

Micro Care Accident and Hospital Cash Policy

Prospectus

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• **Bajaj Allianz**

Bajaj Allianz General Insurance Co. Ltd. is a joint venture between Bajaj Finserv Limited and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of Allianz SE, and in-depth market knowledge and goodwill of "Bajaj brand" in India. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

• **Introduction**

Life is uncertain. Your future doesn't have to be. The accidental death or injury leading to permanent total disablement of a breadwinner, and even hospitalization due to sickness and accident can create serious financial problems for the family. Our Micro Care Guards ensures total security and peace of mind even if natural calamities like fire, storm, flood cyclone, earthquake strike to poor vulnerable people.

• **Scope of Cover** **SECTION I**

A. Personal Accident

This insurance will pay to the Insured (or in case of death, to the nominee) the amount shown against the table of benefits, if the Insured shall sustain any bodily Injury resulting solely and directly from accident caused by outward violent and visible means and such bodily Injury within the twelve calendar months of its occurrence be the sole and direct cause of:

	Table of Benefits	Sum Insured Payable
A	Death	100% of Sum Insured
B	Total and irrecoverable loss of both eyes, or total and irrecoverable loss of use of two hands or two feet or one hand and one foot due to physical separation from the body, or for such loss of sight of one eye and such loss of use of one hand, one foot due to physical separation from the body	100% of Sum Insured
C	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot.	50% of Sum Insured
D	If such injury shall as a direct consequence thereof immediately, permanently, totally and absolutely disable the/ an insured person from engaging in being occupied with or giving attention to paid employment or occupation	100% of Sum Insured

B. Funeral Expenses. If we have accepted a claim for accidental death then we will make one time payment an amount of Rs.2000/- for funeral expenses.

C. Education Bonus: If we have accepted a claim for accidental death then we will make one time payment of Rs 5000/- each towards the cost of education for one of your dependent child who is under the age of 19 at the date you met with Accidental Bodily Injury.

D. Hospitalization Due To Accident: In the event of insured being hospitalized due to accidental injury, the company will pay the expenses incurred by the insured up to amount of Rs 1000/- only during the policy period.

E. WAGE LOSS: If you suffer from accidental bodily injury during the policy period for which you are hospitalized and prevents you from engaging in your occupation then we will pay for loss of wages at the rate of Rs 120/- per day for completed and continuous period of 24 hours and maximum for 5 days and maximum of Rs. 600/- during policy period.

EXCLUSIONS:

The Company should not be liable under this policy for: -

1. Compensation under more than one of the foregoing clauses (a), (b), (c), or (d) of Section 1 A in respect of the same injury or disablement of the /an Insured Person.
2. Any payment in excess of Sum Insured under the policy during any one-year of insurance, for any one Insured person.
3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of taking of this policy.
4. Payment of Compensation in respect of death, disablement of the insured from (a) intentional self injury, suicide or attempted suicide (b) that under the influence of intoxicating liquor or drug, (c) Directly or indirectly caused by insanity, (d) Arising or resulting from the Insured committing any breach of the law with criminal intent.
5. Payment of Compensation in respect of Death, Disablement of the insured Person, due to or directly or indirectly connected with or traceable to act of invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all kings, Princess and people of which so ever nation, condition or quality.
6. Payment of compensation in respect of death of/or disablement of the insured Person, directly or indirectly caused by or contributed by or arising from or traceable to ionising radiations or contamination by radioactivity from any source whatsoever or from nuclear weapons material.
7. Payment of Compensation in respect of Death, Disablement of the insured person, due to or directly or indirectly connected whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
8. Payment of Compensation in respect of Death, Disablement of the Insured Person, due to or directly or indirectly connected whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
9. Payment of Compensation in respect of Death, Disablement of the insured Person, due to or directly or indirectly connected as a result of any curative treatments or interventions that you carry out or have carried out on your body.
10. Payment of Compensation in respect of Death, Disablement of the Insured person, due to or directly or indirectly connected Arising out of your participation 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.
11. Your consequential losses of any kind or your actual or alleged legal liability
12. Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing
13. Venereal or sexually transmitted diseases
14. 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.

F. Fire (Dwellings & Household Contents) — First Loss Cover

Fire Cover for Contents (excluding Valuables)

The Company will indemnify the Insured in respect of loss of or damage to Contents in the Insured Premises specified in the Schedule against:

1. Fire
2. Lightning.
3. Explosion/implosion, excluding loss, destruction of or damage
4. Aircraft Damage
5. Riot, Strike, Malicious Damage
6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation
7. Impact Damage
8. Subsidence and landslide including Rock slide
9. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes
10. Missile Testing operations

11. Leakage from Automatic Sprinkler Installations
12. Bush Fire, excluding loss, destruction or damage caused by Forest Fire.
13. Earthquake

The Company shall not be liable for and no indemnity is available hereunder in respect of loss of or damage to:

- a) Contents of a consumable nature;
- b) motor vehicles, pedal cycles, or livestock
- c) Valuables and/or Jewellery and/or Precious Items, unless specifically stated to the contrary in the Schedule

SECTION II

HOSPITAL CASH

In the event of Accidental Bodily injury or Sickness first occurring or manifesting itself during the Policy Period and causing the Insured's or the Named Insured's Hospitalization within the Policy Period, the Company will pay: I) the Daily Allowance of Rs 300/- Per Day for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, or for a maximum period of 5 days for each hospitalization.

The maximum daily allowance under this section payable to the Insured is Rs 1500/-.

The maximum period for which the daily allowance would be paid individually or collectively would not exceed 5 days during the policy period.

EXCLUSION SPECIFIC TO SECTION II:

No Indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Pre-existing disease
2. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
3. Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.
4. Any routine or prescribed medical check up or examination. Medical Expenses relating to any hospitalization for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalization is required.
5. Any Sickness that has been classified as an Epidemic by the Central or State Government
6. Sickness requiring Hospitalization within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption and with the Company.
7. Without prejudice to Exclusion I above, the treatment of cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, D&C, endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, back ache, prolapsed intervertebral disc during the first year of a series of Daily Hospital Allowance Policies renewed with the Company without interruption.
8. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
9. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
10. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure.
11. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
12. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
13. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
14. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology
15. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.

16. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
17. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
18. Participation in any hazardous activity.
19. Radioactive contamination.
20. Non-allopathic treatment.
21. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.

• **What are Premium Rates, covers and benefits under the Policy?**

The coverage is broadly divided in two plans:

Plan I- Care- Coverage is for Single member

Plan II- Care Plus- Coverage for Two Members of the family i.e. Member, Spouse or Parent in case of unmarried/ widow insured member.

Premium Rates, Covers and benefits under the Policy:

RISK COVERED		BENEFIT LIMITS			
		PLAN I		PLAN II	
	SECTION I (Compulsory)	MICRO CARE		MICRO CARE PLUS	
1	Death of Insured Member due to Accident	Rs. 25000	Insured	Rs. 25000	Insured
				Rs. 25000	Spouse
2	Death of Insured spouse due to Accident	Rs. 25000	Spouse	Rs. 25000	Insured
				Rs. 25000	Spouse
3	Permanent Total Disability of Insured (Due to Accident)	Rs. 25000	Insured	Rs. 25000	Insured
				Rs. 25000	Spouse
4	Loss of Limb or Eye Sight (Accidental)	Rs. 12500	Insured	Rs. 12500	Insured
				Rs. 12500	Spouse
5	Funeral Expenses	Rs. 2000	Insured	Rs. 2000	Insured
				Rs. 2000	Spouse
6	Educational Grant to Child	Rs. 5000	Insured	Rs. 5000	Insured
				Rs. 5000	Spouse
7	Hospital Expenses Arising Out of Accident and or Accident injury	Rs 1000	Insured	Rs. 1000	Insured
				Rs. 1000	Spouse
8	Wage loss during Hospitalized Period due to Accident	Rs 120 per day upto Rs. 600/-	Insured	Rs 120 per day upto Rs. 600/-	Insured
9	Loss or Damage to Household & Other Assets of insured kept in the home (excluding valuables and Jewellery)	Upto Limit Rs. 5000		Upto a Limit Rs. 5000	
10	GROSS PREMIUM	Rs. 60/-		Rs. 90/-	

SECTION –II (OPTIONAL)

11	Hospital Cash (Up to Max 5 Days)- Rs 300 Per Day	SI 1500	Insured	SI 1500	Each
	Premium	Rs 65/-		Rs 110/-	
12	Total Premium (Sec I +II)	Rs 125/-		Rs. 200/-	

- Who is eligible for this Policy?**

Any member of the self help group, community based organization, NGO, microfinance institutions; bank loan customers can take this policy through their respective organization. The eligible age is minimum 18 years and maximum 70 years.

SPECIAL CONDITIONS

- Free Look Period**

If you are not satisfied with policy coverage, terms and conditions, You have the option of canceling the policy within 30 days of receipt of the first year policy documents, provided there has been no claim.

Free look period is not applicable for renewal policies.

- Renewal**

Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation or fraud.

In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous coverage. Any claim incurred as a result of Accidental injury during the break period will not be admissible under the policy.

- Cancellation**

This Policy may be cancelled by the Insured at any time by giving written 14 days notice to the Company. Provided there has been no Claim under this Policy, the Company will refund premium according to the Company's short-period scale

Policy Period	% of Annual Premium Retention
Up to 1 Month	25% of Annual Rate
Up to 3 Months	50% of Annual Rate
Up to 6 Months	75% of Annual Rate
Exceeding 6 Months	100% of Annual Rate

This insurance may also be cancelled by or on behalf of the Company by giving the Insured at least 14 days written notice to the address stated in the Schedule. The Company will retain premium on a pro-rata basis.

Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the Insured.

- When can I change Plans?**

Plans can be changed at renewals.

- Portability Conditions**

As per the Portability Guidelines issued by IRDA, If you are insured under any other similar health policy of Non life insurer you can transfer to this policy with all your accrued benefits after due allowances for waiting periods and enjoy all the available benefits.

- Revision/ Modification of the policy:**

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDA. In such an event of revision/ modification of the product,

intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

- **Withdrawal of Policy**

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

- **How do I submit my claim?**

If you meet with an accident and injure any part of body that may result in a claim, you or someone claiming on your behalf must inform your organization / us in writing immediately and in any event within 14 days.

In case of death due to accident, the same must be informed to us in writing immediately and send us copy of post mortem report within 14 days.

- **What are the steps to be taken?**

You must immediately consult a Doctor and follow the advice and treatment that he recommends.

You or someone claiming on your behalf must promptly give us the documentation and other information we ask for to investigate the claim or our obligation to make payment for it.

- **How soon I can get my compensation? What is mode of payment?**

Bajaj Allianz believes in quick processing. Claims are processed within seven working fays from the date of fulfilling all the requirements.

- **Who is entitled to get the payment?**

The payment will be made to you or your nominee. If there is no nominee and you are incapacitated or deceased, we will pay your heir, executor or validity appointed legal representative and any payment we make in this way will be a complete and final discharge of our liability to make payment.

- **CLAIMS PROCESS**

1. Call Our Toll Free No. 1-800-2095858
2. Submit completely filled Claim Form at the nearest Bajaj Allianz General Insurance Office

Disclaimer: The above mentioned information is only indicative in nature. For details of the coverage and exclusions, please refer to the policy wordings.