

CORONA KAVACH POLICY BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document

| Sl No | Title | Description | Policy Clause Number |
|-------|---|---|--|
| 1 | Name of Insurance Product | Corona Kavach Policy Bajaj Allianz general insurance company limited | |
| 2 | Policy Number | Kindly refer to Your Policy schedule | |
| 3 | Type of Insurance | Kindly refer to Your Policy schedule | |
| 4 | Sum Insured (Basis) | Kindly refer to Your Policy schedule | |
| 5 | Policy Coverage (What the Policy Covers) | <p>Coverages</p> <ol style="list-style-type: none"> 1. Covid Hospitalization Cover - Medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured 2. Home Care Treatment Expenses - Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident 3. AYUSH Treatment - Medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured. 4. Pre Hospitalization - Medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy. 5. Post Hospitalization - Medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered. <p>Optional Covers</p> <ol style="list-style-type: none"> 1. Hospital Daily Cash – Daily Cash benefit of 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim. | <p>Section 4.1</p> <p>Section 4.2</p> <p>Section 4.3</p> <p>Section 4.4</p> <p>Section 4.5</p> <p></p> <p>Section 5.1</p> |
| 6 | Exclusions (What the policy does not cover) | <p>General Exclusions</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Excl04) 2. Rest Cure, rehabilitation and respite care (Exc105) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Dietary supplements and substances that can be purchased without prescription | <p>Section 7.1</p> <p>Section 7.2</p> <p>Section 7.3</p> <p>Section 7.4</p> <p>Section 7.5</p> <p>Section 7.6</p> <p>Section 7.7</p> <p>Section 7.8</p> <p>Section 7.9</p> |

| | | <div>2. Unproven Treatments</div> <div>3. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date</div> <div>4. Any expenses incurred on Day Care treatment and OPD treatment</div> <div>5. Diagnosis /Treatment outside the geographical limits of India</div> <div>6. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy</div> <div>7. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.</div> | | | | | |
|----------------|---|---|-------------|-------|----------------|--|--|
| 7 | <div>Waiting Period</div> <div><div>Time period during which specified disease/treatment are not covered</div><div>It is counted from beginning of the policy coverage</div></div> | <div>Initial Waiting period: 15 days</div> | Section 6.1 | | | | |
| 8 | <div>Financial Limits of Coverage</div> <div><div>i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)</div><div>ii. Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount) Any other limit (as applicable)</div></div> | <div>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</div> <div>Sub limits</div> <table><tr><th>Covers</th><th>Limit</th></tr><tr><td>Road Ambulance</td><td>maximum of Rs.2000/- per hospitalization</td></tr></table> <div>Deductible – Not applicable</div> <div>Other Limits:</div> <div><div>a) Hospital Daily Cash: 0.5% of Sum Insured Per day subject to maximum of 15 days in a policy period for every insured member</div><div>b) Home care treatment: Maximum upto 14 days per incident</div></div> | Covers | Limit | Road Ambulance | maximum of Rs.2000/- per hospitalization | <div>Section 4.1.V</div> <div>Section 4.1</div> <div>Section 4.2</div> <div>]Section 5.1</div> |
| Covers | Limit | | | | | | |
| Road Ambulance | maximum of Rs.2000/- per hospitalization | | | | | | |

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|----|--------------------------------|---|---------------------|
| 9 | Claims/claims procedure | <p>Cashless Claim process Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital. <p>Reimbursement claim process</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization 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 The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <p>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 listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p> | Section 8.1 and 8.2 |
| 10 | Policy Servicing | <p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link. https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p> | |
| 11 | Grievances /Complaints | <p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html E-mail <ul style="list-style-type: none"> Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in | Section 10 |

Bajaj Allianz General Insurance Co. Ltd.

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

For more details, log on to: www.bajajallianz.com | E-mail: bagichelp@bajajallianz.co.in or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Issuing Office:



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| | | <ul style="list-style-type: none"> Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html | |
| 12 | Things to remember | Disclosure of Information The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. | Section 9 |
| 13 | Your Obligations | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the policy period. | |
| Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail. | | | |

Declaration by policy holder

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>