

SARAL SURAKSHA BIMA,

BAJAJ ALLIANZ GENERAL INSURANCE COMPANY

Durghatanaon ke kharch se khud ko bachane ka Saral Samaadhaan



Allianz (II)

Caringly yours

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Bajaj Allianz

The Bajaj Allianz Advantage Bajaj Allianz General Insurance Company Limited is a joint venture between Bajaj Finserv Limited (recently demerged from Bajaj Auto Limited) and Allianz SE. Both enjoy a reputation of expertise, stability and strength. This joint venture company incorporates global expertise with local experience. The comprehensive, innovative solutions combine the technical expertise and experience of more than 110 year old Allianz SE, and in depth market knowledge and good will of Bajaj. Competitive pricing and quick honest response have earned the company the customer's trust and market leadership in a very short time.

The Bajaj Allianz Advantage



HAT: In-house Claim Administration



Global expertise



Innovative packages to match individual needs



Quick disbursement of claims

■ What is the Sum Insured options available under the policy?

Minimum sum insured shall be Rs.2.5 lakhs and maximum sum insured shall be Rs.1 Crore. Sum insured offered shall be in multiples of Rs 50,000/-.

■ What are the entry age?

Minimum entry age shall be 18 years and maximum age at entry shall be at least 70 years for the insured members including principal insured.

Dependent Child / children shall be covered from the age of 3 months to 25 years subject to the definition of 'Family' and underwriting policy.

What is the renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy, except on the grounds of Your moral hazard, misrepresentation, non- cooperation or fraud.

(Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry).

■ What is the Policy Period?

Policy can be taken for 1year.

What is premium paying term?

- Annual Premium payment for 1 year policy & the total long term premium would be collected at the time of
 risk inception and renewal as well.
- Premium can also be paid on instalment basis- Annual (for long term policies), Half yearly, Quarterly or Monthly

Is this a floater policy / individual policy?

- Policy provides Individual sum insured options.
- The premium differs in case of different risk levels determined by your occupation:

Risk Classes:

Risk Class I:

Person engaged in administrative or managing functions, accountant, doctor, lawyer, architect, consulting engineer, teacher, and banker or primarily engaged in a similar occupation

Risk Class II:

Person engaged in manual labor, garage or motor mechanic, machine operator, paid driver of a car, a truck, a lorry or other heavy vehicles, cash carrying employee, wood working machinist or a builder – contractor and engineer in superintending functions, veterinary doctor, or engaged in a similar occupation.

Risk Class III:

Person working in underground mines, in explosive magazines or in electrical installations with high tension supply, or insured is a jockey, circus personnel, engaged in racing in wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, river rafting, polo, or in similar activity or occupation.

(For occupations not specified above, please enquire with us.)

■ Benefits under the Policy

Base Covers:

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

a. Death: The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.

- b. Permanent Total Disablement: The company shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:
- a. Total and irrecoverable loss of sight of both eyes or
- b. Physical separation or loss of use of both hands or feet or
- c. Physical separation or loss of use of one hand and one foot or
- d. loss of sight of one eye and Physical separation or loss of use of hand or foot
- e. If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

c. Permanent Partial Disablement:

The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident. The company shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all	20%
	Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb	
	- both phalanges	25%
	- one phalanx	10%

	Loss Covered	Percentage of Sum Insured
7.	Loss of Index finger –	
	three phalanges	10%
	two phalanges	8%
	one phalanx	4%
8.	Loss of middle finger –	
	three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9.	Loss of ring finger –	
	three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10.	Loss of little finger –	
	three phalanges	4%
	two phalanges	3%
	one phalanx	2%
11.	Loss of metacarpus -	
	first or second (additional)	3%
	third, fourth or fifth (additional)	2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- a. The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three covers specified under (a), (b) and (c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b. If the accident occurs during the policy period, benefits covered under (a), (b) and (c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

Optional Covers:

The covers listed below are optional benefits and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

a. Temporary Total Disablement:

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work, provided that:

- The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.
- ii. the compensation payable under this benefit mentioned under Temporary Total Disablement shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- iii. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- iv. The compensation shall be paid by the company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period
- v. During the course of payment under this benefit, the company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
- vi. The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.

Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.

b. Hospitalisation Expenses due to Accident: The Company shall indemnify 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.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home,
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.

iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.

(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following other expenses necessitated due to injury shall also be covered under the optional cover Hospitalisation Expenses due to Accident

- Dental treatment.
- ii. Plastic surgery.
- iii. All the day care treatments.
- iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

Note: The expenses that are not covered under the section are placed under List-I of Annexure-B of the policy wordings. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-B of the policy wordings respectively.

c. Education Grant:

Following an admissible claim of the insured person under this 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 (specified in the policy schedule), per child to all dependent children of the Insured provided that:

- a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.
- b. Age of the child or children as the case shall not be more than 25 completed years.

Note:

i. The benefits payable under each of the optional covers (a), (b) and (c) are independent and over and above the base sum insured.

Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.

■ What additional benefits do I get?

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. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

Notes:

- The cumulative bonus is applicable only in respect of base covers referred at Section 4.1(a),4.1(b) and 4.1(c)
 of the Policy Wordings. Addition or reduction of cumulative bonus will be done only if claim made under base
 covers
- ii. The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.

If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

Eligibility of Sum Insured

i. For Salaried and Self Employed Persons

Base cover should be max 120 times monthly income sub to max Rs 1 Cr which ever is lower

- ii. Coverage details for Dependent Family Members-
- The Coverage for Dependent Children under the Base Covers Death, Permanent Total Disability and Permanent Partial Disability should be restricted to 25% of Sum Insured of proposer subject to maximum of 10 Lacs
- The Coverage for Dependent Spouse and Parents under the Base Covers Death, Permanent Total Disability
 and Permanent Partial Disability should be restricted to 50% of Sum Insured of proposer subject to maximum
 of 25 Lacs
- iii. If the proposer is unemployed and has no income, he/ she will not be eligible for Saral Suraksha Bima
- iv. For daily wage workers the policy would be issued on declared monthly income (sum of daily income)

Note:

This product will be available to family members, but Sum insured will be on individual basis.

- Base cover sum Insured and Optional Cover sum insured are independently dealt with in case of claims registered under respective covers.
- The Policy will be issued on the income declaration by the Proposer. Income proofs will be called for Sum Insured exceeding 50 lakhs.

Special Condition

Conditions for renewal of the contract

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

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. 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.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

Free Look Period

The Free Look Period shall be applicable on new policies and not on renewals

- i. 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.
- ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
- a. 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
- b. 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
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Cancellation

 The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period in Risk	Premium Refund
Within 15 Days	As per Free Look Period Condition
Exceeding 15 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 12 months	0.00%

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.

Withdrawal of Policy

- 1. 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.
- 2. 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 quidelines, provided the policy has been maintained without a break.

Possibility of revision of the premium rates:

The company, with prior approval of IRDAI, may revise or modify the premium rates.

Discounts:

- 1. Family Discount: 10% family discount shall be offered if more than 2 of any of the eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies.
- 2. Employee Discount: 19% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the Policy is booked in direct code.
- 3. Online/Direct Business Discount: Discount of 10% will be offered in this product for policies underwritten through direct/online channel.

Note: this discount is not applicable for Employees who get employee discount

■ What are the exclusions under the policy?

The Company shall not be liable to make any payments under this policy in respect of:

- i. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- ii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
- a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
- b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
- c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.
 - [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
- d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
- iii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- iv. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
- A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
- B. Nuclear weapons material
- C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- D. Nuclear, chemical and biological terrorism
- v. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

Exclusions specific to section 4.2(b) "Hospitalisation Expenses due to Accident"

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

i. Investigation & Evaluation (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment taken outside the geographical limits of India.

All expenses listed in Annexure-B (List I) of the Policy.

TABLE OF BENEFITS

Name	Standard Personal Accident Insurance policy, Bajaj Allianz General Insurance Company Ltd.
Product Type	Individual
Category of Cover	All the covers are benefit based except the optional cover "Hospitalisation Expenses due to Accident" which is indemnity based.
Sum insured	On Individual basis – SI shall apply to each individual family member
Policy Period	1 year
	Minimum sum insured shall be Rs.2.5 lakhs and maximum sum insured shall be Rs.1 Crore. Sum insured offered shall be in multiples of Rs 50,000/
Base covers	i. Death
	ii. Permanent total disablement
	iii. Permanent partial disablement
	i. Temporary total disablement (0.2% of the base sum insured per week)
Optional covers	ii. Hospitalisation Expenses due to Accident (Maximum Limit - 10% of the base sum insured)
	iii. Education grant (10% of the base sum insured per child)
Cumulative bonus	Sum insured (excluding CB) 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.





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