

**BAJAJ ALLIANZ CREDIT LINKED GROUP HOSPITAL CASH POLICY**

**CUSTOMER INFORMATION SHEET**

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

SIN o	Title	Description	Policy Clause Number
1	<b>Name of Insurance Product</b>	<b>Bajaj Allianz Credit Linked Group Hospital Cash Policy</b>	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule	
5	<b>Policy Coverage (What the Policy Covers)</b>	<b>COVERAGE</b>	<b>Section C</b>
		In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured's or the Named Insured's Hospitalisation within the Policy Period, the Company will pay:  Daily Allowance for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness,	Section C
		<b>Note-</b> 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.	
6	<b>Exclusions (What the policy does not cover)</b>	<p><b>EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS</b></p> <ol style="list-style-type: none"> <li>Obesity/Weight Control (Excl06)</li> <li>Cosmetic or plastic Surgery (Excl08)</li> <li>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- (Excl12)</li> <li>Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)</li> <li>Unproven Treatments (Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</li> </ol> <p><b>EXCLUSIONS - SPECIFIC EXCLUSIONS</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Injury.</li> <li>Dental treatment or Dental surgery of any kind unless as a result of Accidental Injury to natural teeth and also requiring hospitalization.</li> <li>Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, stem cell implantation or surgery, or growth hormone therapy.</li> <li>Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</li> <li>Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.</li> </ol>	Section D

**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](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or  
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)  
 Issuing Office:



		<ol style="list-style-type: none"> <li>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.</li> <li>9. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.</li> <li>10. Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.</li> <li>11. Vaccination or inoculation unless forming a part of post bite treatment.</li> <li>12. Any fertility, sub fertility, impotence, assisted conception operation or sterilization procedure.</li> <li>13. Treatment for any other system other than modern medicine (also known as Allopathy) and AYUSH therapies</li> <li>14. Venereal disease or any sexually transmitted disease or sickness.</li> <li>15. Treatment for any mental illness or psychiatric illness, Parkinson's and Alzheimer's disease.</li> <li>16. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.</li> <li>17. Radioactive contamination.</li> </ol>	
<b>7</b>	<b>Waiting Period</b>	Not Applicable	
<b>8</b>	<b>Financial Limits of Coverage</b> i.Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit)  ii.Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured)  iii.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)  iv.Any other limit (as applicable)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:  Sub limits - Not Applicable  Co-payment - Not Applicable  Deductible - Not applicable	
<b>9</b>	<b>Claims/claims procedure</b>	<b>Claims Procedure</b>  <ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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.</li> </ol>	Section E 30.

		<p>3. 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.</p> <p>4. 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*</p> <p>5. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted</p> <p>6. 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.</p> <p>7. 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.</p> <p>8. 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.</p>	
10	<b>Policy Servicing</b>	<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.</p> <p><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>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <p>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858</p> <p>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></p> <p>c) E-mail</p> <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> <p>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.cioins.co.in/ombudsman.html">www.cioins.co.in/ombudsman.html</a></p>	Section E.11
12	<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>	Section E

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 For more details, log on to: [www.bajajallianz.com](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or  
 Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)  
 Issuing Office:



		<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>	
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<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>