

# **Global Personal Guard Policy**

# **CUSTOMER INFORMATION SHEET**

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

SI No	Title	Description		
1	Name of Insurance Product	Global personal guard policy		
2	Policy Number	Kindly refer to Your Policy schedule		
3	Type of Insurance	Kindly refer to Your Policy schedule		
4	Sum Insured (Basis)	Kindly refer to Your Policy schedule		
5	Policy Coverage (What the Policy Covers)	BASE COVERS: It is mandatory to opt for at least one of the below listed sections: SECTION I: DEATH SECTION II: PERMANENT TOTAL DISABILITY SECTION III: PERMANENT PARTIAL DISABILITY Note: If payment under Death / or Permanent Total Disability due to accidental bodily injury, then this insurance will cease as far as the insured member is concerned.	Section C1	
		Death - Accidental Bodily Injury which directly and independently of all other causes results in Death of the insured person within twelve (12) months from the Date of accident then the Company agrees to pay the Sum Insured stated in the respective section of the Policy Schedule to assignee and in the absence of an assigned to the Insured Person's Nominee or legal representative	Section C	
		Additional Benefits (If the claim under Section I: Death is accepted for the insured person):  Transportation of mortal remains: Additional lump sum benefit amount payment of 1% of SI towards the expenses of transporting the body remains of the insured person from the place of death to a hospital, cremation ground or burial ground or to the insured person's residence	Section C I a	
		Funeral Expenses: Additional lump sum benefit amount payment of 1% of SI towards Funeral Expense of the deceased Insured Person.  The claim amount shall be paid to the nominee or legal representative of the insured	Section C I b	
		Extensions:		
		Disappearance: Disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, such Insured Person shall have died as the result of an Accident. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.	Section C	
		Additional Benefits: If Claim for Section PTD is accepted  Lifestyle Modification Benefit: Additional lump sum benefit amount payment of 2% of the Sum insured towards lifestyle modifications such as modification of place		
		of residence and / or modification of the vehicle for the insured person.  Note: The additional benefits payable under Section I and II of the base cover is over and above the sum insured opted.		



<b>Permanent Partial Disability</b> - Accidental Bodily Injury which directly and independently of all other causes results in permanent partial disability within twelve	
indopondontly of all other caucee reculte in permanent partial disability within twelve I	Section II
(12) months from the Date of accident, then the Company agrees to pay the	
specified percentage as mentioned in the table(refer policy wordings for the list)	
Optional Covers:	
Accidental Hospitalization Expenses : In-patient Hospitalization Treatment -	
Medical Expenses incurred due to admission to a Hospital for Accidental Bodily	
Injury, longer than 24 consecutive hours.	0 1'
Pre-Hospitalization - up to 60 days prior to date of admission in hospital	Section
Post-Hospitalization- up to 90 days from date of discharge from the hospital	C2
Day Care Procedures - Medical Expenses incurred due to admission to a Hospital	Section C4
for Illness or Accidental Bodily Injury, for duration less than 24 consecutive hours as listed on Annexure I in Policy wordings	C4
Adventure Sports Benefit: Accidental Bodily Injury sustained during the policy	Optional
period whilst the Insured is engaged in adventure sports in a non-professional	cover II
capacity and under the supervision of a trained professional which directly and	COVELII
independently of all other causes results in Death or Permanent Total Disability	
within twelve (12) months of the Date of Injury.	
Air Ambulance Cover - Ambulance transportation in an airplane or helicopter for	Optional
rapid transportation from the site of first occurrence of the illness / accident to the	cover III
nearest hospital during policy period which directly and independently of all other	
causes results in emergency life threatening health conditions, subject to a	
maximum limit as specified	
Specific Conditions:	
a. Return transportation to the Insured's home by air ambulance is excluded.	
b. The expenses for Air ambulance transportation are restricted within India Only	
	0 " 1
Children Education Benefit -onetime payment of amount if the claum has been	Optional
accepted under Section I: Death or under Section II: Permanent Total Disability	Cover IV
<b>Coma Due To Accidental Bodily Injury</b> : Lump Sum Benefit for Accidental Bodily Injury with in policy period which directly and independently of all other causes	Optional cover V
results in the Insured Person being in a Hospital in a Comatose State, within one (1)	COVELV
calendar month from the Date of Accident	
<b>EMI Payment Cover</b> : If Accidental Bodily Injury which directly and independently 1	Ontional
<b>EMI Payment Cover</b> : If Accidental Bodily Injury which directly and independently of all other causes results in Permanent Partial Disability and it completely prevents	Optional cover VI
of all other causes results in Permanent Partial Disability and it completely prevents	Optional cover VI
of all other causes results in Permanent Partial Disability and it completely prevents you from performing each and every duty pertaining to your employment or for a	•
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of all other causes results in Permanent Partial Disability and it completely prevents you from performing each and every duty pertaining to your employment or for a minimum period of 1 month.  In such an event, We will pay the amount commensuration with your contribution in EMI of your loan account specified in the Schedule of this Policy, provided the claim is accepted and paid under your Permanent Partial Disability Section  Fracture Care: of by the Company, it is hereby agreed and declared that the Global Personal Guard Policy is extended to cover the Insured Person's sustained Accidental Bodily Injury during policy period which directly and independently of all other causes results in Fracture/s of Bone/s, then the Company will pay the percentage shown in the benefit table(refer policy wordings)  For more than one of the circumstances: benefit on a cumulative basis will be payable subject to not exceeding the sum insured of this section  Hospital Cash Benefit - Daily Allowance for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury  Loan Protector Cover -Amount commensurating with balance outstanding Loan amount of the Insured Person's loan account specified in the Policy Schedule will	Optional cover VII  Optional Cover VIII



		Loss Of Income Due To Disability From Accident: Weekly payment/s for the disability period as specified by the treating doctor in case of Accidental Bodily Injury which directly and independently of all causes temporarily and completely prevents the insured person from performing each and every duty pertaining to his employment or occupation	Optional cover X
		Road Ambulance Cover: Maximum amount as specified in policy schedule per Hospitalization	Optional cover XI
		Travel Expenses Benefit: In-patient Hospitalisation which is outside the City/town of his/her usual place of residence, then the Company will reimburse the travel expenses of a Family Member	Optional cover XII
6	Cumulative Bonus	10% increase in base sum insured per claim free policy Year max. up to 50% of base Sum Insured and max upto 5 years	
7	Exclusions	EXCLUSIONS	
	(What the policy does not cover)	Standard Exclusions I Exclusion Applicable to Accidental Hospitalization Expenses Cover, Hospital Cash Benefit,	Section D Standard Exclusion
		<ul> <li>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) etc. (Excl08)</li> <li>Vitamins, minerals and organic substances unless prescribed by a medical</li> </ul>	s & Specific
		practitioner as part of hospitalization claim or day care procedure. (Excl14)  • Unproven Treatments (Excl16)	Exclusion
		<ul> <li>II General Exclusions Applicable To All Covers (Including Optional Covers)</li> <li>Expenses for treatment arising from Insured committing or attempting to commit a breach of law with criminal intent. (Excl10)</li> <li>Treatment for Alcoholism, drug or substance abuse. (Excl12)</li> </ul>	
		<ul> <li>Medical Treatment Expenses traceable to pregnancy and its complications.</li> <li>(Excl 18) or miscarriage (unless due to an accident) and lawful medical termination of pregnancy</li> </ul>	
		<ul> <li>Hazardous or Adventure sports: (Excl09) -Expenses related to any treatment necessitated 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.</li> </ul>	
		Specific Exclusions	
		I Specific Exclusion Applicable to Accidental Hospitalization Expenses Cover:  1. Any Hospitalization for an existing disability from a previous Accident which	
		<ul><li>has occurred prior to the first inception of this Policy.</li><li>2. Any stay in Hospital for an Injury due to Accident without undertaking any treatment.</li></ul>	
		<ol> <li>Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.</li> </ol>	
		<ol> <li>Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self-medication or any treatment that is not scientifically recognized.</li> </ol>	
		<ul><li>5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.</li></ul>	
		<ol> <li>Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.</li> </ol>	
		7. Any other medical or surgical treatment except as may be necessary solely as a result of Injury.	
		<ul><li>8. Any treatment taken outside India.</li><li>9. Whilst engaged in adventure sports, unless specifically covered under the base policy.</li></ul>	

### 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 | E-mail: <a href="mailto:bagichelp@bajajallianz.co.in">bagichelp@bajajallianz.co.in</a> or Call at: Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.) Issuing Office:



10. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization

### II Specific Exclusion applicable to Adventure Sports Benefit

- No benefit shall be payable under this optional cover in the event of accidental bodily injury sustained whilst engaged in adventure sports activity resulting in Permanent Partial Disability or Temporary Total Disability
- III Specific Exclusion Applicable to Coma Due To Accidental Bodily Injury
- 1. Coma resulting directly from alcohol or drug abuse or any other disease other than Accidental Bodily Injury is excluded
- IV. Specific Exclusion Applicable to Hospital Cash Benefit:
- 1. Any Hospitalization for an existing disability from a previous Accident
- Any stay in Hospital for an Injury due to Accident without undertaking any treatment.
- 3. Any Hospitalization for Accidental Injury aggravated by an existing disability or pre-existing illness / condition / injury.
- 4. Any Hospitalization due to an Accidental Injury where the treatment is undertaken by a family member and self- medication or any treatment that is not scientifically recognized.
- 5. Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.
- 6. Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.
- 7. Any other medical or surgical treatment except as may be necessary solely as a result of Injury.
- 8. Any treatment taken outside India

### V. General Exclusions Applicable To All Covers (Including Optional Covers)

- 1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom:
- Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
- 3. Mental or nervous disorder, anxiety, stress or depression,
- 4. Whilst engaging in Adventure Sports unless specifically insured,
- 5. While under the influence of liquor or drugs, alcohol or other intoxicants
- 6. 6.Unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanour, civil commotion,
- 7. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
- 8. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
- As a result of any curative treatments or interventions that you carry out or have carried out on your body
- Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or
- war games or actual engagement with the enemy, Whether foreign or domestic.
- 12. Your consequential losses of any kind or your actual or alleged legal liability.
- 13. Venereal or sexually transmitted diseases,
- 14. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant
- 15. derivatives or variations thereof however caused,
- 16. War, invasion, acts of foreign enemies



		<ol> <li>ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,</li> <li>the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,</li> <li>operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines</li> <li>Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture</li> <li>(any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to</li> <li>the Policy Effective Date,</li> <li>Unless the nature &amp; extent of injury is established medically with appropriate investigation reports &amp; certified by the treating doctor not payable</li> <li>The cost of external durable medical equipment except Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, etc.</li> </ol>					
8	Waiting Period Time period during which specified disease/treatmen t are not covered It is counted from beginning of the policy coverage	Not	Applicab				
9	Financial Limits of	The policy will pay only up to the limits specified hereunder for the following					Section E
	Coverage	disea	ases/prod	cedures:			23
	Sublimit (it is a predefined limit and the	Sub	limits				
	insurance company				Cr !	anned outline	
	will not pay any	No		ers		sured options	
	amount in excess of					m SI : Rs. 50000,	
	this limit)	1	Deat	th		um 100 times of Gross Monthly Income	
						to Maximum SI:- Rs. 25 Crore. m SI: Rs. 50000,	
	.Co-payment (it is a	2	Pern			IM SI: RS. 50000, um 60 times of Gross Monthly Income	
	specified amount	entage of the Permanent Partial Subject to Max.  Permanent Partial Minimum SI:			subject to Maximum SI:- Rs. 25 Crore.		
	/percentage of the admissible claim			m SI : Rs. 50000,			
	amount to be paid	3	Disa			um 60 times of Gross Monthly Income to Maximum SI:- Rs. 25 Crore.	
	by policy .	Other Limits: The limits against the covers mentioned below are over and above the					
1							
1	holder/insured)			In-patient Hospitalisation sum insured			
	,		atient Ho	.'	d	0	
	.Deductible (it is a			Covers		Sum Insured Options	
	Deductible (it is a specified amount: Upto which an		atient Ho	Covers Accidental Hospitaliza		Sum Insured Options  Maximum up to Rs. 25 Lacs	
	Deductible (it is a specified amount: Upto which an insurance company		Sr. No.	Covers Accidental Hospitaliza Expenses	ation	•	
	Deductible (it is a specified amount: Upto which an insurance company will not pay any		atient Hos Sr. No. 1	Covers Accidental Hospitaliza Expenses Adventure Sports Ber	ation	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore	
	Deductible (it is a specified amount: Upto which an insurance company		Sr. No.  1 2	Covers Accidental Hospitaliza Expenses Adventure Sports Ber Air Ambulance Cover	ntion	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore Maximum up to Rs. 25 Lacs	
	Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total		atient Hos Sr. No. 1	Covers Accidental Hospitaliza Expenses Adventure Sports Ber Air Ambulance Cover Children's Education	ation nefit Benefit	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore	
	Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if		Sr. No.  1 2	Covers Accidental Hospitaliza Expenses Adventure Sports Ber Air Ambulance Cover Children's Education Coma Due to Accider	ation nefit Benefit	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore Maximum up to Rs. 25 Lacs	
	Deductible (it is a specified amount: Upto which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is		Sr. No.  1 2 3 4	Covers Accidental Hospitaliza Expenses Adventure Sports Ber Air Ambulance Cover Children's Education	ation nefit Benefit	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore Maximum up to Rs. 25 Lacs Maximum up to 10 Lacs	
	Deductible (it is a specified amount: 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		Sr. No.  1 2 3 4	Covers Accidental Hospitaliza Expenses Adventure Sports Ber Air Ambulance Cover Children's Education Coma Due to Accider	ation nefit Benefit	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore Maximum up to Rs. 25 Lacs Maximum up to 10 Lacs	
	Deductible (it is a specified amount: 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)		Sr. No.  1 2 3 4	Covers Accidental Hospitaliza Expenses Adventure Sports Ber Air Ambulance Cover Children's Education Coma Due to Accider	ation nefit Benefit	Maximum up to Rs. 25 Lacs 25%/50%/100% of the Base Sum Insured Maximum up to 1 Crore Maximum up to Rs. 25 Lacs Maximum up to 10 Lacs	
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	6	EMI Payment Cover	• Rs. 50000/- • Rs. 75000/- • Rs. 100000/- • Rs. 200000/- • Rs. 300000/- • Rs. 400000/- • Rs. 500000/-	
	7	Fracture Care	• Rs. 50000/- • Rs. 75000/- • Rs. 100000/- • Rs. 200000/- • Rs. 300000/- • Rs. 400000/- • Rs. 500000/-	
	8	Hospital Cash Benefit	Minimum Rs. 1000/day, , Maximum up to Rs. 10000/day	
	9	Loan Protector Cover	Minimum Rs. 1 Lac, Maximum up to 5 Crores	
	10	Loss of Income due to Disability from Accident	Minimum Rs. 1000/-Per Week Maximum up to Rs 50000/- Per Week	
	11	Road Ambulance Cover	Maximum up to Rs. 25000/-	
	12	Travel Expenses Benefit	Maximum up to Rs. 25000/-	
	We will issue ar      Reimburse     Applical have de     You or You or Hospita	ment claim process ble for claims where treatment is nied your claim as per Cashles Your representative must intimal lization and within 48 hours of	Expenses, coverage and accordingly ou or the Network Hospital.  Is taken at a Non network hospital OR If we see Claims Procedure.  In the second seco	<b>;</b>
	30 days  The Correceipt of You or some days of dis	of discharge from a Hospital g mpany shall settle or reject the of last necessary document. neone claiming on Your behalf charge from a Hospital give Us nd any additional information V	alf must promptly and in any event within live Us the documentation claim within 45days from the date of must promptly and in any event within 30 the documentation listed out in policy Ve ask, for Our obligation to make	
	1. Turn 2. TAT	d time(TAT) for claim settlem earound time (TAT) for claim set for preauthorization of cashles for cashless final bill authoriza	ettlement: 30 Working Days es facility: Within 120 Mins	
		spital and Black listed hospital .bajajallianz.com/branch-locato		
	Helpline Nu	ımber		

Tollfree: 1800-103-2529



	T		
		Downloading /getting claim forms Downloading /getting claim forms Health Insurance Claim Process   Accident Insurance Claim (bajajallianz.com)	
11	Policy Servicing	Call centre number(Toll free): 1800-209-5858	
		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>	
12	Grievances /Complaints	Grievance Redressal Procedure:  a) Toll-free number 1-800-209- 5858 or 020-30305858,     Say "Hi" on WhatsApp on +91 7507245858  b) Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html  Register your grievances / complaints on our website  www.bajajallianz.com/about-us/customer-service.html  c) E-mail  • Level 1: bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in  • Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in  • 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  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 efficers are available at www.eighne.gov.in/cmbudsman by the company.	Section E 10
13	Things to remember	offices are available at <a href="www.cioins.co.in/ombudsman.html">www.cioins.co.in/ombudsman.html</a> Free Look Cancellation: 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.	Section E
		Policy Renewal: Except on grounds of fraud, moral hazard or mis-representation or non-co-operation, renewal of your policy shall not be denied  Migration and Portability: At renewal Insured has an option to migrate his /her policy to other policy with us or port the policy to another insurer subject to terms and conditions specified under Migration and Portability guidelines  For detailed guidelines on Migration and Portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128  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 45days before, but not earlier than 60days 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  Change in Sum Insured: sum insured can be changed (increased/decreased) only at the time of renewal subject to underwriting by the company. For increase in Sum insured, the waiting periods if any shall start afresh only for the enhance portion of the sum insured  Moratorium period: After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract  The moratorium would be applicable for the sum insured of the first policy and	



14	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement			
Leg	Legal Disclaimer Note: 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 docu					

shall prevail.

Signature of Policy holder

## Declaration by policy holder

I have read the above and confirm having noted the details					

Date: Note:

Place

Web link for downloading the product related documents

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