

**ANTODAYA SHRAMIK SURAKSHA YOJANA, BAJAJ ALLIANZ GENERAL INSURANCE**

**CUSTOMER INFORMATION SHEET**

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

SI No	Title	Description	Policy Clause Number
1	<b>Name of Insurance Product</b>	ANTODAYA SHRAMIK SURAKSHA YOJANA, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY (GROUP)	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule/Certificate of Insurance	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule/Certificate of Insurance	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule/Certificate of Insurance	
5	<b>Policy Coverage (What the Policy Covers)</b>	<b>Personal Accident Cover</b>	III. Section 1
		a. Death Nominee will be payed 100% of the sum assured shown under the schedule, if during the Policy Period the insured meets with Accidental Bodily Injury that causes death within 12 Months of the accident.  Disappearance: If the insured person disappears due to a forced landing, stranding, sinking, or wrecking of a conveyance, they will be presumed dead if he has not been heard of for seven years . If found alive after the accidental death benefit is paid, all payments must be reimbursed	Section 1 A.
		Transportation of mortal remains The Company will make an additional payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards the expenses of transporting the body remains of the Insured Beneficiary from the place of death or hospital to cremation ground or burial ground or to the Insured Beneficiary's residence.	Section 1 A Extension 1
		Funeral Expenses The Company will make payment of the Sum Insured as specified in Certificate of Insurance as a lump sum benefit amount towards Funeral Expense of the deceased Insured Beneficiary. The claim amount shall be paid to the Nominee or legal representative of the Insured Beneficiary.	Section 1 A Extension 2
		b. Permanent Total Disability - 100 % of the sums assured shown under the Schedule will be payed if the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability as defined in policy within 12 months.	Section 1 B
		c. Permanent Partial Disability - If the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Partial Disability within 12 months, specific percentage of the sums assured will be paid.	Section 1 C
		d. Child Education Benefit – In case we have paid a claim under Death or Permanent Total Disability benefits, additional sum insured as specified in Certificate of Insurance will be paid towards educational expenses of insured's dependent children under the age of 25 years .	Section 1 D
		<b>Accidental Hospitalization Expenses(Accidental Medical Expenses)</b> The company will indemnify medical expense for hospitalization due to an accidental bodily injury sustained during the Policy Period, maximum up to sum insured specified	III. Section 2
		Pre-Hospitalization and Post Hospitalization If the Inpatient Hospitalization claim under Accidental Hospitalization Expenses is paid then the Company will also reimburse Medical Expenses incurred during 15 days Pre-Hospitalization and 30 days Post Hospitalization period	Section 2 Extension 3
		<b>Convalescence Benefit (Prolonged Hospitalization Benefit) For Accidental Bodily Injury</b> In the event of continuous hospitalization of Insured beyond 7 consecutive days, the Company will pay lump sum amount as mentioned in Certificate of insurance.	III. Section 3

		<p><b>Coma Care</b>                  In the event of an Accidental Bodily Injury during the cover period results in the Insured Beneficiary being in a Hospital in a Comatose State, within one (1) calendar month from the Date of Accident, The Company will pay the lump sum benefit as stated in the Certificate of Insurance</p>	III. Section 4																		
7	<p><b>Exclusions (What the policy does not cover)</b></p>	<p><b>Exclusions (Applicable to all sections)</b></p> <ol style="list-style-type: none"> <li>Any Injury or disability arising out of a Pre- Existing Disease/injury or any complication arising therefrom.</li> <li>Suicide or attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness</li> <li>Being under the influence of intoxicating liquor or drugs or other intoxicants</li> <li>Participation in naval, military or air force operations , hazardous activity , Professional or Adventure sports etc.</li> <li>Act of Terrorism</li> <li>Insured Person(s) committing any breach of law with criminal intent</li> <li>Mosquito bite, insect bite and resultant diseases</li> <li>Any loss due to childbirth or from pregnancy</li> <li>Whilst engaging in Aviation or Ballooning</li> <li>Expenses related primarily for diagnostics and evaluation purposes</li> <li>Dental treatment or surgery unless due to Accidental Bodily Injury</li> <li>Natural death not limited to sickness, illness, disease</li> <li>Any Injury that has occurred prior to the commencement of Policy</li> <li>If the beneficiary is involved directly or in abetment of the murder/ assault of Insured Person</li> <li>Directly / indirectly from War or any act of war, invasion, act of foreign enemy, civil war, public defense, rebellion, revolution etc.</li> <li>Directly / indirectly from the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment</li> <li>Due to Insured Person directly involved in underground mines, explosives magazines, hydro or thermal power projects</li> </ol>	IV																		
8	<p><b>Waiting Period</b>                  Time period during which specified disease/treatment are not covered                  It is counted from beginning of the policy coverage</p>	Not Applicable																			
9	<p><b>Financial Limits of Coverage</b>                  Sublimit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>.Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p><b>Sub limits</b></p> <table border="1"> <tr> <td>Death</td> <td>100% of sum insured</td> </tr> <tr> <td>Permanent Total Disability</td> <td>100% of sum insured</td> </tr> <tr> <td>Permanent Partial Disability</td> <td>Upto % of base sum insured specified i</td> </tr> <tr> <td>Transportation of Mortal Remains</td> <td>₹ 5,000 or actuals whichever is lower</td> </tr> <tr> <td>Funeral Expenses</td> <td>₹ 5,000 or actuals whichever is lower</td> </tr> <tr> <td>Child Education Benefit</td> <td>100% of sum insured</td> </tr> <tr> <td>Accidental Hospitalization Expenses</td> <td>100% of sum insured</td> </tr> <tr> <td>Convalescence Benefit For Accidental Bodily Injury</td> <td>100% of sum insured</td> </tr> <tr> <td>Coma Care</td> <td>100% of sum insured</td> </tr> </table> <p><b>Co-payments – Not Applicable</b></p> <p><b>Deductible – Not applicable</b></p> <p><b>Other Limits: Not applicable</b></p>	Death	100% of sum insured	Permanent Total Disability	100% of sum insured	Permanent Partial Disability	Upto % of base sum insured specified i	Transportation of Mortal Remains	₹ 5,000 or actuals whichever is lower	Funeral Expenses	₹ 5,000 or actuals whichever is lower	Child Education Benefit	100% of sum insured	Accidental Hospitalization Expenses	100% of sum insured	Convalescence Benefit For Accidental Bodily Injury	100% of sum insured	Coma Care	100% of sum insured	
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	<p>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>.Any other limit (as applicable)</p>		
<p><b>10</b></p>	<p><b>Claims/claims procedure</b></p>	<p><b>Cashless Claim process (Applicable for Accidental Hospitalization expenses)</b>                  Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>• Prior to taking treatment and/or incurring Medical Expenses for any Accidental Injury, You or Your representative must intimate by way of the written form which the Company will provide.</li> <li>• We will review each claim for Medical Expenses, coverage and accordingly issue an authorisation letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process (Applicable for all sections)</b></p> <ul style="list-style-type: none"> <li>• Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>• You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>• 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</li> <li>• The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document.</li> </ul> <p><b>Turnaround time (TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>1. Turnaround time (TAT) for claim settlement: 30 Working Days</li> <li>2. TAT for preauthorization of cashless facility: Within 120 Mins</li> <li>3. TAT for cashless final bill authorization: Within 120 Mins</li> </ol> <p><b>Weblinks</b>                  Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline Number</b>                  Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b> Downloading /getting claim forms                  Health Insurance Claim Process   Accident Insurance Claim (<a href="http://bajajallianz.com">bajajallianz.com</a>)</p>	<p>V. Conditions when a claim arises</p>
<p><b>11</b></p>	<p><b>Policy Servicing</b></p>	<p>Call centre number (Toll free): 1800-209-5858                  Details of Company officials: Branch-wise GRO details can be found on the below link.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
<p><b>12</b></p>	<p><b>Grievances /Complaints</b></p>	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> <li>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858</li> <li>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a>                      Register your grievances / complaints on our website <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></li> <li>c) E-mail                         <ul style="list-style-type: none"> <li>• Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>• 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 <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>• 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</li> </ul> </li> <li>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 <a href="http://www.ciains.co.in/ombudsman.html">www.ciains.co.in/ombudsman.html</a></li> </ol>	<p>V. General Terms And Clauses - Standard General Terms And Clauses 4</p>

13	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p><b>Policy Renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p><b>Migration and Portability:</b> At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines                  For detailed guidelines on Migration and Portability, kindly refer the link <a href="https://irdai.gov.in/document-detail?documentId=393128">https://irdai.gov.in/document-detail?documentId=393128</a></p> <p><b>Change in Sum Insured:</b> sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured , the waiting periods if any shall start afresh only for the enhance portion of the sum insured</p> <p><b>Moratorium period:</b> After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract .The moratorium would be applicable for the sum insured of the first policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section D
14	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	
<p><b>Legal Disclaimer Note:</b> 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.</p>			

**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>