

## PERSONAL CARE INSURANCE POLICY

### Policy Wordings

#### SECTION A) PREAMBLE

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

#### SECTION B) DEFINITIONS- STANDARD DEFINITIONS

**1. Accident, Accidental :**

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

**2. Condition Precedent:**

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

**3. Cumulative Bonus:**

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

**4. 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.

**5. 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.

**6. 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.

**7. 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.

**8. 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.

**9. 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.

**10. Injury/Bodily 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.

**11. Medical Advice:**

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

**PERSONAL CARE INSURANCE POLICY****12. 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.

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

Medical Practitioner means 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 or Ayurvedic and or such other authorities 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 its scope and jurisdiction of license.

**14. Medically Necessary Treatment:**

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

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

**15. 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.

**16. Non- Network Provider:**

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

**17. 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.

**18. 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.

**19. 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.

**20. 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.

**21. 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.

**22. 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.

**23. 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.

**24. 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.

**SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS**

The words and phrases listed have the special meanings **We** have set out below whenever they appear in this **Policy** in bold type and Initial Capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

- Car Loan** means the loan disbursed by the **Financier** to **You** in respect of the particular car as specified in the **Schedule**
- 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 rate able proportion of Sum Insured.  
This clause shall not apply to any Benefit offered on fixed benefit basis.

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3. **EMI** means Equated monthly installment of **Your Car Loan** as specified in the **Schedule**
4. **Financier** means a financial institution and/or a company that has advanced the **Car Loan** to **You** in respect of the particular car as specified in the **Schedule**.
5. **Named Insured/ Insured** means the person, named in the Schedule provided that an Insured has attained the age of 18 years and is not older than 65 years of age at the commencement of the Policy Period.
6. **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. **Occupation** means **Your** occupation as shown in the **Schedule**
8. **Permanent Total Disability**  
Medical practitioner certified total, continuous and permanent:  
- loss of the sight of both eyes  
- physical separation of or the loss of ability to use both hands or both feet  
- physical separation of or the loss of ability to use one hand and one foot  
- loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
9. **Permanent Partial Disability** means medical practitioner certified total and continuous loss or impairment of a body part or sensory organ specified.
10. **Policy** means the proposal, the **Schedule**, the policy documents and any endorsements attaching to or forming part thereof either on the effective date or during the **Policy Period**
11. **Policy Period** means the period commencing from policy start date and hour as specified in the Schedule and terminating at midnight on the policy end date as specified in of the Schedule to this Policy.
12. **Proposal** means the proposal form and other information and documentation supplied to us in considering whether and on what terms to offer this insurance
13. **Schedule** means the Schedule and any Annexure or Endorsement to it which sets out **Your** personal details, the type of insurance cover in force and the **Sum Insured**
14. **Total Sum Assured** means 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
15. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule
16. **We, Our, Ours, Us** means the Bajaj Allianz General Insurance Company Limited.

## SECTION C) COVERAGE

### Part I: PERSONAL ACCIDENT CARE

Our liability to make payment to You for one or more of the events described at 1) to 4) below is limited to the Sum Insured, except as We have agreed at 2).

You agree that We shall deduct from any amount We have to pay under 1) to 4) any amount that We have already paid under any of 1) to 4), so that Our total payments do not exceed the Sum Insured. However, if We become liable to make payment under 1) or 2), then this insurance will cease.

- 1) **Death**  
We will pay Your Nominee 100% of the Sum Insured shown under the Schedule if during the Policy Period You meet with Accidental Bodily Injury that causes Your death within 12 months.
- 2) **Permanent Total Disability**  
We will pay You 125% of the Sum Insured shown under the Schedule if You meet with Accidental Bodily Injury during the Policy Period that causes You Permanent Total Disability within 12 months.
- 3) **Permanent Partial Disability**  
If You meet with Accidental Bodily Injury during the Policy Period that causes You Permanent Partial Disability within 12 months, We will pay the percentage shown in the table below applied to the Sum Insured shown under the Schedule.

Nature of Disability	Amount Payable
An arm at the shoulder joint	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A hand at the wrist	55%
A thumb	20%
An index finger	10%
Any other finger	5%

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A leg above mid-thigh	70%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
An eye	50%
Hearing of one ear	30%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%

- i. If Your Permanent Partial Disability is not listed in the table, then We will pay a proportion of the Sum Insured shown under the Schedule. You agree that the amount payable by Us will be decided on the basis of the disability certificate issued by the concerned Government Medical Authority which would specify the degree to which Your normal functional physical capacity has been impaired permanently.
- ii. If You were already suffering from Permanent Partial Disability before the date You met with Accidental Bodily Injury, then the amount We pay will be reduced by that extent. You agree that the reduction will be decided by the concerned Government Medical Authority according to the degree of Permanent Partial Disability from which You were already suffering.

### 4) Temporary Total Disability

If You suffer Accidental Bodily Injury during the Policy Period which completely prevents You from engaging in Your Occupation, then We will make a weekly payment of Rs. 5,000/- to You.

We will make the payment when You satisfy Us that the Accidental Bodily Injury has completely prevented You from engaging in Your Occupation. We will stop making payments when We are satisfied that You can engage in Your Occupation again, or when We have made payments for a maximum period of 100 weeks from the date You met with the Accidental Bodily Injury, whichever is earlier

### 5) Additional Insurance

#### i. Transportation

If We have accepted a claim under 1) for Your death, then We will pay towards the actual cost of transporting Your remains from the place of death to a hospital / residence/ cremation ground or burial ground, subject to a maximum of Rs. 5,000/-.

#### ii. Children's Education Benefit

If We have accepted a claim under either 1) or 2), then We will make a one-time payment of Rs. 5,000/- each towards the cost of education of up to 2 of Your dependent children who were studying at the date You met with Accidental Bodily Injury.

## Part II: PAYMENT PROTECTION CARE

If You meet with an Accidental Bodily Injury during the Policy Period that results in Your death and/or Permanent Total Disability within 12 months, then We will pay You an amount commensurate with Your balance outstanding Car Loan amount existing as on date You met with the Accidental Bodily Injury, subject to a maximum of the Sum Insured shown under the Schedule for this Section.

The outstanding Car Loan amount would not include any arrears due to any reasons whatsoever. The claim will be settled only in the event of the Accidental death and/or Permanent Total Disability of the first named borrower (i.e. You) and not in respect of others, which may happen in case the Car Loan is taken jointly.

## Part III: EMI CARE

If You meet with an Accidental Bodily Injury during the Policy Period due to which You are Hospitalized for a minimum duration of 7 consecutive days and which completely prevents You from engaging in Your Occupation for a minimum duration of 30 consecutive days, then We will make a monthly payment to You of the lower of 1/3rd of the Sum Insured shown under the Schedule for this Section and Your EMI. We will make the payment when You satisfy Us that the Accidental Bodily Injury has completely prevented You from engaging in Your Occupation. We will stop making payments when We are satisfied that You can engage in Your Occupation again, or when We have made payments for a maximum period of 3 months beginning from the date You met with the Accidental Bodily Injury, whichever is earlier.

The EMI amount payable under this Section would not include any arrears due to any reasons whatsoever. The claim will be settled only in respect of the Accidental Bodily Injury of the first named borrower (i.e. You) and not in respect of others, which may happen in case the Car Loan is taken jointly.

## Part IV: MEDICAL EXPENSES CARE

If You are hospitalised on the advice of a Doctor because of Accidental Bodily Injury sustained during the Policy Period, then We will reimburse You Reasonable and Customary medical expenses incurred up to a maximum Sum Insured shown in the Schedule for this Section aggregate in any one Policy Period. The medical expenses reimbursable would include:

- a) The reasonable charges that You necessarily incur on the advice of a Doctor/ Medical Practitioner as an In-patient in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables; and/or
- b) The reasonable charges that You necessarily incur on the advice of a Doctor/ Medical Practitioner w.r.t. Day Care Treatment for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables; and/or
- c) Ambulance charges for carrying You from the site of accident to the nearest hospital subject to a limit of Rs. 1000 per claim.

**PERSONAL CARE INSURANCE POLICY****SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS**

We will not pay for any event that arises because of, is caused by, or can in any way be linked to any of the following.

1. Maternity (Excl 18)
- 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.

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

We will not pay for any event that arises because of, is caused by, or can in any way be linked to any of the following.

1. Accidental Bodily Injury that You meet with:
  - a. Through suicide, attempted suicide or self inflicted injury.
  - b. While under the influence of liquor or drugs.
  - c. Arising or resulting from You committing any breach of law with criminal intent.
  - d. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling 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.
  - e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
  - f. As a result of any curative treatments or interventions that You carry out or have carried out on Your body.
  - g. 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.
2. Consequential losses of any kind or Your actual or alleged legal liability.
3. Any injury/disablement/death directly or indirectly arising out of or contributed to any Pre-Existing Condition.  
 However, this exclusion shall cease to apply for Section IV (i.e. Medical Expenses Care) of this Policy if You have maintained a Personal Care Insurance Policy with Us for a continuous period of full 4 years without break from the date of Your first Personal Care Insurance Policy with Us. In case of enhancement of Sum Insured for Section IV (i.e. Medical Expenses Care) of this Policy, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Personal Care Insurance Policy without break in cover.
4. Venereal or sexually transmitted diseases.
5. 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.
6. 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.
7. Nuclear energy, radiation.

**SECTION E) CONDITIONS APPLICABLE TO ALL SECTIONS - 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. 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.  
 (Explanation "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

**4. 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.

**5. 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.

**6. 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.

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- 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.

**7. 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:
- the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
  - the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
  - any other act fitted to deceive; and
  - any such actor omission as the law specially declares to be fraudulent

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.

**8. 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

**9. 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

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

**10. 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 at least 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)

**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. Multiple Policies**

- 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.
- 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.
- 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.
- 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.

**13. Renewal of Policy**

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

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

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- 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

### 14. 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. • Cancellation grid for premium received on short term rates for the unexpired Policy Period as per the rates detailed below

Policy Period Not Exceeding	% of Annual Rate
1 month	25
3 month	50
6 month	75
12 month	100

Note: 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.

### 15. 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

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. 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)
3. Register your grievances / complaints on our website [www.bajajallianz.com/about-us/customer-service.html](http://www.bajajallianz.com/about-us/customer-service.html)
4. E-mail
  - a) 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)
  - b) 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)
  - c) 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
5. 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 II**

### 16. 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.

## SECTION E) CONDITIONS APPLICABLE TO ALL SECTIONS – SPECIFIC TERMS AND CLAUSES

### 17. Paying a Claim

- a. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with the necessary documentation and information.
- b. 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.
- c. 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.
- d. 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.

**PERSONAL CARE INSURANCE POLICY****18. Your change of Occupation**

- a. If You change Occupation and there is a change in the nature of job, then You must tell us in writing within 30 days of the change. If You do not do this, then this insurance will cease as far as You are concerned from the date that You changed Your Occupation.
- b. If You meet with Accidental Bodily Injury before You have told Us of a change in occupation and Your new occupation would have attracted a higher premium, then the payment We make will be limited to the amount of insurance that the premium You have actually paid would have brought for Your new occupation.

**19. Other Insurance/ Contribution Clause (Applicable for Medical Expenses Care Section)**

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.

- i. 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.
- ii. 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.
- iii. 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.

**20. Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule.

Any communication meant for You will be sent by Us to Your address shown in the Schedule.

**21. Policy Changes**

No change can be made to this Policy unless We have approved it, and confirmed Our approval by endorsing the Schedule. No one is authorised to make or confirm any change on Our behalf.

**22. Change of Plan**

- Change of Plan can be done at the time of renewal.
- For change of Plan, fresh proposal form along with the renewal notice should be submitted.

**23. Territorial Limits**

In case of Section I (Personal Accident Care) and Section II (Payment Protection Care), We cover Accidental Bodily Injury sustained during the Policy Period anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but We will only make payment within India and in Indian Rupees.

In case of Section III (EMI Care) and Section IV (Medical Expenses Care), this Policy covers insured events arising during the Policy Period within India. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

**24. Arbitration**

- a. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by each of the parties to the dispute/ difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be within India
- b. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if We have disputed or not accepted liability under or in respect of this Policy
- c. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained
- d. It is also hereby further expressly agreed and declared that if We shall disclaim liability to You for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder
- e. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts

**25. 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.

**26. 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 Us, which approval shall be evidenced by an endorsement on the Policy.

**SECTION E) CONDITIONS APPLICABLE TO ALL SECTIONS – OTHER TERMS AND CONDITIONS****27. Making a Claim**

If You meet with any Accidental Bodily Injury 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 Accidental Bodily Injury.

**PERSONAL CARE INSURANCE POLICY**

- d. At Our expense, 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) Temporary Total Disablement:**

- Duly Completed Personal Accident Claim Form signed by insured.
- Medical fitness certificate from treating doctor mentioning the type of disability and period of rest with date of fitness.
- Leave certificate from the employer for disablement period
- Attested copy of FIR.(If required)
- All X-Ray reports and films

**d) For Payment Protection Care & EMI Care Claim**

- Claim Form duly filled and signed by the insured.
- Copy of Discharge Summary / Discharge Certificate.
- Copy of Final Hospital Bill
- Certificate from the Bank stating pertinent details of Insured's Loan including but not limited to the Principal Outstanding, EMI

**e) Claim documents to be submitted for Medical Expenses Care Claim**

- First Consultation letter from the Doctor
- All original medical bills
- Duly completed claim form and NEFT Form signed by the Claimant
- Original Hospital Discharge Card
- Original 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.
- Original 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

## PERSONAL CARE INSURANCE POLICY

### Annexure I:

#### List I: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable

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39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

### List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN

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10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MIS. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

### List III- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE

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9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHO BUNDLE, GYNAEC BUNDLE

### List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE \ SPIRIT \ DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

**PERSONAL CARE INSURANCE POLICY**

**Annexure II**

**Contact details of the Ombudsman offices**

Office Details	Jurisdiction of Office Union Territory, District
<b>AHMEDABAD - Shri Kuldip Singh</b>  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>  Office of the Insurance Ombudsman,  Jeevan Soudha Building,PID No. 57-27-N-19  Ground Floor, 19/19, 24th Main Road,  JP Nagar, Ist 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>  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  Fax: 0755 - 2769203  Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b>  Office of the Insurance Ombudsman,  62, Forest park,  Bhubneshwar – 751 009.  Tel.: 0674 - 2596461 /2596455  Fax: 0674 - 2596429  Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.

**PERSONAL CARE INSURANCE POLICY**

Office Details	Jurisdiction of Office Union Territory, District
<b>CHANDIGARH -</b>  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  Fax: 0172 - 2708274  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>  Office of the Insurance Ombudsman,  Fatima Akhtar Court, 4th Floor, 453,  Anna Salai, Teynampet,  CHENNAI – 600 018.  Tel.: 044 - 24333668 / 24335284  Fax: 044 - 24333664  Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
<b>DELHI - Shri Sudhir Krishna</b>  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.
<b>GUWAHATI -</b>  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.

**PERSONAL CARE INSURANCE POLICY**

Office Details	Jurisdiction of Office Union Territory, District
<b>HYDERABAD -</b>  Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 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>  Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>ERNAKULAM - Ms. Poonam Bodra</b>  Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 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 - Shri P. K. Rath</b>  Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.

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Office Details	Jurisdiction of Office Union Territory, District
<b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b>  Office of the Insurance Ombudsman,  6th Floor, Jeevan Bhawan, Phase-II,  Nawal Kishore Road, Hazratganj,  Lucknow - 226 001.  Tel.: 0522 - 2231330 / 2231331  Fax: 0522 - 2231310  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>  Office of the Insurance Ombudsman,  3rd Floor, Jeevan Seva Annexe,  S. V. Road, Santacruz (W),  Mumbai - 400 054.  Tel.: 69038821/23/24/25/26/27/28/28/29/30/31  Fax: 022 - 26106052  Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa,  Mumbai Metropolitan Region  excluding Navi Mumbai & Thane.
<b>NOIDA - Shri Chandra Shekhar Prasad</b>  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>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri N. K. Singh</b>  Office of the Insurance Ombudsman,  1st Floor, Kalpana Arcade Building,,  Bazar Samiti Road,  Bahadurpur,  Patna 800 006.  Tel.: 0612-2680952  Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar,  Jharkhand.

**PERSONAL CARE INSURANCE POLICY**

Office Details	Jurisdiction of Office Union Territory, District
<p><b>PUNE - Shri Vinay Sah</b></p> <p>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 – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>