

## STAR PACKAGE Policy Wordings

### SECTION A) PREAMBLE

Whereas the Insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured in excess of the amount of the Deductible and subject always to the Sum Insured and/or Sum Assured and/or Limit of Indemnity against such loss as is herein provided.

### SECTION B) DEFINITIONS- STANDARD DEFINITIONS

#### 1. Definitions Applicable For Hospital Cash, Health Guard, Critical Illness, Personal Accident And Educational Grant Section

##### 1) Accident, Accidental

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

##### 2) Any one illness

Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

##### 3) AYUSH Hospital

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy ; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

##### 4) AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

##### 5) AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

##### 6) Cashless facility:

Cashless facility means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.

##### 7) Condition Precedent:

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

##### 8) Co-Payment:

A co-payment means a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

##### 9) Congenital Anomaly:

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

- 10) Cumulative Bonus:**  
 Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 11) Day care centre:**  
 A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
- has qualified nursing staff under its employment,
  - has qualified medical practitioner(s) in charge,
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 12) Day Care Treatment:**  
 Day care treatment means medical treatment, and/or surgical procedure which is:
- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - 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.
- 13) Dental Treatment:**  
 Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 14) Disclosure to information norm:**  
 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.
- 15) Emergency Care:**  
 Emergency care means management of an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured's health.
- 16) 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.
- 17) 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:
- has qualified nursing staff under its employment round the clock;
  - 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;
  - has qualified medical practitioner(s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.
- 18) 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.
- 19) Illness**  
 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- 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.
  - Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - it needs ongoing or long-term control for relief of symptoms
    - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - it continues indefinitely
    - it recurs or is likely to recur.
- 20) 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.
- 21) 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.

**22) Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**23) ICU Charges**

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**24) Kidney Failure Requiring Regular Dialysis :**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

**25) Maternity expenses:**

Maternity expenses means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the Policy Period.

**26) Medical Advice:**

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

**27) 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.

**28) 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 and acceptable to Us.

**29) Medically Necessary Treatment:**

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

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

**30) Migration:**

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

**31) New Born Baby**

Newborn baby means baby born during the Policy Period and is aged up to 90 days.

**32) 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.

**33) Non- Network Provider:**

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

**34) 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.

**35) 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.

**36) Pre-Existing Disease:**

Pre-existing disease means any condition, ailment or injury or disease

- a. 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**
- b. 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.

**37) Pre-hospitalization Medical Expenses:**

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**38) Post-hospitalization Medical Expenses:**

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

- a. Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and
- b. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

**39) 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.

**40) 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.

**41) 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.

**42) Room rent**

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**43) Subrogation**

Subrogation means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**44) Surgery or Surgical Procedure**

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS****1) Act of Terrorism**

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intent to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

**2) AYUSH Treatment** refers to medical expenses incurred on hospitalisation under Ayurveda, Yoga and Naturopathy Unani, Siddha and Homeopathy systems**3) Bajaj Allianz Network Hospitals / Network Hospitals/Network Providers**

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empaneled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit Our website.

**4) Bajaj Allianz Diagnostic Centre**

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empaneled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

**5) "Burglary"**

means the unforeseen and unauthorized entry to or exit from the Insured Premises by aggressive and detectable means with the intent to steal Contents there from.

**6) Dependent child**

A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposal.

**7) Endorsement**

Endorsement means any writing on a Policy Schedule or Policy, in addition to its normal wording which supplements or modifies its terms. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.

**8) Family or Family Members**

For the purpose of Individual Sum Insured Policy- includes the Insured; his/her lawfully wedded spouse and dependent children, parents, Sister, Brother, In laws, Aunt, Uncle, Grandchildren.

For the purpose of Family Floater- includes the Insured; his/her lawfully wedded spouse and dependent children.  
 For Parents separate floater Policy can be taken.

**9) Limit of Indemnity**

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the Policy Period and in the aggregate for the person(s) named in the schedule during the Policy Period, and means the amount stated in the Schedule against each Cover.

**10) Medical Consumable**

Medical consumables and equipment includes syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing and a whole host of other devices and tools used with a hospital or surgical environment.

**11) Named Insured/ Insured/Insured Person**

Insured means the persons, or his Family Members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

**12) Obesity** means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index.

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults.  
 It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>).

The WHO definition is:

- BMI greater than or equal to 25 is overweight
- BMI greater than or equal to 30 is obesity

**13) Policy or Contract** means the Proposal, the Policy Schedule, along with these Terms and Conditions issued to the Insured and any annexures and/or Endorsements attaching to and / or forming part thereof either at the commencement of Policy Period or during the Policy Period.**14) Policy Schedule or Schedule** means the Policy Schedule and any annexure or Endorsements to it, if any, as issued by the Company, which forms part of Policy.**15) Policy Period** means period from risk inception date [RID] to risk end date [RED], as mentioned in the Policy Schedule.**16) Policy Year** means the period of 12 months. In case of long-term Policy for more than one year, then each year viz. 1st year, 2nd year, 3rd year etc., shall be treated as a separate Policy Year.**17) Single Private room**

Single Private Room means a single occupancy air-conditioned room with an attached washroom/toilet. Such room must be the most economical of all accommodation available as single occupancy in that hospital and excludes a suite.

**18) Schedule** means the schedule and any annexure to it.**19) You, Your, Yourself, Your Family named in the Policy Schedule** means the Insured or Insured's Family Members who are beneficiaries that We insure as set out in the Schedule.**20) "Valuables" means:**

- i. gold or silver or any precious metals or articles made from any precious metals;
- ii. watches or Jewellery or Precious Stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles;
- iii. deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument;

**21) We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.**SECTION C) COVERAGE****SECTION C1: HOSPITAL CASH DAILY ALLOWANCE****OPERATIVE PART**

In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured's or the Named Insured's Hospitalisation within the Policy Period, the Company will pay:

1. The Daily Allowance for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness, or
2. Two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by the Insured or Named Insured in the Intensive Care Unit of a Hospital during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Illness for a maximum period of 7 days for each hospitalisation.



**SECTION C2. HEALTH GUARD**

You can opt for one of the below listed plan under Health Guard Section and below terms and conditions of respective section will be applicable for covers which are opted by you and displayed on your Policy Schedule read with the Certificate of Insurance:

**Scope of cover**

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

**1. In-patient Hospitalization Treatment**

If you are hospitalized on the advice of a Medical practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred subject to

- i) Room rent and Boarding expenses as provided by the Hospital/Nursing Home subject to below limits

- **Silver Plan**

Up to 1% of Sum Insured per day (Excluding Cumulative Bonus)

- **Gold Plan and Platinum Plan**

- a) Sum Insured 3 lacs to 7.5 lacs- maximum eligible room is Single private Air-Conditioned room
- b) Sum Insured 10 Lacs and above - eligible for any room category

- i. If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- ii. Nursing Expenses as provided by the hospital
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents.
- v. Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

**Note:**

- i. In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges
- ii. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category

**2. Pre-Hospitalization**

The Medical Expenses incurred during the 60 days immediately before You were Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C2-1)

**3. Post-Hospitalization**

The Medical Expenses incurred during the 90 days immediately after You were discharged post Hospitalization provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalization was required, and We have accepted an inpatient Hospitalization claim under Inpatient Hospitalization Treatment. (Section C2-1)

**4. Road Ambulance**

We will pay the reasonable cost to a maximum of Rs. 20,000/- per Policy Year incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life-threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted *Your* Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy. Subject otherwise to the terms, conditions and exclusions of the Policy.

This benefit will be applicable each year for policies with term more than 1 year.

**5. Day Care Procedures**

We will pay You the medical expenses as listed above under Section C2-1- In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

**6. Organ Donor Expenses:**

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured, and
- ii. We have accepted an inpatient Hospitalization claim for the Insured under In-Patient Hospitalization Treatment (Section C2-1).

## 7. Convalescence Benefit:

In the event of Insured Hospitalized for a disease/illness/injury for a continuous period exceeding 10 days, We will pay benefit amount as per the plan opted subject to below limits.

### Silver Plan

Rs. 5,000 per Policy Year

### Gold and Platinum Plan

- Rs. 5,000 for Sum Insured up to Rs. 5 lacs
- Rs. 7,500 for Sum Insured 7.5 lacs and above per Policy Year.

This benefit will be triggered provided that the hospitalization claim is accepted under Section C2-1 -In Patient Hospitalization Treatment.

Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

This benefit will be applicable each year for policies with term more than 1 year.

## 8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 500 per day maximum up to 10 days during each Policy Year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured (under the Age of 12), provided the hospitalization claim is paid under Section C2-1- Inpatient Hospitalization Treatment.

Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

This benefit will be applicable each year for policies with term more than 1 year.

## 9. Sum Insured Reinstatement Benefit:

If Section C2-1- Inpatient Hospitalization Treatment Sum Insured and Cumulative Bonus or Super Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then it is agreed that 100% of the Base Sum Insured specified under Inpatient Hospitalization Treatment would be reinstated for the particular Policy Year provided that:

- The reinstated Sum Insured will be triggered only after the Inpatient Hospitalization Treatment Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;
- The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in Inpatient Hospitalization Treatment.
- If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus or Super Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same member or other insured members.
- This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/ renewals if the benefit is not utilized.
- This benefit is applicable only once in life time of Insured covered under this Policy for claims regarding CANCER and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the Policy, however the insured member is eligible for re-instatement benefit every year for other admissible conditions.
- This benefit will be applicable each year for long term policies.
- Additional premium would not be charged for reinstatement of the Sum Insured.
- Incase Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy

### Understanding Sum Insured Reinstatement made easy-

	Sum Insured at the beginning of the year	Accumulated Cumulative Bonus	Sum Insured with CB	Hospitalization Amount	Reinstated Sum Insured	Payable Claim Amount	Balance Sum Insured
1st Claim	300,000	10%	330,000	350,000	0	330,000	0
2nd Claim	-	-	-	200,000	300,000	200,000	100,000
3rd Claim	-	-	-	200,000	0	100,000	0

## 10. Preventive Health Check Up

At the end of block of every continuous period as mentioned in coverage during which You have held Our Star Package Policy covering Health Guard section, You are eligible for a free Preventive Health checkup. We will reimburse the amount as per the plan opted, subject to below limits

- Silver Plan**  
1% of the Sum Insured maximum up to Rs. 2000/- for each Insured in Individual Policy during the block of 3 years
- Gold Plan**  
1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 3 years.
- Platinum Plan**  
1% of the Sum Insured max up to Rs. 5000/- for each Insured in Individual Policy during the block of 2 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies.

You may approach Us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

Contact Email id- [healthcheck@bajajallianz.co.in](mailto:healthcheck@bajajallianz.co.in)

Note: Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

#### 11. Bariatric Surgery Cover

If You are hospitalized on the advice of a Medical practitioner because of Conditions mentioned below which required You to undergo Bariatric Surgery during the Policy Period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery

Eligibility:

For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following:

Body Mass Index (BMI);

- greater than or equal to 40 or
- greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - Obesity-related cardiomyopathy
  - Coronary heart disease
  - Severe Sleep Apnea
  - Uncontrolled Type 2 Diabetes

Special Conditions applicable to Bariatric Surgery Cover

- This benefit is subject to a waiting period of 36 months from the date of first commencement of the first Your Star Package Policy covering Health Guard section with Us and continuous renewal thereof with the Company.
- Fresh waiting period of 36 months would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where Bariatric Surgery is not covered.
- Fresh waiting period of 36 months would apply for all the policies issued with continuity under portability guidelines from any other Non-Health or Standalone Health Insurance Company where Bariatric Surgery is not covered.
- If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage where Insured is having policy with Bariatric Surgery Cover.
- Our maximum liability will be restricted to
  - 25% of Sum Insured in Silver Plan
  - 50% of Sum Insured maximum up to Rs. 5 lacs in Gold and Platinum Plan.
- Bariatric surgery performed for Cosmetic reasons is excluded.
- The indication for the procedure should be found appropriate by two qualified surgeons and the Insured shall obtain prior approval for cashless treatment from the Company.

#### 12. Wellness Benefits

At each renewal of Your Star Package Policy covering Health Guard section with Us, You will be entitled for a wellness discount subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. The below mentioned criteria should be fulfilled each year in case of long-term policies.

Sr. No	Health Parameter	Reading	
1	Health Risk Assessment	Complete the online health risk assessment	
2	HbA1c (%)	Up to 6.5%	
3	Fasting Blood Sugar	Up to 120 mg/dl	
4	Blood Pressure (mm of Hg)	Systolic	Diastolic
		Up to 140	Up to 90
5	Body Mass Index (BMI)	18 – 25	
6	Serum Cholesterol	200mg/dl	
7	Steps Count	5,000 steps daily – 20 days every month	



8	Hemoglobin	Male-13-18 g/dl Female- 11-15 g/dl
	Parameters Achieved	Discount Offered
	4/5 out of 8	5%
	6/7 out of 8	7.5%
	8 out of 8	10%

**Wellness Eligibility Criteria:**

- Wellness discount is applicable for members age 25 years and above
- If the insured member meets 4/5 out of 8 criteria, he/she is eligible for 5% discount, 6/7 out of 8 criteria he /she is eligible for 7.5% discount & meets with 8 criteria he / she is eligible for 10% discount.
- If an Insured meets 8 out of 8 above mentioned parameters and in addition he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.
- In Floater Policies, discount will be offered basis the average of number of Parameters Achieved by all Insured members age 25 years & above.

Discount under Floater Policy =  $\frac{\text{Total no. of parameters achieved by eligible members}}{\text{Total no. of eligible members in the family}}$

In addition to the above parameters, if the eligible members walk for 10000 steps each for 20 days every month then they will be eligible for additional discount of 2.5%.

**13. Ayurvedic / Homeopathic Hospitalization Expenses (Applicable for Gold and Platinum Plan only)**

If You are Hospitalized for not less than 24 hrs., in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health on the advice of a Medical practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- Room rent, boarding expenses
- Nursing care
- Consultation fees
- Medicines, drugs and Medical consumables,
- Ayurvedic and Homeopathic treatment procedures Our maximum liability is up to Rs. 20,000 per Policy Year is up to the limit of Sum Insured as specified in the Policy Schedule in any AYUSH Hospital

This benefit will be applicable each year for policies with term more than 1 year. The claim will be admissible under the Policy provided that,

- The illness/injury requires inpatient admission and the procedure performed on the Insured cannot be carried out on out-patient basis

**14. Maternity Expenses (Applicable for Gold and Platinum Plan only)**

We will pay the Medical Expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either,

- Our maximum liability per delivery or termination shall be limited to the amount specified in the Policy Schedule as per Sum Insured opted.
- We will pay the Medical Expenses of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery or termination up to the maternity limit.
- Waiting period of 72 months as mentioned in the Policy Schedule would apply from the date of issuance of the first Your Star Package Policy covering Health Guard section with Us,
- If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage where Insured is having policy with Maternity Expense benefit.
- Fresh Waiting period of 72 months as mentioned in the Policy Schedule would apply for all the policies issued with continuity from other Health Indemnity product/plans of Our Company where maternity expenses are not covered.
- Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be covered up to the maternity limit.
- Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

**15. New Born Baby Cover (Applicable for Gold and Platinum Plan only)**

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses (Section C2-14). We will pay the following expenses within the limit of the Sum Insured available under the Maternity Expenses section. We will pay for,

- Medical Expenses towards treatment of Your new born baby while You are Hospitalized as an inpatient for delivery for the Hospitalization,
- Hospitalization charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium
- Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

## COVERS APPLICABLE FOR PLATINUM PLAN ONLY

### 16. Super Cumulative Bonus

This benefit would be extended if You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year,

- We will increase the Limit of Indemnity by 50% of base Sum Insured per annum for first 2 years and later 10% of base Sum Insured per annum for next 5 years.
- Maximum bonus will not exceed 150% of the Hospitalization Sum Insured
- If a claim is made in any year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent "Health Guard" shall be reduced to previous slab. However, the Sum Insured would not be decreased.
- In case of any increase or decrease of Sum Insured at renewal the Super Cumulative Bonus % would be calculated on the lesser Sum Insured.

Claim free Year	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
% Increase in Limit of Indemnity	50%	50%	10%	10%	10%	10%	10%

### 17. Recharge Benefit

- In event of claim amount exceeding the limit of indemnity, Sum Insured would be increased by 20% maximum up to 5 Lacs.

SUM INSURED	LIMIT (INR)
5 Lacs	1 Lac
7.5 Lacs	1.5 Lacs
10 Lacs	2 Lacs
15 Lacs	3 Lacs
20 Lacs	4 Lacs
25 Lacs to 1 Crore	5 Lacs

- In case of Individual Sum Insured policies, this benefit will be applicable once in a policy year for each insured member.
- For a Floater policy, this benefit will be applicable cumulatively to all insured members, once in a policy year.
- The unutilized Recharge amount cannot be carried forward to the subsequent renewal.

## SECTION C3. CRITICAL ILLNESS

### OPERATIVE PART

If the Insured is diagnosed as suffering from a Critical Illness which first occurs or manifests itself during the Policy Period, and if the Insured survives for a minimum of 30 days from the date of diagnosis, the Company shall pay a Critical Illness Benefit, as specified under the policy schedule.

#### 1. First Heart Attack (Myocardial Infarction)

- The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this should be evidenced by all of the following criteria:
  - a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
  - new characteristic electrocardiogram changes
  - elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The following are excluded:
  - A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
  - Other acute Coronary Syndromes
  - Any type of angina pectoris.

#### 2. Open Chest CABG (Coronary Artery Disease Requiring Surgery)

- The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- The following are excluded:
 

Angioplasty and/or any other intra-arterial procedures

#### 3. Stroke Resulting in Permanent Symptoms

- Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- The following are excluded:
  - Transient ischemic attacks (TIA)
  - Traumatic injury of the brain
  - Vascular disease affecting only the eye or optic nerve or vestibular functions.

**4. Cancer of Specified Severity**

- I. A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded -
  - i. All tumors which are histologically described as benign, carcinoma premalignant, borderline malignant, or non-invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

**5. Kidney Failure Requiring Regular Dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**6. Major Organ Transplantation**

- I. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
  - i. Other stem-cell transplants
  - ii. Where only islets of langerhans are transplanted

**7. Multiple Sclerosis with Persisting Symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

**8. Surgery of Aorta**

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft.

**9. Primary Pulmonary Arterial Hypertension**

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
  - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

**10. Permanent Paralysis of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

**11. Neuro Surgery**

Surgery for the treatment of a disease of the spinal cord / brain, which has resulted in neurological damage / pressure effects on spinal cord / brain. However, the diseases of external / adjacent structures responsible for spinal cord or brain surgery will be excluded unless as a result of an accidental injury.

**12. Joint Replacement**

Surgery on major joints of hip/ knee/shoulder for total first-time replacement of damaged/diseased joint by prosthesis /artificial device.

**SECTION C4. PERSONAL ACCIDENT****1. Insured Event**

- a) In the event of any Accidental Bodily Injury sustained by the Insured during the Policy Period, the Company will make payment under such Coverage Parts as are specified in the Schedule as being operative.
- b) The Company's liability to make payment shall be limited to the Sum Assured for each Coverage Part.

## 2. Coverage Parts

### a) Coverage Part A: Death

- The Company will pay the Sum Assured in the event of Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, where after this Policy shall expire.
- The Company will also, in addition to the Sum Assured, pay up to 2% of the Sum Assured or Rs.5,000/- (whichever is lower) towards the cost of transporting the Insured's remains from the place of death to the hospital/residence and/or cremation and/or burial ground.

### b) Coverage Part B: Permanent Total Disability

- In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained, the Company will pay 125% of the Sum Assured, where after this Policy shall expire
- If the Insured was suffering from any permanent disability prior to the date upon which Accidental Bodily Injury was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same, as advised by the Company's medical advisors.

### c) Coverage Part C: Permanent Partial Disability

- In the event of Accidental Bodily Injury causing the Insured's Permanent Partial Disability as mentioned in the PPD Table below within 12 months of the Accidental Bodily Injury being sustained, the Company will pay the percentage of the Sum Assured specified for each and every form of impairment mentioned in the PPD Table:

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%
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%

- If the Accidental Bodily Injury causes the Insured's Permanent Partial Disability within 12 months of the Accidental Bodily Injury being sustained other than as specified in the PPD Table above, the Company's liability to make payment shall be as follows:
- In the case of the Insured suffering partial loss or functional impairment of one of the body parts or sensory organs mentioned in the PPD Table, the Company will pay a corresponding proportion of the percentages specified in the PPD Table, as advised by the Company's medical advisors.
- In the case of the Insured's Permanent Partial Disability of a nature not detailed in the PPD Table, the Company will pay a proportion of the Sum Assured by reference to the degree to which the Insured's normal functional physical capacity has been impaired, as advised by the Company's medical advisors.
- If the Insured was suffering from any Permanent Partial Disability prior to the date upon which Accidental Bodily Injury was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same as advised by the Company's medical advisors.

If the Accidental Bodily Injury sustained by the Insured causes a subsequent Claim by the Insured under Coverage Parts A or B, then this Coverage Part shall not be operative and the amounts payable under either Coverage Parts A or B shall be reduced by the amount of any payment made under this Coverage Part.

**d) Coverage Part D: Temporary Total Disability**

- i. If the Accidental Bodily Injury sustained by the Insured causes his complete inability to engage in his employment as specified in the Schedule, the Company will pay 1% of the Sum Assured per week for a period not exceeding 100 weeks from the date upon which the Bodily Injury was sustained.
- ii. The Company shall not be under any liability to make any payment hereunder until such time as the Insured has established to the Company's satisfaction that he is completely unable to engage in his employment as specified in the Schedule.

**e) Coverage Part E: Medical Extension**

The Company will reimburse the actual medical expenses incurred or 40% of the admissible claim; whichever is lower, towards the cost of treatment of accidental bodily injury sustained by the insured.

**SECTION C5. EDUCATION GRANT**

(As A Result Of Accidental Death/Permanent Total Disability)

The company will pay the amount shown under section C5 of the schedule in the event of the insured person (Self) suffering.

1. Accidental Bodily Injury causing the Insured's death within 12 months of the Accidental Bodily Injury being sustained, where after this Policy shall expire.
2. In the event of Accidental Bodily Injury causing the Insured's Permanent Total Disability within 12 months of the Accidental Bodily Injury being sustained.

The Amount would be payable to the nominee under the policy for the continuing education of the deceased's child/ children.

**SECTION C6. BURGLARY (HOUSEHOLD CONTENTS ONLY) & FIRE (HOUSEHOLD CONTENTS) –**

On the occurrence of any insured event as provided for hereunder arising during the Policy Period and notified as prescribed, the Company will make payment as provided for under each Cover but only up to the Sum Assured as specified in the Schedule against each Cover.

**a) Burglary and Housebreaking**

The Company will indemnify the Insured in respect of loss of or damage to the Contents or any part thereof whilst contained in the Insured Premises (address given in the schedule) caused by actual or attempted Burglary or Housebreaking.

**b) Basis of Loss Settlement**

Where the Insured Premises and/or Contents can reasonably be repaired or reinstated at a cost less than the replacement cost then the Company will indemnify the Insured in respect of the expenses necessarily incurred to restore the aforementioned to its state immediately prior to the happening of the actual or attempted Burglary.

In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs. The Company shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the Burglary.

**c.) Fire and Allied Perils:**

Coverage under this Section C6(c) shall be as per Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings which is attached hereto as annexure. Notwithstanding what is mentioned in these Policy Wordings, for the purposes of this Section C6(c), in case of contradiction of these Policy Wordings with the provisions of **Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings** which is attached hereto as annexure, then the **Bajaj Allianz General Insurance Company Ltd Bharat Griha Raksha Policy Wordings** which is attached hereto as annexure shall prevail over these Policy Wordings.

**SECTION C7. TRAVELING BAGGAGE (ANYWHERE IN WORLD) – VALUABLES EXCLUDED**

The Company will indemnify the Insured and/or the Insured's Family in respect of the accidental loss of, destruction of or damage caused to personal baggage accompanying the Insured and/or the Insured's Family or for which the Insured is responsible whilst travelling anywhere in the world.

**Basis of Loss Settlement**

1. Where an insured item can reasonably be repaired or reinstated at a cost less than the replacement cost then, the Company will indemnify the Insured up to the Sum Assured in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event.
2. In the case of a total loss, the Company shall indemnify the Insured in respect of the restoration or replacement costs up to the Sum Assured.

**SECTION C8 – PUBLIC LIABILITY**

The Company will indemnify the Insured against:

1. his legal liability to pay Damages for civil claims of Bodily Injury or Property Damage arising out of the Insured's use, ownership or occupation of the Insured Premises for solely domestic purposes and caused by the negligent act, error or omission of the Insured, the Insured's Family or the Insured's Household Staff, save that no indemnity is available hereunder for any liability that may be incurred under the Public Liability Insurance Act 1991 or any other statute or law based on no fault or strict liability, or for any civil claim brought by the Insured or his Family; and
2. as the keeper and owner of domestic pets.

## SECTION D) EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

### 1. Exclusion Specific to Section C2: Health Guard

#### I. Waiting Period (Applicable for Silver, Gold and Platinum Plan)

##### 1) Pre-existing Diseases waiting period (Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section with us.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

##### 2) Specified disease/procedure waiting period (Excl02)

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Star Package Policy covering Health Guard section with Us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/ nodules/polyps of any kind including breast lumps.
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsillitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

#### 3) Any Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Star Package Policy covering Health Guard section with Us in connection with:

- Joint replacement surgery,
- Surgery for vertebral column disorders (unless necessitated due to an accident)
- Surgery to correct deviated nasal septum
- Hypertrophied turbinate
- Congenital internal diseases or anomalies
- Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5
- Bariatric Surgery
- Parkinson's Disease
- Genetic disorders

##### 4) 30-day waiting period (Excl03)

- Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

### II. General Exclusions (Applicable for Silver Plan)

#### 1) Maternity (Excl 18): Applicable for Silver Plan only

- 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.

### III. General Exclusions (Applicable for Silver, Gold and Platinum Plan)

#### 1) Investigation & Evaluation (Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

#### 2) Rest Cure, rehabilitation and respite care (Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

#### 3) Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - i. Uncontrolled Type2 Diabetes

#### 4) Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

#### 5) Cosmetic or plastic Surgery (Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

#### 6) Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

#### 7) Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

#### 8) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

#### 9) Treatments received in health hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

#### 10) 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. (Excl14)

#### 11) Refractive Error (Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.

#### 12) Unproven Treatments (Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

#### 13) Sterility and Infertility (Excl17)

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

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

### 1. Exclusion Specific to Section C1: Hospital Cash Daily Allowance

No indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

#### I. Waiting Period

- 1) Illness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption and with the Company.
- 2) Without prejudice to Exclusion 1 above, the treatment of cataracts, benign prostatic hypertrophy, hysterectomy, menorrhagia, fibromyoma, D&C, endometriosis, hernia of all types, hydrocele, fistulae, haemorrhoids, fissure in ano, stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc during the first year of a series of Daily Hospital Allowance Policies renewed with the Company without interruption.

#### II. General Exclusion

- 1) Pre-existing disease: Any medical condition or complication arising from it which existed before the commencement of the Policy Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
- 2) Any treatment not performed by a Physician or any treatment of a purely experimental nature.
- 3) Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma.
- 4) Any routine or prescribed medical checkup or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.
- 5) Any Illness that has been classified as an Epidemic by the Central or State Government.
- 6) Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
- 7) Dental treatment or surgery of any kind unless necessitated by Accidental Bodily injury.
- 8) Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long-term care or hospitalisation undertaken as a preventive or recuperative measure.
- 9) Self-afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
- 10) Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 11) Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post-natal care of the mother or the new born.
- 12) Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
- 13) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- 14) Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- 15) Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
- 16) Participation in any hazardous activity.
- 17) Radioactive contamination.
- 18) Non-allopathic treatment.
- 19) Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.

### 2. Exclusion Specific to Section C2: Health Guard

#### I. Waiting Period for Maternity Expenses (Applicable only for Gold and Platinum Plan)

Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 72 months continuous period has elapsed since the inception of the first Star Package Policy covering Health Guard section with US. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

#### II. General Exclusions

- 1) Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies

#### III. General Exclusions (Applicable for Silver, Gold and Platinum Plan)

- 1) Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- 2) Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
- 3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
- 5) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 6) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 7) Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 8) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.
- 9) All non-medical Items as per Annexure II
- 10) Circumcision unless required for the treatment of Illness or Accidental bodily injury,

11) Any treatment received outside India is not covered under this Policy.

### 3. EXCLUSION SPECIFIC TO SECTION C3: CRITICAL ILLNESS

No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

#### I. Waiting Period

1) Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.

#### II. General Exclusions

- 1) Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
- 2) Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 3) Treatment arising from or traceable to pregnancy, childbirth postpartum complications including but not limited to caesarian section, birth defects and congenital anomalies.
- 4) Occupational diseases.
- 5) War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- 6) Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- 7) Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- 8) Radioactive contamination.
- 9) Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
- 10) Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

### 4. EXCLUSION SPECIFIC TO SECTION C4 PERSONAL ACCIDENT AND SECTION C5 EDUCATION GRANT

No indemnity is available hereunder and no payment will be made by the Company for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

#### I. General Exclusion

- 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.
  - c. Through deliberate or intentional, unlawful or criminal act, error, or omission.
  - d. 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.
  - 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) Your consequential losses of any kind or your actual or alleged legal liability.
- 3) Venereal or sexually transmitted diseases.
- 4) Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
- 5) 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 nationalization or requisition of or damage by or under the order of any government or public local authority.
- 6) Nuclear energy, radiation.

### 5. SPECIFIC EXCLUSIONS APPLICABLE TO BURGLARY AND HOUSEBREAKING

The Company shall not be liable for and no indemnity is available hereunder in respect of: any consequential losses,

- 1) or any loss or damage caused by actual or attempted Burglary and/or theft: where the Insured or any member of the Insured's Family is or is alleged to be concerned or implicated;
- 2) to livestock, motor vehicles and pedal cycles; to Valuables and/or Jewellery and/or Precious Item exceeding Rs.5000/- per item. In case of Jewellery and /or precious items exceeding Rs.5000/- and not specifically stated in the schedule, the loss for such items would be limited to Rs.5000/- per item, unless specifically stated in the Schedule.

### 6. SPECIFIC EXCLUSIONS APPLICABLE TO SECTION C7 –TRAVELING BAGGAGE

The Company shall not be liable for and no indemnity is available hereunder in respect of:

#### I. General Exclusion

- 1) loss or damage due to cracking scratching or breakage of lens or glass whether part of china, marble, gramophone records or otherwise and other articles of a brittle or fragile nature, unless such loss or damage arises from an accident to a vessel, train, or other mechanised vehicle or aircraft by which such baggage is conveyed by the Insured and/or the Insured's Family;
- 2) Loss or damage caused by or any process of cleaning, dyeing repairing or restoring to which the baggage is subjected;

- 3) Loss or damage caused by moth, mildew or vermin;
- 4) Loss or damage to any electrical machines, apparatus, fixtures or fittings (including wireless sets, radio, television sets and tape recorders) arising from over running, excessive pressure, short circuiting arcing self-heating or leakage or electricity from whatever cause (lightning included);
- 5) loss or damage caused by mechanical derangement or over winding of watches and clocks;
- 6) the ft from cars except from fully enclosed saloon cars having all the doors, windows and other openings securely locked and properly fastened, and any other security aid properly applied;
- 7) loss or damage whilst being conveyed by any carrier under contract of affreightment;
- 8) loss of or damage to Jewellery or Valuables;
- 9) loss of or damage to article which did not form part of the Contents of the baggage when the journey commenced unless specifically declared and accepted by the Company;
- 10) loss or destruction of or damage to baggage of a consumable nature;
- 11) loss of or damage to carried loose articles such as sticks, straps, umbrellas, sunshades, deck chairs, property in use on the journey or articles of clothing whilst being worn on the person or carried about;
- 12) loss destruction or damage caused by or arising from the leakage spilling or exploding of liquid, oils or material of a like nature or articles of a dangerous or damaging nature;
- 13) any tour or travel undertaken within the municipal limits of the village, town or city wherein the Insured permanently resides.

#### **7. SPECIFIC EXCLUSIONS APPLICABLE TO SECTION C8 PUBLIC LIABILITY**

No indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

##### **I. General Exclusion**

- 1) any voluntarily assumed liability unless such liability would have attached to the Insured in the absence of such agreement;
- 2) any liability arising out of a deliberate, willful or intentional act, error, omission, or non-compliance with any statutory provision;
- 3) liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any motor vehicle or trailer for which compulsory insurance is required, save that cover shall be provided for claims arising out of Bodily Injury or Property Damage caused by the loading or unloading of any motor vehicle or trailer beyond the limits of any carriageway or thoroughfare;
- 4) liability arising out of the ownership, possession or use by or on behalf of the Insured or his Family or Household Staff of any watercraft, hovercraft, air- or spacecraft;
- 5) any interest and/or penalty imposed on the Insured on account of his failure to comply with the requirements laid down under the Workmen's Compensation Act 1923 or any amendment thereto;
- 6) the transmission of any communicable disease or virus;
- 7) occupation or business, trade or employment

#### **8. PART B: EXCLUSIONS APPLICABLE TO ALL SECTIONS**

No indemnity is available hereunder and no payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

##### **I. General Exclusion**

- 1) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- 2) Loss or damage caused by depreciation or wear and tear.
- 3) Consequential loss of any kind or description.
- 4) Loss or damage directly or indirectly caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

### **SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES**

(Not applicable for Fire and Allied Perils for which please refer to "Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy" Wordings which is attached hereto as annexure).

#### **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.

#### **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. Premium Payment in Instalments (Wherever applicable)**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term policies only), Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

**4. Moratorium Period:**

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the 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.

**5. 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.

**6. 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

**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:
  - a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
  - b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
  - c) any other act fitted to deceive; and
  - d) 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. Multiple Policies**

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

**9. Renewal of Policy**

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

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



## 10. Cancellation

- 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 annual basis or full premium received at policy inception are as under**

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 30 Days	As per Free Look Period Condition		
Exceeding 30 days but less than or equal to 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than or equal to 6 months	50.00%	65.00%	75.00%
Exceeding 6 months but less than or equal to 12 months	25.00%	45.00%	60.00%
Exceeding 12 months but less than or equal to 15 months	0.00%	30.00%	50.00%
Exceeding 15 months but less than or equal to 18 months	0.00%	20.00%	45.00%
Exceeding 18 months but less than or equal to 24 months	0.00%	0.00%	30.00%
Exceeding 24 months but less than or equal to 27 months	0.00%	0.00%	20.00%
Exceeding 27 months but less than or equal to 30 months	0.00%	0.00%	15.00%
Exceeding 30 months but less than or equal to 36 months	0.00%	0.00%	0.00%

**Cancellation grid for premium received on instalment basis-**

**The premium will be refunded as per the below table:**

Period in Risk (From Latest instalment date)	% of Monthly Premium	% of Quarterly Premium	% of Half Yearly Premium
Up to 30 days from 1st Instalment Date	As per Free Look Period Condition		
Exceeding 30 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note: The first slab of Number of days "within 30 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 30 days but less than 3 months" should be read as "within 3 months".

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.

- 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.

## 11. 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 thirty 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;

## 12. 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://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

## 13. 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.



**14. 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://irdai.gov.in/document-detail?documentId=393128>

(Please note referred link is of the IRDAI website and subject to change from time to time.)

**15. 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.
- 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.

**16. 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 "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 V**:

**17. 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) GENERAL TERMS AND CLAUSES - SPECIFIC TERMS AND CLAUSES****18. Insured**

Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

**19. 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.

**20. Paying a Claim**

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

**21. Basis of Claims Payment**

- i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii. We shall not make any payment to You for any period of Hospitalization of less than 24 hours, except for the Day Care Procedures.
- iii. The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.
- iv. We shall make payment in Indian Rupees only.

In addition to above terms specific conditions applicable to below sections are as below-

**Section C2- Health Guard**

- i. Voluntary co-payment: If opted voluntarily by you, You shall bear 10% / 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.

- ii. Cataract Limit: Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion I, 2) above, shall be restricted to 20% of the Sum Insured for each eye, subject to maximum of Rs 1,00,000/- for each of You.
- iii. Bariatric Surgery Limit: Our obligation to make payment in respect of Bariatric Surgery after the expiry of the 36 months period, shall be restricted to 25% of the Sum Insured in Silver Plan and 50% of the Sum Insured subject to maximum of Rs 5 lac in Gold and Platinum Plan.
- iv. Maternity Limit: Maternity is covered under Gold & Platinum plan only
  - a. For Sum Insured 3 lacs up to 7.5 lacs the limit for Normal delivery is 15000 INR & 25000 INR for caesarian delivery
  - b. For Sum Insured above 7.5 lacs the limit for Normal delivery is 25000 INR & 35000 INR for caesarian delivery
- v. Notwithstanding what is mentioned in clause 4 of SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES or any other clauses of this Policy:
  - a) In-patient Treatment for Mental Illness: (As specified in Annexure IV) shall be covered up to Base Sum Insured subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.
  - b) Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) shall be covered up to Base Sum Insured, subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.

## 22. Cumulative Bonus: (Applicable to Section C2. Health Guard)

If You renew Your Star Package Policy covering Health Guard section with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:

- i. The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 100% of base sum insured of Your first Star Package Policy covering Health Guard section with Us.
- ii. This clause does not alter the annual character of this insurance
- iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent Star Package Policy covering Health Guard section shall be reduced by 10%, save that the limit of indemnity applicable to Your first Star Package Policy covering Health Guard section with Us shall be preserved.

## 23. Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

## 24. Discounts applicable for Sections under "Star Package" Policy are as below-

### i. Employee Discount: (Applicable to Section C2. Health Guard only)

20% 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.

### ii. Co-pay Discount: (Applicable to Section C2. Health Guard only)

- a. If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the Policy premium.
- b. If a claim has been admitted under Section C2. Health Guard – (In-patient Hospitalization Treatment) then, the Insured shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

### iii. Room Rent capping discount: (Applicable to Section C2. Health Guard only)

If You opt for this cover You will be entitled for a per day room rent limit of 1.5% of hospitalization Sum Insured up to maximum Rs. 7,500 per day.

By opting for this cover, You will be eligible for discount on premium as per below grid-

Base SI	Individual	Floater
300,000 and above	10%	5%

#### Note:

- a. The room rent does not include nursing charges.
- b. If the availed room category is higher than the eligible room category or if the room rent opted exceeds the eligible room rent then, a proportionate co-payment would be applied on all the expenses of the hospitalization except for cost of Medical consumables and Medicines.

### iv. Wellness Discount (Applicable to Section C2. Health Guard only)

As detailed in Section C2 – Under Health Guard, depending on number of parameters met by insured during a policy year discount will be offered on subsequent renewal premium.

Parameters Achieved	Discount
4 out of 8	5%

6 out of 8	7.5%
8 out of 8	10%

Note- If an Insured meets 8 out of 8 above mentioned parameters and he/she walks for 10000 steps for 20 days every month then they will be eligible for additional discount of 2.5%.

**v. Zone Discount (Applicable to Section C2: Health Guard only)**

- If You opt for coverage under Zone B, then You will be eligible for 20% discount on the premium
- If You opt for coverage under Zone C, then You will be eligible for 30% discount on the premium

**vi. Sectional Discount:**

- 10% discount applicable if number of sections opted is 4 or 5
- 15% discount applicable if number of sections opted is more than 5

**vii. Long Term policy Discount:**

- 10% discount applicable if policy is opted for 2 years
  - 15% discount applicable if policy is opted for 3 years
- Note:** This will not apply to policies where premium is paid in instalments.

**25. Premium payment Zone (Applicable for Section C2: Health Guard)**

**Zone A**

Following cities has been clubbed in Zone A: -

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.

**Zone B**

Rest of India apart, from the states/UTs/cities classified under Zone A and Zone C, are classified as Zone B.

**Zone C**

Following states/UTs have been clubbed in Zone C: -

Andaman & Nicobar Islands, Arunachal Pradesh, Bihar, Chandigarh, Chattisgarh, Goa, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Sikkim, Tripura, Uttarakhand

**Note: -**

- Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.
- Those, who pay Zone B premium rates and avail treatment in Zone A city will have to pay 15% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount.
- Those, who pay Zone C premium rates and avail treatment in Zone B city will have to pay 5% co-payment on admissible claim amount
- This Co – payment will not be applicable for Accidental Hospitalization cases.
- Policyholder residing in Zone B and Zone C can choose to pay premium for Zone A and avail treatment all over India without any co-payment.
- If opted for coverage under Zone B, then insured will be eligible for 20% discount on the premium. If opted for coverage under Zone C, then insured will be eligible for 30% discount on the premium**

**26. Sum Insured Enhancement:**

- The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.
- The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

**27. Territorial Limits & Governing Law**

- We cover insured events arising during the Policy Period for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- 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.

**28. Arbitration and Reconciliation:**

Arbitration Clause shall not be applicable.

**29. Subrogation**

The Insured and any claimant under this Policy shall at the expense of the Company do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Company shall be or would become entitled or subrogated upon the Company

paying for or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after the Insured's indemnification by the Company.

### **30. Duties and Obligations after Occurrence of an Insured Event (Applicable to Section C6 BURGLARY (HOUSEHOLD CONTENTS ONLY), Section C7 TRAVELING BAGGAGE and Section C8 PUBLIC LIABILITY)**

It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a claim under this Policy:

- i. the Insured shall immediately and in any event within 14 days give written notice of the same to the address shown in the Schedule for this purpose, and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and
- ii. in respect of Cover 1, and any other claim under any other Cover as advised by the Company, immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the Insured intends to claim, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company, and
- iii. the Insured shall within 30 days deliver to the Company its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any claim along with all documentation required to support and substantiate the amount sought from the Company, and
- iv. the Insured shall expeditiously provide the Company and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and
- v. the Insured shall not admit liability or settle or make or promise any payment in respect of any claim which may be the subject of indemnity hereunder, or incur any costs or expenses in connection therewith, without the written consent of the Company which shall be entitled to take over and conduct in the name of the Insured the defence and/or settlement of any such claim, for which purpose the Insured shall give all the information and assistance that the Company may reasonably require.

### **31. Consideration**

The Policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt.

The cover shall not be valid prior to the date and time of receipt of premium.

### **32. 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 the Company, which approval shall be evidenced by an endorsement on the Policy.

### **33. Duties and Obligations of the Insured and/or Named Insured**

After the Occurrence of an Insured Event It is a condition precedent to the Company's liability under this Policy that in the event of any Accidental Bodily Injury or Illness that may give rise to a claim:

1. the Insured and/or the Named Insured shall immediately and in any event within 14 days provide the Company with written notification of a claim, and
2. the Insured and/or the Named Insured shall take every other reasonable step and/or measure to minimise the consequence of the Bodily Injury or Illness, and
3. the Insured and/or the Named Insured shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the claim and/or the Company's liability hereunder that may be requested, and submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.

## **SECTION E) GENERAL TERMS AND CLAUSES -OTHER TERMS AND CLAUSES**

### **34. Claims Procedure**

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

#### **A. Cashless Claims Procedure: (Applicable to Section C2. Health Guard Only)**

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- i. For planned treatment or Hospitalization, prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or Your representative must intimate Us 48 hours before the planned Hospitalization and request pre-authorisation by way of the written form.
- ii. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
- iii. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section C1 In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.
- iv. In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of hospitalization.

#### **B. Reimbursement Claims Procedure: (Applicable to Section 1. Hospital Cash, Section C2. Health Guard, Section C3. Critical Illness)**

**Section C4. Personal Accident and Section C5. Education Grant)**

If Pre-authorisation as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization\*
  - ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
  - iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
  - iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost
  - v. 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 as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
  - vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days\*
  - vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.
- \*Note: In case You are claiming for the same event under an indemnity-based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

\*Note: Waiver of conditions (i), (v) and (vi) 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: For****Section C1 Hospital cash**

1. Hospital Cash Claim Form duly signed by the insured.
2. Copy of Discharge Summary / Discharge Certificate.
3. Copy of Final Hospital Bill
4. Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

**For Section C2 Health Guard (Silver, Gold & Platinum Plan)**

1. Claim form with NEFT details & cancelled cheque duly signed by Insured
2. Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
3. Attested copies of Indoor case papers
4. Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc.
5. Original Paid Receipt against the final Hospital Bill.
6. Original bills towards Investigations done / Laboratory Bills.
7. Original/Attested copies of Investigation Reports against Investigations done.
8. Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical center for further treatment (if Applicable).
9. Cashless settlement letter or other company settlement letter
10. First consultation letter for the current ailment.
11. In case of implant surgery, invoice & sticker.

**For Section C3 Critical illness**

1. Critical Illness Claim Form duly signed by the insured along with
2. NEFT Form signed by the Claimant
3. Copy of Discharge Summary / Discharge Certificate.
4. Copy of Final Hospital Bill
5. First consultation letter for Illness
6. Medical certificate for the duration of illness
7. All required Investigation Reports as per the Illness
8. Medical certification from specialist

**For Section C4 Personal Accident and Section C5 Education Grant****I. Death**

- i. Duly Completed Personal Accident Claim Form signed by nominee.
- ii. Copy of address proof (Ration card or electricity bill copy).
- iii. 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.).
- iv. Attested copy of Death Certificate.
- v. Burial Certificate (wherever applicable).
- vi. Attested copy of Statement of Witness, if any lodged with police authorities.
- vii. Attested copy of FIR / Panchanama / Inquest Panchanama.
- viii. Attested copy of Post Mortem Report (if performed).
- ix. Attested copy of Viscera report if any.
- x. Photo identity proof

**II. Permanent Partial /Total Disablement cover**

- i. Duly Completed Personal Accident Claim Form signed by insured.
- ii. Attested copy of disability certificate from certified Civil Surgeon of a Government Hospital stating percentage of disability.
- iii. Attested copy of FIR. (If required)
- iv. All X-Ray / Investigation reports and films supporting to disablement.



### III. 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.

Please send the documents on below address

#### **Bajaj Allianz General Insurance Company**

2nd Floor, Bajaj Finserv Building,

Behind Weikfield IT park,

Off Nagar Road, Viman Nagar

Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

#### **Annexure I**

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty (Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 W o u n d debridement and Cover
5 Stapedectomy under GA	208 A b s c e s s -Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles A. Injection Sclerotherapy B. Piles banding
15 Endoscopic Stapedectomy	
16 Fenestration of the inner ear	
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 Oesophageal varices Sclerotherapy
21 Pseudocyst of the Pinna – Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in ano sphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomy oesophagus



26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac a) Unilateral b) Bilateral
51 Removal of foreign body from conjunctiva	
52 Biopsy of tear gland	
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
<b>Oncology</b>	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage

62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy( Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy( Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	<b>Orthopedics</b>
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint

100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
<b>Plastic Surgery</b>	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
<b>Urology</b>	327 Surgery of bunion
127 AV fistula – wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle ( Torticollis release )

136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 Presacral Teratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 Sternomastoid Tenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fourmiers gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	<b>Gynaecology</b>
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
<b>Neurology</b>	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopic adhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp

174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
<b>Thoracic surgery</b>	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy( imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyema drainage	384 Repair of vagina ( vaginal atresia )
<b>Gastroenterology</b>	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett's Oesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair( excluding Fistula repair)
191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	<b>Critical care</b>
194 Colonscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath ( peripherally inserted central catheter )
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath ( peripherally inserted central catheter )
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

- (i) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

**Annexure II:-**

**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
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 SAMPLES	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
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	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,	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

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 / MtSC. CHARGES (NOT EXPLATNED)
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
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,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	ORTHOBUNDLE, 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

**Annexure III: Modern Treatment Methods and Advancement in Technologies**

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

**Annexure IV: ICD specific for Mental Illness**

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

**Annexure V: Contact details of the Ombudsman offices**

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD -</b> Insurance Ombudsman 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> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st 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> Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH -</b> Insurance Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468 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> Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
<b>DELHI –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 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> Insurance Ombudsman 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.
<b>HYDERABAD -</b> Insurance Ombudsman 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 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.



Office Details	Jurisdiction of Office Union Territory, District)
<b>JAIPUR -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>KOCHI–</b> Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 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 –</b> Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 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, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
<b>MUMBAI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 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 -</b> Insurance Ombudsman 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 Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE -</b> Insurance Ombudsman 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- 24471175 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:  
Council for Insurance Ombudsmen,  
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.  
E-mail: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in)  
Tel: 022 -69038800/69038812  
Website: <https://www.cioins.co.in>

**ANNEXURE FOR FIRE AND ALLIED PERILS**

**BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD. BHARAT GRIHA RAKSHA POLICY**

**POLICY WORDINGS**

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You chose this **Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy** and applied to Us for insurance covers of Your choice. You paid Us the Premium and gave Us information about Yourself, Your Home Building and Home Contents. Based on Your confirmation that this information is true and correct, and in return of accepting the Premium You have paid Us We promise to provide You insurance as stated in this Policy Document and the Policy Schedule attached to it.

#### CLAUSE A - THIS POLICY AND THE INSURANCE CONTRACT

1. **Your Policy:** This **Bajaj Allianz General Insurance Company Ltd. Bharat Griha Raksha Policy** is a contract between You and Us as stated in the following:
  - a. This Policy document,
  - b. The Policy Schedule attached to this Policy document,
  - c. Any Endorsement attached to and forming part of this Policy document,
  - d. Any Add-on to this Policy that You may have purchased from Us,
  - e. The proposals and all declarations made by You or on Your behalf.
2. **To whom this Policy is issued and what it covers:**
  - a. This Policy is issued to You and covers You and/or Your Home Building and/or Home Contents as mentioned in the Policy Schedule.
  - b. If more than one person is insured under this Policy, each of You is a joint policyholder. Any notice or letter We give to any of You will be considered as given to all of You. Any request, statement, representation, claim or action of any one of You will bind all of You as if made by all of You.
  - c. If You have mortgaged, pledged or hypothecated Your Home Building and/or Home Contents with a Bank, the Policy Schedule will show an 'Agreed Bank Clause' and the name of such Bank. The terms and conditions of this arrangement will be added to this Policy as an additional clause.
3. **The Policy Schedule:** The Policy Schedule is an important document about Your insurance cover. It contains:
  - a. Your personal details,
  - b. the Policy Period,
  - c. the description of Your Insured Property,
  - d. the total Sum Insured, the Sum Insured for each cover or item covered, and any limits and sub-limits,
  - e. the insurance covers You have purchased,
  - f. the Premium You have paid for these insurance covers,
  - g. add-on covers opted by You,
  - h. other important and relevant aspects and information.
4. **Special meaning of certain words:** Words stated in the table below have a special meaning **throughout** this Policy, the Policy Schedule and Endorsements.

These words with special meaning are stated in the Policy with the first letter in capitals.

Word /s	Specific meaning
Bank	A bank or any financial institution
Carpet Area	<ol style="list-style-type: none"> <li>1. for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;</li> <li>2. for any enclosed structure on the same site, it is the net usable floor area of such structure; and</li> <li>3. for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.</li> </ol>
Commencement Date	It is the date and time from which the insurance cover under this Policy begins. It is shown in the Policy Schedule.
Cost of Construction	<p>The amount required to construct Your Home Building at the Commencement Date. This amount is calculated as follows:</p> <ol style="list-style-type: none"> <li>a. For residential structure of Your Home including Fittings and Fixtures: Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy Schedule.</li> <li>b. For additional structures : the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You</li> </ol>

	and accepted by Us.
Endorsement	A written amendment to the Policy that We make (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original policy.
Home Contents	Those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
General Contents	General Contents are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
Valuable Contents	Valuable Contents of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
Insured	The Person/s who has/have purchased Insurance Cover under this Policy.
Insured Property	Your Home Building and Home Contents, or any item of property covered by this Policy.
Kutcha Construction	Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
Policy Period	Policy period means the period commencing from the effective date and time as shown in the Policy Schedule and terminating at Midnight on the expiry date as shown in the Policy Schedule or on the termination of or the cancellation of insurance as provided for in Clause G (III) of this Policy, whichever is earlier.
Policy Schedule	The document accompanying and forming part of the Policy that gives Your details and of Your insurance cover, as described in Clause A (3) of this Policy.
Premium	The premium is the amount You pay Us for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
Pucca Construction	Construction other than Kutcha Construction.
Spouse	Your wife or husband.
Sum Insured	The amount shown as Sum Insured in the Policy Schedule and as described in Clause C (4) and Clause D (2) of this Policy. It represents Our maximum liability for each cover or part of cover and for each loss.
Total Loss	A situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
We, Us, Our, Insurer	The Bajaj Allianz General Insurance Company Ltd that has provided Insurance Cover under this Policy of the Company.
You, Your, Insured	The Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.
Your Home Building	Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per Clause C (2) of this Policy.

#### CLAUSE B - INSURED EVENTS

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

Sr. No	Column A	Column B
	<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
	<b>We cover</b> physical loss or damage, or destruction caused to the Insured Property by	<b>We do not cover</b> any loss or damage, or destruction caused to the Insured Property
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
7	Bush Fire, Forest Fire, Jungle Fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached.
12	Bursting or overflowing of water tanks, apparatus and pipes,	-



13	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 ( seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. any article or thing outside Your Home, or b. any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

#### CLAUSE C - HOME BUILDING COVER

##### **1. What We cover**

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in Clause B of this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under Clause C (5) (f) of this Policy. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under Clause C (6) of this Policy while Your Home Building is not fit for living following loss or damage due to an Insured Event.

##### **2. Your Home Building**

- Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- Your Home Building includes**
  - fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
  - the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
    - garage, domestic out-houses used for residence, parking spaces or areas, if any
    - compound walls, fences, gates, retaining walls and internal roads,
    - verandah or porch and the like,
    - septic tanks, bio-gas plants, fixed water storage units or tanks,
    - solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
  - any other structure shown in the Policy Schedule.
- Your Home Building does not include Contents of Your Home.**

##### **3. Use for residence**

- We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- We will not pay if
  - Your Home Building is used as a holiday home, or for lodging and boarding, or
  - Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

##### **4. Sum Insured**

- The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.
- If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional Premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
- Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.

##### **5. What We pay**

- If You make a claim under the Policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
- The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- In addition to what **Clause C (5) (c)** of this Policy provides for, We will pay You the following expenses:
  - up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
  - up to 2 % of the claim amount for reasonable costs of removing debris from the site.

##### **6. Loss of Rent and Rent for Alternative Accommodation:** In addition to what **Clause C (5) (c)** of this Policy provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.

- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

#### CLAUSE D - HOME CONTENTS COVER

##### **1. What We cover:**

We cover the physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed in Clause B of this Policy. Valuable Contents of Your Home are not covered under this Policy unless You have purchased the optional cover for the Valuable Contents.

##### **2. Sum Insured:**

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. The Policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional Premium.
- c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in Clause E (1) (a) of this Policy.
- f. Restoration of Sum Insured: Except as stated in **Clause G (III) (3) (b)** of this Clause below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the Policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate Premium for the unexpired Policy Period from the date of loss. We can also deduct this Premium from the net claim that We must pay You.

##### **3. What We pay**

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
  - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
  - ii. pay You the cost of replacing that item with a same or similar item, or
  - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

#### CLAUSE E- ADDITIONAL COVERS

##### **1. Optional Covers:**

##### **a. Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):**

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

##### **b. Personal Accident Cover:**

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of ₹ 5,00,000 (Rupees Five Lakh) per person.

In the event of the unfortunate death of the Insured, the Personal Accident cover shall continue for the Spouse until expiry of the Policy.

##### **2. Add-ons:**

You can opt for an Add-on by choosing from the Add-ons, if any, offered by Us under this product and the ones that You have purchased will be mentioned in the Policy Schedule and the relevant clause/s and/or Endorsements will be attached to this Policy.

#### CLAUSE F - EXCLUSIONS (WHAT WE DO NOT COVER) FOR ALL COVERS UNDER THIS POLICY

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.

3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
  - i. the pollution or contamination itself has resulted from an Insured Event, or
  - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (Lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the Policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional Premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees or expenses for preparing any claim.

## CLAUSE G - CONDITIONS

### **(I) Your Obligations**

- 1. Make true and full disclosure in the proposal and related documents**
  - a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
  - b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.
- 2. Obligation to take care:** You must:
  - a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
  - b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
  - c. ensure that unauthorized persons do not occupy Your Home Building.
- 3. Inform change in circumstances:** You must inform Us immediately if
  - a. You change Your address,
  - b. You make any addition, alteration, extension to the structure of Your Home Building,
  - c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
  - d. You change the use of Your Home Building.
- 4. Allow inspection and investigation of claim:** You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.
- 5. Make true statements and full disclosure in the claim and related documents**  
 You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your Policy.

### **(II) Renewal of Policy**

- 1. End of Policy:** This Policy will expire at the end of the Policy Period.
- 2. Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis-representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- 3. Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required Premium amount.

### **(III) Cancellation and Termination of Policy**

- 1. Cancellation by You at any Time**
  - a. You can cancel this Policy at any time by giving Us notice in writing. The Policy will terminate when We receive Your notice.
  - b. If You cancel the Policy, We will refund premium as per table (B1) and (B2) hereinafter, as may be applicable, subject however to a minimum retention of Rs.100, except as stated in B1.1.
  - c. No premium refund shall be made in respect of Policy on which claim has been lodged by the Insured or a person on behalf of the Insured, whether such claim was admitted or repudiated.

**(B1) Short Period Scale (Applicable to Annual Policy):**

Sr. No	Cancellation Period (Days)	Refund Amount as percentage of Annual Premium
B1.1	Up to 7 Days	100%
B1.2	8 to 270 days	Pro Rata
B1.3	271 to 365 days	0%

**Note:**

- No request for cancellation of Policy shall be entertained after completion of 270 days (applicable only to annual Policy) from the date of commencement of the Policy Period.
- Policy where Policy Period is short term (lesser than one year) cannot be cancelled.
- B1.1 shall apply only at first inception of the Policy (Commencement Date) and shall not be applicable for cancellation in the subsequent years as applicable under (B2)

**Example:** Policy Period: 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2020 (Annual Policy)

**Case 1:**

Request for cancellation received on: 5<sup>th</sup> January 2020

Refund: 100% refund

**Case 2:**

Request for cancellation received on: 5<sup>th</sup> March 2020

You shall be entitled to refund calculated as below:

Refund: Pro-Rata of annual premium

**Case 3:**

Request for cancellation received on: 5<sup>th</sup> November 2020

Refund: Nil

**(B2) Policy Period of more than 1 year, up to 10 Years:**

- If the request for cancellation is received in First Year, the apportioned premium of unutilized Policy Period will be refunded in full; for First Year the above mentioned short period scale in table (B1) will be applied on the apportioned First Year premium.
- If the request for cancellation is received in any consecutive year after completion of one year from Commencement Date, the premium for fully utilized Policy Period will be retained in full by the Company, the annual short period scale as mentioned in B1.2 and B1.3 hereinabove shall apply to the apportioned active Policy year, and full refund shall be made of the apportioned unutilized Policy Period

**Example:** Policy Period: 1<sup>st</sup> January 2020 to 31<sup>st</sup> December 2024 (Long Term Policy of 5 years)

**Case 1:**

Request for cancellation received on: 5<sup>th</sup> January 2020

Refund: 100% refund of Policy Premium

**Case 2:**

Request for cancellation received on: 5<sup>th</sup> March 2020

You shall be entitled to refund calculated as below:

Refund: [Pro-Rata of {Apportioned First Year Premium}] + Apportioned premium of second, third, fourth and fifth year in full

**Case 3:**

Request for cancellation received on: 5<sup>th</sup> November 2020

Refund: (Nil for First Year) + Apportioned premium of second, third, fourth and fifth year in full

**Case 4:**

Request for cancellation received on: 5<sup>th</sup> March 2021

You shall be entitled to refund calculated as below:

Refund: (Nil for first year) + [Pro-Rata of {Apportioned Second Year Premium}] + Apportioned premium of third, fourth and fifth year in full

**2. Cancellation by Us:**

- We will not cancel the Policy during the Policy Period except on the grounds of mis-representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- In case of Total Loss of Your Home Building in a long term Policy where You have decided not to reinstate Your Home Building in favour of a cash settlement of Your claim, We will cancel the Policy for the remaining duration of the Policy Period. In such a case We shall refund the proportionate Premium for the un-expired Policy years after grossing up the Premium paid by You towards long term discount, if any.

**3. Automatic termination of the Policy**

This Policy will automatically end in the following cases:

- a. **Destruction of Your Home Building:** This Policy will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building, or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.  
 You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.
- b. **Exhaustion of Sum Insured:** If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional Premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. **Change of use of Your Home Building or Home Contents:** The Policy will end
  - i. if You change the use of Your Home Building from personal residence to any other purpose, or
  - ii. if You use any item of Home Contents for use that is not personal.
- d. **Sale of Your Home Building or Home Contents:** This Policy will end when You sell, surrender or release Your interest in Your Home Building and/or Home Contents, or Your interest in the Home Building and/or Home Contents comes to an end. The Policy will end to the extent any additional structure of Your Home Building or item of Home Contents if You sell, surrender or release Your interest in such additional structure or item of Home Content, or Your interest in these ends.
- e. **Effect of death**  
 In the event of the unfortunate death of the Insured during the Policy Period, the Home Building Cover and the Home Contents Cover that You have purchased will continue for the benefit of Your legal representative/s during the Policy Period subject to all the terms and conditions of this Policy.

**(IV) Claims Procedure**

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

**1. Immediate notice to Us**

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
  - i. the Policy Number,
  - ii. Your name,
  - iii. details of report to the police that You made,
  - iv. details of report to any Authority that You made,
  - v. details of the Insured Event,
  - vi. a brief statement of the loss,
  - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
  - viii. details of loss or damage under any Optional Cover or Add-ons,
  - ix. submit photographs of loss or physical damage, wherever possible.

**2. Steps to prevent loss and damage**

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
  - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
  - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
  - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

**3. Immediate notice to Authorities**

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by Fire/ Explosion / Implosion or Lightning. In case of subsidence /landslide/rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

**4. Submit claim**

- a. Claim form:
  - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
  - ii. You must state in Your claim the details of any other insurance Policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.



**5. Establish loss**

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,
  - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
  - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents, and to take measurements, samples, damaged items or parts, and photographs that are relevant.
  - iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.

**6. Fraudulent claim**

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy: in such a case, You will lose all benefits under this Policy and Premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

**7. Other insurance**

- a. If You have any other Policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.
- d. We will ensure that Our actions do not impose any liability on You.

**8. Recovery action by Us**

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
  - i. without seeking Your consent,
  - ii. in Your name, and
  - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- c. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

**CLAUSE H - CHANGES TO COVERS**

- a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional Premium, where applicable.
- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

**CLAUSE I - WAIVER OF UNDERINSURANCE**

Underinsurance does not apply to this Policy. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

**CLAUSE J - OTHER DETAILS****1. Notices**

- a. We will send any notice, letter or communication in writing to You at Your address mentioned in the Policy Schedule, and to Your email address that You have registered with Us.
- b. You will send any notice, letter, intimation or communication in writing to Us at Our branch office where You purchased this Policy. You can also send it at the address mentioned in the Policy Schedule.

**2. Nomination for this Policy**

You can nominate a person to receive the claim amount under this Policy in the event of Your death. You can make such nomination at the time You take the Policy, or later. You can also change the nomination at any time. You can make the nomination on Our nomination form available in Our office or from Our website: [www.bajajallianz.com](http://www.bajajallianz.com)

**3. Applicable law and jurisdiction**

This Policy will be subject to the laws of India, and to the jurisdiction of courts in India.

**4. Arbitration**

If any dispute or difference arises between You and Us regarding the amount of claim to be paid under this Policy (liability having been admitted by Us), such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by You and Us or if You and We cannot agree upon a single arbitrator within 30 days of either of Us opting for arbitration, the same shall be referred to a panel of three arbitrators comprising of two arbitrators, one to be appointed by each of Us, to the dispute/difference and the third arbitrator to



be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

#### **CLAUSE K - GRIEVANCES**

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

**1. Our Grievance Redressal Officer**

You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:

Address including email

Customer Care Cell

Bajaj Allianz General Insurance Co. Ltd

Bajaj Allianz House, Airport Road, Yerawada, Pune 411 006

E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)

**2. Consumer Affairs Department of IRDAI**

- a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number **155255 (or) 1800 4254 732** or sending an e-mail to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in). You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at [igms.irda.gov.in](http://igms.irda.gov.in).
- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking [here](#). You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032.
- c. You can visit the portal <http://www.policyholder.gov.in> for more details.

#### **STANDARD SPECIAL CLAUSE**

##### **AGREED BANK CLAUSE**

If You have mortgaged, hypothecated or created any security over Your Home or any of its Contents in favour of a Bank, and the Bank has an interest in the Policy, the name of such Bank will also be shown in the Policy Schedule under the title 'Agreed Bank Clause'. If You choose to add the name of such Bank at any time during the Policy Period, this will be shown as an Endorsement.

Under this Clause You agree as follows:

- i. We shall pay to the Bank the entire amount that We are liable to pay under this Policy. Such Bank will receive it for its own demand, and as agent for any other person interested in the amount.
- ii. When We pay the amount to the Bank, Our liability under this Policy will be discharged, and will be binding on all of You and all persons named as the Insured.
- iii. Any notice or communication We make to the Bank under the provisions of this Policy shall be sufficient notice or communication to You.
- iv. Any settlement or compromise that We make with the Bank will be binding on You and all persons named as the Insured. However, such settlement or compromise will not affect the rights of the Bank to recover any amount from You or any other person.
- v. If You make any change in the use of Your Home or sell or transfer the Insured Property, such actions will not prejudice the interest of the Bank under the Policy and this clause, unless the condition has been broken by the Bank or its employees.
- vi. If You commit any act or omission that will increase the risk, the insurance cover will not be invalidated. However, the Bank shall notify Us of any change or ownership, or alterations and increase in risks as soon they become known to the Bank, and shall pay additional Premium from the time of such change.
- vii. When We pay the amount to the Bank, We will become legally and automatically subrogated to all rights of the Bank to the extent of such payment. This will not impair or prejudice the rights of the Bank to recover any amount from You or any other person.

**N.B: The Bank shall mean the first named Financial Institution/Bank named in the Policy**

## **TERRORISM DAMAGE COVER ENDORSEMENT**

### **Insuring Clause**

Subject otherwise to the terms, exclusions, provisions, and conditions contained in the Policy, it is hereby agreed and declared that Notwithstanding anything stated in the 'Terrorism Risk Exclusion' of this Policy to the Contrary, this Policy is extended to cover Physical loss or physical damage occurring during the period of this Policy caused by an act of terrorism, subject to the exclusions, limit and excess described hereinafter.

For the Purpose of this cover, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government (s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This **Terrorism Damage Cover** also includes Loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority.

Provided that if the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be limited only for the excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

### **EXCLUSION**

This cover shall not indemnify loss of or damage to property caused by any or all of the following

1. Loss by seizure or legal or illegal occupation;
2. Loss or damage caused by:
3. Voluntary abandonment or vacation,
4. Confiscation, commandeering, nationalization, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
5. Loss or damage arising from acts of contraband or illegal transportation or illegal trade;
6. Loss or damage directly or indirectly arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment
7. Loss or damage arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
8. Loss or damage arising directly or indirectly from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
9. Any fine, levy, duty, interest or penalty or cost or compensation/damage and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
10. Loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorized instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
11. Loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
12. Loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property Insured hereunder;
13. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
14. Loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
15. Loss or increased cost as a result of threat or hoax;
16. Loss or damage caused by or arising out of burglary, house breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of terrorism;
17. Loss or damage caused by mysterious disappearance or unexplained loss;
18. Loss or damage directly or indirectly caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
19. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

### **LIMIT OF INDEMNITY**

The Limit of indemnity under this cover shall not exceed the Total Sum Insured given in the Policy Schedule or INR 15,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by anyone or all insurers shall be INR 15,000,000,000. If the actual aggregate loss suffered at one compound/location is more than 15,000,000,000 the amounts payable under individual policies shall be reduced in proportion to the Sum Insured of the policies.

### **EXCESS**

1. **Shops & Residential Risks:** 1% of the claim amount for each and every claim subject to Minimum of INR 10,000 and Maximum of INR 500,000
2. **Non-Industrial Risks:** 1% of the claim amount for each and every claim subject to Minimum of INR 25,000 and Maximum of INR 1,000,000
3. **Industrial Risks:** 5% of the claim amount for each and every claim subject to Minimum of INR 100,000 and maximum of INR 25,000,000

### **CANCELLATION CLAUSE**

Notwithstanding the cancellation provisions relating to the basic insurance Policy on which this Endorsement is issued, there shall be no refund of Premium allowed for cancellation of the terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a Policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the Insured, pro-rate refund of the cancelled Policy Premium will be allowed.

If the cancellation is for any other purpose, refund of Premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.