

BAJAJ ALLIANZ SURAKSHAKAVACH (GROUP)

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	Name of Insurance Product	Bajaj Allianz Suraksha kavach (Group)	
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)	BASE COVERS	Section C)
		Personal Accident	Section. C.I
		Death – i. If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary ii. Transportation of mortal remains: 2% of Sum Insured max up to Rs.5000/- for transporting the insured's mortal remains.	Part A.
		Permanent Total Disability and Permanent Partial Disability Permanent Total Disability – a) If an accidental bodily injury results in permanent total disability within 12 months, the company will pay 125% of sum insured stated in the Certificate of Insurance. b) If the Insured had a pre-existing permanent disability, the Company's liability for payment will be reduced accordingly, based on the advice of the Company's medical advisors PERMANENT PARTIAL DISABILITY: If an accidental bodily injury causes permanent partial disability within 12 months, the company will pay the specified percentage of sum insured as stated in the policy wordings.	Part B.
		Accidental Hospitalization Expenses: • In-patient Hospitalization Treatment - Medical Expenses incurred due to admission to a Hospital for Accidental Bodily Injury, longer than 24 consecutive hours. • Ambulance charges for carrying you from the site of accident to the nearest hospital up to a maximum of Rs 1000 per claim	Section C.2
		Loss of Job (Applicable for Salaried persons only) In the event of Insured Beneficiary losing his/her job during cover period due to : • Permanent Total Disability or Permanent Partial Disability • Critical Illness (as listed in Section 5 – Critical Illness), which first occurs or manifests itself during the Cover Period The Company will pay the amount corresponding to the Insured Beneficiary contribution in the EMI amount falling due in respect of the Loan	Section C.3
		Credit Shield In the event of Accidental Death or Permanent Total Disability of the Insured Beneficiary during the Cover Period • The Company will pay the outstanding loan balance to the legal heirs up to the maximum Sum Insured specified in the Certificate of Insurance. • The outstanding loan amount excludes any arrears of the borrower for any reason. The claim is settled only for the death of the first named borrower, not for others, even in case of a joint loan	

	<p>Critical Illness</p> <table border="1" data-bbox="462 220 1218 808"> <thead> <tr> <th>Critical Illness Covered</th> </tr> </thead> <tbody> <tr><td>1. Myocardial Infarction (First Heart Attack of Specific Severity)</td></tr> <tr><td>2. Open Chest CABG</td></tr> <tr><td>3. Stroke Resulting in Permanent Symptoms</td></tr> <tr><td>4. Cancer of Specified severity</td></tr> <tr><td>5. Kidney Failure Requiring Regular Dialysis</td></tr> <tr><td>6. Major Organ/Bone Marrow Transplant</td></tr> <tr><td>7. Multiple Sclerosis with persistent symptoms</td></tr> <tr><td>8. Surgery of Aorta</td></tr> <tr><td>9. Primary (Idiopathic) Pulmonary Hypertension</td></tr> <tr><td>10. Permanent Paralysis of Limbs</td></tr> <tr><td>11. Alzheimer's Disease</td></tr> <tr><td>12. Progressive Scleroderma</td></tr> <tr><td>13. Pulmonary Artery Graft Surgery:</td></tr> <tr><td>14. Goodpasture's Syndrome</td></tr> <tr><td>15. Apallic Syndrome</td></tr> </tbody> </table> <p>Optional Covers</p> <table border="1" data-bbox="397 829 1339 1438"> <tr> <td> <p>Burns Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in second or third degree burns, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits under the policy wordings</p> </td> <td>Optional Cover 1</td> </tr> <tr> <td> <p>Broken Bones Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in broken bones, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits under the policy wordings</p> </td> <td>Optional Cover 2</td> </tr> <tr> <td> <p>Dependent Child Education Benefit If an Insured Beneficiary sustains Bodily Injury resulting in Death or Permanent Total Disability within 12 months, the Company will pay a lump sum for the dependent child's education fees as stated in the Certificate of Insurance</p> </td> <td>Optional Cover 3</td> </tr> <tr> <td> <p>Parental Care Benefit If an Insured Beneficiary sustains Bodily Injury resulting in Death or Permanent Total Disability within 12 months, the Company will pay a lump sum to each Dependent Parent of the Insured Beneficiary as stated in the Certificate of Insurance</p> </td> <td>Optional Cover 4</td> </tr> <tr> <td> <p>Mobility Extension If an Insured Beneficiary sustains a Bodily Injury resulting in Permanent Total Disablement, Permanent Partial Disability, or Broken Bones requiring special equipment or home modifications, the Company will pay 95% of the costs up to the Total Sum Insured stated in the Certificate of Insurance</p> </td> <td>Optional Cover 5</td> </tr> </table>	Critical Illness Covered	1. Myocardial Infarction (First Heart Attack of Specific Severity)	2. Open Chest CABG	3. Stroke Resulting in Permanent Symptoms	4. Cancer of Specified severity	5. Kidney Failure Requiring Regular Dialysis	6. Major Organ/Bone Marrow Transplant	7. Multiple Sclerosis with persistent symptoms	8. Surgery of Aorta	9. Primary (Idiopathic) Pulmonary Hypertension	10. Permanent Paralysis of Limbs	11. Alzheimer's Disease	12. Progressive Scleroderma	13. Pulmonary Artery Graft Surgery:	14. Goodpasture's Syndrome	15. Apallic Syndrome	<p>Burns Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in second or third degree burns, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits under the policy wordings</p>	Optional Cover 1	<p>Broken Bones Insured Beneficiary sustains Bodily Injury which directly and independently of all other causes results in broken bones, then the Company agrees to pay to the Insured Beneficiary the Compensation stated in the Table of Benefits under the policy wordings</p>	Optional Cover 2	<p>Dependent Child Education Benefit If an Insured Beneficiary sustains Bodily Injury resulting in Death or Permanent Total Disability within 12 months, the Company will pay a lump sum for the dependent child's education fees as stated in the Certificate of Insurance</p>	Optional Cover 3	<p>Parental Care Benefit If an Insured Beneficiary sustains Bodily Injury resulting in Death or Permanent Total Disability within 12 months, the Company will pay a lump sum to each Dependent Parent of the Insured Beneficiary as stated in the Certificate of Insurance</p>	Optional Cover 4	<p>Mobility Extension If an Insured Beneficiary sustains a Bodily Injury resulting in Permanent Total Disablement, Permanent Partial Disability, or Broken Bones requiring special equipment or home modifications, the Company will pay 95% of the costs up to the Total Sum Insured stated in the Certificate of Insurance</p>	Optional Cover 5	
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<p>6 Exclusions (What the policy does not cover)</p>	<p>Standard Exclusions Exclusion Applicable to Personal Accidental</p> <ul style="list-style-type: none"> Medical Treatment Expenses traceable to pregnancy and its complications or miscarriage (Excl 18) <p>Exclusion Applicable to Credit Shield</p> <ul style="list-style-type: none"> Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl 12) Medical Treatment Expenses traceable to pregnancy and its complications or miscarriage (Excl 18) <p>Specific Exclusions Exclusions Applicable To Personal Accident and Credit Shield</p> <ol style="list-style-type: none"> Suicide, attempted suicide or self-inflicted injury or illness; Whilst under the influence of intoxicating liquor or drugs Any deliberate or intentional, unlawful or illegal activities with criminal intent Any consequential losses of any kind, and/or any actual or alleged legal liability Whilst engaging in aviation or ballooning participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs 	<p>Section D Standard Exclusions & Specific Exclusions</p>																										

	<p>7) Any loss caused either directly or indirectly by nuclear energy, radiation 8) Curative treatments or interventions performed against medical advice or without medical advice. 9) From war (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution 10) Venereal or sexually transmitted disease 11) The Insured's participation in any naval, military or air force operations</p> <p>Exclusions Applicable To Critical Illness</p> <ol style="list-style-type: none"> Any Critical Illness contracted before the start of the Cover Period Any Critical Illness diagnosed within the first 90 days of the date of commencement of-the Policy is excluded Any sexually transmitted diseases or any condition Treatment arising from or traceable to pregnancy, childbirth Occupational diseases such as occupational lung diseases including asbestosis etc. From war , civil war, invasion, act of foreign enemies, rebellion, revolution Naval or military operations of the armed forces or air force Any natural peril Radioactive contamination Consequential losses of any kind Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol. <p>General Exclusions Applicable to All Covers (Including Optional Covers)</p> <ul style="list-style-type: none"> War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war etc. Consequential loss of any kind or description. Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons 																									
<p>7 Waiting Period</p> <ul style="list-style-type: none"> Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage 	<p>Not Applicable</p>																									
<p>8 Financial Limits of Coverage 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: Up to which an insurance company will not pay any claim and Which will be deducted from</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" data-bbox="446 1308 1312 1451"> <thead> <tr> <th>Sr No</th> <th>Covers</th> <th>Sum Insured options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Death</td> <td>100% of the Sum Insured</td> </tr> <tr> <td>2</td> <td>Permanent Total Disability</td> <td>125% of the Sum Insured</td> </tr> <tr> <td>3</td> <td>Permanent Partial Disability</td> <td>Upto % of sum insured specified</td> </tr> </tbody> </table> <p>Other Limits: The limits against the covers mentioned below are over and above the In-patient Hospitalisation sum insured</p> <table border="1" data-bbox="446 1560 1299 1732"> <thead> <tr> <th>Sr No</th> <th>Covers</th> <th>Sum Insured options</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Transportation of moral remains</td> <td>2% of the Sum Insured or Rs.5,000/-</td> </tr> <tr> <td>2</td> <td>Ambulance charges</td> <td>Rs 1000 per claim</td> </tr> <tr> <td></td> <td>Mobility Extension</td> <td>95% of the costs of such equipment</td> </tr> </tbody> </table> <p>Co-payment - Not Applicable</p> <p>Deductible - Not Applicable</p>	Sr No	Covers	Sum Insured options	1	Death	100% of the Sum Insured	2	Permanent Total Disability	125% of the Sum Insured	3	Permanent Partial Disability	Upto % of sum insured specified	Sr No	Covers	Sum Insured options	1	Transportation of moral remains	2% of the Sum Insured or Rs.5,000/-	2	Ambulance charges	Rs 1000 per claim		Mobility Extension	95% of the costs of such equipment	
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	<p>total claim amount (if claim amount is more than the specified amount)</p> <p>Any other limit (as applicable)</p>		
8	Claims/claims procedure	<p>a. Payment will be made only when necessary documentation and information are provided.</p> <p>b. Payment will be made to the Assignee, Nominee, or, if none, to the heir, executor, or legal representative, which will fully discharge the Company's liability.</p> <p>c. Claims will be settled within 30 days of receiving all necessary documents, with interest payable for delays.</p> <p>d. If an investigation is needed, it will be completed within 30 days, and the claim settled within 45 days, with interest for delays.</p> <p>e. If the claim is rejected, the reasons will be communicated in writing within 30 days, with recourse to the Grievance Redressal procedure available.</p> <p>Turnaround time (TAT) for claim settlement (Domestic Cover):</p> <p>1. Turnaround time (TAT) for claim settlement: 30 Working Days</p> <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 E
9	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>	
10	Grievances /Complaints	<p>Grievance Redressal Procedure:</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: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html</p> <p>c) E-mail</p> <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 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 <p>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</p>	
11	Things to Remember	<p>Free Look Cancellation: Policy holder/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>Policy Renewal: Except on grounds of fraud, moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>Migration and Portability: 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</p>	Section E

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:



		<p>conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128</p> <p>Change in Sum Insured: 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>Moratorium period: 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>	
12	Your Obligations	<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>	Section E
<p>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.</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>