

GROUP PERSONAL ACCIDENT

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	Group Personal Accident	
2	Policy Number	Kindly refer to Your Certificate of Insurance	
3	Type of Insurance	Kindly refer to Your Certificate of Insurance	
4	Sum Insured (Basis)	Kindly refer to Your Certificate of Insurance	
5	Policy Coverage (What the Policy Covers)	COVERAGES	
		Personal Accident Cover	Section C
		Death – If the insured person dies within 12 months from an accidental bodily injury, the company will pay the sum insured to the designated beneficiary	Section C 1
		Permanent Total Disability - 125 % of the sums assured shown under the Schedule will be paid if the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability within 12 months.	Section C 2.
		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 C 3.
		Temporary Total Disability - If the insured person (s) named in the schedule, except for the dependent children, suffer Accidental Bodily Injury during the Policy Period which completely prevents the insured person(s) from engaging in his/her respective occupation, then the insured will be paid a weekly payment under TTD benefit.	Section C 4.
		Additional Insurance	
		Transportation – Expenses will be paid for death of the insured and his/her family member(s) named in the schedule, towards the actual cost of transporting from the place of death to a hospital, cremation ground or burial ground. The amount we will pay will be limited to the lower of Rs 5000/- and 2% of the sum assured shown under the schedule headings Basic, Wider and Comprehensive for the Insured Person(s).	Section C 5a.
		Children’s Education Benefit – Expenses will be paid for the cost of education of up to 2 dependent children under the age of 19 at the date insured was covered under the policy met with Accidental Bodily Injury.	Section C 5b.
		Hospital Confinement Allowance (Available if the schedule shows you opted for it) If we accepted a claim under 1) to 4)- then we will pay Rs 1000/- for each complete calendar day that the Insured Person(s) had to be hospitalised for medical reasons because of the Accidental Bodily Injury he/she met with. However the amount we pay will be limited to Rs 30,000/- during the policy period even if there is more than one claim for the Insured Person(s)	Section C 5c.
Medical Expenses Reimbursement (Available if the schedule shows you opted for it) If we have accepted a claim under 1) to 4),- then we will reimburse the costs of necessary medical treatment the Insured Person(s) had to obtain from a Doctor because of the Accidental Bodily Injury the Insured Person(s) met with. However our payment will be limited to 40% of the value of the claim we accepted under 1) to 4) or 5, 00,000/- , whichever is lower.	Section C 5d.		
6	Exclusions (What the policy does not cover)	Exclusion Applicable To Personal Accident Cover	Section D
		<ol style="list-style-type: none"> 1. Maternity (Excl 18) : <ol style="list-style-type: none"> a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. Exclusions (Applicable for Hospitalization Care Cover and Sickness Hospital Cash Benefit) <p>EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS</p> <ol style="list-style-type: none"> 1. Accidental Bodily Injury that the Insured Person(s) meet with: <ol style="list-style-type: none"> a. Through suicide, attempted suicide or self-inflicted injury or illness. 	

		<ul style="list-style-type: none"> b. While under the influence of liquor or drugs c. Arising or resulting from the insured person (s) committing any breach of law with criminal intent d. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any duly licenses standard type of aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trail runs. f. As a result of any curative treatments or interventions that the Insured Person(s) carry out or have carried out on his/her body. g. Arising out of the participation of the Insured Person(s) in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic. 2. The Insured Person(s) 'consequential losses of any kind or their actual or alleged legal liability. 3. Venereal or Sexually transmitted diseases 4. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused. 5. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority. 6. Nuclear energy, radiation. 	
<p>7</p>	<p>Waiting Period Time period during which specified disease/treatment are not covered It is counted from beginning of the policy coverage</p>	<p>Not applicable</p>	<p>Section D</p>
<p>8</p>	<p>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) .Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured) .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)</p>	<p>The policy will pay as per the limits specified in the Certificate of Insurance</p> <p>Co payment – Not Applicable Deductible – Not applicable</p>	

9	Claims/claims procedure	Making a Claim a. You or someone claiming on behalf must inform us in writing immediately and in any event within 30 days. b. You must immediately consult a Doctor and follow the advice and treatment that he recommends. c. You must take reasonable steps to lessen the consequence of Bodily injury. d. You must have yourself examined by our medical advisors if we ask for this. e. You or someone claiming on behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it. f. In case of your death, someone claiming on your behalf must inform us in writing immediately and send us a copy of the post mortem (if performed) report within 30 days.	Section E
10	Policy Servicing	Call centre number(Toll free): 1800-209-5858 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	
11	Grievances /Complaints	Grievance Redressal Procedure: a) Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 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 c) 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 • 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	Section E
12	Things to remember	<p>Free Look Cancellation: Insured has an option of cancelling his/her policy up to 15 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 conditions specified under Migration and Portability guidelines For detailed guidelines on Migration and Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3</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 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section D
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement	

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

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:

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>