

## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

### Policy Wordings

#### SECTION A) PREAMBLE

Where the insured named in the Scheduled hereto (hereinto called "The insured") has applied to Bajaj Allianz General Insurance Company Limited (hereinafter called "The Company for the insurance hereinafter set forth in respect of the person as per schedule attached hereto (hereinafter called the insured person/s) and has paid to Company the premium herein stated for the insurance of the risks hereinafter specified occurring during the period stated in the Schedule.

Now this policy witnesses that subject to the Terms, Provisions, Exclusions, Definitions and Conditions herein expressed or contained or hereon endorsed that Company will indemnify insured as herein after mentioned.

#### SECTION B) DEFINITIONS - STANDARD DEFINITIONS

**1. Accident, Accidental**

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means

**2. Any one illness**

Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

**3. Bodily Injury/Injury**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner

**4. Cashless facility**

Cashless facility means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.

**5. Condition Precedent**

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

**6. Congenital Anomaly**

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

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- d. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

**10. Cumulative Bonus**

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

**11. Day care centre**

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-

- i. has qualified nursing staff under its employment,
- ii. has qualified medical practitioner(s) in charge,
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

**12. Day Care Treatment**

Day care treatment means medical treatment, and/or surgical procedure which is

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - ii. which would have otherwise required a hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**13. Dental Treatment**

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY****14. Disclosure to information norm**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**15. Emergency Care**

Emergency care means management of an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.

**16. Grace Period**

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

**17. Hospital**

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

**18. Hospitalization**

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive In patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**19. Inpatient Care**

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

**20. Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**21. ICU Charges**

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**22. Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics
  - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  - ii. it needs ongoing or long-term control for relief of symptoms
  - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  - iv. it continues indefinitely
  - v. it recurs or is likely to recur.

**23. Medical Advice**

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

**24. Medical expenses**

Medical Expenses means those expenses that an Insured has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured had not been Insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

**25. Medical Practitioner/ Physician/Doctor:**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

**26. Medically Necessary Treatment**

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. is required for the medical management of the illness or injury suffered by the Insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner,
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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### 27. Migration

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

### 28. Network Provider

Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

### 29. Non- Network Provider

Non-Network provider means any hospital, day care centre or other provider that is not part of the network.

### 30. Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

### 31. OPD treatment

OPD treatment means one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

### 32. Portability

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

### 33. Pre-Existing Disease

Pre-existing disease means any condition, ailment or injury or disease

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

### 34. Pre-hospitalization Medical Expenses

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

### 35. Post-hospitalization Medical Expenses

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that

- Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and
- The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

### 36. Qualified Nurse

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

### 37. Reasonable and Customary charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

### 38. Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

### 39. Subrogation

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source

### 40. Room rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

### 41. Surgery or Surgical Procedure

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

### 42. Unproven/Experimental treatment

Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

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### SECTION B) DEFINITIONS - SPECIFIC DEFINITIONS

**1. Contribution**

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

**2. Daily Allowance**

Means the amount and period specified in the Schedule.

**3. Family Members**

Family Members means the members of your family covered under this policy.

**4. Limit of Indemnity**

Limit of Indemnity means the amount stated in the Schedule, which shall be the Company's maximum liability under this Policy (inclusive of Damages and/or Defence Costs, and regardless of the number of Insureds or claimants or the total number or amount of Claims made against the Insured) for any one Claim and in the aggregate for all Claims made against the Insured during the Policy Period.

**5. Named Insured/ Insured:**

Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

**6. Nominee**

Nominee is the person selected by the policyholder to receive the benefit in case of death of the insured thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.

**7. Proposal**

The proposal form and other information and documentation supplied to us in considering whether and on what terms to offer this insurance

**8. Schedule** means the schedule and any annexure to it.

**9. Total Sum Assured**

The amount stated in the Schedule, which is the maximum amount we will pay for claims made by you irrespective of the number of claims you make or the number of years that you have had a Personal Accident Policy with us.

**10. Valuables** means:

- gold or silver or any precious metals or articles made from any precious metals;
- watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
- deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

**11. You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule

**12. We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

### SECTION C) COVERAGE

#### SECTION C1.A. PERSONAL ACCIDENT

If the Insured person shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means then the company shall pay to the insured the sum or sums hereinafter set forth that is to say:

- a. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the death of an insured person the Capital Sum insured in Schedule hereto.
- b. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the 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, the Capital Sum Insured stated in the Schedule hereto.
- c. If such injury shall within one calendar year of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye or total and irrecoverable loss of use of a hand or foot due to physical separation fifty percent (50%) of the Capital Sum insured in Schedule hereto.
- 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 of any description whatsoever Capital Sum Insured in the Schedule hereto.

**SECTION C1.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.

**SECTION C1.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.

**SECTION C1.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.

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**SECTION C1.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.

## SECTION C2. 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:

- 1.1 Fire**, excluding destruction or damage caused to the contents insured by:
  - 1.1.1. Its own fermentation, natural heating or spontaneous combustion
  - 1.1.2. Its undergoing any heating or drying process.
  - 1.1.3.. Burning of property insured by order of any Public Authority.
- 1.2 Lightning.**
- 1.3 Explosion/implosion**, excluding loss, destruction of or damage:
  - 1.3.1. to boilers (other than domestic boilers), economizers or other vessels, machinery or
  - 1.3.2. apparatus (in which steam is generated) or their contents resulting from their own
  - 1.3.3. Explosion / implosion
  - 1.3.4. Caused by centrifugal forces
- 1.4 Aircraft Damage:** Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.
- 1.5 Riot, Strike, Malicious Damage:** Loss of or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by:
  - 1.5.1. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omission of any kind.
  - 1.5.2. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
  - 1.5.3. Permanent or temporary dispossession of any building or plant or unit or machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
  - 1.5.4. Burglary, housebreaking, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.
- 1.6.Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation:** Loss destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, flood or inundation excluding those resulting from volcanic eruption or other convulsions of nature.
- 1.7. Impact Damage:** Loss of or visible physical damage or destruction caused to the property insured due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by
  - 1.7.1 the Insured or any occupier of the premises or
  - 1.7.2 their employees while acting in the course of their employment.
- 1.8. Subsidence and landslide including Rock slide:** Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide/Rock slide excluding:
  - 1.8.1 the normal cracking, settlement or bedding down of new structures;
  - 1.8.2 the settlement or movement of made up ground ;
  - 1.8.3 coastal or river erosion ;
  - 1.8.4 defective design or workmanship or use of defective materials ; demolition, construction, structural alterations or repair of any property or groundworks or excavations
- 1.9 Bursting and/or overflowing of Water Tanks, Apparatus and Pipes**
- 1.10 Missile Testing operations .**
- 1.11 Leakage from Automatic Sprinkler Installations**, excluding loss, destruction or damage caused by:
  - 1.11.1 repairs or alterations to the buildings or premises
  - 1.11.2 repairs, removal or extension of the sprinkler Installation
  - 1.11.3 Defects in construction known to the Insured.
- 1.12 Bush Fire**, excluding loss, destruction or damage caused by Forest Fire.
- 1.13 Earthquake — Fire and Shock**
- 1.14 The Company shall not be liable for and no indemnity is available hereunder in respect of loss of or damage to:**
  - 1.14.1 Contents of a consumable nature;
  - 1.14.2 motor vehicles, pedal cycles, or livestock
  - 1.14.3 Valuables and/ or **Jewellery** and/or **Precious Items**, unless specifically stated to the contrary in the **Schedule**

### Basis of Loss Settlement.

1. Where an insured item can reasonably be repaired or reinstated at a cost less than the replacement cost then, the Company will indemnify the Insured up to the Sum Assured in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event
2. In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs up to the Sum Assured.

## SECTION C3: HOSPITAL CASH

### OPERATIVE PART

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 24hours 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.



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### SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

#### 1) Exclusions applicable to Section C1

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 C1 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.

#### 2) Exclusions applicable to Section C3

##### I. Waiting Period

1. 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.
2. 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

##### II. Exclusions

1. Pre-existing disease: Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
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. 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).
7. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
8. 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.
9. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.

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10. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human TCell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
11. 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.
12. Hospitalization for the sole purpose of traction, physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology
13. 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.
14. 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.
15. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
16. Participation in any hazardous activity.
17. Radioactive contamination.
18. Non-allopathic treatment.
19. 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.

## SECTION E) CONDITIONS - STANDARD GENERAL TERMS AND CLAUSES

### 1. Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

### 2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

### 3. Moratorium Period:

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period.

The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

### 4. Premium Payment in Instalments (Wherever applicable)

If the insured person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term policies only), Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

### 5. Claim Settlement. (provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

### 6. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/ she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

### 7. Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience

### 8. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

### 9. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

### 10. Fraud

- i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
  - a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
  - b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
  - c) any other act fitted to deceive; and
  - d) any such actor omission as the law specially declares to be fraudulent
- iv. The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

### 11. Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed

Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/Circulars\\_List.aspx?mid=3.2.3](https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3)

### 12. Migration

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/Circulars\\_List.aspx?mid=3.2.3](https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3)

### 13. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

### 14. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or



## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

### 15. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

### 16. Cancellation

- i. The policyholder may cancel this policy by giving 15days'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below. The Company will refund premium on short term rates for the unexpired policy period as per the Rate detailed below.

SHORT PERIOD SCALES	
Period On Risk	Rate Of Premium To be Retained by The Company
Up to 1 month	25% of premium
Up to 3 months	50% of premium
Up to 6 months	75% of premium
Exceeding 6 months	100% of premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

### 17. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

- Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
- Branches for resolution of your grievances / complaints, the Branch details can be found on our website [www.bajajallianz.com/branch-locator.html](http://www.bajajallianz.com/branch-locator.html)
- Register your grievances / complaints on our website [www.bajajallianz.com/about-us/customer-service.html](http://www.bajajallianz.com/about-us/customer-service.html)
- E-mail
  - Level 1: Write to [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) and for senior citizens to [seniorcitizen@bajajallianz.co.in](mailto: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](mailto: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 80809 45060 OR SMS To 575758 and our care specialist will call you back
- 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](http://www.cioins.co.in/ombudsman.html)

The contact details of the Ombudsman offices are mentioned in **Annexure I**

## SECTION E) GENERAL TERMS AND CLAUSES – SPECIFIC TERMS AND CLAUSES

### 18. Paying a Claim

- You agree that We need only make payment when You or someone claiming on Your behalf has completed all formalities as specified in the policy for submission of a claim.
- We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. 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.
- If We, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents. You may take recourse to the Grievance Redressal procedure stated in this document.

### 19. OTHER INSURANCE/ CONTRIBUTION CLAUSE (Applicable for Hospitalisation due to Accident Cover)

- If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of Your claim in terms of any of your policies.
- In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
- If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
- . Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

### 20. Change In Cover

- i. The Insured member can apply for Change in Cover at the time of renewal. You can apply for Change in Cover by submitting a fresh proposal form to the company.
- ii. The acceptance of Change in Cover would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.

### 21. Reasonable Care

The Insured shall:

- i. take all reasonable steps to safeguard the **Contents** and the **Insured Premises** against any insured event;
- ii. take all reasonable steps to prevent a claim from arising under this Policy;
- iii. ensure that any security system or aid is maintained in accordance with any maintenance schedule or recommendations of the manufacturer or if none then as may be required, and kept in good and effective working condition;

### 22. Duties and Obligations after Occurrence of an Insured Event

It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:

- i. the Insured shall immediately and in any event within 14 days give written notice of the same to the address shown in the Schedule for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and
- ii. in respect of Personal Accident Cover, Fire Cover and any other claim under any other Cover as advised by the Company, immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the Insured intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company, and
- iii. the Insured shall within 15 days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and
- iv. the Insured shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and
- v. the Insured shall not admit liability or settle or make or promise any payment in respect of any claim which may be the subject of indemnity hereunder, or incur any costs or expenses in connection therewith, without the written consent of the Company which shall be entitled to take over and conduct in the name of the Insured the defence and/or settlement of any such claim, for which purpose the Insured shall give all the information and assistance that the Company may reasonably require.

### 23. Contribution

If, at the time of any Claim, there is, or but for the existence of this Policy, would be any other policy of indemnity or insurance in favour of or effected by or on behalf of the Insured applicable to such claim, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

### 24. Subrogation

The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.

### 25. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.

2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

### 26. Notices

- a. Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be delivered to the address specified in the Schedule.
- b. Any and all notices and declarations for the attention of the Insured shall be posted to the Insured's address stated in the Schedule.

### 27. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

### 28. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

### 29. Territorial Limits

This Policy covers insured events arising during the Policy Period within India (save in respect of Section C1 A Personal Accident Cover). The Company's liability to make any payment shall be to make payment within India and in Indian Rupees only.

## SECTION E) CONDITIONS - OTHER TERMS AND CLAUSES

### 30. Making A Claim

In the event of any Accidental Bodily Injury/Sickness that may result in a claim, then as a condition precedent to Our liability:

- a. You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 30 days.
- b. You must immediately consult a Doctor/ **Medical Practitioner** and follow the advice and treatment that he recommends.
- c. You must take reasonable steps to lessen the consequences of Your Bodily Injury.
- d. You must have yourself examined by our medical advisors if we ask for this, and as often as we consider this to be necessary.
- e. 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.
- f. If You die, someone claiming on Your behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if performed) within 30 days.

Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

#### List of Claim documents:

#### a) Death

- Duly Completed Personal Accident Claim Form signed by Nominee.
- Copy of address proof (Ration card or electricity bill copy).
- Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal Heirs and notarized (If Nominee name not mentioned on policy schedule or if Nominee is minor then decree certificate from court).
- Attested copy of Death Certificate.
- Burial Certificate (wherever applicable).
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- Income Proof, Photo identity proof, Address Proof
- Document showing outstanding loan amount (for Payment Protection Care Claim)
- All original medical bills (if opted.)
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original Policy copy

#### b) Permanent Partial /Total Disablement

- Duly Completed Personal Accident Claim Form signed by insured.
- Attested copy of disability certificate from government medical authority stating percentage of disability.
- Attested copy of FIR. (If required)
- Photograph of the claimant before and after injury supporting to disablement.
- All X-Ray / Investigation reports and films supporting to disablement.
- All medical bills (if opted)
- Document showing outstanding loan amount (for Payment Protection Care Claim due to Permanent Total Disablement)
- Income Proof, Photo identity proof, Address Proof
- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original Policy copy.

#### c) Education bonus

- Bonafide certificate from school / college or certificate from the educational institution

#### d) Wage Loss

- Hospital discharge card clearly stating admission and discharge from the Hospital

#### e) Hospital Cash/ Hospitalisation due to Accident

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Other documents as may be required by Bajaj Allianz to process the claim.

## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

### Annexure I:

#### Contact details of the Ombudsman offices

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH -</b> Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>DELHI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

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<b>GUWAHATI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500004. Tel.: 040 - 23312122 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>ERNAKULAM -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682015. Tel.: 0484 - 2358759 / 2359338 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
<b>MUMBAI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).



## MICRO CARE ACCIDENT AND HOSPITAL CASH POLICY

<p><b>NOIDA -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>

“List of Ombudsman offices established by the Central Government for redressal of grievance are also available at <https://www.cioins.co.in/Ombudsman>”

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W), Mumbai - 400 054.

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