place, the **Policy** shall be void unless its continuance be agreed by endorsement signed by the **Company**.

5. Duties following an Accident

In the event of any occurrence which might give rise to a claim under this **Policy**, the **Insured** shall:

- a. Immediately notify the **Company** by telephone or telegram as well as in writing, giving an indication as to the nature and extent of loss or damage.
- b. Take all reasonable steps within his power to minimise the extent of the loss or damage.
- c. Preserve the damaged or defective parts and make them available for inspection by an official or
- d. Surveyor of the **Company**.
- e. Furnish all such information and documentary evidence as the **Company** may require.

The **Company** shall not be liable for any loss or damage of which no notice and completed claim form have been received by the **Company** within fourteen days of its occurrence.

Upon notification of a claim being given to the **Company**, the **Insured** may proceed with the repair of any minor damage not exceeding Rs. 2,500/- provided that the carrying out of such repair is without prejudice to any question of liability of the **Company** and that any damaged part requiring replacement is kept for inspection by the **Company**, but in all other cases a representative of the **Company** shall have the opportunity of inspecting the damage before any alterations repairs or replacement are effected.

Nothing contained herein shall prevent the **Insured** from taking such steps as are absolutely necessary to maintain the operation of the plant.

The liability of the **Company** under this **Policy** in respect of any item of property sustaining damage, for which indemnity is provided, shall cease if the said item is kept in operation without being repaired to the satisfaction of the **Company**.

6. Position after Claim

- a. The **Insured** shall not be entitled to abandon any property whether taken possession of by the **Company** or not.
- b. As from the day of loss the **Sum Insured** for the remainder of the period of insurance is reduced by the amount of the compensation. To prevent under insurance during the remainder of the current period of insurance the amount insured must be reinstated. The premium will be calculated pro-rata from the day repaired item is again put to work. For subsequent period of insurance the original indemnity and premium are again in force unless circumstances justify

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GENERAL EXCLUSIONS APPLICABLE TO SECTION 7

The **Company** will not indemnify the **Insured** in respect of loss, damage or liability directly caused by or arising out of or aggravated by -

1. War, Invasion, Act of Foreign Enemy, Hostilities or War Like operations (whether war be declared or not), Civil War, Rebellion Revolution, Insurrection, Mutiny, Civil Commotion, Confiscation, Commandeering a Group of Malicious persons or persons acting on behalf of or in connection with any political organisation, requisition or destruction or damage by order of any government de-jure or de-facto or any public, municipal or local authority.
2. Nuclear reaction, Nuclear radiation or Radioactive contamination.
3. Wilful act or wilful negligence of the **Insured** or his representative.
4. Cessation of work whether total or partial.
5. Cost incurred/time involved in the movement of machinery and/or any other property and/or personnel outside the territorial limits of India other than the cost of delivery of replacements for machinery lost or damaged.
6. Derangement of the insured property not accompanied by damage otherwise covered by this **Policy**.
7. Loss of or damage to the property covered under this **Policy** falling under the terms of the Maintenance Agreement.
8. Loss destruction or damage directly occasioned by pressure wave caused by aircraft and other aerial devices travelling at Sonic or Supersonic speeds.

GENERAL CONDITIONS APPLICABLE TO SECTION 7

1. As given below:
 - a. Representatives of the **Company** shall at any reasonable time have the right to inspect and examine the risk and the **Insured** shall provide the representatives of the **Company** with all details and information necessary for the assessment of the risk.
 - b. The **Insured** shall immediately notify the **Company** by telegram and in writing of any material change in the risk and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the insured items and the scope of cover and/or premium shall, if necessary, be adjusted accordingly.
 No material alteration shall be made or admitted by the **Insured** whereby the risk is increased unless the continuance of the Insurance be confirmed in writing by the **Company**.

2. Duties following an Accident

In the event of any occurrence which might give rise to a claim under this **Policy**, the **Insured** shall:

- a. Immediately notify the **Company** by telephone or telegram as well as in writing giving an indication as to the nature and extent of loss or damage.
- b. Take all steps within his power to minimize the extent of the loss or damage.
- c. Preserve the parts affected and make them available for inspection by a representative or Surveyor of the **Company**.
- d. Furnish all such information and documentary evidence as the **Company** may require.
- e. Inform the police authorities in case of loss or damage due to theft or burglary.

The **Company** shall not in any case be liable for loss, damage or liability of which no notice has been received by the **Company** within 14 days of its occurrence.

Upon notification being given to the **Company** under this condition, the **Insured** may carry out the repair or replacement of any minor damage not exceeding Rs. 5,000/- provided that the carrying out of such repairs without prejudice to any question of liability of the **Company** and that any damaged part requiring replacement is kept for inspection by the **Company**, but in all other cases a representative shall have the opportunity of inspecting the loss or damage before any repairs or alterations are effected.

The liability of the **Company** under this **Policy** in respect of any item sustaining damage shall cease if said item is kept in operation after a claim without being repaired in the satisfaction of the **Company** or if temporary repairs are carried out without the **Company's** consent.

SECTION 7(A)- EQUIPMENTS

SCOPE OF COVER

The **Company** hereby agrees with the **Insured** (subject to the exclusions and conditions contained herein or endorsed hereon) that if at any time during the **Policy Period** stated in the **Schedule** or during any subsequent period for which the **Insured** pays and the **Company** may accept the premium for the renewal

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of this **Policy**, the items or any part thereof entered in the **Schedule** shall suffer any unforeseen and sudden physical loss or damage from any cause, other than those specifically excluded, in a manner necessitating repair or replacement, the **Company** will indemnify the **Insured** in respect of such loss or damage as hereinafter provided by payment in cash, replacement or repair (at their own option) upto an amount not exceeding in any one year of insurance in respect of each of the items specified in the **Schedule** the sum set opposite thereto and not exceeding in all the total sum expressed in the **Schedule** as insured hereby.

SPECIAL EXCLUSIOS APPLICABLE TO SECTION 7(A)

The **Company** shall not, however, be liable for

1. The **Deductible** stated in the **Schedule** to be borne by the **Insured** in any one occurrence; if more than one item is lost or damaged in one occurrence, the **Insured** shall not, however, be called upon to bear more than the highest single **Deductible** applicable to such items.
 2. Loss or damage caused by any faults or defects existing at the time of commencement of the present insurance within the knowledge of the **Insured**, or his representatives, whether such faults or defects were known to the **Company** or not.
 3. Loss or damage as a direct consequence of the continual influence of operation (e.g. wear and tear, cavitation, erosion, corrosion, incrustation) or of gradual deterioration due to atmospheric conditions.
 4. Any costs incurred in connection with the elimination of functional failures unless such failures were caused by an indemnifiable loss of or damage to the insured items.
 5. Any costs incurred in connection with the maintenance of the insured items, such exclusion also applying to parts exchanged in the course of such maintenance operations.
 6. Loss or damage for which the manufacturer or supplier of the insured items is responsible either by law or under contract.
 7. Loss of or damage to rented or hired equipment for which the owner is responsible either by law or under a lease and/or maintenance agreement.
 8. Consequential loss or liability of any kind or description.
 9. Loss of or damage to bulbs, valves, tubes, ribbons, fuses, seals, belts, wires, chains, rubber tyres, exchangeable tools, engraved cylinders, objects made of glass, porcelain or ceramics sieves or fabrics, or any operating media (e.g. lubricating oil, fuel, chemicals).
 10. Aesthetic defects, such as scratches on painted polished or enamelled surfaces.
- In respect of the parts mentioned under 9) and 10) above, the **Company** shall be liable to provide compensation in the event that such parts are affected by an indemnifiable loss or damage to the insured items.

PROVISIONS APPLYING TO SECTION 7(A)

1. SUM INSURED

It is a requirement of this insurance that the **Sum Insured** shall be equal to the cost of replacement of the insured property by new property of the same kind and same capacity, of the same make, which shall mean its replacement cost including freight, dues and customs duties, if any and erection costs.

The **Sum Insured** of the equipment insured under this Section shall include the value of 'System Software'.

2. BASIS OF INDEMNITY

- a. In cases where damage to an insured item can be repaired, the **Company** will pay expenses necessarily incurred to restore the damaged machine to its former state of serviceability plus the cost of dismantling and re-erection incurred for the purpose of effecting the repairs as well as ordinary freight to and from a repair-shop customs duties and dues if any, to the extent such expenses have been included in the **Sum Insured**. If the repairs are executed at a workshop owned by the **Insured**, the **Company** will pay the cost of materials and wages incurred for the purpose of the repairs plus a reasonable percentage to cover overhead charges. No deduction shall be made for depreciation in respect of parts replaced, except those with limited life, but the value of any salvage will be taken into account. If the cost of repairs as detailed hereinabove equals or exceeds the actual value of the machinery insured immediately before the occurrence of the damage, the settlement shall be made on the basis provided for in (b) below.
- b. In cases where an insured item is destroyed, the **Company** will pay the actual depreciated value of the item immediately before the occurrence of the loss, including costs for ordinary

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freight, erection and customs duties if any, provided such expenses have been included in the **Sum Insured**, such actual value to be calculated by deducting proper depreciation from the replacement value of the item. The **Company** will also pay any normal charges for the dismantling of the machinery destroyed, but the salvage will be taken into account.

Any extra charges incurred for overtime, night-work, work on public holidays, express freight, are covered by this Insurance only if especially agreed to in writing.

In the event of the Makers' drawings, patterns and core boxes necessary for the execution of a repair not being available, the **Company** shall not be liable for the cost of making any such drawings, patterns and core boxes.

The cost of any alterations, improvements or overhauls shall not be recoverable under this **Policy**.

The cost of any provisional repairs will be borne by the **Company** if such repairs constitute part of the final repairs, and do not increase the total repair expenses.

- c. In case the insured item is subjected to total loss and meanwhile it becomes obsolete, all costs necessary to replace the lost or damaged insured item with a follow-up model (similar type) of similar structure / configuration (of similar quality) - i.e., low, average, high capacity - will be reimbursed.

If the **Sum Insured** is less than the amount required to be insured as per Provision-1 herein above, the **Company** will pay only in such proportion as the **Sum Insured** bears to the amount required to be insured. Every item if more than one shall be subject to this condition separately.

The **Company** will make payments only after being satisfied, with necessary bills and documents that the repairs have been effected or replacements have taken place, as the case may be. The **Company** may, however, not insist for bills and documents in case of total loss where the **Insured** is unable to replace the damaged equipment for reasons beyond their control. In such cases claims can be settled on 'Indemnity Basis'.

WARRANTY

It is warranted that the Maintenance Agreement in force at the inception of this **Policy** is maintained during the currency of this **Policy** and no variation in the terms of the Agreement shall be made without the written consent of the **Company** being obtained.

For the purpose of this warranty the word "Maintenance" shall mean the following:-

- i) Safety checks.
- ii) Preventive maintenance.
- iii) Rectification of loss or damage or faults arising from normal operation as well as from ageing.

SECTION 7(B) - EXTERNAL DATA MEDIA

SCOPE OF COVER

The **Company** hereby agrees with the **Insured** that if the **External Data Media** entered in the **Schedule** inclusive of the information stored thereon, which can be directly processed in EDP systems, shall suffer any material damage caused by peril covered under Section 7(A) of this **Policy**, the **Company** will indemnify the **Insured** as hereinafter provided in respect of such loss or damage up to an amount not exceeding in any one year of insurance in respect of each of the data media specified in the **Schedule** the sum set opposite thereto and not exceeding in all the total **Sum Insured** hereby, provided always that such loss or damage occurs during the **Policy Period** stated in the **Schedule** or during any subsequent period for which the **Insured** pays and the **Company** may accept the premium for the renewal of this **Policy**. This cover applies while the insured data media are kept on the premises. Coverage against restoration of data under Section 7(B) only to be granted if backup system is available.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 7(B)

The **Company** shall, however, not be liable for:

1. The **Deductible** stated in the **Schedule** to be borne by the **Insured** in any one occurrence.
2. Any costs arising from false programming, punching, labelling or inserting, inadvertent cancelling of information or discarding of data media, and from loss of information caused by magnetic fields.
3. Consequential loss of any kind or description whatsoever.

PROVISIONS APPLYING TO SECTION 7(B)

- **Memo 1. Sum Insured**

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indemnify the **Insured** in the same proportion as the limit selected 'per hour' bears to the amount actually incurred per hour.

Provided always that:

- i) The interruptions shorter than the Time Excess stated in the **Schedule** shall be excluded from the scope of this **Policy**, and
- ii) In respect of interruptions longer than the Time Excess the **Insured** shall bear that proportion of each claim which corresponds to the Time Excess.

SECTION 8 – FIDELITY GUARANTEE COVER

COVERAGE (This Section is operative only if shown as such in the Schedule)

The **Company** will provide an indemnity in respect of direct pecuniary loss sustained by the **Insured** and first committed during the **Period of Insurance** in consequence of any deliberate fraudulent or dishonest act of an **Employee**, provided that:

- a. such loss is committed during the course of the **Business**, and
- b. such loss is committed by the **Employee** with the primary intention to obtain personal financial gain, and
- c. such loss is first discovered during the **Policy Period**, and
- d. the **Company's** liability to indemnify is subject to the **Deductible**, the **Employee Sum Insured** and the **Limit of Indemnity**.

SPECIAL CONDITIONS APPLICABLE TO SECTION 8

1. It is a condition precedent to the **Company's** liability under this **Policy** that upon the discovery of any event giving rise to a claim, or the existence of circumstances likely to give rise to a claim (regardless of whether the quantum of the claim can be ascertained), the **Insured** shall:
 - a. immediately and, in any event, within 7 days, give full written notice of the same (including an estimate of the loss) to the address shown in the **Schedule** for this purpose and in the case of the existence of circumstances likely to give rise to a claim shall specify the grounds for such belief, and
 - b. take all reasonable steps to minimize the quantum of any claim that may be made and/or any further loss that might arise, and
 - c. immediately lodge a complaint with the police detailing the loss in respect of which the **Insured** intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the **Company**, and
 - d. within 14 days deliver to the **Company** a detailed written statement of the loss that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the **Company**, and
 - e. expeditiously and at the **Insured's** cost provide the **Company** and its representatives and appointees with access to and all of the information, assistance, records and documentation in relation to the loss and the **Company's** liability hereunder that might reasonably be required.
2. In the event of the non-renewal or cancellation of this **Policy**, the **Company** shall (subject to the **Policy** terms, conditions, and exclusions) accept losses arising during the **Policy Period** and first discovered within 90 days of the date of cancellation or expiry of the **Policy Period**, as the case may be. This clause will have no effect in the case of continuous renewal of the **Policy**.
3. If a loss is sustained by the **Insured** as a result of the fraudulent or dishonest conduct of an **Employee** and other employees, then the liability of the **Company** shall stand reduced in the same proportion as the number of **Employees** bears to the number of employees involved in causing the said loss.
4. Any monies which, but for the dishonest or fraudulent conduct of the **Employee** concerned, would have been payable to such **Employee** by the **Insured** and any monies of such **Employee** with the **Insured** (or which may come into the custody, care or control of the **Insured**) shall be applied by the **Insured**, to the extent it is legally entitled to do so, against the amount payable by the **Company** in diminution or extinction of any loss.
5. In no event shall the **Company** be liable under this **Policy** for more than the actual cash value of money, bullion, travelers cheques, negotiable instruments, bearer bonds or coupons, stamps, cheques, bank or currency notes or similar instruments on the day upon which the loss is discovered.
6. The insurance provided by this **Policy** shall be deemed cancelled in respect of any **Employee**:
 - i. Immediately upon the discovery by the **Insured** of any dishonest or fraudulent act, error or omission on the part of such **Employee**; no cover shall be available hereunder in respect of

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An arm beneath the elbow joint	60%
A hand at the wrist	55%
A thumb	20%
An index finger	10%
Any other finger	5%
A leg above mid-thigh	70%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
An eye	50%
Hearing of one ear	30%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%

- a) If the **Permanent Partial Disability** is not listed in the table, then the **Company** will pay a proportion of the **Sum Insured** shown under the **Schedule** headings Wider and Comprehensive. The **Insured/Insured Person(s)** agree that the amount payable by the **Company** will be decided by the concerned Government Medical Authority according to the degree to which the normal functional physical capacity of the **Insured Person(s)** has been impaired permanently.
- b) If the **Insured Person(s)** was already suffering from **Permanent Partial Disability** before the date the **Insured Person(s)** met with **Accidental Bodily Injury**, then the amount the **Company** will pay will be reduced by that extent.
 The **Insured/Insured Person(s)** agree that the reduction will be decided by the concerned Government Medical Authority according to the degree of **Permanent Partial Disability** from which the **Insured Person(s)** was already suffering.
- c) If the **Accidental Bodily Injury** sustained by the **Insured Person(s)** causes a subsequent claim by the **Insured Person(s)** under 1) or 2), then this Cover shall not be operative and the amounts payable under either 1) or 2) shall be reduced by the amount of any payment made under this Cover.
- 4) **Temporary Total Disability (Applicable only if opted by the Insured and shown on the Schedule)**
 If the **Insured Person(s)** suffers **Accidental Bodily Injury** during the **Policy Period** which completely prevents the **Insured Person(s)** from engaging in his/her occupation, then the **Company** will make a weekly payment of the lower of 1% of the **Sum Insured** shown under the **Schedule** heading Comprehensive and Rs. 5,000/-.
 The **Company** will make the first payment when the **Insured Person(s)** satisfies the **Company** that **Accidental Bodily Injury** has completely prevented the **Insured Person(s)** from engaging in his/her occupation.
 The **Company** will stop making payments when the **Company** is satisfied that the **Insured Person(s)** can engage in his/her occupation again, or when the **Company** has made payments for a maximum period of 100 weeks from the date the **Insured Person(s)** met with the **Accidental Bodily Injury**, whichever is earlier
- 5) **Additional Insurance**
- a) **Transportation**
 If the **Company** has accepted a claim under 1) for death of the **Insured Person(s)**, then the **Company** will pay towards the actual cost of transportation of the remains of the **Insured Person(s)** from the place of death to a hospital, residence, cremation ground or burial ground. The amount which the **Company** will pay will be limited to the lower of Rs.

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5000/- and 2% of the **Sum Insured** shown under the **Schedule** headings Basic, Wider and Comprehensive for the **Insured Person(s)**.

b) **Children's Education Benefit**

If the **Company** has accepted a claim under either 1) or 2), then the **Company** will make a one time payment of Rs. 5,000/- each towards the cost of education of upto 2 of the dependent children of the **Insured Person(s)** who were under the age of 19 at the date the **Insured Person(s)** met with **Accidental Bodily Injury**.

c) **Hospital Confinement Allowance (Applicable only if opted by the Insured and shown on the Schedule)**

If the **Company** has accepted a claim under 1) to 4), then the **Company** will pay Rs. 1,000/- for each complete calendar day that the **Insured Person(s)** had to be hospitalised for medical reasons because of the **Accidental Bodily Injury** he/she met with. However, the amount which the **Company** will pay will be limited to Rs. 30,000/- during the **Policy Period** even if there is more than one claim for the **Insured Person(s)**.

d) **Medical Expenses Reimbursement (Applicable only if opted by the Insured and shown on the Schedule)**

If the **Company** has accepted a claim under 1) to 4), then the **Company** will reimburse the costs of necessary medical treatment the **Insured Person(s)** had to obtain from a **Doctor/ Medical Practitioner** because of the **Accidental Bodily Injury** the **Insured Person(s)** met with. However, **Company's** payment will be limited to 40% of the value of the claim which the **Company** has accepted under 1) to 4) or Rs. 500,000/, whichever is lower.

SPECIAL CONDITIONS APPLICABLE TO SECTION 9

1) **Conditions Precedent**

Where this **Policy** requires the **Insured/Insured Person(s)** to do or not to do something, then the complete satisfaction of that requirement by the **Insured/Insured Person(s)** or someone claiming on behalf is a precondition to any obligation the **Company** has under this **Policy**. If the **Insured/Insured Person(s)** or someone claiming on behalf fails to completely satisfy that requirement, then the **Company** may refuse to consider the claim.

2) **Making a Claim**

If any **Insured Person(s)** meets with any **Accidental Bodily Injury** that may result in a claim, then as a condition precedent to the **Company's** liability:

- a. **Insured/Insured Person(s)** or someone claiming on behalf must inform the **Company** in writing immediately and in any event within 14 days.
- b. The **Insured Person(s)** must immediately consult a **Doctor/ Medical Practitioner** and follow the advice and treatment that he recommends.
- c. The **Insured Person(s)** must take reasonable steps to lessen the consequence of **Accidental Bodily Injury**.
- d. The **Insured Person(s)** must have himself/herself examined by the **Company's** medical advisors if the **Company** asks for this, and as often as the **Company** considers this to be necessary.
- e. The **Insured/Insured Person(s)** or some one claiming on behalf must promptly give the **Company** documentation and other information the **Company** asks for to investigate the claim or **Company's** obligation to make payment for it.
- f. If the **Insured Person(s)** dies, the **Insured** or someone claiming on behalf must inform the **Company** in writing immediately and send a copy of the post-mortem report (if performed) within 14 days.

List of Claim documents:

a) Death

- Duly Completed Personal Accident Claim Form signed by Nominee.
- Copy of address proof (Ration card or electricity bill copy).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any(Only if Post Mortem is conducted).

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- Claim form with NEFT details & cancelled cheque duly signed by Insured
 - Original Policy copy
- b) Permanent Partial /Total Disablement /Temporary Total Disability
- Duly Completed Personal Accident Claim Form signed by insured.
 - Attested copy of disability certificate from government medical authority stating percentage of disability.
 - Attested copy of FIR. (If required)
 - Photograph of the claimant before and after injury supporting to disablement.
 - All X-Ray / Investigation reports and films supporting to disablement.
 - Income Proof, Photo identity proof, Address Proof
 - Claim form with NEFT details & cancelled cheque duly signed by Insured
 - Original Policy copy.
- c) Children's education bonus
- Bonafide certificate from school / college or certificate from the educational institution
- d) Hospital Confinement Allowance/ Medical Expenses Reimbursement
- First Consultation letter from the Doctor
 - Duly completed claim form signed by the Claimant
 - Hospital Discharge Card
 - Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
 - Money Receipt, duly signed with a Revenue Stamp
 - All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
 - Other documents as may be required by Bajaj Allianz to process the claim
- 3) **Paying a Claim**
- a. **Insured/Insured Person(s)** agree that the **Company** need only make payment when the **Insured Person(s)** or someone claiming on behalf has provided a claim to the **Company's** satisfaction.
 - b. The **Company** will make payment to **Insured Person** and/or the **Nominee**. If the **Insured** is not the employer and there is no **nominee** and **Insured Person(s)** is incapacitated or deceased, the **Company** will pay to the legal heir, executor or validly appointed legal representative and any payment the **Company** will make in this way will be a complete and final discharge of **Company's** liability to make payment.
 - c. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
 - d. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
 - e. If We, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents. You may take recourse to the Grievance Redressal procedure stated in the Policy.
- 4) **Change of Occupation**
- a. If the **Insured Person(s)** has a change of occupation, the **Company** must be informed in writing within 30 days of the change.
 - b. If the **Insured Person(s)** does not do this, then this insurance will cease as far as that **Insured Person(s)** is concerned from the date that **Insured Person(s)** changed his occupation.
- 5) **Cancellation and Addition & Deletion of Insured Person(s)**

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a) No person other than those persons named as the **Insured Person(s)** or those categories of persons insured specified in the **Schedule** shall be covered under this **Policy** unless and until his/her name or the category has been notified in writing to the **Company**, any additional premium due has been paid and the **Company's** agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person or category of persons as an insured.

b) Coverage under this Cover shall be withdrawn from any **Insured Person(s)** named or any category of persons insured immediately upon the **Insured** delivering written notice of the same to the **Company**.

c) Adjustment of Premium in case of Un-named Policies (Category of persons insured)

The **Insured** acknowledges that the premium payable hereon has been determined by reference to **Insured's** estimate of the number of persons within a category of persons insured as stated in the **Schedule**. The **Insured** agrees that during the **Policy Period**, the **Insured** shall maintain a proper and contemporaneous record of the actual number of persons within such category, which record shall be available for inspection by the **Company** at any reasonable time.

Within one month from the expiry of this **Policy**, the **Insured** shall provide the **Company** with a written record of the actual amount of actual number of persons within such category during the **Policy Period** and any information or supporting documentation in respect thereof that the **Company** may request. If the actual number of persons within such category ascertained exceeds **Insured's** estimate of the same, the **Insured** shall pay to the **Company** any additional premium that the **Company** may determine by reference to the differential, or if the actual number of persons within such category is less than the **Insured's** estimate of the same, the **Company** will reimburse the **Insured** by reference to the differential but subject to minimum retention of premium of 25%.

6) Free Look Period (Applicable Only in case of New Policy)

You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.

If you have not made any claim during the free look period, you shall be entitled to refund of premium subject to,

- i. a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges and if the risk has not commenced
- ii. If the risk has commenced the stamp duty charges, medical examination charges & proportionate risk premium for period on cover would be deducted.
- iii. Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

7) Portability Condition

Retail Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases
 Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to customers who were insured under a Group Health Policy of Bajaj Allianz. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular customer leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non- portable cases.

8) Withdrawal of Cover

There is a possibility of withdrawal of this cover at any time in future, with appropriate approval from IRDA, as We reserve Our right to so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this cover, at the time of Your seeking renewal of this cover, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the cover/ product under which this Policy is issued, then this cover shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this

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Policy Period, and

- c. shall not admit liability for or settle or compromise or make or promise any payment in respect of any claim which may be the subject of an indemnity hereunder or incur any costs or expenses in connection therewith without the prior written consent of the **Company**, which shall be entitled (but in no case obliged) to take over and conduct in the name of the **Insured** the investigation, defence and/or settlement of any claim, for which purpose the **Insured** shall give all the information, documentation, records and other assistance that the **Company** and/or its representatives may reasonably require. Having taken over the defence of any claim, the **Company** may in its sole and absolute discretion relinquish the same.
2. The **Company** will not settle any claim without the consent of the **Insured**. If, however, the **Insured** refuses to consent to any settlement recommended by the **Company** and elects to contest or continue any legal proceedings then the liability of the **Company** shall not exceed the amount for which the claim could have been so settled plus the costs and expenses incurred with its consent up to the date of such refusal.
3. In respect of any claim, the **Company** may in its sole and absolute discretion make a payment to the **Insured** (inclusive of **Defence Costs**) of the amount available under the **Limit of Indemnity** or of any lesser amount for which the claim may in fact be settled (whichever is the lesser) in full and final settlement of all liability of the **Company** to the **Insured** under this **Policy** in respect of that claim.
4. If, in the case of continual and continuous inhalation, ingestion or application of any substance resulting from an insured event, the **Insured** and the **Company** should disagree as to when the **Bodily Injury** or the **Property Damage** happened:
 - a. The **Bodily Injury** shall be deemed to have occurred when the claimant first consulted a qualified medical practitioner in respect of the same;
 - b. **Property Damage** shall be deemed to have occurred when it first became physically evident to the claimant, even if the cause itself was unknown.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 10

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

1. Deductible: Rs. 50,000/- for each and every claim.
2. Any agreed assumption of risk by the **Insured**, save to the extent that liability would have attached in the absence of such agreement.
3. Any **Accident** arising out of the deliberate, willful or intentional non-compliance with any statutory provision.
4. Any **Bodily Injury** of any person under a contract of employment or apprenticeship with the **Insured**, or the **Insured's** contractors or subcontractors, if such **Bodily Injury** was contracted and/or arose out of and in the course of his employment.
5. The **Insured's** consequential losses of any kind, be they by way of loss of profit, loss of opportunity, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill.
6. The infringement of plans, copyrights, patents, trade names, trade marks or registered designs.
7. Libel, slander, false arrest, wrongful eviction, wrongful detention, defamation including mental injury, anguish or shock resulting therefrom.
8. The ownership possession or use by or on behalf of the **Insured** of any motor vehicle or trailer for which compulsory insurance is required by legislation other than the following:
 - a. **Accidents** caused by the use of any tool or plant forming part of or attached to or used in connection with any motor vehicle or trailer.
 - b. **Accident** occurring beyond the limits of any carriageway or thoroughfare caused by the loading or unloading of any motor vehicle or trailer.
 - c. Claims for damage to any bridge, weighbridge, road or anything beneath caused by the weight of any motor vehicle or trailer or of the load carried therein.
 - d. Claims arising out of any motor vehicle or trailer temporarily in the **Insured's** custody or control for the purpose of parking.
9. The ownership, possession or use by or on behalf of the **Insured** of any watercraft, hovercraft, or air- or spacecraft.
10. The transportation of materials and/or hazardous or dangerous substances outside the **Insured Premises**.
11. Damage to property belonging to third parties that is rented, leased or hired or under hire purchase or on loan to the **Insured**. An indemnity shall however be provided for claims arising out of accidental

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Period of Insurance. The name of every employee together with the amount of wages, salary and other earnings shall be properly recorded and the Insured shall at all times allow the Company to inspect such records and shall supply the Company with a correct account of such wages, salaries and other earnings paid during any period of Insurance within one month from the expiry date of such Period of Insurance. If the amount so paid shall differ from the amount on which premium has been paid, the difference in premium shall be met by a further proportionate payment to the Company or by a refund by the Company as the case may be.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 11

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

1. Any injury by **Accident** or disease directly attributable to war invasion act of foreign enemy hostilities (whether war be declared or not) civil war mutiny insurrection rebellion revolution or military or usurped power;
2. The **Insured's** liability to employees of contractors to the **Insured**;
3. Any liability of the **Insured** which attaches by virtue of an agreement but which would not have attached in the absence of such agreement;
4. Any sum which the **Insured** would have been entitled to recover from any party but for an agreement between the **Insured** and such party.

SECTION 12 – PORTABLE EQUIPMENTS COVER

COVERAGE (This Section is operative only if shown as such in the **Schedule**)

The **Company** will indemnify the **Insured** against the repair or replacement costs incurred by the **Insured** in respect of **Accidental** loss of or damage to the property described in the **Schedule** and belonging to the **Insured** caused by any unforeseen and sudden physical loss (except a cause which is excluded) during the course of **Insured's Business**, provided that the liability of the **Company** in respect of any one item of such property in any one **Policy Period** will not individually or in the aggregate exceed the sub-limit of the **Sum Insured** set against such item in the **Schedule**.

SPECIAL CONDITIONS APPLICABLE TO SECTION 12

1. At all times during the **Policy Period**, the insurance cover will be maintained to the full extent of the respective **Sum Insured** in consideration of which, upon the settlement of any loss under this **Policy**, pro rata premium for the unexpired period from the date of such loss to the expiry of **Policy Period** for the amount of such loss shall be payable by the **Insured** to the **Company**.
 The additional premium referred above shall be deducted from the net claim payable under the **Policy**. This continuous cover to the full extent will be available notwithstanding any previous loss for which the **Company** may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the **Insured** subject only to the right of the **Company** for deduction from the claim amount, when settled, of pro rata premium to be calculated from the date of loss till expiry of the **Policy**.
 Notwithstanding what is stated above, the **Sum Insured** shall stand reduced by the amount of loss in case the **Insured** immediately on occurrence of the loss exercises his option not to reinstate the **Sum Insured** as above.
2. Loss or damage to the insured property shall be settled at the market value, after charging the applicable depreciation.
3. In the event of loss of or damage to any instrument/component forming part of a pair or set of the property insured hereunder, the **Company** shall not be liable for more than the depreciated value of the particular instrument/component which may be lost or damaged without reference to any special value which such instrument/component may have as forming a pair or set in any event not exceeding a proportionate part of the **Sum Insured** in respect of such instrument/ component.

Depreciation Chart

Age of the Instrument/Component	Depreciation Percentage
Upto 6 months	10%
Upto 1 year	20%
Upto 2 years	40%

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Upto 3 years	50%
Upto 4 years	60%
Upto 5 years	70%

4. In the event of loss of or damage to the property or any components thereon necessitating the supply of components not obtainable from the stocks held in this country or in the event of the **Company** exercising the option to pay in cash the amount of the loss or damage, the liability of the **Company** in respect of any such components shall be limited to:
- The price quoted in the latest catalogue or price list issued by the makers or their agents in this country.
- OR
- If no such catalogue or price list exists, the price list obtained at the makers works plus the reasonable cost of transport otherwise than by air to this country and the amount of the relative import duty.
Plus
The reasonable cost of fitting such parts

Memorandum I – Accompanied Baggage Extension

It is hereby understood and agreed that notwithstanding anything to the contrary contained herein, the insurance granted by this **Policy** is extended to cover the property or properties mentioned in the **Schedule** whilst in transit as unaccompanied baggage provided that:

- The property/properties shall be packed properly as per specification of the transporters or manufacturer or of the Bureau of Indian Standard.
- Whilst the property/properties are transported by any transport not owned by the **Insured**, in case of loss of or damage to the property, the **Insured** shall immediately lodge a money claim with the transporter/carrier and any compensation received by them shall reduce the quantum of loss lodged with the **Company**.
- Non Delivery shall not be covered. Subject otherwise to the terms, exceptions and conditions of the **Policy**.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 12

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

- Deductible:
 - 5% of the claim amount subject to a minimum of Rs. 2,500/- for each and every claim in respect of laptops, cameras, portable projectors and portable printers
 - 5% of the claim amount subject to a minimum of Rs. 500/- for each and every claim in respect of I Pods and mobiles
- Loss or damage to the property by or due to or arising from:
 - Defective workmanship material or design, wear and tear depreciation, moth, vermin, process of cleaning, repairing, restoring or renovating the action of light or atmospheric conditions or any other gradually operating cause.
 - Manufacturing defects for which the manufacturer is responsible.
 - Mechanical and/or electrical breakdown and/or derangement, overloading or strain; overrunning excessive pressure, short circuiting and/or self-heating.
 - Improper handling, dismantling, fitting adjustment, repair alteration or modification not approved by the makers/manufacturers and/or the agents of makers/manufacturers or use of such property contrary to the directives of the makers/manufacturers and/or this agents.
 - Scratching and/or cracking and/or denting.
- Consequential loss of whatsoever nature.
- Loss or damage arising from detention, confiscation, destruction or requisition by or under the order of any Government of public or local authority.
- Penalties of delay or detention or in connection with guarantees of performance or efficiency.
- Theft, loss or damage during the hire or loan of the instrument to a third party.
- Mysterious disappearance.
- Loss or damage to any unattended item/equipment of the property insured as described in the **Schedule**.
- Loss or damage due to theft or attempted theft by any **Employee** of the **Insured** or loss or

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- openings securely locked and properly fastened and any other security aid properly applied.
8. loss or damage whilst being conveyed by any carrier under contract of affreightment.
 9. loss of or damage to jewellery or **Valuables**.
 10. loss of or damage to articles, which did not form part of the contents of the baggage when the journey commenced unless specifically declared and accepted by the **Company**.
 11. loss or destruction of or damage to baggage of a consumable nature.
 12. loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person or carried about.
 13. loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like nature or articles of a dangerous or damaging nature.
 14. any tour or travel undertaken within the municipal limits of the village, town or city wherein the **Insured** and/or **Insured's Employee** works.

BASIS OF LOSS SETTLEMENT APPLICABLE TO SECTION 13

1. Where an insured item can reasonably be repaired or reinstated at a cost less than the replacement cost then, the **Company** will indemnify the **Insured** up to the **Sum Insured** in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event.
2. In the case of a total loss, the **Company** shall indemnify the **Insured** in respect of the restoration or replacement costs up to the **Sum Insured**.

SECTION 14 - PEDAL CYCLE COVER

COVERAGE (This Section is operative only if shown as such in the **Schedule**)

The **Company** will indemnify the **Insured** in respect of loss of or damage to the pedal cycle belonging to the **Insured** and caused by:

- a) Fire, lightning or external explosion
- b) Burglary and/or housebreaking
- c) Riot, strike, malicious act and terrorist activities
- d) **Accidental** external means
- e) Earthquake, flood, cyclone, storm tempest and other similar convulsions of nature or atmosphere disturbances

Provided that the liability of the **Company** in respect of any one pedal cycle in any one **Policy Period** will not individually or in the aggregate exceed the sub-limit of the **Sum Insured** set against such item in the **Schedule**.

SPECIAL CONDITIONS APPLICABLE TO SECTION 14

The pedal cycle should be properly locked when left unattended.

BASIS OF LOSS SETTLEMENT APPLICABLE TO SECTION 14

- a. Where the pedal cycle can reasonably be repaired or reinstated at a cost less than the replacement cost then, the **Company** will indemnify the **Insured** in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event.
- b. In the case of a total loss, the **Company** shall indemnify the **Insured** in respect of the replacement costs up to the sub-limit of the **Sum Insured** set against such item in the **Schedule**.

SPECIAL EXCLUSIONS APPLICABLE TO SECTION 14

The **Company** is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

- a. Deductible: 5% of the **Sum Insured** subject to a minimum of Rs. 250/- for each and every claim.
- b. Any **Accident**, loss damage or liability caused by or through or in connection with the use of any pedal cycle for hire or reward or outside India.
- c. Damage caused by over loading, strain or mechanical breakdown.
- d. Loss of or damage to accessories by theft unless the pedal cycle is stolen at the same time.
- e. Loss, damage or liability occurring whilst the pedal cycle is being used for competition, racing or pace making.

SECTION 15- BUSINESS INTERRUPTION COVER (This Section is operative only if shown as such in the **Schedule**)

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The wordings for this Section are as per Fire (Consequential Loss) Tariff Policy Wording attached. Relevant specification to be attached based on the method of cover selected.

GENERAL DEFINITIONS (Applicable to all Sections of the **Policy** unless otherwise mentioned more specifically under Section 1)

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 and to the female wherever the context so permits:

1. **Accident, Accidental –**
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Alternative treatments**
Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
3. **Any one illness**
Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **Burglary** means theft following the unforeseen and unauthorised entry to or exit from the **Insured Premises** by aggressive and detectable means.
5. **Business** means the business of the **Insured** specified in the **Schedule**.
6. **Condition Precedent** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly**
Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body
8. **Contents** means the items specified in the **Schedule**.
9. **Contribution**
Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
This clause shall not apply to any Benefit offered on fixed benefit basis.
10. **Cumulative Bonus**
Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.
11. **Daily Allowance:**
Means the amount and period specified in the Schedule.
12. **Damages** means monetary sums payable pursuant to judgments or awards and/or settlements negotiated by or on behalf of the **Insured**, but shall not include fines, penalties, punitive damages, exemplary damages, non-pecuniary relief, taxes, or any other amount for which an **Insured** is not financially liable, or which is without legal recourse to the **Insured**, or any matter that may be or be deemed to be uninsurable under Indian Law.
13. **Deductible** means the amount which shall be borne by the **Insured** in respect of each and every claim made under this **Policy**. The **Company's** liability to make any payment under the **Policy** is in excess of the **Deductible**.
14. **Defence Costs** means the expenses incurred by or on behalf of the **Insured** or the **Company** in the investigation or settlement or defence of a claim and shall include legal costs and disbursements.
15. **Dental Treatment**
Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
16. **Disclosure to information norm**
The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
17. **Electronic Equipment** means the items specified in the **Schedule** and which are contained or fixed at or in the **Insured Premises**.

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28. **Insured** means the person or organisation named in the **Schedule**.
29. **Insured Person** for the purposes of Section 9 (Group Personal Accident Cover) means the person or persons named in the **Schedule**.
30. **Insured Premises** means the property named in the **Schedule** from which the **Insured** operates his **Business**.
31. **In Transit** means any mode of transportation of money for the payment of wages, salaries and other earnings or for petty cash directly between a bank and/or the **Insured Premises** and/or a point in transit by the **Insured** or an **Employee** from the time money is received at the bank and/or the **Insured Premises** and/or a point in transit by the **Insured** or an **Employee** until delivered to the bank and/or the **Insured Premises** and/or a point in transit by the **Insured** or an **Employee**.
32. **Intensive Care Unit**
 Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
33. **Limit of Indemnity**
 Limit of Indemnity represents *Our* maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the *Schedule during the policy period* and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the *Schedule* against each Cover and subject to the limits specified in A
34. **Medical Advice**
 Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
35. **Medical expenses**
 Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
36. **Medical Practitioner/ Doctor:**
 A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
37. **Medically Necessary**
 Medically necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
- Is required for the medical management of the illness or injury suffered by the insured;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - Must have been prescribed by a *medical practitioner*,
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
38. **Money** means cash, bank drafts, currency notes, treasury notes, cheques, postal orders, money orders and current postage stamps belonging to the **Insured**.
39. **Named Insured/ Insured:**
 Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.
40. **Nominee**
 Nominee is the person selected by the policyholder to receive the benefit in case of death of the insured thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.
41. **Non- Network**
 Any hospital, day care centre or other provider that is not part of the network.
42. **Notification of Claim**
 Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
43. **Occupation**

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Your occupation as shown in the Schedule

44. OPD treatment

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

45. **Period of Insurance** means the period between the **Retroactive Date** and the expiry date specified in the **Schedule** and, if no **Retroactive Date** is specified, then the **Policy Period**.

46. Permanent Total Disability

Medical practitioner certified total, continuous and permanent:

- loss of the sight of both eyes
- physical separation of or the loss of ability to use both hands or both feet
- physical separation of or the loss of ability to use one hand and one foot
- loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

47. Permanent Partial Disability

Medical practitioner certified total and continuous loss or impairment of a body part or sensory organ specified

48. **Plate Glass** means the glass described in **Schedule**.

49. **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**.

50. Policy Period

The period between and including the start and end dates shown in the schedule

51. Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

52. Pre-Existing 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 to prior to the first policy issued by the insurer.

53. Proposal

The proposal form and other information and documentation supplied to us in considering whether and on what terms to offer this insurance

54. **Pollution** means pollution or contamination of the atmosphere or of any water, land or other tangible property.

55. **Product** means any tangible property after it has left **Insured's** custody or control, which has been designed, specified, formulated, manufactured, constructed, installed, sold, supplied, distributed, treated, serviced, altered or repaired by or on **Insured's** behalf but shall not mean food and beverages supplied by or on **Insured's** behalf primarily to **Insured's** employee as a staff benefit.

56. **Property** shall mean material property.

57. **Property Damage** means actual physical damage to tangible material property belonging to a third person.

58. Qualified Nurse

Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

59. Reasonable and Customary Charges

Reasonable and Customary 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

60. **Retroactive Date** means the date specified in the **Schedule**.

61. Room rent

Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

62. Renewal

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

63. **Robbery** means (i) in order to the committing of the theft at the insured premises, or in committing the theft at the insured premises, or in carrying away or attempting to carry away property obtained by the theft from the insured premises, the offender, for that end, voluntarily causes or attempts

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to cause to the Insured and/or Insured's family members, death or hurt or wrongful restraint, or fear of instant death or of instant hurt, or of instant wrongful restraint or (ii) if the offender, at the time of committing the extortion at the insured premises, is in the presence of the Insured and/or Insured's family members who is/are put in fear, and commits the extortion at the insured premises by putting the Insured and/or Insured's family members in fear of instant death, of instant hurt, or of instant wrongful restraint to the Insured and/or Insured's family members, and, by so putting in fear, induces the Insured and/or Insured's family members so put in fear then and there to deliver up the thing extorted at the insured premises. In this regard the offender is said to be present if he is sufficiently near to put the Insured and/or Insured's family members in fear of instant death, of instant hurt, or of instant wrongful restraint.

The term Extortion means intentionally putting the Insured and/or Insured's family members in fear of any injury to the Insured and/or Insured's family members, and thereby dishonestly induces the Insured and/or Insured's family members so put in fear to deliver to any person any property or valuable security, or anything signed or sealed which may be converted into a valuable security.

64. **Safe** means a strong cabinet within the **Insured Premises** designed for the safe and secure storage of valuable items, and access to which is restricted.

65. **Subrogation**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

66. **Surgery**

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a *medical practitioner*

67. **Schedule** means the schedule and any annexure to it.

68. **Strong Room** means a room within the **Insured Premises** designed for the secure storage of **Money** and access to which is restricted.

69. **Sum Insured** means the amount stated in the **Schedule**, which is (same as expressly stated to the contrary) the maximum amount (regardless of the number of amount of claims made or the number of the **Insured** who make a claim) for any one claim and in the aggregate for all claims for which the **Company** will make payment in relation to the Section to which the **Sum Insured** relates during the **Policy Period**.

70. **Unproven/Experimental treatment**

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

71. **Valuables** means:

- a) Gold or silver or any precious metals or articles made from any precious metals;
- b) Watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
- c) Deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

72. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule

73. **We, Our, Us, Ours** means the Bajaj Allianz General Insurance Company Limited.

GENERAL EXCLUSIONS (Applicable to all Sections of the **Policy** unless otherwise mentioned more specifically under Section 1)

Save as expressly stated to the contrary, and in addition to the Special Exclusions stated for any individual Section, no cover is available hereunder and 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. The **Insured's** consequential losses of any kind, be they by way of loss of profit, loss of opportunity, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill.
2. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
3. The radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
4. Asbestosis or in any manner related to or arising out of the sale, manufacture, production, distribution or the like of asbestos.

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7. Fraud

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

8. Cancellation

i. Cancellation by You at any time

- You can cancel this Policy at any time by giving Us 15 days' notice in writing. The Policy will terminate upon expiry of 15 days' notice in writing after We receive Your notice.
- If You cancel the Policy, We will refund premium as follows:

Cancellation Period (Days)	Refund Amount as percentage of Annual Premium
Up to 7 Days	100%
8 to 270 days	Pro Rata
271 to 365 days	0%

Note: No premium refund shall be made in respect of Policy on which claim has been lodged by the Insured or a person on behalf of the Insured, whether such claim was admitted or repudiated.

ii. Cancellation by Us

This **Policy** may be cancelled by or on behalf of the **Company** by giving the **Insured** at least 15 days written notice. and in such event if no claim has been made then the **Company** shall refund to the **Insured** a pro-rata premium for the unexpired **Policy Period**. Normally, We will not cancel the Policy during the Policy Period except on the grounds of mis-representation, non-disclosure/suppression of material facts, fraud, if any false/fraudulent claim is made, statement, undertaking or declaration is made or used or non-co-operation of the Insured. For the avoidance of doubt, the **Company** shall remain liable for any claim that was made prior to the date upon which this insurance is cancelled. In cases of cancellation of Policy by Us on grounds of misrepresentation, fraud, non-disclosure of material facts, or for false/fraudulent claim, statement, undertaking or declaration is made or used, premium shall be forfeited and no refund of premium shall be made by the **Company**.

9. Renewal Clause

Under normal circumstances, renewal will not be refused except on the grounds of **Your** moral hazard, misrepresentation and fraud. Under normal circumstances, renewal will not be refused except on the grounds of moral hazard, misrepresentation and fraud of the **Insured**.

Renewal Condition applicable for Group Personal Accident Cover: In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous. Any Accident / injury contracted during the break period will not be admissible under the policy.

On renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may subject to change.

10. Revision/ Modification of the Policy

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect.

11. Dispute Resolution

- If any dispute or difference shall arise as to the quantum to be paid under this **Policy** (liability being otherwise admitted), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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 three arbitrators, comprising of two arbitrators one to be 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 arbitration and venue for all hearings shall be within India.
- 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**.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right

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of action or suit upon this **Policy** that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

- d. It is also hereby further expressly agreed and declared that if the **Company** shall disclaim liability to the **Insured** for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- e. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

12. Notices

- a. 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**.
- b. Any and all notices and declarations for the attention of the **Insured** shall be posted to the **Insured's** address stated in the **Schedule**.

13. 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.

14. Entire Contract

This **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**.

15. Territorial Limits

This **Policy** covers insured events arising during the **Policy Period** within India, save in respect of Section 9 (Group Personal Accident Cover), wherein **Accidental Bodily Injuries** sustained during the **Policy Period** anywhere in the World (subject to the travel and other restrictions that the Indian Government may impose) are covered. The **Company's** liability to make any payment shall be to make payment within India and in Indian Rupees only.

16. 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 Bajaj Allianz House, 1st Floor Airport Road, Yerawada Pune 411006,

E-mail: Bagichelp@bajajallianz.co.in

17. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:

- Our Website @ <https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp>
- Call us on our Toll free no 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in
- Write to Bajaj Allianz General Insurance Co. Ltd.

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Caringly yours



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PUNE - >	

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