

PERSONAL ACCIDENT INSURANCE POLICY

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	Name of Insurance Product	Personal Accident Insurance 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)	<p>Coverages</p> <p>Death – Nominee will be payed 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.</p> <p>Permanent Total Disability - 125 % of the sums assured shown under the Schedule will be payed if the insured meets with Accidental Bodily Injury during the Policy Period that causes Permanent Total Disability within 12 months.</p> <p>Permanent Partial Disability - 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.</p> <p>Temporary Total Disability - 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.</p> <p>Additional Insurance</p> <p>Transportation – Expenses will be paid for death of the insured and his/her family member(s) named in the schedule, towards the actual cost of transporting from the place of death to a hospital, cremation ground or burial ground.</p> <p>Children's Education Benefit – Expenses will be paid for the cost of education of up to 2 dependent children under the age of 19 at the date insured was covered under the policy met with Accidental Bodily Injury.</p> <p>Optional Cover</p> <p>Hospital Confinement Allowance - If insured and his/her family member(s) opted for Hospital confinement Allowance Benefit, sum insured opted under this cover for each complete calendar will be paid for member(s) hospitalized for medical reasons because of the Accidental Bodily injury met.</p> <p>Medical Expenses Reimbursement- If insured and his/her family member(s) are hospitalized on advice of a Doctor because of Accidental Bodily Injury sustained during the Policy Period, then Reasonable and Customary Medical Expenses incurred up to a maximum sum insured will be reimbursed.</p>	<p>Section C.1</p> <p>Section C.2</p> <p>Section C.3</p> <p>Section C.4</p> <p>Section C.5.a</p> <p>Section C.5.b</p> <p>Section C.6.a</p> <p>Section C.6.b</p>
6	Exclusions (What the policy does not cover)	<p>General Exclusions</p> <p>Standard Exclusions</p> <p>1. Medical Treatment Expenses traceable to pregnancy and its complications. (Excl 18)</p>	Section D

		Specific Exclusions 1. Accidental Bodily Injury that You meet with: a. Through suicide, attempted suicide or self-inflicted injury or illness. b. While under the influence of liquor or drugs etc. c. Through deliberate or intentional, unlawful or criminal act, error, or omission. d. Whilst engaging in aviation or ballooning etc 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 2. Consequential losses of any kind or insured person's actual or alleged legal liability. 3. Venereal or Sexually transmitted diseases 4. War (whether declared or not), civil war, invasion, act of foreign enemies etc 5. Nuclear energy, radiation.	
8	Financial Limits of Coverage i. Sublimit (it is a pre defined limit and the insurance company will not pay any amount in excess of this limit) <		

9	Claims/claims procedure	<p>If you meet 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"> You or someone claiming on behalf must inform us in writing immediately and in any event within 30 days. You must immediately consult a Doctor and follow the advice and treatment that he recommends. You must take reasonable steps to lessen the consequence of Bodily injury. You must have yourself examined by our medical advisors if we ask for this. You or someone claiming on behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it. In case of your death, someone claiming on your behalf must inform us in writing immediately and send us a copy of the post mortem(if Performed)report within 30 days. <p>*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.</p> <p>Reimbursement claim process</p> <ul style="list-style-type: none"> Applicable for claims where treatment is taken at a Non network hospital OR If we have denied your claim as per Cashless Claims Procedure. You or Your representative must intimate Us 48 hours before the planned Hospitalization and within 48 hours of emergency hospitalization 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 The Company shall settle or reject the claim within 45days from the date of receipt of last necessary document. <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>Turnaround time(TAT) for claim settlement:</p> <ol style="list-style-type: none"> Turnaround time (TAT) for claim settlement: 30 Working Days TAT for preauthorization of cashless facility: Within 120 Mins TAT for cashless final bill authorization: Within 120 Mins <p>Weblinks Network hospital and Black listed hospital list https://www.bajajallianz.com/branch-locator.html</p> <p>Helpline numbers Tollfree: 1800-103-2529</p> <p>Downloading /getting claim forms Health Insurance Claim Process Accident Insurance Claim (bajajallianz.com)</p>	Section E 33. A & B

10	Policy Servicing	<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.</p> <p>https://www.bajajallianz.com/download-documents/other-information/GRO-List.pdf</p>	
11	Grievances /Complaints	<p>Grievance Redressal Procedure:</p> <ol style="list-style-type: none"> Toll-free number 1-800-209- 5858 or 020-30305858, Say "Hi" on WhatsApp on +91 7507245858 Branches for resolution of your grievances /complaints, the Branch details can be found on our website: www.bajajallianz.com/branch-locator.html Register your grievances / complaints on our website: www.bajajallianz.com/about-us/customer-service.html E-mail <ul style="list-style-type: none"> 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 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.ciains.co.in/ombudsman.html 	Section E.17
12	Things to remember	<p>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.</p> <p>Policy Renewal: Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied</p> <p>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 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</p> <p>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</p> <p>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 subsequently completion of 60 continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits</p>	Section E

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: bajichelp@bajajallianz.co.in or

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

Issuing Office:



13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement Disclosure of other material information during the policy period.	
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 document shall prevail.			

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>