Bajaj Allianz General Insurance Company Limited

G.E. Plaza, Airport Road, Yerawada, Pune - 411006. Reg No.: 113. CIN: U66010PN2000PLC015329
E-mail: customercare@bajajallianz.co.in | Website: www.bajajallianz.com

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Relationship Beyond Insurance

Issuing Office :

EXTRA CARE - POLICY DOCUMENT

Preamble

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

A Cover

1. **Medical Expenses**
   If You/Your family member(s) named in the schedule are hospitalised on the advice of a Doctor because of Illness or accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable charges of Medical Expenses incurred , in excess of the deductible stated in the schedule. (As explained below)
   Deductible means the amount stated in the schedule which shall be borne by the insured in respect of each and every hospitalization claim incurred in the policy period. The company's liability to make any payment for each and every claim under the policy is in excess of the deductible. Each and every hospitalization would be considered as a separate claim. (If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.)

a. **Hospitalization expenses:-**
   As an in-patient in a Hospital for accommodation; Boarding Expenses including patients diet as provided by the hospital / nursing home, nursing care, the attention of medically qualified staff, undergoing medically necessary procedures, medical consumables.

b. **Pre-hospitalization expenses**
   In respect of the medical treatment of an Illness during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness, provided that the aforesaid 60 day period commences and ends within the Policy Period

c. **Post-hospitalization expenses**
   In respect of medical treatment and essential investigations for a period of up to 90 days after discharge from a Hospital for medical treatment related to the Illness or Accidental Bodily Injury;

2. **Ambulance Expenses**
   If a claim under Cover 1) is accepted, We will also pay the ambulance expenses to a maximum of Rs 3000 per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

B Definitions

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine include references to the plural or to the female wherever the context permits:

1. **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. **Bajaj Allianz Network Hospitals / Network Hospitals**
   Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request.

EXTRA CARE

5. Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

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. 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.

9. Day care centre

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -u p within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

10. Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
ii. Which would have otherwise required a hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.

11. Deductible

Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

12. 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.

13. 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.

14. Domiciliary Hospitalisation

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

15. Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

EXTRA CARE

16. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

17. Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

--has qualified nursing staff under its employment round the clock;

--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

--has qualified medical practitioner(s) in charge round the clock;

--has a fully equipped operation theatre of its own where surgical procedures are carried out;

--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

18. Hospitalisation

Means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

19. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy

Period and requires medical treatment.

a **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

20. Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

21. Injury/ Bodily 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.

22. 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.

23. 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

24. Medical Advise

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

25. 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.

EXTRA CARE

26. Medical Practitioner/ Physician:

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.

27. 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.

28. 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.

29. Nominee

Nominee means a person designated by You to receive the proceeds of this Policy upon Your death.

30. Non- Network

Any hospital , day care centre or other provider that is not part of the network.

31. 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.

32. 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.

33. Policy

Policy means the proposal, the Schedule (and any endorsements attaching to or forming part thereof) and the policy document.

34. Policy Period

Policy Period means the period between the commencement date and the expiry date specified in the Schedule and includes both the commencement date as well as the expiry date.

35. 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.

36. 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.

37. Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

38. Post-hospitalization Medical Expenses

Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company

39. 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.

40. 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

41. 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.

42. 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.

43. 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.

44. 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

45. Schedule means the schedule and any annexure to it.

46. 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.

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

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

C What we will not pay

I. Waiting Period

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 48 months of continuous coverage have elapsed, after the date of inception of the first Extra Care policy with us.
   In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Policy without break in cover.

   We will also not pay for claims arising out of or howsoever connected to the following:
2. Any Medical Expenses incurred during the first four consecutive annual periods during which You/your family member(s) named in the schedule have the benefit of an Extra Care policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury.
   In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Extra Care Policy without break in cover.

3. Any Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury.

EXTRA CARE

II. General Exclusion

1. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

2. Circumcision unless required for the treatment of illness or accidental bodily injury, laser treatment for correction of eye sight due to refractive error, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.

3. Any form of plastic surgery (unless necessary for the treatment of cancer, burns or accidental Bodily Injury).

4. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plating , K-wires etc.

5. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

6. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.

7. Convalescence, general debility, rest cure, congenital diseases or defects or anomalies.

8. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

9. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.

10. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.

11. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.

12. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.

13. Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarian section, and/or any treatment related to pre and postnatal care.(ectopic pregnancy is covered under the policy)

14. Vaccination or inoculation unless forming a part of post bite treatment.

15. Any fertility, sub fertility, impotence or assisted conception operation or sterilization procedure.

16. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor

17. Experimental, unproven or non-standard treatment.

18. Surgery to correct deviated septum and hypertrophied turbinate.

19. Treatment for any other system other than modern medicine (also known as Allopathy)

20. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.

21. Venereal disease or any sexually transmitted disease or sickness.

22. Weight management services and treatment related to weight reduction programmes including treatment of obesity.

23. Treatment for any mental illness or psychiatric illness.

D Conditions

I. Conditions precedent to the contract

1. Conditions Precedent

Where this Policy requires You/your family member(s) named in the schedule to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You/your family member(s) named in the schedule will cooperate with Us at all times.

II. Conditions when claim arises

1. Claims Procedures

If You/your family member(s) named in the schedule meets with any accidental Bodily Injury or suffer an Illness that may result in a claim which is above the deductible as stated in the schedule ,then as a condition precedent to Our liability, you must comply with the following:

a. Cashless treatment is only available at a Network Hospital. In order to avail cashless treatment, the following procedure must be followed by You

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.

ii. After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre-authorisation letter. The pre-authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.

iii. If the procedure above is followed, You will not be required to directly pay for the Medical Expenses above the deductible in the Network Hospital that We are liable to indemnify under Cover A1) above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly

b. If pre-authorization per 2 a) above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then

i. You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 30 days of the aforesaid Illness or Bodily Injury.

ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.

iii. You must take steps or measure to minimise the quantum of any claim that may be made under this Policy.

iv. You must have Yourself examined by Our medical advisors if We ask for this, at the insurers cost.

v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation.

vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.

vii. We shall not indemnify you for any period of hospitalisation of less than 24 hrs.

viii. We shall make claim payment in Indian Rupees only.

ix. In event of a claim, the original documents to be submitted & after the completion of the claims assessment process the original documents may be returned if requested by the insured in writing, however we will retain the Xerox copies of the claim documents.

x. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted along with the letter confirming the status of the claim & settlement details if any

*__Note:__ Waiver of conditions (i), (v) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit. This would be considered in case of every claim where insured may have intimated primary insurer only, as he may not know initially that his claim will cross deductible.

c. In case of any other concurrent insurance cover , the amount paid by the primary insurer for ambulance expenses would be deducted from the amount claimed under A 2) of Extra care policy , subject to the actuals or Rs.3000/- whichever is less.

Documents to be submitted for Claims

1. First Consultation letter from the Doctor
2. Duly completed claim form and NEFT Form signed by the Claimant
3. Original Hospital Discharge Card

EXTRA CARE

4. Original 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.
5. Original Money Receipt, duly signed with a Revenue Stamp
6. All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
7. In case of a Cataract Operation, IOL Sticker will have to be enclosed
8. Claim settlement letter from the co insurer if any
9. Other documents as may be required by Bajaj Allianz to process the claim
10 Aaadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

2. Paying a Claim

a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

b. 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 you. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the cases of delay in the payment, we 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.

c. 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.

d. If we, for any reasons decide 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 complete set of documents. You may take recourse to the Grievance Redressal procedure.

3. Basis of claim payment:

a. We shall make payment in Indian Rupees only.

b. If claim event falls within two policy periods the claims shall be administered taking into consideration the available sum insured in the two policy periods, including the deductibles, for each policy period. The claim amount to be payable shall be reduced up to the extent of the premium to be received for renewal by due date of renewal of this policy, if the same is not received earlier.

4. Other Insurance/ Contribution clause:

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of your claim in terms of any of your policies.

a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.

b. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.

c. Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

5. Arbitration and Reconciliation

a. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.

c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained

d. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

6. Territorial Limits & Governing Law

i. This Policy is restricted to insured events occurring in and Medical Expenses incurred in India.

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

iii. 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.

7. Subrogation

You and any claimant under this Policy shall do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after Your indemnification by Us.

III. Conditions for renewal of contract

1. Renewal

a. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard

b. In case of 0ur own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of 30 days waiting period / Four year waiting periods . Any medical expenses incurred as a result of disease condition/Accident contracted during the break period will not be admissible under the policy.

c. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.

d. After the completion of maximum renewal age of dependant children, the policy would be renewed for lifetime. However a separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/ waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

e. Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI

2. 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 IRDA. 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.

3. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, 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 product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

4. Sum Insured Enhancement:

i. The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.

ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

5. Portability Conditions

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 (Please refer Pre-medical Examination criteria above)

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 and are availing an Extra Care 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.

IV. Conditions applicable during the contract

1. Cancellation

a. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim.

b. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50%of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

2. Insured

Only those persons named, as the Insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 15 days written notice to be received by the Company.

3. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

5. Free Look Period

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 canceling 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,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges, if the risk has not commenced,
- a deduction of the stamp duty charges, medical examination charges & proportionate risk premium for period on cover, If the risk has commenced
- a deduction of such proportionate risk premium commensurating with the risk covered during such period, where only a part of risk has commenced

6. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

7. 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.

EXTRA CARE

Level 1
In case you have any service concern, you may please reach out to our Customer Experience team through any of the following options:

- Our website @ https://general.bajajallianz.com/BagicNxt/misc/iTrack/onlineGrievance.jsp
- Call us on our Toll Free No. 1800 209 5858
- Mail us on customercare@bajajallianz.co.in,
- Write to: Bajaj Allianz General Insurance Co. Ltd
  GE Plaza, Airport Road, Yerwada
  Pune, 411006

Level 2
In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer Mr. Rakesh Sharma at ggro@bajajallianz.co.in.

Level 3
If you are still not satisfied with the resolution provided, you can further escalate to Mr. Hitesh Sindhwani Head, Customer Experience, at email: head.customerservice@bajajallianz.co.in.

Grievance Redressal cell for Senior Citizens
Senior citizen cell for insured person who are senior citizens
'Good thing comes with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query, Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly.

Health toll free number: 1800-103-2529
Email address: seniorcitizen@bajajallianz.co.in

In case your complaint is not fully addressed by the insurer, You may use the Integrated Greivance Management System (IGMS) for escalating the complaint to IRDAI or call 155255 . Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.
The contact details of the ombudsman offices are mentioned below. However, we request you to visit http://www.gbic.co.in for updated details.

Office Details	Jurisdiction of Office Union Territory, District)	Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt..... 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@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	**BENGALURU - Shri/Smt.....** Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri/Smt..... 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@ecoi.co.in	Madhya Pradesh Chattisgarh.	**BHUBANESHWAR - Shri/Smt.....** Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.

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CHANDIGARH - Shri/Smt..... 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	**CHENNAI - Shri/Smt.....** 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@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.	**GUWAHATI - Shri/Smt.....** Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri/Smt..... 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	**JAIPUR - Shri/Smt.....** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Shri/Smt..... 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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.	**KOLKATA - Shri/Smt.....** 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@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt..... 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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	**MUMBAI - Shri/Smt.....** 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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

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NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.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, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	**PATNA - Shri/Smt.....** Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... 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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region		