

**SARAL SURAKSHA BIMA, BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.**
**CUSTOMER INFORMATION SHEET**

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No	Title	Description	Policy Clause Number
1	<b>Name of Insurance Product</b>	<b>Saral Suraksha Bima, Bajaj Allianz General Insurance Company Ltd.</b>	
2	<b>Policy Number</b>	Kindly refer to Your Policy schedule	
3	<b>Type of Insurance</b>	Kindly refer to Your Policy schedule	
4	<b>Sum Insured (Basis)</b>	Kindly refer to Your Policy schedule	
5	<b>Policy Coverage (What the Policy Covers)</b>	<b>Base Covers</b>	Section 4.1
		Death – Nominee will be paid 100% of the sum assured shown under the schedule, if during the Policy Period the insured meets with Accidental Bodily Injury that causes death within 12 Months.	Section 4.1.a
		Permanent Total Disablement - 100 % of the sums assured shown under the Schedule will be paid if the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability within 12 months.	Section 4.1.b
		Permanent Partial Disablement - If the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Partial Disability within 12 months, specific percentage of the sums assured will be paid.	Section 4.1.c
		<b>Optional Covers</b>	Section 4.2
		Temporary Total Disablement - If the insured person (s) named in the schedule, except for the dependent children, suffer Accidental Bodily Injury during the Policy Period which completely prevents the insured person(s) from engaging in his/her respective occupation, then the insured will be paid a weekly payment under TTD benefit.	Section 4.2.a
		Hospitalisation Expenses due to Accident - Medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.	Section 4.2.b
		Education Grant - Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, the company shall pay a one-time educational grant of 10% of the Base Sum insured.	Section 4.2.c
	<b>Cumulative Bonus</b>	Cumulative Bonus - Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured	Section 5
6	<b>Exclusions (What the policy does not cover)</b>	The Company shall not be liable to make any payments under this policy in respect of: <ol style="list-style-type: none"> <li>War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, etc</li> <li>Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person               <ol style="list-style-type: none"> <li>from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;</li> <li>whilst under the influence of intoxicating liquor or drugs or other intoxicants the injury / accident though under influence of intoxication.</li> </ol> </li> </ol>	Section 6



	<p>Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iii. Any other limit (as applicable)</p>	<p><b>Other Limits:</b></p> <ol style="list-style-type: none"> <li>1. Permanent Partial Disablement – If insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Partial Disability within 12 months, percentage of sums assured shown under the table specified in policy wordings.</li> <li>2. Hospitalisation Expenses due to Accident - up to the limit of 10% of the base sum insured</li> <li>3. Education Grant - a one-time educational grant of 10% of the Base Sum insured, per child to all dependent children of the Insured</li> </ol>	
9	<p><b>Claims/claims procedure</b></p>	<p><b>For Personal Accident Covers</b></p> <p>If the Insured's meets with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to our liability:</p> <ol style="list-style-type: none"> <li>i. Insured or someone claiming on Insured's behalf must inform us in writing immediately and in any event within 30 days.</li> <li>ii. Insured must immediately consult a Doctor/ Medical Practitioner and follow the advice and treatment that he recommends.</li> <li>iii. Insured must take reasonable steps to lessen the consequences of Insured's Bodily Injury.</li> <li>iv. At Company's cost, Insured must have himself/herself examined by Company's medical advisors, if the Company ask for this, and as often as the Company considers this to be necessary.</li> <li>v. Insured or someone claiming on Insured's behalf must promptly give Company the documentation and other information the Company ask for to investigate the claim or Company's obligation to make payment for it.</li> <li>vi. In event of Insured's death, someone claiming on Insured's behalf must inform the Company in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.</li> </ol> <p>*Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Company's satisfaction that under the circumstances in which Insureds were placed, it was not possible for the Insured or any other person to give notice or file claim within the prescribed time limit.</p> <p><b>For Hospitalization Expenses due to Accident</b>  <b>Cashless Claim process</b></p> <p>Cashless treatment is only available at Network Hospitals</p> <ul style="list-style-type: none"> <li>• You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 24 hours of emergency hospitalization and request pre-authorization by way of the written form</li> <li>• We will review each claim for Medical Expenses, coverage and accordingly issue an authorization letter either to You or the Network Hospital.</li> </ul> <p><b>Reimbursement claim process</b></p>	<p>Section E 33.  A &amp; B</p>

		<ul style="list-style-type: none"> <li>• Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure.</li> <li>• You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization</li> <li>• You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation</li> <li>• The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document.</li> </ul> <p>You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation listed out in policy wordings and any additional information We ask, for Our obligation to make payment for it.</p> <p><b>Turnaround time(TAT) for claim settlement:</b></p> <ol style="list-style-type: none"> <li>1. Turnaround time (TAT) for claim settlement: 30 Working Days</li> <li>2. TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins</li> </ol> <p><b>Weblinks</b>    Network hospital and Black listed hospital list  <a href="https://www.bajajallianz.com/branch-locator.html">https://www.bajajallianz.com/branch-locator.html</a></p> <p><b>Helpline numbers</b>    Tollfree: 1800-103-2529</p> <p><b>Downloading /getting claim forms</b>  <a href="#">Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)</a></p>	
10	<b>Policy Servicing</b>	<p>Call centre number(Toll free): 1800-209-5858</p> <p>Details of Company officials: Branch-wise GRO details can be found on the below link.  <a href="https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf">https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</a></p>	
11	<b>Grievances /Complaints</b>	<p><b>Grievance Redressal Procedure:</b></p> <ol style="list-style-type: none"> <li>a) Toll-free number 1-800-209- 5858 or 020-30305858, Say “Hi” on WhatsApp on +91 7507245858</li> <li>b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: <a href="http://www.bajajallianz.com/branch-locator.html">www.bajajallianz.com/branch-locator.html</a> Register your grievances / complaints on our website: <a href="http://www.bajajallianz.com/about-us/customer-service.html">www.bajajallianz.com/about-us/customer-service.html</a></li> <li>c) E-mail           <ul style="list-style-type: none"> <li>• Level 1: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> and for senior citizens to <a href="mailto:seniorcitizen@bajajallianz.co.in">seniorcitizen@bajajallianz.co.in</a></li> <li>• 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 <a href="mailto:ggro@bajajallianz.co.in">ggro@bajajallianz.co.in</a></li> <li>• Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 8080945060 OR SMS To 575758 and our care specialist will call you back</li> </ul> </li> <li>d) If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at <a href="http://www.cioins.co.in/ombudsman.html">www.cioins.co.in/ombudsman.html</a></li> </ol>	Section E 10

**Bajaj Allianz General Insurance Co. Ltd.**

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113

For more details, log on to: [www.bajajallianz.com](http://www.bajajallianz.com) | E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) or

Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)

Issuing Office:



12	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> Insured has an option of cancelling his/her policy up to 30 days from the first inception of policy with Us , subject to rest terms and conditions.</p> <p><b>Policy Renewal:</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p>	Section E 8.6 8.15
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period.</p>	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

**Declaration by policy holder**

I have read the above and confirm having noted the details

Place

Date:

Signature of Policy holder

Note: Web link for downloading the product related documents

<https://www.bajajallianz.com/health-insurance-plans/health-insurance-documents.html>