

## Bajaj Allianz Credit Linked Group Hospital Cash Policy

### Policy Wordings

#### Preamble

Whereas the Policy Holder has made to Bajaj Allianz General Insurance Company Ltd (hereinafter called the "Company" or "Insurer"), a proposal which is hereby agreed to be the basis of this Master Policy and the Certificate of Insurance to be issued thereunder, and has paid the premium specified in the Policy Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to pay the Insured Person, the Sum Assured against daily allowance as specified in the Certificate of Insurance, in case of hospitalization is incurred within the Cover period.

#### Eligibility

- Loan Borrowers of Ratnakar Bank Limited (RBL) and their Spouse can be covered under this Group Policy

Policy Period under Certificate of Insurance:

- 1 Year

#### A) OPERATIVE PART

In the event of Insured Person being hospitalized for the treatment of Accidental Injury or Sickness or Maternity treatment within the Policy Period, the Company will pay daily allowance of INR 1000, for each consecutive period of 24 hours of Hospitalization in Room and/ or Intensive Care Unit (ICU) of a Hospital for a maximum period of 30 days during each Policy Period.

Note: Daily Allowance for Hospitalization due to Maternity treatment for the delivery of baby (including caesarean section) and/or Medical Termination of Pregnancy [MTP] will be limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the Insured Person.

#### 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 means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Bajaj Allianz Network Hospitals / Network Hospitals- mean the Hospitals which have been empanelled by the Company as per the latest version of the schedule of Hospitals maintained by the Company [as updated by the Company from time to time], which is available to the Insured Person on request and also available on website of the Company.
3. Certificate of Insurance means the document issued by the Company to the Insured Person as per these terms and conditions detailing the commencement date and expiry date of the cover, Insured Person(s) name, address, age, coverage, sums insured, condition(s), exclusions and or endorsement(s).
4. Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
5. Congenital Anomaly- means 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
6. Daily Allowance means the amount specified in the Policy Schedule.
7. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
8. 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.
9. 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.
10. Group The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time
11. 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:
  - (i) has qualified nursing staff under its employment round the clock;
  - (ii) 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;
  - (iii) has qualified medical practitioner(s) in charge round the clock;
  - (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - (v) maintains daily records of patients and makes these accessible to the Company's authorized personnel.
12. Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive 'In patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
13. 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.

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- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  - ii. it needs ongoing or long-term control or relief of symptoms
  - iii. it requires your rehabilitation or for the patient or for the patient to be specially trained to cope with it
  - iv. it continues indefinitely
  - v. it recurs or is likely to recur
- 14. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 15. Inpatient Care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
- 16. Insured Person/ Insured Beneficiary mean the loan borrowers of Policy Holder for whom the Policy Holder has taken the Group Insurance Policy basis which Certificate of Insurance is issued by the Company to the Insured Person/Insured Beneficiary.
- 17. Intensive Care Unit (ICU) 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.
- 18. Master Policy shall mean the group Policy issued to the Policy Holder containing the terms and conditions of the insurance coverage and 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.
- 19. Maternity Expenses/ treatment:
 

Maternity expenses means;

  - a. medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - b. expenses towards Lawful medical termination of pregnancy during the Policy Period.
- 20. Medical Practitioner/ Physician means 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 provided he is not in any way related to the Insured Beneficiary.
- 21. Notification of Claim Notification of claim means the process of intimating a claim to the insurer or TPA, if any, through any of the recognized modes of communication.
- 22. Policy means the proposal, the Certificate of Insurance, the Master Policy/ Bajaj Allianz Group Hospital Cash Insurance Policy Schedule, the Policy documents, these Terms and Conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
- 23. Policy Holder is the Organization or Entity which has taken the Policy on behalf of all Insured Persons/Insured Beneficiary.
- 24. Policy Period: means period for which the Insured Person/Insured Beneficiary is covered under the Certificate of Insurance.
- 25. Master Policy Period: means period for which the Master Policy is valid in the name of Insured.
- 26. Portability means transfer by an individual health insurance Policy Holder (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.
- 27. 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 gaining credit for pre-existing diseases, time- bound exclusions and for all waiting periods.
- 28. Policy Schedule means the Bajaj Allianz Group Hospital Cash Insurance Policy Schedule and any annexure to it read with respective Certificate of Insurance.
- 29. Sum Assured means the amount stated in the Certificate of Insurance against each relevant Section, which shall be the Company's maximum liability under this Policy.
- 30. Unproven/Experimental treatment: Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 31. You, Your, Yourself the Insured Person/Insured Beneficiary as set out in the Certificate of Insurance.
- 32. We, Our, Ours, the Company, Insurer means the Bajaj Allianz General Insurance Company Limited.

### C) EXCLUSIONS:

The Company will not be liable to make any payment for any claim for daily allowance, directly or indirectly caused by, based on, arising out of or attributable to any of the following:

- 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 Injury, 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 Injury.
- 4. Dental treatment or Dental surgery of any kind unless as a result of Accidental Injury to natural teeth and also requiring hospitalization.
- 5. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, stem cell implantation or surgery, or growth hormone therapy.
- 6. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

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7. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
8. 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.
9. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
10. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
11. Vaccination or inoculation unless forming a part of post bite treatment.
12. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.
13. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor.
14. Unproven/Experimental treatment.
15. Treatment for any other system other than modern medicine (also known as Allopathy)
16. Venereal disease or any sexually transmitted disease or sickness.
17. Weight management services and treatment related to weight reduction programmes including treatment of obesity.
18. Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.
19. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
20. Radioactive contamination.

### D) GENERAL CONDITIONS

#### 1. Conditions Precedent

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

#### 2. Communications

Any communication meant for the Company must be in writing and be delivered to the Company's Servicing Office address shown in the Policy Schedule. Any communication meant for the Insured Person will be sent by the Company to the Insured Person's address shown in the Certificate of Insurance.

#### 3. Claims Procedure

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged. However, Company reserves right to engage TPA.

After the Occurrence of an Insured Event that may result in a claim, then as a condition precedent to the Company's liability, the Insured Person must comply with the following:

- i. The Insured Person or someone claiming on the Insured Person's behalf must inform the Company within 48 hours\* of hospitalization in case emergency hospitalization and 48 hours\* prior to hospitalization in case of planned hospitalization
- ii. The Company shall make payment when the Insured Person or Insured Person's representative claiming on his/ her behalf have provided the Company with necessary documentation and information.
- iii. The Insured Person or someone claiming on his/her behalf must promptly and in any event within 30 days\* of discharge from a Hospital give the Company the documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company's obligation to make payment for it.
- iv. 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\*
- v. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted
- vi. The Company shall make payment to the Insured Person and if the Insured Person is totally incapacitated or deceased the Company shall make payment to the nominee and if there is no nominee to the legal heir/s, executor and any payment by the Company in this way will be a complete and final discharge of the Company's liability to make payment.
- vii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Policy terms and conditions, Company shall offer a settlement of the claim to the Insured Person. Upon acceptance of an offer of settlement by the Insured Person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured Person. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- viii. If the Company, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Person in writing within 30 days of the receipt of documents. The Insured Person may take recourse to the Grievance Redressal procedure stated under policy.

\*Note: Waiver of conditions (i), (iii) and (iv) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the Insured Person was placed it was not possible from him/her or any other person to give notice or file claim within the prescribed time limit.

#### List of claim documents

- Hospital Cash Claim Form duly signed by the Insured Person / Nominee (in case of death of Insured person)

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- Copy of Discharge Summary / Discharge Certificate.
  - Copy of Final Hospital Bill
  - NEFT Details
  - In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- i. All documents related to claims should be submitted to:  
Health Administration Team  
Bajaj Allianz General Insurance Co. Ltd  
2<sup>nd</sup> Floor, Bajaj Finserv Building, Viman Nagar, Pune 411014  
Toll Free no: 1800 2095858
4. Fraud  
If the Insured Person or his/her Legal heir/s or executors 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. Entry Age  
• Age of entry is from 18 years to lifetime.
6. Renewal  
i. Under normal circumstances, renewal will not be refused except on the grounds of Insured Person make or advance any claim knowing the same to be false or fraudulent, moral hazard, misrepresentation/ non-disclosure of material facts, or non-cooperation (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).  
ii. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
7. Cancellation of Master Policy/ Certificate of Insurance  
i. The Master Policy/Certificate of Insurance may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period, subject to however retaining the short period premium. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation/false statements, fraud, non-disclosure of material facts or non-cooperation.  
ii. The Master Policy may be cancelled by the Policy Holder at any time before the expiry of the Master Policy Period by giving at least 15 days written notice to the Company.  
iii. The Certificate of Insurance may be cancelled by the Insured Person at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will 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

- iv. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Master Policy/ Certificate of Insurance is cancelled except in cases such cancellation is on account of Fraud, mis-representation/false statements or non-disclosure of material facts by the Insured/Insured person.
8. Portability Conditions  
a. Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to Insured Persons who were insured under the Company's Group Health Policy and are availing the Company's individual Health Policy.
9. Endorsements  
This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company. Any change that the Company make will be evidenced by a written endorsement signed and stamped by the Company.

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### 10. Revision/ Modification of the policy:

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

### 11. Migration of policy:

- The Insured Person can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per the Company's Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- 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

### 12. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the Company reserve right to do so with an intimation of 3 months to all the existing Policy Holder/s. In such an event of withdrawal of this product, at the time of Policy Holder seeking renewal of the Master Policy, Policy Holder can choose, among the Company's available similar and closely similar Health insurance products subject to underwriting policy of the Company. Upon Policy Holder so choosing the Company's new product, Policy Holder and the Insured Persons will be charged the Premium as per the Company's Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if Policy Holder do not respond to the Company's 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 Policy Holder for renewal on the renewal date and accordingly upon Insured seeking renewal of the Master Policy, Insured shall have to take a Master Policy under available new products of the Company subject to Insured paying the Premium as per the Company's Underwriting Policy for such available new product chosen by the Insured and also subject to Portability condition.

### 13. Addition /Deletion of Insured Person(s):

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

Cover under Certificate of Insurance shall be withdrawn from any Insured Person(s) named or any category of Insured Beneficiaries Insured immediately upon the Policy Holder delivering written notice of the same to the Company.

### 14. Territorial Limits & Governing Law

- i. The Company cover only insured events arising during the Policy Period, as well as treatment availed, within India. The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy 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.

### 15. Special Conditions relating to Group Policy

All group policies are subject to the following conditions:

1. The Policy Holder will maintain sufficient deposit or provide a Bank Guarantee to strictly comply with the requirement of section 64VB.
2. New names can be added to the existing group policies by charging pro-rata premium for the unexpired Policy Period.
3. For deletion of names from Group Policies during the currency of the Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular Insured Person at the expiry of the policy only.

### 16. Arbitration and Reconciliation

- i. 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 in English 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 in Pune.
- ii. 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 claim under the Policy.
- iii. 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.

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- iv. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Company shall also stand discharged.
- v. 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.

**17. Grievance Redressal Procedure**

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your Policy and Policy Schedule.

The policy and Policy Schedule set out the terms of your contract with us. Please read your policy and Policy Schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd  
GE Plaza, Airport Road  
Yerawada, Pune 411006  
E-mail: [customercare@bajajallianz.co.in](mailto:customercare@bajajallianz.co.in)  
For sales and renewal- 1800-209-0144  
For service- 1800-209-5858 / 1800-102-5858 / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come 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

Exclusive Email address: [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below [these addresses may change upon IRDAI changes/modified]:

Office Details	Jurisdiction of Office Union Territory, District)
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, 2<sup>nd</sup> floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014.  Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>
<p><b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1<sup>st</sup> Phase, Bengaluru – 560 078.  Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2<sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003.  Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></p>	<p>Madhya Pradesh Chattisgarh.</p>

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Office Details	Jurisdiction of Office Union Territory, District)
<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.  Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
<b>CHANDIGARH</b> 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@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 <sup>th</sup> Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.  Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.  Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).  Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> 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@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.  Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2 <sup>nd</sup> Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.  Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4 <sup>th</sup> Floor, 4, C.R. Avenue, KOLKATA - 700 072.  Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.

**Bajaj Allianz Credit Linked Group Hospital Cash Policy**

Office Details	Jurisdiction of Office Union Territory, District)
<b>LUCKNOW -</b> Office of the Insurance Ombudsman, 6 <sup>th</sup> Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.  Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, 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, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI</b> 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@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b> 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 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sharnli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA</b> Office of the Insurance Ombudsman, 1 <sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006.  Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
<b>PUNE</b> 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 - 32341320 Email: bimalokpal.pune@gbic.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  
 JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400054  
 Tel.: 022 - 26106889 / 671 / 980, Fax: 022 - 26106949, E-mail: inscoun@ecoi.co.in

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**Bajaj Allianz General Insurance Co. Ltd.**

GE Plaza, Airport Road, Yerawada, Pune - 411006. Reg No.: 113. | CIN: U66010PN2000PLC015329 | UIN: BAJHLGP18016V011718  
 For more details, log on to : [www.bajajallianz.com](http://www.bajajallianz.com) or call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

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