

Bajaj Allianz General Insurance Company Limited

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

DIGITAL SURAKSHA GROUP INSURANCE POLICY POLICY WORDINGS

PREAMBLE:

Whereas as the **Policy Holder** has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the **Company**), a proposal which is hereby agreed to be the basis of this **Group Policy** and has paid/agreed to pay [on or before the Risk Inception Date of **Certificate of Insurance**] the premium specified in the **Group Policy Schedule** read with **Certificate of Insurance**, now the **Company** agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the **Insured Beneficiary** in excess of the amount of the **Deductible** and subject always to the **Sum Insured** in the respective **Certificate of Insurance**, against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by **Insured Beneficiary** within the **Cover Period**.

A) DEFINITIONS:

- 1) **Bank/ Qualified Financial Institution/ Payment System Operator** means:
 - a) Banking Company as defined in Chapter 3A of Reserve Bank of India Act, 1934;
 - b) Non-Banking Financial Company (NBFC) as defined under Reserve Bank of India Act, 1934 read with the RBI guidelines, from time to time.
 - c) Entity authorized by the Reserve Bank of India to set up and operate in India under the Payment and Settlement Systems Act, 2007
- 2) **Certificate of Insurance** means the document issued by the **Company** to the **Insured Beneficiary** under the Terms and Conditions of **Master Policy/Group Policy** detailing the **Master Policy** number, **Certificate of Insurance** number, the, **Cover Period** with the commencement date and end/expiry date of the cover, **Insured Beneficiary's** name, address, coverage, benefits, **Sum Insured**, **Deductible**, condition(s), exclusions and or endorsement(s), and the terms and conditions of the coverage. Provided however if there is any contradiction between what is stated in the wordings attached to **Certificate of Insurance** and these **Group Policy** Wordings, then these **Group Policy** Wordings shall prevail.
- 3) **Computer System** means a device or collection of devices, including input and output support devices and excluding calculators which are not programmable and capable of being used in conjunction with external files, which contain computer programmes, electronic instructions, input **Data** and output **Data**, that performs logic, arithmetic, **Data** storage and retrieval, communication control and other functions
For avoidance of doubt, **Computer System** shall include all kinds of digital devices which complies with the requirements/conditions hereinabove in this definition.
- 4) **Cover Period** means the period as specified in the **Certificate of Insurance** issued to the respective **Insurance Beneficiary** during which he/she is insured as per Terms and Conditions of **Certificate of Insurance** read with the **Master Policy**.
Switched Period shall mean the date(s) declared by the **Insured Beneficiary** (falling within the **Cover Period**) on the designated app during which the **Insured Beneficiary** is willing to activate the risk cover provided to him/her in switched mode as per the Terms and Conditions of **Certificate of Insurance** read with the **Group Policy**.

Bajaj Allianz General Insurance Company Limited

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

Note: For Clarification of doubts, when cover under the **Certificate of Insurance** is offered in Switched Mode, **Company** shall be liable for any loss incurred by the **Insured Beneficiary** only during the **Switched Period** and subject to admissibility of claim as per terms and conditions of the **Certificate of Insurance**.

- 5) **Cyber Attack** means a targeted intrusion into the **Insured Beneficiary's Computer System**:
- which results in the transmission of unauthorised **Data** to the **Insured Beneficiary's Computer System** or from the **Insured Beneficiary's Computer System** to a **Third Party's Computer System** that is designed to modify, alter, damage, destroy, delete, record or transmit information without authorisation, including **Data** that is self-replicating or self-propagating, or is designed to contaminate other computer programmes or legitimate computer **Data**, consume computer resources or in some fashion usurp the normal operation of a **Computer System**.
 - To obtain unauthorized access or use of the **Insured Beneficiary's Computer System**
A targeted intrusion is an intrusion or a series of intrusions specifically directed against the **Insured Beneficiary**. A series of intrusions are intrusions using the same weakness of **Computer Systems** or using the same malicious programmes or codes.
- 6) **Data** means any electronic information in a form readily usable by a computer programme. This shall include but not limited to images, documents, audio/video clips, softwares, programmes
- 7) **Deductible** means the amount which shall be borne by the **Insured Beneficiary** in respect of each and every admissible claim made under this **Group Policy**. The **Company's** liability to make any payment under the **Group Policy** is in excess of the **Deductible**.
- 8) **Direct Financial Loss** shall mean unrecoverable loss of funds
- belonging to the **Insured Beneficiary** held in his/her **Bank** account / accounts of **Payment System Operator** and/or
 - Lien created on the **Insured Beneficiary** in his/her **Bank** account / account of **Payment System Operator**
- 9) **Discovery Period** means the period commencing immediately after the expiry/risk expiry date of the **Cover Period**, during which written notice may be given to the **Company**, of a claim that has occurred prior to the expiry date/ risk expiry date of the **Cover Period** and only where such loss is not partially nor wholly covered by any other insurance policy in force after risk expiry date /the expiry date of the **Certificate of Insurance**.
- 10) **Group** shall mean a group as per the provisions of IRDAI group guidelines and further amendments, circulars/guidelines/regulations, if any issued/that may be issued, from time to time.
- 11) **Identity Theft** means any fraudulent or dishonest access to, usage, deletion or alteration of **Insured Beneficiary's Personal Data** by a **Third Party**.
- 12) **Policy Holder/ Group Manager / Group Organizer/ Group Administrator/ Insured** is the Organization or legal Entity named in the **Group Policy Schedule** which has taken the **Group Policy** on behalf of all **Insured Beneficiaries**
- 13) **Insured Beneficiary** shall mean members of the **Group** covered under the **Master Policy** to whom **Certificate of Insurance** is issued by the **Company**.
- 14) **Insured Beneficiary's Computer System** means a **Computer System** the **Insured Beneficiary** leases, owns or operates and which is securely made available or accessible to the **Insured Beneficiary**

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

- 15) Insured Beneficiary's Personal Data** shall mean authentication information of electronic signature, password or any other unique identification feature of **Insured Beneficiary**. This shall not include publicly available information that is lawfully made available to general public.
- 16) Master Policy or Group Policy** means the proposal, the **Group Policy Schedule**, and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period and these **Group Policy** Wordings/Terms and Conditions under which **Certificates of Insurance** shall be issued to the **Insured Beneficiary**. The validity of the **Master Policy** shall be for a period of twelve months as mentioned in the **Group Policy Schedule**.
- 17) Phishing/Spoofing** is the attempt to obtain, inter alia, sensitive information of **Insured Beneficiary** such as usernames, passwords, card details, (and sometimes, money), often for malicious reasons, by masquerading as a trustworthy Entity in an electronic communication.
- 18) Policy Period** means the period specified in the **Group Policy Schedule** falling within Risk Inception Date to Risk Expiry Date.
- 19) Schedule/ Policy Schedule/Group Policy Schedule** means the **Group Policy Schedule** and any annexure to it read with endorsements, if any, and read with respective **Certificate of Insurance** which are forming part of the **Group Policy**.
- 20) Simjacking** happens when a third party replaces a sim card issued to the **Insured Beneficiary** by a registered telecom service provider, without his/her knowledge and consent.
- 21) Sum Insured** means the amount stated in the **Certificate of Insurance**, which is the maximum amount (regardless of the number of claims made) for any one claim and/or in the aggregate for all claims by the **Insured Beneficiary** under **Certificate of Insurance** during the **Cover Period**.
- 22) Third Party** means any entity who deals at arm's length with **Insured Beneficiary** and does not include any person insured under the **Certificate of Insurance** or any person employed by the **Insured Beneficiary**.
- 23) Waiting Period** shall mean the number of consecutive days from the date of first inception of the **Cover Period** (as shown on **Your Certificate of Insurance**), during which the **Insured Beneficiary** will not be entitled to any benefits under the **Certificate of Insurance**. This shall not apply in case of renewals without break in.
- 24) You, Your, Yourself, his/her** named in the **Certificate of Insurance** means the **Insured Beneficiary** that We insure.
- 25) We/Us/Our/Company/Insurer** means Bajaj Allianz General Insurance Company Limited

Note: Any words not defined in these wordings shall bear same definitions as provided under Information Technology Act, 2000 read with Rules thereunder and Indian Penal Code.

B) COVERAGE:

The **Company** shall indemnify the **Insured Beneficiary** during the **Cover Period** for **Direct Financial Loss** as a result of

- 1) **Unauthorized Digital Financial Transaction** and/or
- 2) **Unauthorized Physical Financial Transaction**

as opted by the **Insured/ Insured Beneficiary** and specified in the **Certificate of Insurance**. The liability of the **Company** during any one **Cover Period** will not individually or in the aggregate exceed the **Sum Insured** stated in the **Certificate of Insurance**.

Bajaj Allianz General Insurance Company Limited

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

C) SCOPE OF COVER:

- I. **Unauthorized Digital Financial Transaction** shall mean electronic transaction/transfer from **Insured Beneficiary's** account to a **Third Party** account consequent upon **Identity Theft**, arising out of below perils (as opted by the **Insured/ Insured Beneficiary**)
- Cyber Attack(s)**
 - Phishing/Spoofing** E-Mail and/or Messages and/or Links and/or telephonic calls
 - Simjacking**

SPECIAL EXCLUSIONS APPLICABLE TO UNAUTHORIZED DIGITAL FINANCIAL TRANSACTION

- Any transactions involving physical money / cash / currency or currency equivalent, including withdrawal of money from Automated Teller Machine (A.T.M)
 - Direct Financial Loss** as a result of physical loss/ theft of card, phone, laptop or any other device (unless specifically covered on payment of additional premium)
 - Gross negligence in taking precautions to safeguard **Insured Beneficiary's Personal Data**
 - Cyber Extortion Loss**(unless specifically covered on payment of additional premium)
- II. **Unauthorized Physical Financial Transaction** shall mean transactions as a result of **Identity Theft** arising out of below perils: (as opted by the **Insured/ Insured Beneficiary**)
- wrongful withdrawal of money/cash from Automated Teller Machine(A.T.M) using credit card, debit card, cash card issued by Banks, NBFC or Payment System Operator in India under RBI guidelines
 - use of forged signatures and physical documents attributing the same to/of Insured Beneficiary.

SPECIAL EXCLUSIONS APPLICABLE TO UNAUTHORIZED PHYSICAL FINANCIAL TRANSACTION

- Direct Financial Loss** as a result of physical loss/ theft of card, phone, laptop or any other digital device/ payment authorization instrument (unless specifically covered on payment of additional premium)
- Gross negligence in taking precautions to safeguard **Insured Beneficiary's Personal Data**

SPECIAL CONDITIONS APPLICABLE TO PART I AND II OF (C) "SCOPE OF COVER" HEREINABOVE:

- The **Direct Financial Loss** to the **Insured Beneficiary** should have first occurred during the **Cover Period** and reported to **Us** within the **Cover Period** or **Discovery Period** (if applicable) specified in the **Certificate of Insurance**.
- Multiple claims/ incidents are covered under the **Certificate of Insurance** up to the limit of total **Sum Insured** under **Certificate of Insurance**.
- The **Sum Insured** shall stand reduced by the amount of **Direct Financial Loss** to the **Insured Beneficiary** that has been claimed by the **Insured Beneficiary** and cannot be reinstated. (unless specifically restored on payment of additional premium)

Bajaj Allianz General Insurance Company Limited

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

- 4) **Direct Financial Loss** to the **Insured Beneficiary** should have occurred within the territorial scope chosen.

D) GENERAL EXCLUSIONS APPLICABLE TO PART I AND II OF (C) "SCOPE OF COVER" ABOVE:

- 1) **Fraudulent or Dishonest Conduct of Insured Beneficiary:**
Any:
 - a) deliberate, criminal, fraudulent, dishonest or malicious act or omission of **Insured Beneficiary**; or
 - b) intentional or knowing violation of any duty, obligation, contract, law or regulation; by the **Insured Beneficiary**
 - c) Any **Direct Financial Loss** to **Insured Beneficiary** that are caused by **Insured Beneficiary** intentionally & against the law
- 2) **Bodily Injury**
Any actual or alleged bodily injury, sickness, illness, ailments, mental anguish or emotional distress or disturbance, disease or death of any person howsoever caused and treatment thereof (unless specifically covered elsewhere under extensions)
- 3) **Property Damage**
Any damage to or destruction or loss of/to any tangible property [including **Computer Systems, Data, Insured Beneficiary's Personal Data**, including loss of use thereof. (unless specifically covered elsewhere under extensions)
- 4) **Contractual Liability**
Any liability under any contract, agreement, guarantee or warranty executed or assumed or accepted by the **Insured Beneficiary** except to the extent that such liability would not have attached to the **Insured Beneficiary** but for the contract, agreement, guarantee or warranty done due to **Unauthorized Digital Financial Transaction** and/or **Unauthorized Physical Financial Transaction**.
- 5) **Prior Acts Exclusion**
Any claim arising out of or based upon or attributable to **Unauthorized Digital Financial Transaction** and/or **Unauthorized Physical Financial Transaction** committed, attempted, or allegedly committed or attempted, prior to the Risk Inception Date mentioned in the **Certificate of Insurance**.
- 6) **War, Terrorism including Cyber Terrorism, looting and Governmental Acts**
- 7) **Trading**
Any losses or liabilities connected with any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, currency swap, crypto currencies, non-fiat currencies and the like.

Bajaj Allianz General Insurance Company Limited

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

- 8) Unsolicited Communication
Any distribution of unsolicited correspondence or communications (whether in physical or electronic form) (unless specifically covered elsewhere under extensions)
- 9) Commercial, Political, Union or Religious Activities
Any kind of **Direct Financial Loss** to **Insured Beneficiary** in connection to commercial transactions (his/her business or his/her employer's business), political or union activities.
- 10) Trade Secrets and Intellectual Property
Any actual or alleged plagiarism or infringement of any Trade Secrets, patents, trademarks, trade names, copyrights, licenses or any other form of intellectual property.
- 11) Pollution and Natural Perils
Any Pollution.
Any: electromagnetic fields or radiations; earthquakes etc.
- 12) Licensing Fees:
Any actual or alleged licensing fee or royalty payment including, but not limited to, any obligation to pay such fees or royalty payments.
- 13) Outage/Disturbance Loss
Losses due to the outage/disturbance of external networks (e.g. power, internet, cable & telecommunications)
- 14) Immoral/Obscene Services
Any losses in connection with racist, extremist, pornographic or other immoral/obscene services, statements or representations provided made or committed by the **Insured Beneficiary**.
- 15) Unauthorised Collection of Data
Any unlawful or unauthorized collection of personal Data or Client Information.
- 16) Any unexplained losses or mysterious disappearance
- 17) Any **Direct Financial Loss** to **Insured Beneficiary** caused by the order of any government authority
- 18) Any **Direct Financial Loss** to **Insured Beneficiary** during the **Waiting Period** specified in the **Certificate of Insurance**

E) GENERAL CONDITIONS APPLICABLE TO I AND II OF (C) "SCOPE OF COVER" ABOVE

- 1) Condition Precedent:
The **Insured Beneficiary** shall

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

- i. take all reasonable measures to safeguard the **Insured Beneficiary's Personal Data** to prevent the occurrence and to minimize the impact of claim under the **Certificate of Insurance**;
 - ii. in connection with the coverage afforded hereunder submit to the **Company** (at own Cost) a written, detailed proof of **Direct Financial Loss to Insured Beneficiary** which provides an explanation of the circumstances and a detailed calculation of such **Direct Financial Loss to Insured Beneficiary**;
 - iii. provide to the **Company** all such cooperation and assistance as the **Company** may request in connection with such **Direct Financial Loss to Insured Beneficiary**; and in case of **Direct Financial Loss to Insured Beneficiary** involving both covered risk and uncovered risk/matters under the **Certificate of Insurance** take reasonable joint effort with **Company** to determine a just and equitable allocation of **Direct Financial Loss to Insured Beneficiary** covered under the **Certificate of Insurance**.
 - iv. shall not admit liability, make any payments, assume any obligations, negotiate any settlement enter into any settlement or accept any judgment or award without the Insurers prior written consent;
 - v. not agree to any waiver or limitation of or delay as to the **Insured Beneficiary's** legal rights of recovery against any other party;
 - vi. **Insured Beneficiary** shall duly comply with/fulfil all Terms and Conditions of the **Group Policy** read with **Certificate of Insurance**.
- 2) Subrogation and Recoveries: The **Company** shall be subrogated to all of the **Insured Beneficiary's** rights of recovery therefor against any person or organization or entity without any requirement of having any written documents executed by the **Insured Beneficiary** to the extent of all payments of **Direct Financial Loss to Insured Beneficiary** made by the **Company** under admissible claims or all other amounts for which risk cover is provided under **the Certificate of Insurance**. But however the **Insured Beneficiary** shall execute and deliver instruments, documents, deeds and or affidavits that may be required by the **Company** and do everything necessary to secure such rights including but not limited to, assignment of the **Insured Beneficiary's** rights against any person or organization or entity on account of which/whose acts, commissions and omissions, the **Company** made any admissible claim to the **Insured Beneficiary** under the **Certificate of Insurance** read with **Group Policy**. The **Insured Beneficiary** shall also, at the expense of **Insurer**, do and concur in doing and permit to be done, all such acts and things that may be necessary or reasonably required by the **Company/Insurer** for the purpose of enforcing in the name of the **Company** and or in the name of **Insured Beneficiary** or both, any civil or criminal rights and remedies or of obtaining relief or indemnity from Third Party/ies to which **Insurers** shall be or would become entitled or subrogated, whether such acts and things shall be or become necessary or required before or after the **Insurer's** indemnification of admissible claim of **Insured Beneficiary**. The **Insured Beneficiary** will do nothing to prejudice the **Company's** rights under this paragraph. The **Insured Beneficiary** shall not waive or modify any rights in relation to his/her rights against any property or Third Party against whom the Insured has right to recover.

Bajaj Allianz General Insurance Company Limited

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

Any Recoveries whether being subject to subrogation or not, with respect to any **Direct Financial Loss to Insured Beneficiary** or all other amounts for which risk cover is provided by the Company under the **Certificate of Insurance**, will accrue to the Company and shall be distributed as follows:

- first, to reimburse the costs and expenses actually incurred by the Company in making the recovery;
- second, to the **Company** for the amount paid to the **Insured Beneficiary** for any covered **Direct Financial Loss to Insured Beneficiary**;
- third, to the **Insured Beneficiary** for the amount of **Direct Financial Loss to Insured Beneficiary** otherwise covered but in excess of the **Sum Insured** under **Certificate of Insurance**; and
- fourth, to the **Insured Beneficiary** for loss specifically excluded by this **Group Policy** and **Certificate of Insurance**.

Recovery by the Insurer from reinsurance shall not be deemed a recovery hereunder.

3) Contribution

If, at the time of any claim, there is, or but for the existence of **Certificate of Insurance** read with this **Group Policy**, the **Direct Financial Loss** to the **Insured Beneficiary** would be covered under any other insurance policy of indemnity or insurance in favour of or effected by or on behalf of the **Insured Beneficiary** applicable to each of such claim, then the **Company** shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

4) Sanctions/Embargoes

The **Company** shall not be deemed to provide cover and the **Company** shall not be liable to pay any claim for **Direct Financial Loss** to the **Insured Beneficiary** to the extent that the provision of such cover, payment of such **Direct Financial Loss** to the **Insured Beneficiary** or claim would expose the **Company** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

5) Territorial scope

Where legally permissible by the law, of **Certificate of Insurance** read with the **Group Policy** and the jurisdiction in which the payment is to be made and subject to all Terms and Conditions of **Certificate of Insurance** read with the **Group Policy**, the **Group Policy** shall apply to any **Direct Financial Loss** to the **Insured Beneficiary** incurred in India (unless otherwise stated in the **Certificate of Insurance**).

Note: For clarification of doubt any claim in India/Worldwide (wherever applicable) shall be made in India as per Governing Law.

6) Governing law and Jurisdiction.

(a) All admissible claims will be settled and paid to the **Insured Beneficiary** only in Indian Rupees.

Bajaj Allianz General Insurance Company Limited

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

- (b) The **Certificate of Insurance** read with **Master Policy** constitutes the complete contract of insurance between the **Company** and **Insured Beneficiary**. So also the **Master Policy** shall constitute the complete contract of insurance between the **Master Policy Holder** and the **Company**. No change or alteration shall be valid or effective unless approved in writing by **Us**, which approval shall be evidenced by an endorsement on the **Schedule**.
- (c) The construction, interpretation and meaning of the provisions of this **Master Policy** and **Certificate of Insurance** shall be determined in accordance with Indian law. The section headings of this **Master Policy** are included for descriptive purposes only and do not form part of this **Master Policy** for the purpose of its construction or interpretation, unless the Headings are supported with more inputs as to intent of the respective clauses/terms and conditions.
- (d) This **Group Policy** and **Certificate of Insurance** is subject to the exclusive jurisdiction of the Courts in India.
- 7) **Renewal Notice**
The **Company** shall not be bound to receive any renewal premium nor give notice that such renewal and renewal premium is due. If the **Company** agrees to renew the **Cover Period** under the **Certificate of Insurance** every renewal premium (which shall be paid and accepted in respect of the **Certificate of Insurance**) shall be so paid by **Insured Beneficiary** and accepted by the **Company** upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the **Insured Beneficiary** that may result in change or enhancement of the risk of the **Company** under the **Certificate of Insurance**. No renewal receipt shall be valid unless it is on the printed form of the **Company** and signed by an authorized official of the **Company**. There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product in future at the time of renewal which are binding on the **Insured Beneficiary**.
- 8) **Validity of Certificate of Insurance**
Subject to provision relating to cancellation, the coverage under the **Certificate of Insurance** will terminate on the earliest of the following occurrence:
- The risk end date of **Cover Period** as mentioned in the **Certificate of Insurance**
 - In case of **Direct Financial Loss to the Insured Beneficiary**, any admissible claim paid up to the **Sum Insured** as mentioned in the **Certificate of Insurance**
 - The date that the **Insured Beneficiary** is no longer member of the group of the **Insured**.
 - The effective date of cancellation of **Certificate of Insurance** by the **Company** or **Insured Beneficiary**, as the case may be, in accordance with these Terms and Conditions of the **Group Policy** read with **Certificate of Insurance**.
- 9) **Entire Contract**
This **Certificate of Insurance** issued to the **Insured Beneficiary** read with this **Group Policy** constitutes the complete contract of insurance for the **Insured Beneficiary**. No change or alteration in this **Group Policy** or **Certificate of Insurance** shall be valid or effective unless approved in writing by the **Company**, which approval shall be evidenced by an endorsement to the **Group Policy/Certificate of Insurance**.

Bajaj Allianz General Insurance Company Limited

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

10) Transfer

Transferring/assigning of Interest of **Insured Beneficiary** in the **Certificate of Insurance** or the **Policy Holder** under **Group Policy**, respectively to any other person is not allowed and if done so same is null and void-ab-initio.

11) Fraud

If the **Policy Holder** or any **Insured Beneficiary** makes any proposal with fraud or fraudulent intention/means and or **Insured Beneficiary** under the **Certificate of Insurance** or any one acting on **his/her** behalf shall make or advance any claim be in any respect fraudulent, or if any false declaration/mis-representation/false statements be made or used in support thereof or if any fraudulent means or devices are used to obtain any claim/benefits under the **Group Policy/Certificate of Insurance** or if the **Direct Financial Loss** to the **Insured Beneficiary** be occasioned by the wilful act, or with the connivance of/with the **Policy Holder/Insured Beneficiary**, or for non-co-operation of **Policy Holder/ Insured Beneficiary**, all benefits/risk covers under the **Certificate of Insurance** shall be void and all claims or payments thereunder shall be forfeited along with forfeiture of the premium, irrespective of whether claim is paid or not and whether or not the claim is admitted or repudiated.. Further the **Insured Beneficiary** and or any person making claim on behalf of **Insured Beneficiary** shall be also liable to be proceeded by the **Company** with suitable legal action/proceedings.

12) Cancellation:

(A) Cancellation of Master Policy/Certificate of Insurance by the Company

- a. The **Master Policy** may be cancelled by the **Company** at any time before the expiry of the Policy Period of **Master Policy** by giving at least 15 days written notice to the **Policy Holder**. Provided however if the **Company** cancels the **Master Policy** even then the respective **Certificate of Insurance/s** already issued to various **Insured Beneficiaries** shall be valid for the **Covered Period**, unless the **Certificate of Insurance** is also cancelled by the **Company**.
- b. The **Certificate of Insurance** may be cancelled by the **Company** at any time before the expiry of the **Cover Period** by giving at least 15 days written notice to the **Insured Beneficiary**.
- c. If the **Certificate of Insurance** is cancelled by the **Company** after the commencement of the **Cover Period** mentioned in the **Certificate of Insurance** issued to the **Insured Beneficiary** the **Company** shall refund to the **Insured Beneficiary** a pro-rata premium, for the unexpired **Cover Period** in respect of the **Certificates of Insurance** issued prior to the date of cancellation on which no claim has been lodged.
- d. No refund shall be made in respect of **Certificates of Insurance** cancelled by the **Company** on which claim has been lodged by the **Insured Beneficiary** or a person on behalf of the **Insured Beneficiary**, whether such claim was admitted or repudiated.
- e. For the avoidance of doubt, the **Company** shall remain liable for any claim that was made prior to the effective date on which the **Certificate of Insurance** is cancelled.
- f. Under normal circumstances the **Group Policy** shall not be cancelled by the **Company** except on the grounds of Fraud, mis-representation or non-disclosure of material facts or

Bajaj Allianz General Insurance Company Limited

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

non-co-operation by the **Insured Beneficiary** or if any false statement, or declaration is made or used. Provided however if **Certificate of Insurance** is cancelled due to Fraud by the **Policy Holder** and/or **Insured Beneficiary** then the premium shall be forfeited and no refund of premium shall be made by the **Company**.

(B) Cancellation by the Policy Holder/ Insured Beneficiary (wherever applicable)

- a) During the **Policy Period** of the **Master Policy**, the **Policy Holder** may cancel the **Master Policy** at any time by giving at least 15 days written notice to the **Company** and also intimating the same to the **Insured Beneficiary**.
- b) The **Certificate of Insurance** may be cancelled by the **Policy Holder/ Insured Beneficiary** as under:
 - i. The **Certificate of Insurance** may be cancelled anytime within six months of the date of commencement of the **Cover Period** mentioned in the **Certificate of Insurance**, in which case the **Company** will refund the premium as per table in 12 (B1) and (B2) hereinafter, as may be applicable, subject however to a minimum retention of 25% of premium mentioned in the **Certificate of Insurance** or Rs.100 per **Certificate of Insurance** whichever is higher in respect of those **Certificates of Insurance** on which no claim has been lodged.
 - ii. However no request for cancellation of any **Certificate of Insurance** shall be entertained after completion of six months (applicable only to annual Policy) from the date of commencement of the **Cover Period**.
 - iii. **Certificate of Insurance** where **Cover Period** is short term (lesser than one year) cannot be cancelled.
 - iv. No refund of premium shall be due on cancellation of **Certificate of Insurance** if a claim has been made by the **Insured Beneficiary** whether claim is admitted or repudiated.
 - v. For the avoidance of doubt, the **Company** shall remain liable for any admissible claim that was made prior to the effective date of cancellation of **Certificate of Insurance**.

(B1) Short Period Scale:

Cancellation Period (Days)	Refund Amount as percentage of Annual Premium
	Applicable to Certificates of Insurance where Cover Period is one year or more
Up to 30 days	75%
31 to 60 days	67%
61 to 90 days	59%
91 to 120 days	51%
121 to 150 days	43%
151 to 180 days	35%
181 to 365 days	Nil

Bajaj Allianz General Insurance Company Limited

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

(B2) Certificate of Insurance issued for the Cover Period of more than 1 year up to 2 Years/3 Years as the case may be, the following method shall be applied:

Premium for **Cover Period** as the case may be will be first worked out inclusive of loadings and discounts. The premium so arrived at will be apportioned year wise.

1. For Certificate of Insurance issued with a Term of more than 1 year up to 2 Years:

- (i) If the request for cancellation is received in First Year, the apportioned Second Year premium will be refunded in full and for First Year the above mentioned annual short period scale as mentioned in 12(B1) hereinabove will be applied on the apportioned First Year premium.
- (ii) If the request for cancellation is received in the Second Year of the Certificate of Insurance, the apportioned first year premium will be retained in full and the annual short period scale as mentioned in 12(B1) hereinabove will be applicable for the apportioned second year premium.

2. For Certificate of Insurance issued with a Term of more than 2 years up to 3 years:

- (i) If the request for cancellation is received in First Year, the apportioned Second Year and Third Year premium will be refunded in full and for First Year the above mentioned annual short period scale will be applied on the apportioned First Year premium.
- (ii) If the request for cancellation is received in the Second Year of the Certificate of Insurance, the First Year premium will be retained in full by the Company, the annual short period scale shall as mentioned in 12(B1) hereinabove apply to the apportioned Second Year premium, and the full refund shall be made of the apportioned Third Year premium
- (iii) If the request for cancellation is received in the Third Year of the Certificate of Insurance, the apportioned First Year and Second Year premium will be retained by the Company in full and the above mentioned annual short period scale as mentioned in 12(B1) hereinabove will be applied for the apportioned Third Year premium.

No refund of premium shall be due on cancellation if **Insured Beneficiary** has made a claim under the **Certificate of Insurance**.

Effect of termination of Group Policy by the Policy Holder:

From the effective date of cancellation or termination of this **Group Policy** at the instance of **Policy Holder**:

- 1) In respect of **Certificate of Insurance**, the **Company** shall remain obligated to indemnify the **Insured Beneficiary**, under & during the risk **Cover Period** of **Certificate of Insurance**, for Claim(s), if any, as per Terms and Conditions of **Certificate of Insurance** read with this **Group Policy** where such Claim is made before or after the date of cancellation or termination of this **Group Policy** subject to the condition that before the

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

date of cancellation or termination the respective **Insured Beneficiary** [claimant] was enrolled under the **Group Policy** as per the provisions of this **Group Policy** and the Claim, if any, is made for the Claim arising during the risk **Cover Period** as specified in the **Certificate of Insurance**, subject however to all other Terms and Conditions; and

- 2) The **Policy Holder** would continue to be responsible for facilitating the claim for coverage provided prior to date of termination to the full extent of the risk **Cover Period** provided to the **Insured Beneficiary** under **Certificate of Insurance**.
- 3) The **Company** shall not be obligated to indemnify the **Insured Beneficiary** for the **Cover Period** for amounts where such right to payment accrued after the date of cancellation or termination of this **Group Policy** if the **Insured Beneficiary** was enrolled by the **Policy Holder** after the date of termination of the **Group Policy**; and
 - a. Subject to all other terms and conditions, the **Company** shall continue to have an obligation to indemnify the **Insured Beneficiary** for amounts where such right to payment accrued before the date of cancellation or termination of this **Group Policy**; and
 - b. The **Company** and the **Policy Holder** shall remain liable under the terms and conditions of this **Group Policy** to fulfil the obligations that have accrued at the date of cancellation or termination of this **Group Policy**;

13) Arbitration

- a. If any dispute or difference shall arise as to the quantum of claim to be paid under the **Certificate of Insurance** (liability/claim being otherwise admitted by the **Company**), such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed mutually in writing by the **Company** and the respective **Insured Beneficiary** who has made claim under the **Certificate of Insurance** or if they cannot agree upon a single arbitrator within 30 days of any party [the **Company** or the respective **Insured Beneficiary** who has made claim under the **Certificate of Insurance**] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one each to be appointed by the **Company** and **Insured Beneficiary** who has made claim under the **Certificate of Insurance**, respectively, who are the parties to the dispute/ difference, and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted in English under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be Pune, India and this condition remains valid, should the **Certificate of Insurance** become void.
- b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before mentioned, if the **Company** has disputed/repudiated or not accepted/admitted the liability/claim under or in respect of the respective **Certificate of Insurance**.
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit basis the respective **Certificate of Insurance** read with this **Group Policy** that the award by such arbitrator/ arbitrators of the amount of the **Direct Financial Loss** to the **Insured Beneficiary** shall be first obtained.

Bajaj Allianz General Insurance Company Limited

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

- d. It is also hereby further expressly agreed and declared that if the **Company** shall disclaim/repudiate the claim and liability to the respective **Insured Beneficiary** for any claim under the **Certificate of Insurance** issued to **Insured Beneficiary**, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all indemnities/benefits under the **Certificate of Insurance** shall be forfeited and the rights of **Insured Beneficiary** shall stand extinguished and the liability of the **Company** shall also stand discharged.
- 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 subject to other Terms and Conditions of this Master Policy read with Certificate of Insurance.

14) 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 servicing office address specified in the **Certificate of Insurance**.
- b. Any and all notices and declarations for the attention of the **Insured Beneficiary** shall be posted to his/her address stated in the **Certificate of Insurance**.

15) Each Incident

Direct Financial Loss to the **Insured Beneficiary** arising out of the same, continuous and related acts shall be treated as arising out of single incidence.

16) The Insured shall take all reasonable steps to prevent a claim from arising under the **Certificate of Insurance** read with this **Group Policy**;

17) In the event of a **Direct Financial Loss** to the **Insured Beneficiary** **Notification**

Upon Discovery of **Direct Financial Loss** to the **Insured Beneficiary**, the **Insured Beneficiary** shall give written notice thereof to the **Insurer** within 7 days, but in any event not later than 14 days after the end of the **Cover Period** or **Discovery Period**;

if, during the **Cover Period**, the **Insured Beneficiary** becomes aware of any fact, event or circumstance which is likely to give rise to a claim then the **Insured Beneficiary** shall give written notice thereof to the **Insurer** as soon as reasonably practicable and, in any event, during the **Cover Period/ Discovery Period**

*Note: Waiver of above condition may be considered by the **Company** at its absolute discretion, in extreme cases of hardship where it is proved to the satisfaction of the **Company** that under the circumstances in which the **Insured Beneficiary** was placed, it was not possible for the **Insured Beneficiary** to give notice or file claim within the prescribed time limit. The decision of the **Company** shall be final and binding on the **Insured Beneficiary**.

Bajaj Allianz General Insurance Company Limited

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

If the **Insured Beneficiary** reports a claim or facts that might give rise to a claim to the **Insurer**, then the **Insured Beneficiary** must give the Insurer such information and co-operation as it may reasonably require including but not limited to:

PAYING A CLAIM:

- i. The Insured **Beneficiary** agree that the **Company** need only make payment when the **Insured Beneficiary** has provided to the **Company** with all the necessary documentation and information.
- ii. The **Company** will make payment to the **Insured Beneficiary** in INR.
- iii. On receipt of all the documents and information and on being satisfied with regard to the admissibility of the claim as per **Certificate of Insurance** issued to the **Insured Beneficiary** read with this **Group Policy** Terms and Conditions, the **Company** will settle the claim within 30 (thirty) days of the receipt of the last necessary document. In the cases of delay in the payment, the **Company** 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) from the date of receipt of last necessary document to the date of payment of claim.
- iv. 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.
- v. If the **Company**, for any reasons decides to reject the claim under the **Certificate of Insurance** read with this **Group Policy** the reasons regarding the rejection shall be communicated to the **Insured Beneficiary** in writing within 30 days of the receipt of last necessary documents. The **Insured Beneficiary** may take recourse to the Grievance Redressal procedure stated under this **Group Policy**.

Basic Mandatory Documents for Claim:

- i. Submission of fully completed and duly signed Claim form
- ii. Copy of signed or stamped E-FIR/ FIR/ Diary entry lodged with Police Authorities / cyber cell
- iii. Copies of correspondence with financial institutions with regard to **Direct Financial Loss** to the **Insured Beneficiary**
- iv. Proof to show that **Direct Financial Loss** to the **Insured Beneficiary** is incurred by the **Insured Beneficiary (Bank/financial statement)** along with Bank intimation/ confirmation that the amount will not be refunded by them
- v. A copy of passport to show proof of traveling outside India (only applicable for claims admissible on opting worldwide extension)

Other Documents (necessitated on case to case basis wherever applicable)

- i. Police / Cyber cell Final Report
- ii. Copies of legal notice received from any Affected Person/entity

Bajaj Allianz General Insurance Company Limited

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

- iii. Copies of summons received from any court in respect of a suit filed by an Affected party/entity
- iv. legal notice served on any **Qualified Financial Institution** and or case filed against **Qualified Financial Institution for Direct Financial Loss**
- v. Copies of legal notice served on any **Third Party** for any **Data Breach**
- vi. Copies of criminal case filed against **Third Party**
- vii. Copies of invoices for expenses incurred on restoration cost (wherever applicable)
- viii. Details/invoices of costs incurred for filing of criminal case /claim for damages against **Third Party**
- ix. Proof to show that the **Insured Beneficiary's Personal Data** is the propriety information belonging to the **Insured Beneficiary**

All notifications and all communications under this **Group Policy** must be in writing to the registered address of the **Company**.

18) Resolving Issues

Bajaj Allianz General Insurance Company Ltd 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. The **Company** do its best to ensure that its customers are delighted with the service they receive from the Company. If the Insured Beneficiary is dissatisfied the **Company** would like to inform the **Insured Beneficiary** that the **Company** has provided you with multiple platforms and procedure via which you can always reach one of our representatives for resolving issues, as mentioned herein below. Please include **Your** Certificate of Insurance number in any communication. This will help the **Company** to deal with the issue more efficiently.

First Step

Initially, it is suggest that the **Insured Beneficiary** contact the Branch Manager / Regional Manager of the local office/servicing of the **Company** which has issued the **Group Policy** and the **Certificate of Insurance**. The address and telephone number will be available in the **Certificate of Insurance** issued to the concerned **Insured Beneficiary**.

Second Step

Naturally, the Company hope the issue can be resolved to the satisfaction of **Insured Beneficiary** at the earlier stage itself. But if **Insured Beneficiary** 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
Bajaj Allianz House, Floor, Airport Road, Yerawada, Pune 411006
Bagichelp@bajajallianz.co.in

Caringly yours

BAJAJ | Allianz

Bajaj Allianz General Insurance Company Limited

Bajaj Allianz General Insurance Company Limited

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

If the Insured Beneficiary is still not satisfied, he can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Bajaj Allianz General Insurance Company Limited

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

Caringly yours

BAJAJ | Allianz

Bajaj Allianz General Insurance Company Limited

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>

Bajaj Allianz General Insurance Company Limited

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

Bajaj Allianz General Insurance Company Limited

<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Amedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

Bajaj Allianz General Insurance Company Limited

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

*Caringly yours***BAJAJ | Allianz**

Bajaj Allianz General Insurance Company Limited

NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam- bodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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

Bajaj Allianz General Insurance Company Limited

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

EXTENSIONS AVAILABLE UNDER THE GROUP POLICY

Group Policy No. _____ [“Group Policy”]
 Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 1: LOST WALLET COVER

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, in consideration of payment of additional premium, it is hereby declared and agreed that Bajaj Allianz General Insurance Company Ltd, the [“**Company**”] shall indemnify the **Insured Beneficiary** for the following when **his/her** wallet is lost or stolen.

- 1) Replacement costs for the lost or stolen wallet and for the **Personal Papers** and payment card that were in the wallet when lost or stolen.
- 2) Application fees for applying for new **Personal Papers** and/or payment cards

The **Sum Insured** under this extension is limited to a maximum amount of Rs. _____ for any one loss and Rs. _____ in any one year. This shall be over and above the base **Group Policy Sum Insured**.

A. SPECIAL CONDITIONS APPLICABLE TO EXTENSION 1:

- 1) An official police report (F.I.R) is a mandatory document for lodging a claim under this cover
- 2) In the event of a covered loss:
 - a) **Insured Beneficiary** should inform the Company within 24 hours of discovering the loss to make a claim.
 - b) A police report has to be filed within 24 hours of discovering the loss
 - c) The claims form and claim supporting documents must be returned to the **Company** within 3 days of making the original claim.

B. EXCLUSIONS APPLICABLE TO EXTENSION 1:

- 1) Money, cheques, transportation tickets, or other similar items that were in the lost or stolen wallet other than **Your Personal papers** and payment cards
- 2) losses that are caused by any events other than lost or stolen, such as fire, water damage, normal wear and tear, manufacturing defects, vermin, insects, cleaning or repairs or similar events
- 3) accidental damage to **Your** wallet and items inside
- 4) any fraudulent/unauthorized charges on the lost or stolen payment cards
- 5) any **Identity Theft** related costs that are caused by lost or stolen papers or payment cards

If **Insured Beneficiary** does not agree whether any of these exclusions apply to his/her claim, **Insured Beneficiary** agrees to accept the burden of proving that they do not apply is on **Insured Beneficiary**.

C. DEFINITIONS APPLICABLE TO THIS ECNDORESMENT OF EXTENSION 1:

Personal Papers: Identification documents issued by Your country, state including but not limited to Your driver’s license, passport, aadhar card, P.A.N card.

Bajaj Allianz General Insurance Company Limited

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

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 2: AUTOMATED TELLER MACHINE (A.T.M) WITHDRAWAL ROBBERY COVER

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy** in consideration of payment of additional premium, It is hereby declared and agreed that,

- 1) **A.T.M Robbery – Insured Beneficiary** shall be indemnified and reimbursed the money he/she withdrew from any A.T.M in India using his/her card against a **Robbery** event that occurs within 15 minutes of the withdrawal of the money. The **Company’s** indemnity under this extension is limited to Rs. _____ for any one loss and Rs. _____ in any one year.
- 2) **Bodily Injury- Insured Beneficiary** shall be indemnified and reimbursed the actual medical expenses, subject to a maximum of Rs. _____ in the aggregate during the **Cover Period**, incurred by him/her for immediate medical treatment of the bodily **Injury** arising out of a **Robbery** that is covered by this endorsement.

A. SPECIAL CONDITIONS APPLICABLE TO THIS ENDORSEMENT - EXTENSION 2:

- 1) **Insured Beneficiary** must provide an official police report that indicates the incident happened within the **Cover Period** under **Certificate of Insurance**.
- 2) In the event of a covered loss:
 - a) **Insured Beneficiary** should inform the **Company** within 24 hours of discovering the loss to make a claim.
 - b) A police report has to be filed within 24 hours of discovering the loss
 - c) The claims form and claim supporting documents must be returned to the **Company** within 3 days of making the original claim.
- 3) Loss payable under this extension shall be over and above the base **Sum Insured**.

B. EXCLUSIONS APPLICABLE TO EXTENSION 2:

The **Company** will not be liable to indemnify the **Insured Beneficiary** for the following events:

- 1) Damages and/ or liabilities to any third parties
- 2) Damages or losses to anything other than the money **Insured Beneficiary** withdrew from **his/her** account from the ATM.
- 3) Damages and/ or liabilities that happened before or after the covered **Robbery** period
- 4) Charges for emergency first aid to anyone other than **Insured Beneficiary**.

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

If **Insured Beneficiary** does not agree whether any of these exclusions apply to **his/her** claim, **he/she** agrees to accept the burden of proving that they do not apply is on the Insured Beneficiary.

C. DEFINITIONS APPLICABLE TO EXTENSION 2:

- 1) **Robbery** means (i) in order to the committing of the theft, or in committing the theft, or in carrying away or attempting to carry away property obtained by the theft, the offender, for that end, voluntarily causes or attempts to cause to the **Insured Beneficiary** and/or **Insured Beneficiary'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, is in the presence of the **Insured Beneficiary** and/or **Insured Beneficiary's** family members who is/are put in fear, and commits the extortion by putting the **Insured Beneficiary** and/or **Insured Beneficiary's** family members in fear of instant death, of instant hurt, or of instant wrongful restraint to the **Insured Beneficiary** and/or **Insured Beneficiary's** family members, and, by so putting in fear, induces the **Insured Beneficiary** and/or **Insured Beneficiary** family members so put in fear then and there to deliver up the thing extorted. In this regard the offender is said to be present if he is sufficiently near to put the **Insured Beneficiary** and/or **Insured Beneficiary's** family members in fear of instant death, of instant hurt, or of instant wrongful restraint.

The term Extortion means intentionally putting the **Insured Beneficiary** and/or **Insured Beneficiary's** family members in fear of any injury to the **Insured Beneficiary** and/or **Insured Beneficiary's** family members, and thereby dishonestly induces the **Insured Beneficiary** and/or **Insured Beneficiary'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.

- 2) **Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a **Medical Practitioner**.
- 3) **Medical Practitioner** shall mean any person who qualifies the National Exit Test held under section 15 of National Medical Commission Act, 2019 and is granted a licence to practice medicine and shall have his/her name and qualifications enrolled in the National Register or a State Register, as the case may be maintained under National Medical Commission Act, 2019. Provided that a person who has been registered in the Indian Medical Register maintained under the Indian Medical Council Act, 1956 (102 of 1956) (i) prior to 02nd September 2019, and (ii) before the National Exit Test becomes operational under sub-section (3) of section 15 of National Medical Commission Act, 2019, shall be deemed to have been registered under National Medical Commission Act, 2019 and be enrolled in the National Register maintained under National Medical Commission Act, 2019.

Provided further **Medical Practitioner** shall not include any member of family of customer/insured/proposer.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

Bajaj Allianz General Insurance Company Limited

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

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]

Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 3: FINANCIAL LOSS OCCASSIONED TO LOST/STOLEN DEVICE

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, it is hereby agreed and declared that on payment of additional premium, **Direct Financial Loss** occasioned to lost/stolen devices shall be indemnified and admissible under the **Group Policy**.

In consequence whereof, Exclusion No. (2) “SPECIAL EXCLUSIONS APPLICABLE TO UNAUTHORIZED DIGITAL FINANCIAL TRANSACTION” and/or Exclusion No. (1) “SPECIAL EXCLUSIONS APPLICABLE TO UNAUTHORIZED PHYSICAL FINANCIAL TRANSACTION” stands deleted. Subject otherwise to the terms conditions and exclusions of the **Group Policy**.

EXCLUSIONS APPLICABLE TO EXTENSION 3:

Direct Financial Loss indemnification recoverable under this extension shall be limited to financial transactions due to **Identity Theft** from such lost/stolen device. This shall not include replacement cost of the lost/stolen device.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]

Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 4: WORLDWIDE COVER

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, it is hereby agreed and declared that on payment of additional premium, the Territorial limit of indemnification under the **Certificate of Insurance** shall be extended to worldwide, subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy /Master Policy**.

SPECIAL CONDITIONS APPLICABLE TO EXTENSION 4

The **Company’s** liability of indemnification to make any payment for admissible claims under **Certificate of Insurance** shall be to make payment to concerned **Insured Beneficiary** within India and in Indian Rupees only and not exceeding the **Sum Insured**

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 5: LOSS OF WAGES

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, it is hereby agreed and declared that on payment of additional premium, the **Company** shall indemnify the **Insured Beneficiary** for **Lost Wages** not exceeding the **Sum Insured** applicable to Extension 5 (this extension)

SPECIAL CONDITIONS APPLICABLE TO EXTENSION 5

- 1) This cover can be opted only by salaried **Insured Beneficiaries**.
- 2) **Insured Beneficiary** should be actively employed to claim benefit under this extension at the time of claim.

DEFINITIONS APPLICABLE TO EXTENSION 5:

Lost Wages means actual wages that would have been earned by **Insured Beneficiary** for reasonable time necessarily taken off from current employment in effort to rectify the **Direct Financial Loss** admissible under this **Group Policy**.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 6: COUNSELLING EXPENSES

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy** in consideration of payment of additional premium, it is hereby declared and agreed that, the **Company** will indemnify and pay to or on behalf of each **Insured Beneficiary**, all reasonable fees, and expenses of an accredited psychiatrist, psychologist or counsellor chosen by the **Insured Beneficiary** at his/her own discretion with the prior written consent of the **Company**, not to be unreasonable, withheld or delayed, to treat the **Insured Beneficiary** for stress, anxiety or such similar medical conditions resulting from **Direct Financial Loss** admissible under the **Group Policy**, not exceeding the **Sum Insured** applicable to Extension 6 (this extension)

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 7: PROSECUTION COST EXPENSES

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy** in consideration of payment of additional premium, it is hereby declared and agreed that, the **Company** shall indemnify the **Insured Beneficiary** for the costs incurred for prosecution of a criminal case under the relevant laws prevalent in India including the relevant provisions of Indian Penal code against a **Third Party** for incurring **Direct Financial Loss** to **Insured Beneficiary**. The liability of the **Company** during the **Cover Period** will not individually or in the aggregate exceed the **Sum Insured** applicable to Extension 7 (this extension)

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 8: REINSTATEMENT OF SUM INSURED

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, it is hereby agreed and declared that on payment of additional premium, the **Sum Insured** under the **Certificate of Insurance/Extensions** can be reinstated.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 9: VOLUNTARY DEDUCTIBLE

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy** the **Company’s** indemnity and liability to make any payment to **Insured**

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

Beneficiary under the **Certificate of Insurance** shall be in excess ___% of each and every claim admissible under the **Certificate of Insurance**. For clarification of doubt **Deductible** can be opted separately for each cover including extensions, and shall be an amount as specified in the **Certificate of Insurance**.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 10: RESTORATION COST (APPLICABLE ONLY TO PART I OF (C) “SCOPE OF COVERAGE”)

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, it is hereby agreed and declared that on payment of additional premium, the **Company** shall indemnify the **Insured Beneficiary** up to the **Sum Insured** specified in the **Certificate of Insurance**, towards restoration cost of digital device(s) owned by the **Insured Beneficiary**, and damaged on account of insured perils under part I of (C) “SCOPE OF COVER”. This **Sum Insured** shall be over and above the base **Sum Insured**

Restoration costs shall not include;

- 1) More than two attempts per claim at restoration of data or **Insured Beneficiary’s Computer System** during the **Cover Period**.
- 2) Costs that the **Insured Beneficiary** would have incurred anyway without operation of an insured peril.
- 4) Costs for correction of manually incorrect input of **Data**
- 5) The costs to design, upgrade, maintain, or improve the **Insured Beneficiary’s Computer System** or computer programmes.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 11: LOSSES RESTRICTED TO SPECIFIC ACCOUNTS

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy** it is hereby agreed and declared that the coverage opted under the part I and/or part II of (C) "SCOPE OF COVER" and any extension thereon shall be restricted to the specific **Bank/ Payment System Operators/ Group Manager/ Entities** accounts of the **Insured Beneficiary** as specified under this extension in the **Certificate of Insurance**

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ ["Group Policy"]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 12: DEFENSE COST

In consideration of payment of additional premium, it is hereby declared and agreed that, the **Company** shall indemnify the **Insured Beneficiary** for the defense costs incurred by **him/her** to defend a claim for legal liability, arising as a result of **Identity Theft** of the **Insured Beneficiary**. The liability of the **Company** during the **Cover Period** will not individually or in the aggregate exceed the **Sum Insured** specified against **Extension 12** (this extension) in the **Certificate of Insurance**.

This **Sum Insured** shall be over and above the base **Sum Insured**

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ ["Group Policy"]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 13: CYBER EXTORTION COST (APPLICABLE ONLY TO PART I OF (C) "SCOPE OF COVER")

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, and in consideration of payment of additional premium, it is hereby declared and agreed that, the **Group Policy** shall be extended to cover **Cyber Extortion Loss** that the **Insured Beneficiary** incurs solely and directly as a result of a **Cyber Extortion Threat** first discovered during the **Cover Period/Discovery Period**

In consequence whereof, Exclusion No. (4) "SPECIAL EXCLUSIONS APPLICABLE TO UNAUTHORIZED DIGITAL FINANCIAL TRANSACTION" under part I of (C) "SCOPE OF COVER" stands deleted.

Bajaj Allianz General Insurance Company Limited

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

As a condition for payment under this cover the **Insured Beneficiary** shall:

- i. keep the terms and conditions of this cover confidential, unless disclosure to law enforcement authorities is required; and
- ii. take all reasonable steps to notify and cooperate with the appropriate law enforcement authorities; and
- iii. take all reasonable steps (including the involvement of a security consultant with the Insurer's prior written consent), to effectively mitigate the **Cyber Extortion Loss**.

IMPORTANT DEFINITIONS:

1) **Cyber Extortion Loss** means:

- a) Reasonable and necessary fees, costs and expenses incurred by or on behalf of the **Insured Beneficiary** with the prior written consent of the **Insurer** directly resulting from a **Cyber Extortion Threat**;
- b) monies payable by the **Insured Beneficiary** with the prior written consent of the **Insurer** in order to resolve or terminate a **Cyber Extortion Threat**.

2) **Data Breach** means unauthorized access or use of the **Insured Beneficiary's Personal Data** stored in the **Third Party Computer System** in actual or alleged breach of any **Data Protection Legislation**

3) **Cyber Extortion Threat** means threat by an extortionist to cause a **Data Breach** or **Cyber Attack**.

4) **Data Protection Legislation** means any Law or Regulation regulating the processing of personal information, including the Indian Information Technology Act, 2000 and Information Technology,(reasonable security practices and procedures and sensitive personal **Data** or information) Rules, 2011 or any amendments or modifications thereof, from time to time.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ [“Group Policy”]

Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 14: COVER FOR LOSSES ATTRIBUTED TO UNSOLICITED COMMUNICATION (APPLICABLE ONLY TO PART I OF (C) “SCOPE OF COVERAGE”)

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, and in consideration of payment of additional premium, it is hereby declared and agreed that, the **Group Policy** shall be extended to cover **Direct Financial Loss** attributed to/resulting out of unsolicited communication.

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006

In consequence whereof, Exclusion No. (8) "GENERAL EXCLUSION APPLICABLE TO PART I AND II OF (C) "SCOPE OF COVER" under (D) stands deleted.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ ["Group Policy"]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 15: UNAUTHORIZED DIGITAL FINANCIAL TRANSACTION SCOPE ENHANCEMENT (APPLICABLE ONLY TO PART I OF (C) "SCOPE OF COVERAGE")

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, and in consideration of payment of additional premium, it is hereby declared and agreed that, the **Unauthorized Digital Financial Transaction** under Part I of (C) "Scope of Cover", shall be extended to cover unauthorized electronic transaction from **Insured Beneficiary's** account to a **Third Party** account consequent upon **Identity Theft**, arising out of and occasioned to "Anything other than (a), (b), (c) specified under Part I of (C) "**Unauthorized Digital Financial Transaction**", and which is otherwise not specifically excluded under the **Group Policy**.

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----

Group Policy No. _____ ["Group Policy"]
Certificate of Insurance No. _____

ENDORSEMENT WORDINGS FOR EXTENSION 16: DIRECT FINANCIAL LOSS SCOPE ENHANCEMENT (APPLICABLE ONLY TO PART I OF (C) "SCOPE OF COVERAGE")

Save as more specifically stated elsewhere in the **Certificate of Insurance** read with **Group Policy/Master Policy**, and in consideration of payment of additional premium, it is hereby declared and agreed that, the scope of **DIRECT FINANCIAL LOSS** shall be extended to cover "Loss of any other benefits accrued and held which can be redeemed in lieu of money"

Subject otherwise to all other terms, conditions and exclusions of the **Certificate of Insurance** issued to **Insured Beneficiary** read with extensions, and the terms, conditions and exclusions under **Group Policy/Master Policy**.

-----X-----X-----X-----X-----