

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006
 UIN: IRDAN113RP0065V01202223

BAJAJ ALLIANZ PET INSURANCE POLICY

GROUP POLICY/POLICY WORDINGS

PREAMBLE

Whereas the **Insured/Group Manager** has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the **Company**), a proposal which it is hereby agreed shall be the basis of this **Policy/Group Policy** and is incorporated herein, and has paid the premium specified in the **Policy Schedule/Certificate of Insurance /Master Policy Schedule**, now the **Company** agrees, subject always to the terms, conditions, exclusions, and limitations contained herein, to indemnify the **Insured** in excess of the amount of the **Deductible/ Co-Pay** and subject always to the **Limit of Indemnity** for different expenses incurred by **Insured** for the **Insured Pet**, as is herein provided.

DEFINITIONS:

1. **"Accident or Accidental"** means a sudden unforeseen and involuntary event caused to **Insured Pet** by external, visible and violent means.
2. **"Bodily 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 **Veterinarian**.
3. **"Certificate of Insurance"** means the document issued by the **Company** to the **Insured Beneficiary** under the Terms and Conditions of **Master Policy/Group Policy** detailing the **Master Policy** number, the **Insured Pet**, **Cover Period** with the commencement date and expiry date of the cover, **Insured Beneficiary's** name, address, coverage, benefits, **Sum Insured**, **Deductible**, condition(s), exclusions and or endorsement(s), and the terms and conditions of the coverage.
 Note – This definition is applicable only in case of **Group Policy**
4. **"Cover Period"** means the period as specified in the **Certificate of Insurance** issued to the respective **Insured Beneficiary** during which the **Insured Pet** is covered as per Terms and Conditions of the **Group Policy**.
 Note – This definition is applicable only in case of **Group Policy**
5. **"Claim"** means a claim under an operative part of the **Policy/Group Policy** read with these Terms and Conditions. All Claims resulting from one and the same event or circumstance shall jointly constitute one **Claim** under this **Policy/Group Policy** and as having been made at the time when the first **Claim** was made in writing.
6. **"Congenital Defects or Abnormalities"** means any condition(s) or disorder(s) present at and existing from the birth of **Insured Pet**, and which is abnormal with reference to form, structure or position of **Insured Pet**.
7. **"Co-pay"** A **Co-payment** means a cost sharing requirement under **Policy/Group Policy** for the **Insured Pet** that provides that the **Insured** will bear a specified percentage of the admissible **Claims** amount for the **Insured Pet's Treatment**. A **co-payment** does not reduce the **Sum Insured**.
8. **"Deductible"** means the amount stated in the **Policy Schedule/Certificate of Insurance**, which shall be borne by the **Insured** in respect of each and every **Claim** made for the **Insured Pet** under this **Policy/Group Policy**. The **Company's** liability to make any payment under the **Policy/Group Policy** is in excess of the **Deductible**.
9. **"Dental Surgery/Treatment"** means any **Surgery / Treatment** of the teeth, gums or mouth of the **Insured Pet**.
10. **"Diagnostic Expenses"** means any costs incurred in order to diagnose the **Illnesses** for the **Insured Pet** which is covered under this **Policy/Group Policy**.
11. **"Experimental Surgery/Procedure"** means any **Treatment** to **Insured Pet**, including drug experimental therapy which is not based on established **Veterinary** medicine practice in India, is **Treatment** experimental or unproven. Surgeries shall be construed accordingly.
12. **"Family"** means **Insured's** spouse, children or parents, sisters, brothers, grandparents and grandchildren permanently residing with **Insured** in **Insured's** home.
13. **"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.
 Note- **Grace Period** shall not be applicable for **Group Policy**.
14. **Group** means The definition of a group guidelines issued by IRDAI vide circular No.015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.
15. **Group Policy Holder/Group Manager** means the Organization or Legal Entity [whose name is mentioned in **Master Policy Schedule**] which has taken the **Group Policy** on behalf of all **Insured Beneficiaries**.

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16. **Group Policy Period** means period of one year as mentioned in the respective **Group Policy Schedule** during which **Certificate of Insurance** will be issued to **Insured Beneficiary/ies**.
17. **Group/Master Policy Schedule** means the schedule and parts thereof issued by the **Insurer** to **Group Manager** and any annexure to it read with endorsements, if any, read with respective **Certificate of Insurance** which are forming part of the **Group Policy**.
18. **"Illness"** means any change in the normal healthy state of **Insured Pet** as a result of sickness, physical disease, infection, defect or abnormality which is not caused by **Injury**.
19. **"Incident"** means an identifiable **Illness** or **Injury** arising on a specific date within **Policy Period/Cover Period**. Repeated, recurring or ongoing incidents shall be considered as one incident for the purposes of **Claim** assessment, and shall include:
 - i. Clinical manifestations resulting in the same diagnosis (regardless of the number of incidents or areas of the body affected) to which **Insured Pet** has an ongoing predisposition or susceptibility that is related in any way to the original incident, or;
 - ii. Conditions which are incurable and likely to continue for the remainder of **Insured Pet's** life.
20. **"Insured Pet"** shall mean the named pet specified in the **Policy Schedule/ Certificate of Insurance**.
21. **"Insured", "You", "Your", "Policy Holder"** means the pet owner who insures the pet and as shown in the **Schedule/ Certificate of Insurance**.
 Note- In case of a **Group Policy**, reference to **Insured/You/Your/Yourself** in this document shall be read as **Insured Beneficiary** named in the **Certificate of Insurance** for the purpose of this document.
22. **"Insured Beneficiary"** shall mean individual members enrolled under the **Group Policy** by the **Group Manager** and whose pet/s is/are covered under the **Group Policy** as per the terms and conditions of **Group Policy** and **Certificate of Insurance**.
23. **"Lost"** shall mean that the **Insured Pet** is separated from the **Insured** and / or his **Family** member(s) / servants / its handler(s) as a result of some external event; unable to be found or recovered.
24. **Master Policy or Group Policy** shall mean the proposal, **Group Policy Schedule, Certificate of Insurance** along with terms and conditions of this **Group Policy** Wordings, and any endorsements attaching to and/or forming part thereof either at the commencement or during the **Group Policy Period**.
 Note- This definition is only applicable for **Group Policy**
25. **"Medical Expenses"** means those expenses that an **Insured** has necessarily and actually incurred for medical **Treatment** of the **Insured Pet**, which is **Medically Required**, on account of **Illness** or **Accident** on the advice of a **Veterinary Practitioner**, as long as these are no more than would have been payable if the **Insured Pet** had not been insured and no more than other **Vets** or **Veterinary Clinics** or **Veterinary Hospitals** in the same locality would have charged for the same medical **Treatment** to the **Insured Pet**.
26. **"Medically Required"** means any **Treatment** which is directly and materially required to provide relief from covered **Illness** or **Injury**, as certified by the treating **Veterinary Practitioner**.
27. **"OPD" Treatment** is one in which the pet is taken to a **Veterinary Clinic/ Veterinary Hospital** for diagnosis and **Treatment** based on the advice of a **Veterinary Practitioner**. The pet is not admitted as in-patient in case of **OPD Treatment**.
28. **Policy** means the proposal, the **Policy Schedule** along with terms and conditions of this Policy Wordings, and any endorsements attaching to and/or forming part thereof either at the commencement or during the **Policy Period**.
 Note- This definition is not applicable for **Group Policy**
29. **Policy Period** means the period as specified in the **Policy Schedule** issued to the **Insured** during which the **Insured Pet(s)** is covered under the **Policy**.
 Note- This definition is not applicable to **Group Policy**
30. **"Policy Schedule/Schedule"** means the **Schedule** attached to and forming part of this **Policy**.
 Note- This definition is not applicable to **Group Policy**.
31. **"Sum Insured/ Limit of Indemnity"** means the amount stated in the **Policy Schedule/ Certificate of Insurance**, which is the maximum amount (regardless of the number of **Claims** made or the number of the **Insured's** who make a **Claim**) for any one **Claim** and in the aggregate for all **Claims** during the **Policy Period/Cover Period**.
32. **"Straying"** shall mean that the **Insured Pet** has gone missing on its own from its usual place or fled from **Insured's** premises and is unable to be traced
33. **"Surgery" or "Surgical Procedure"** means manual and / or operative procedure(s) required for **Treatment** of **Insured Pet** for an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Veterinary Hospital** by a **Veterinary Practitioner**.
34. **"Treatment"** means any examination, consultation, advice, tests, x-rays, drugs or medication administered or prescribed **Surgery**, nursing or therapy provided by or under the direction of a **Vet**.

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35. **"Theft"** - As per Section 378 in The Indian Penal Code, theft is defined as Whoever, intending to take dishonestly any moveable property out of the possession of any person without that person's consent, moves that property in order to such taking, is said to commit theft.
36. **"Third Party"** means
 - i. any person excluding **Insured, Insured's Family** members, employees and treating **Veterinarian**
 - ii. any pet animal owned by a person excluding **Insured, Insured's Family** members, employees or any person contracted in respect of the **Insured Pet**.
37. **"Veterinary Clinic"** means a place where a registered **Veterinary Practitioner** renders services for **Treatment**, prophylaxis, diagnosis, or advice on request of a client.
38. **"Veterinary Hospital"** means an institution under the charge of a registered **Veterinary Practitioner** where Veterinary services are available at all times and wherein examination, **Diagnostic**, prophylactic, medical, surgical and extended accommodation services for hospitalized animals are provided. The hospital shall have facility for indoor patients 24x7 & at least minimal facilities for client accommodation
39. **"Vet" or "Veterinarian" or "Veterinary Practitioner" or "Veterinary Doctor"** means a person holding a veterinary qualification recognized under the Indian Veterinary Council Act, 1984 and registered with a State/UT Veterinary Council.
40. **"Vet Fees"** means the standard, customary and reasonable sums incurred to treat an **Incident** suffered by **Insured Pet** and normally charged by a **Vet** practicing in the area in which the pet suffers the **Incident**, including but not limited to:
 - i. Any consultation, examination, advice, test, **Diagnostic** procedure, **Surgery** and/or nursing carried out by a **Vet**, a **Veterinary** nurse or another member of the Veterinary Practice under the supervision of a **Vet Surgeon**; and/or
 - ii. Any medication or therapy legally prescribed by a **Vet**.
41. **"Company, We, Our, Us, Insurer"** means Bajaj Allianz General Insurance Company Limited
42. **"Working Pets"** means pet which are being used or trained for commercial use, guarding, security, farming, hunting, racing, volunteering etc.
43. **"Volunteer Pets"** are classed as **Working Pets** and are in the course of volunteering activities.

OPERATIVE PART:

SECTION 1: SURGERY EXPENSES

Scope of Cover:

We shall indemnify **You** for Surgical expenses incurred by **You** for **Treatment** of the **Insured Pet** under this **Policy/Group Policy**. This **Treatment** must be carried out by a **Vet** at his/her **Veterinary Clinic** and/or **Veterinary Hospital** and should be necessitated by an **Accident/Illness** occurring to the **Insured Pet** during the **Policy Period/Cover Period**. The maximum amount **We** pay under this cover shall be of **Sum Insured** Opted and specified in the **Policy Schedule/ Certificate of Insurance**.

We will also pay towards **Medical Expenses** incurred in the event of a fracture of any limbs of the **Insured Pet** under this section which does not require **Surgery**. The sublimit for this cover shall be as specified in the **Policy Schedule/ Certificate of Insurance** which shall be a part of and not in excess of the **Sum Insured** applicable to this section.

Pre / Post Surgery Expenses

The Medical and/or **Diagnostic Expenses** incurred during the

- i) 7 days immediately before the **Surgery**; and
- ii) first 15 days immediately after the **Surgery**

are covered, provided that such expenses/costs were incurred for the same **Illness/Injury** for which subsequent **Surgery** was required, and the **Company** has accepted the **Claim** for **Surgery**.

These expenses shall be covered within the **Sum Insured** limit applicable to this section.

SECTION 2: HOSPITALISATION COVER

Scope of Cover:

We shall indemnify **You** for all reasonable and customary charges made for in-patient **Treatment** for an **Illness** or **Accidental Injury** to the **Insured Pet**, carried out in a **Veterinary Hospital** and necessitated/ **Medically Required** by

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an **Incident** occurring to the **Insured Pet** during the **Policy Period/ Cover Period** subject to the per day limit and aggregate limit for the **Policy Period/ Cover Period** as opted and specified in the **Policy Schedule/ Certificate of Insurance**

Specific Exclusion Applicable to Section 2:

1. any hospitalization in which the **Insured Pet** does not require minimum 24 Hours of in-patient **Treatment**. However, wherever it is established to **Company's** satisfaction that requisite facility for 24 Hours Hospitalization was not available to the **Insured**, Claim under this section shall be admissible with our prior express consent, subject to **Co-Payment** of 40% for each insured event.
2. No indemnity shall be available under this cover for any **Incident** claimed under Section 6

Exclusions applicable to Section 1 and Section 2:

We shall not be liable to indemnify **You** for the cost incurred in relation of

1. Any **Surgeries/Hospitalization** which are not necessitated due to any **Accident/Illness**, including but not limited to
 - i. Cosmetic, aesthetic or elective **Surgery** such as tail docking, declawing, removal of eyelashes, cropping of ears or any other procedure, any experimental **Surgeries**
 - ii. Pregnancy or giving birth, whelping, pet grooming, breeding or skin diseases.
 - iii. removal of any abnormal growth such as a wart, abscess, benign and malignant tumors. However, this exclusion shall be waived off after 2 consecutive renewal
 - iv. procedures like hysterectomy, spaying (including spaying following a false pregnancy) and castration unless costs claimed are for the **Treatment** of complications arising from this procedure.
 - v. **Dental Surgery**
 - vi. any elective **Treatment**, any preventive **Treatment** or any **Treatment** that **You** choose to have carried out, including any complications that arise thereof
2. fees for **Treatment** of an **Illness** or **Injury** for which the **Insured** was advised prior to commencement of the **Policy/Group Policy** by a **Vet** to take preventive measures and he/she did not do so.
3. any **Claim** arising from expenses incurred for **Treatment** of an intentional **Injury** or condition as a result of abuse (including persistent neglect) of **Insured Pet**, by the **Insured** or a member of the **Insured's** household;
4. **Congenital defects/deformities**, where clinical sign(s) were apparent prior to the effective date of the **Policy/Group Policy** or that became apparent during the first fourteen (14) days prior to the commencement date of this **Policy/Group Policy**;
5. vaccination and micro-chipping, other than the cost of treating any complications that arise from this procedure
6. cost of artificial body parts and/or prosthesis.
7. non-medical cost incurred for **Treatment** of **Insured Pet**
8. expenses which can be covered under any other Section of this **Policy/Group Policy**
9. **Treatment** for Hip Displacia (unless specifically covered on payment of additional premium at first inception of **Policy/Group Policy**)
10. any restriction opted under restricted cover option.
11. any **Claim** arising from expenses incurred for **Treatment** of **Illness** or **Injury** arising out of:
 - a. Racing;
 - b. Coursing;
 - c. Commercial guarding;
 - d. Organized fighting; or
 - e. Any other occupational, professional or business uses of the **Insured Pet**;
 (unless specifically covered as provided under EXTENSION: COMMERCIAL USE OF PET)
12. For any **Incident**, a **Claim** shall be admissible under either Section 1 or Section 2 but not both (applicable wherever **Insured** has opted for both the sections).

SECTION 3: MORTALITY BENEFIT

Scope of Cover:

We shall pay the **Sum Insured** as shown on the **Policy Schedule/ Certificate of Insurance**, if the **Insured Pet** dies because of

- an **Illness** or
- **Accident** or
- as a result of the **Vet** putting **Insured Pet** to sleep in order to alleviate its incurable and inhumane suffering due to an **Illness** or **Accident**

during the **Policy Period/ Cover Period**.

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In addition to above, the **Company** shall also pay the benefit amount of INR 3000 for cremation, burial and disposal of the carcass of the **Insured Pet** following its death due to an insured peril over and above the morality benefit **Sum Insured**, wherever a morality **Claim** is admissible under the **Policy/Group Policy**.

Specific Exclusions:

The **Company** shall not pay any amounts under this Mortality benefit:

1. if the **Insured Pet** is put to sleep due to aggression unless this can be attributed to an **Illness** and can be certified by a **Veterinary Doctor**.
2. if the Death results from or the **Insured Pet** is put to sleep from an **Illness** it has not been vaccinated against despite the requirement to do so.
3. **Claims** arising due to the intentional slaughter, irrespective of any order by Government, Local Authority or any person having jurisdiction in the matter.
4. any restriction opted under restricted cover option.
5. death resulting from medication/ **Treatment** not recommended by **Vet**.

**NOTE:

- Mortality Benefit Cover will not be available for Giant Dog Breeds over the age of 4 years and all other Breeds over the age of 7 years, except if renewed with **Us** without break.
- Mortality Benefit Cover will not be available for Cats of all Breeds over the age of 8 years, except if renewed with **Us** without break.
- In the event of death of the **Insured Pet**, where such death is attributable to or caused due to a Terminal Diseases, where **Insured Pet** is covered under both Section 3 and Section 4, and where a **Claim** under Terminal Diseases Cover is already admitted under the **Policy**, the **Company** will pay the **Sum Insured** specified against this benefit in the **Schedule/Certificate of Insurance** minus any sums already admitted for payment under the Terminal Diseases Cover under the **Policy/Group Policy**.

SECTION 4: TERMINAL DISEASES COVER

Scope of Coverage

We shall pay **You** the lump sum amount opted by **You** and specified in the **Policy Schedule/ Certificate of Insurance**, if the **Insured Pet** is diagnosed as suffering from any of the Terminal diseases listed as below, which first occurs or manifests itself during the **Policy Period/ Cover Period** and the **Insured Pet** survives a minimum period of 30 days from the date of diagnosis.

Sr. No.	For Dogs	For Cats
1	All types of Cancer	All types of Cancer
2	Chronic Kidney Failure	Chronic Kidney failure
3	Coagulation Disorders	Coagulation Disorders
4	Cardiac Dysfunctions	Cardiac Dysfunctions
5	Canine Distemper	Feline Distemper
6	Leptospirosis	Leukemia

Specific Exclusions:

We shall not pay **You** under this Section in case of the following:

1. If the **Insured Pet** dies before the completion of 30 days from the date of diagnosis of the above listed Terminal diseases.
2. Any Terminal diseases for which care, **Treatment**, or advice was recommended by or received from a **Vet**, or which first manifested itself or was contracted before the start of the **Policy Period/Cover Period**, or for which a **Claim** has or could have been made under any earlier **Policy/Group Policy**.
3. More than one **Claim** shall not be honored under this Section, the cover shall cease for the lifetime once claimed.
4. any restriction opted under restricted cover option.

SECTION 5: LONG TERM CARE COVER

Scope of Coverage

We shall pay **You** the lump sum amount opted by **You** and specified in the **Policy Schedule/ Certificate of Insurance**

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against this Section, if the **Insured Pet** is diagnosed as suffering from any of the **Illnesses** listed below and require long term care, which first occurs or manifests itself during the **Policy Period/ Cover Period**.

Sr. No.	For Dogs	For Cats
1	Epilepsy	Epilepsy
2	Pancreatitis	Pancreatitis
3	Diabetes	Diabetes
4	Thyroid Dysfunction	Thyroid Dysfunction
5	Ascites	Ascites
6	Cushing's Syndrome	Jaundice
7	Glaucoma	Paralysis with complete or permanent loss of one or more limb
8	Inflammatory Bowel Disease	Cystitis

Specific Exclusions:

More than one **Claim** shall not be honored under this Section during the lifetime of the pet.

**NOTE:

- Long Term Care Cover will not be available for Giant Dog Breeds over the age of 4 years and all other Breeds over the age of 7 years, except if renewed with **Us** without break.
- Long Term Care Cover will not be available for cats over the age of 8 years, except if renewed with **Us** without break.

SECTION 6: OPD COVER

Scope of Coverage

We shall indemnify **You** for the costs incurred by **You** for the **Treatment** of the **Insured Pet**, carried out by a **Vet** at his/her **Veterinary Clinic**, up to the amount of INR 30000 for the following **Illnesses**:

Sr. No.	For Dogs	For Cats
1	Meningitis	Colitis
2	Hepatitis/Liver Dysfunction	Hepatitis/Liver Dysfunction
3	Pneumonia	Pneumonia
4	Peritonitis	Peritonitis
5	Inflammation of Prostate Glands	Toxoplasmosis
6	Pyometra	Pyometra
7	Vestibular Disorder	UTI (Urinary Tract Infections)
8	Eye Related Problems except for Glaucoma	Eye Related Problems except for Glaucoma
9	Parvo virus	Anemia
10	Any Bodily Injury to the insured dog arising out of Accidents	Any Bodily Injury to the insured cat arising out of Accidents

Deductible:

A compulsory **Deductible** of 10% of the **Claim** amount, subject to a minimum of Rs. 1000, is applicable on each and every **Claim**.

Specific Exclusions:

- Any **Claim** related to Glaucoma shall not be payable under this Section.
- Any **Claim** arising out of a **Surgery** conducted on the **Insured Pet**.
- Any expenses which can be covered under any other Section of this **Policy/Group Policy**
- any restriction opted under restricted cover option.

**NOTE:

- OPD** Cover will not be available for Giant Dog Breeds over the age of 4 years and all other Breeds over the age of 7 years, except if renewed with **Us** without break.
- OPD** Cover will not be available for cats above age of 8 years of age except if renewed with **Us** without break.

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SECTION 7: THIRD PARTY LIABILITY COVER

Scope of Coverage

We shall pay **You**, if **You** become liable to pay for any **Bodily Injury** and/or property damage and/or sickness and/or Death of a **Third Party** due to any one event or multiple events occurring during the **Policy Period/ Cover Period** involving the **Insured Pet**.

We shall also indemnify **You** for the Legal expenses and costs incurred by **You** for defending the **Claims** lodged against **You**, within the **Sum Insured** as shown on the **Policy Schedule/ Certificate of Insurance** against this Section. Legal expenses shall be admissible even in case where the **Insured** is absolved of the legal liability by a competent Court or Tribunal.

Legal expenses for this cover shall mean fees of the Advocate for defending or providing legal assistance to **You** in/for police case and proceedings in the court

We shall have the right to recommend that **You** settle such **Claim** for an amount for which the **Claim** can be settled. **You** may decline to settle any **Claim** which **We** so recommend that it settle; provided, however, that in the event the **You** shall elect to contest or continue to contest such **Claim** after **We** have recommended it be settled, **We** may withdraw from the matter, and **Our** liability shall not exceed the sum of the amount of damages for which the **Claim** could have been settled and the amount of **Claims** expenses incurred with **Our** consent prior to the date on which **We** had first recommended the settlement.

We may in the case of any **Claim** pay the amount of the **Our** applicable limit under this cover or any lesser sum for which the **Claim** can be settled, and **We** will thereafter have no further liability in respect of such **Claim**.

Specific Exclusion:

We will not pay any amounts under **Third Party** Liability Cover for:

1. **Claims** where liability is not established through a competent Court or Tribunal or Forum constituted under Indian Law.
2. Any damages, costs and expenses where the **Injury** or damage was caused by the deliberate acts or omissions of the **Insured** or members of **Insured's Family**, employed by **You** including staff/care-taker.
3. any restriction opted under restricted cover option.
4. Any **Claim** arising from breach of quarantine restrictions or import or export regulations.
5. Any compensation cost and expenses if the **Incident** happens in an area or place where pets are specifically prohibited unless the **Insured Pet** escapes and enters the area outside of **Insured's** control.
6. Compensation or legal costs if the injured person is
 - part of **Insured's Family** living in their home or
 - is paid to look after the **Insured Pet** or is paid to train the **Insured Pet**
 - All **Vets**, kennel employees, pet breeders, pet shop owners if the **Incident** has occurred in the course of conducting their profession/occupation.

SECTION 8: THEFT/LOST/STRAYING COVER

Scope of Coverage

We shall pay **You** the lump sum amount set against this Section as shown on the **Policy Schedule/ Certificate of Insurance**, in respect of permanent loss as a result of **Insured Pet** being **Lost** or stolen or strayed and no recovery having been made after 45 days despite appropriate attempts to trace the **Insured Pet** including advertising and reward.

We shall also reimburse **You** for advertising in a local newspaper or other approved expenditure up to a maximum of INR 1000 and for a reward to be offered for recovery of the **Insured Pet** (previously agreed by **Us**) up to the maximum of INR 5000 within the **Sum Insured** limit as shown against this Section in the **Policy Schedule/ Certificate of Insurance**.

Specific Exclusions:

We will not pay any amounts under **Theft/ Lost/Straying** cover for:

1. any **Claim** not supported by evidence of any sort of advertising done to find the **Lost Insured Pet**.
2. Reimbursing any money **You** spent, trying to find **Your** pet, if **We** have not agreed to the way **You** were trying to do it.
3. Any reward to anyone who is a member of **Insured's Family** or household residing with **You** or by any person

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employed by **You**.

Special Conditions:

1. Upon the happening of a loss, **You** will have to immediately report the loss to the Police Authorities and get a General Diary entry lodged.
2. Every effort shall be made to trace out the **Insured Pet** including, if necessary advertisement in local newspapers.
3. **You** shall intimate **Us** by registering a **Theft** /stolen incidence within 24 hours from the event of loss. **You** shall furnish the **Claim** intimation number once **You** submits the final **Claim** document in event of no trace of the **Insured Pet** within 45 days.
4. If the **Insured Pet** is not found within 45 days from the date of disappearance in spite of various attempts, submit a **Claim** for **Theft** or **Straying** to **Us** (no later than one year after the date **Insured Pet** went missing).
5. If **Insured Pet** is found or subsequently returned, **You** must repay the full amount that has been paid under this cover of the **Policy/Group Policy**.

**NOTE:

- **Theft / Lost / Straying** Cover will not be available for Giant Dog Breeds over the age of 4 years and all other Breeds over the age of 7 years, except if renewed with **Us** without break.
- **Theft / Lost / Straying** Cover will not be available for cats above age of 8 years of age except if renewed with **Us** without break.

EXTENSION: COMMERCIAL USE OF PET

On payment of additional premium, coverage under the **Policy/Group Policy** can be extended to cover pets used for occupational, professional or business uses. This extension shall not be available where pets are engaged in hazardous activities/ sports or hunting.

SPECIAL CONDITION APPLICABLE TO EXTENSION: COMMERCIAL USE OF PET

- 1) All the pets under the ownership of organization/entity/firm proposing to cover the pets for such purpose must be covered without selection, subject to the entry and exit age criteria under the **Policy/Group Policy**. **We** shall not be liable for any **Claim** where pets are insured on selection basis.
- 2) This cover shall not be available for pet breeders breeding the pets solely from the perspective of selling them for remuneration.

WAITING PERIODS

Sr. No.	Claim Under Section	Waiting Period* (from first commencement of Policy)	Waiting Not Applicable For
1	Section 1; Section 2; Section 3 Section 6	20 Days	Claims arising out of any Accident
2	Section 4; Section 5;	20 Days	-
3	Section 8	20 Days	-
4	Section 7	Nil	-

*The **Company** at its discretion may agree for waiting period/limits other than as specified above (1-3) on case to case basis. Wherever the **Company** agrees to offer limits other than specified above, the same shall be as specified in the **Policy Schedule/ Certificate of Insurance**.

GENERAL EXCLUSIONS:

The **Company** will not pay any **Claim** whatsoever under any of the Sections, in any circumstances that are shown below:

1. **Accidents** occurring and/or disease contracted prior to commencement of risk. This exclusion is not applicable for the annual Policies renewed in continuity.
2. Any **Claims** for Diseases for which preventive medicines/vaccines has not been taken.
3. Any excess amount as shown on the **Policy Schedule/ Certificate of Insurance** against each Section.
4. Any **Claims** for Costs or fees for **Experimental Procedures**.

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5. Any **Claims** for costs incurred on alternate **Treatment**.
6. Any **Claim** for **Treatment** of disease or **Accidental Injury** to working pet pets and **Volunteer Pets** (unless specifically covered as provided under EXTENSION: COMMERCIAL USE OF PET).
7. Any loss or damage caused willfully or knowingly by the **Insured**, or any loss or damage in which the **Insured** or any person, acting on his behalf, is involved or implicated.
8. Any consequential loss, how so ever arising.
9. Any **Claims** arising outside the territorial limits of India.
10. The confiscation or destruction of **Insured Pet** by Government or Public Authorities, or under applicable laws
11. The **Insured** breaking any laws, or regulations, including those relating to animal health or importation.
12. Any medication or **Treatment** not recommended by a **Vet**.
13. Where fraud has been committed against the **Company** or where false information has been provided to the **Company**.
14. If the **Insured Pet** is sold or where any financial interest whatsoever is parted with by the **Insured**, whether temporarily or permanently.
15. Any endemic disease as declared by the Indian local authorities or State or Central Government.
16. Any **Illness** that **Insured Pet** contracted while outside India that it would not normally have contracted in India.
17. Legal expenses, fines and penalties connected with, or resulting from, a Criminal Case or an Act of Parliament made in India.
18. Any **Claim** for **Treatment** of a **Third Party** as a result of the disease transmitted from animals to humans.
19. Malicious or willful **Injury** or neglect, or gross negligence to **Insured Pet** caused by the **Insured**, his/her agent, employees or members of **Insured's Family** and unskillful **Treatment**.
20. Any **Claim** in respect of a pet, categorized as dangerous pets by State or Central government authority.
21. Any charges or fees billed by the treating **Vet** to complete a **Claim** form or to provide information to support **Insured's Claim**.
22. 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, riot, strike, or terrorist activities.
23. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or nuclear weapons material or from the combustion of nuclear fuel, or the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
24. Any cost directly or indirectly arising or resulting from, or contributed to or by chemical, biological, biochemical or electromagnetic weapon, device, agent or material, whether controlled or uncontrolled, **Accidental** or otherwise;
25. Any cost directly or indirectly arising or resulting from, or contributed to or by nuclear reaction, radiation, radioactive contamination or the discharge of nuclear device, whether controlled or uncontrolled, **Accidental** or otherwise.

GENERAL CONDITIONS:

1. **Observance of Terms and Conditions:** The due observance of and compliance with the terms, provisions, warranties and conditions of this **Policy/Group Policy** in so far as they relate to anything to be done or complied with by the **Insured**, shall be a condition precedent to any liability of the **Company** under this **Policy/Group Policy**.
2. **Reasonable Precautions:** The **Insured Pet** must be in sound and perfect health and free from any **Injury** at the time of the proposal.
3. The **Insured Pet** must be a minimum of 90 days old and no older than the age set out in the **Policy Schedule/ Certificate of Insurance** on the start date of the **Policy**.
4. **AGE GROUP**

Pet Type	Breed Type	*Entry Age	*Exit Age
Dogs	Small	3 Months – 7 Years	10 Years
	Medium		
	Large		
	Giant	3 Months – 4 Years	6 Years
Cats	All Breeds	3 Months – 7 Years	12 Years

* **Insurer** at its own discretion, wherever it can be established to full satisfaction of the **Company** regarding good health of the pet may also permit a higher entry and/or exit age other than as specified above, subject to additional special conditions specified in the **Policy Schedule/ Certificate of Insurance**

5. The **Insured Pet** must live with the **Insured** at the address shown in the **Policy Schedule/ Certificate of Insurance**. The cover will cease immediately if the **Insured Pet** is sold or where any financial interest whatsoever

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is parted with by the **Insured**, whether temporarily or permanently or if the **Insured Pet** is no longer ordinarily residing at the in **Insured's** premises named in the **Policy Schedule/Certificate of Insurance**.

6. The **Insured** must take **Insured Pet** for regular annual check-ups and keep the pet vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus during the entirety of the **Policy Period/Cover Period**. All vaccinations must be administered under **Vet** supervision (except Homeopathic vaccinations).
7. The **Insured** agrees that his/her current and/or previous **Vet** may release all information or records regarding the **Insured Pet** to the **Company** or **Company's** agent and that the **Company** may release information about **Insured's Policy/Group Policy** to any **Vet** who has either treated the **Insured Pet** or is about to treat the **Insured Pet**. If the **Vet** charges the **Insured** for this information, **Insured** will be responsible for the costs.
8. No cover will not be available midterm and will have to be opted for at the inception/renewal of the **Policy/Group Policy**.
9. The **Insured** shall provide the **Insured Pet** sufficient and proper food, water, shelter and **Treatment** and shall keep secure all fences. The **Insured** shall at all times and to the best of his/her knowledge and ability use and exercise due and proper precaution and safeguard loss or danger of loss under this **Policy/Group Policy**. The intent and meaning of this condition being that each **Insured Pet** shall have the same care and attention as when not insured.
10. A. In case of a fresh proposal of cover for a pet over the age of 4 years, the **Company** at its discretion may:
 - call for the most recent medical test reports of the pet for the Illnesses listed in Annexure-I conducted in the last 7 days for the relevant medical tests;
 - OR
 - Impose an initial 03 months waiting period from the date of inception of the risk for any **Claim** pertaining to sickness/**Illness**.

****Note:** In case of receipt of positive medical test reports for the listed Illnesses (refer Annexure I), no such pre-existing disease will be covered under this **Policy/Group Policy**.

B. In case of a fresh proposal of cover for a pet under the age of 4 years, no such reports would be required for an insurance cover.

11. Notification of Claims:

It is a condition precedent to the **Company's** liability hereunder that upon happening of any insured event under this **Policy/Group Policy** the **Insured** shall:

- a) Immediately give notice to the **Company** on the toll free numbers 1-800-225858 (free calls from BSNL / MTNL Lines only) and 1-800-2025858 (free calls from Bharti - Mobile/ Landline) within at least 24 hours from the moment of loss, and provide the **Company** with such information and documentation (in relation to the quantum of the **Claim** and otherwise) that the **Company** may request within 15 days from such notification of loss.
- b) Immediately obtain the services of a qualified **Veterinary Doctor** and get the pet properly treated in the event of an **Illness** or **Accident**
- c) The **Company** shall disclaim liability to the **Insured** for any **Claim** hereunder and if such **Claim** shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law then the **Claim** shall for all purposes be deemed to have been abandoned and shall not hereafter recoverable hereunder.
- d) On receipt of all required information/ documents that are relevant and necessary for the **Claim**, the **Company** shall, within a period of 30 days offer a settlement of the **Claim** to the **Insured**. If the **Company**, for any reasons, decides to reject a **Claim** under the **Policy/Group Policy**, it shall do so within a period of 30 days from the receipt of last relevant and necessary document. In the event the **Claim** is not settled within 30 days as stipulated above, the **Company** shall be liable to pay interest at a rate, which is 2% above the bank rate from the date of receipt of last relevant and necessary document from the **Insured/Claimant** by insurer till the date of actual payment.
- e) List of Documents required at the time of **Policy/Group Policy** issuance are:
 - Duly filled Proposal Form
 - Video of the pet walking and Color Photos from all sides (With newspaper of Proposal date in same frame or through Insurance Wallet) or Color Photo of RFID tag with the Identification Number clearly visible where identification is done on basis of Photographs/ Videos
 - **Diagnostic** Test Results if customer opts for PED cover being effective from succeeding day
 - Self-declaration on vaccinations conducted on time & declaration for insurable interest
 - Purchase Proof (in case of Sum Insured above max price as per pricing matrix has been selected by the **Insured**)
 - Pedigree Certificate (in case customer has selected pet to be of pedigree lineage)

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Note: Based on the type of pet covered, the **Company** at its discretion may relax certain documentation requirements

- f) Unless otherwise decided by **Company**, following basic documents will be necessary for processing of a **Claim** under this **Policy/Group Policy** -
- Duly completed **Claim** form
 - Vaccination Certificates
 - Death Certificate along with colored photographs of the deceased pet (in case of **Claim** under Mortality Benefit Cover)
 - **Vet** Medical Papers and Bill (in case of **Claims** under **Surgery** Expenses & Hospitalisation Cover, Mortality Benefit Cover, Long Term Care Cover and **OPD** Cover)
 - Copy of General Diary Entry lodged by Police (in case of **Claim** under **Theft / Lost / Straying** Cover)
 - FIR (in case of **Claim** under **Third Party** Liability Cover)
 - Copy of advertisement (in case of **Claim** under **Theft / Lost / Straying** Cover)
 - Hospital bill (in case of **Claim** under Hospitalization)
 - Court Orders (in case of **Claim** under **Third Party** Liability Cover)
 - **Diagnostic** Report (in case of **Claim** under Terminal Diseases Cover, Long Term Care Cover and **OPD** Cover)
 - Any other documents if required by the **Company** to process the **Claim**
12. **Alteration of Risk:** The **Policy/Group Policy**, the **Schedule/Certificate of Insurance**, the proposal form, endorsements, Annexures shall constitute the complete contract of insurance. No change or alteration of the risk in this **Policy/Group Policy** shall be valid or effective and this **Policy/Group Policy** shall cease in case of any such alteration.
13. **Contribution:** If, at the time of any **Claim**, there is, or but for the existence of this **Policy/Group Policy**, would be any other policy of indemnity or insurance in favour of or effected by or on Insured's behalf applicable to such **Claim**, then the **Company** shall not be liable to pay or contribute more than its ratable proportion of any loss or damage.
14. **Subrogation:** The **Insured** and any Claimant under this **Policy/Group 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 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/Group Policy** whether such acts and things shall be or become necessary or required before or after the **Insured's** indemnification by the **Company**.
15. **Fraud:** If the **Insured** or any **Family** member(s) or any one acting on his/**Family** member (s) behalf shall make misrepresentation, mis-description or non-disclosure of any material fact for obtaining the risk cover under the **Policy/Group Policy**, or make or advance any **Claim** for **Insured Pet's Medical Expenses**, which is in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used or forged and or fabricated **Claim** supporting documents are received by the **Company** from Insured/representative of Insured, to obtain any **Claim/benefits/indemnities** for the **Insured Pet** under the **Policy/Group Policy** or for moral hazard or if the Loss or damage be occasioned by the wilful act, or with the connivance of/conspiracy with the Insured/ **Family** member (s) of **Insured** or for non-cooperation by the **Insured**, then the **Policy/ Certificate of Insurance** and all benefits under the **Policy/Certificate of Insurance** shall be null and void and all **Claims** or premium paid thereunder shall be forfeited. Provided however in case of non-cooperation by the **Insured**, the premium paid will not be forfeited.
16. **Renewal Process:**
- The **Company** is not bound to accept any renewal premium or give notice that renewal is due. On renewal, the benefits provided under the **Policy/Group Policy** and/or terms and conditions of the **Policy/Group Policy** including premium rate may subject to change. Under normal circumstances, renewal of **Policy** will not be refused except on the grounds of **Insured's** moral hazard, misrepresentation, mis-description or non-disclosure of any material fact, fraud, or Insured's non-cooperation. (Subject to **Policy** is renewed annually with Bajaj Allianz General Insurance **Company** Limited within the **Grace period** of 30 days from date of Expiry)
 - In case of **Our Company's** own renewal, a **Grace Period** of 30 days is permissible and the **Policy** will be considered as continuous for the purpose of all waiting periods. However, any **Claim** during the break period will not be admissible under the **Policy**.
 - For renewals received after completion of 30 days **Grace Period**, a fresh application of insurance should be submitted to the **Company**, it would be processed as a new business proposal with fresh waiting periods.
17. **Cancellation**
- 1) (Applicable to Individual Policy):

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This **Policy** may be cancelled by the **Insured** at any time by giving at least 15 days written notice to the **Company** provided there has been no **Claim** made under the **Policy**, the **Company** will refund premium according to the **Company's** short- period scale rated as mentioned below.

Annual Short Period Cancellation Scale	
Cancellation Period (Days)	Refund Amount as percentage of Annual Premium amount (excluding GST)
Up to 15 days	100%
16 to 60 days	67%
61 to 90 days	59%
91 to 120 days	51%
121 to 150 days	43%
151 to 180 days	35%
181 to 365 days	Nil

Note: Short Term Policies issued for a period less than one year, cannot be cancelled

1. For Policy with the Policy Period more than 1 year :

- If the request for cancellation is received in First Year, the apportioned premium for subsequent years will be refunded in full and for refund of premium of First Year, the above mentioned annual short period scale as mentioned in hereinabove will be applied on the apportioned First Year premium.
- If the request for cancellation is received in subsequent year(s)
 - the apportioned premium for the completed years of the **Policy Period** will be retained in full,
 - the annual short period scale as mentioned in hereinabove 17(I) will be applicable for the apportioned premium of the ongoing **Policy** year,
 - Apportioned premium for the remaining unutilized years of the **Policy Period** to be refunded in full.

Note: 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.

II) (Applicable to Group Policy):

a) Cancellation of Group Policy/Certificate of Insurance by Group /Master Policy Holder (where premium is borne by the Group /Master Policy Holder)

- During the Group **Policy Period** of the **Master Policy**, the **Group /Master Policy** Holder may cancel the **Master Policy/Certificate of Insurance** at any time by giving at least 15 days written notice to the **Company** and also intimating the same to the **Insured Beneficiary**.
- The **Certificate of Insurance** may be cancelled by the **Group /Master Policy** Holder as under:

The **Certificate of Insurance** may be cancelled by the **Group /Master Policy** Holder in which case the **Company** will refund the premium to the **Group /Master Policy** Holder on a pro-rata basis by reference to the risk undertaken as provided in the respective **Certificates of Insurance** till effective date of such termination, subject however to a minimum retention of 25% of premium mentioned in the **Certificate of Insurance** or Rs.100 per **Certificate of Insurance** whichever is higher (unless otherwise specifically agreed and specified in **Group Policy Schedule**) in respect of those **Certificates of Insurance** on which no **Claim** has been lodged.
- No refund of premium shall be due on cancellation of **Certificate of Insurance** if a claim has been made by the **Insured Beneficiary**, whether such **Claim** was admitted or repudiated.
- For the avoidance of doubt, the **Company** shall remain liable for any claim that was made prior to the effective date of cancellation of **Certificate of Insurance**.
- Certificate of Insurance** issued on a short term basis for a **Cover Period** less than one year cannot be cancelled.

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b) Cancellation of Group Policy/ Certificate of Insurance by Group /Master Policy Holder (where premium is borne by the Insured Beneficiary)

1. The **Group Policy/Certificate of Insurance** may be cancelled on behalf of the **Insured Beneficiary** by the **Group /Master Policy** Holder by sending fifteen (15) day's notice to the **Insurer** by registered letter.
2. **Certificate of Insurance** issued on a short term basis for a **Cover Period** less than one year cannot be cancelled
3. The **Group Policy/Certificate of Insurance** may be cancelled by the **Group /Master Policy** Holder as under:
 The **Group Policy/ Certificate of Insurance** may be cancelled by the **Group /Master Policy** Holder in which case the **Company** will refund the premium to the **Master Policy** Holder or **Insured Beneficiary** (as per the terms of **Certificate of Insurance**) on a pro-rata basis by reference to the risk undertaken as provided in the respective **Certificates of Insurance** till effective date of such termination, subject however to a minimum retention of 25% of premium mentioned in the **Certificate of Insurance** or Rs.100 per **Certificate of Insurance** whichever is higher (unless otherwise specifically agreed and specified in **Group Policy Schedule**), in respect of those **Certificates of Insurance** on which no **Claim** has been lodged.
4. No refund of premium shall be due on cancellation of **Certificate of Insurance** if a **Claim** has been made by the **Insured Beneficiary**, whether such **Claim** was admitted or repudiated.
5. For the avoidance of doubt, the **Company** shall remain liable for any **Claim** that was made prior to the effective date of cancellation of **Certificate of Insurance**.
6. **Certificate of Insurance** issued on a short term basis for a **Cover Period** less than one year cannot be cancelled.

c) Effect of cancellation of Group/Master Policy Holder by the Group Manager :

From the effective date of cancellation or termination of this **Group Policy/Certificate of Insurance** at the instance of **Group Manager**:

1. In respect of **Certificate of Insurance**, the **Company** shall remain obligated to indemnify the **Insured Beneficiary**, under & during the risk **Cover Period** of **Certificate of Insurance**, for **Claim(s)**, if any, as per Terms and Conditions of **Certificate of Insurance** read with this **Group Policy** where such **Claim** is made before or after the date of cancellation or termination of this **Group Policy/ Certificate of Insurance** subject to the condition that before the date of cancellation or termination the respective **Insured Beneficiary** [claimant] was enrolled under the **Group Policy** as per the provisions of this **Group Policy** and the **Claim**, if any, is made for the **Claim** arising during the risk **Cover Period** as specified in the **Certificate of Insurance**, subject however to all other Terms and Conditions;
2. The **Group/Master Policy** Holder would continue to be responsible for facilitating the claim for coverage provided prior to date of termination to the full extent of the risk **Cover Period** provided to the **Insured Beneficiary** under **Certificate of Insurance**.
3. The **Company** shall not be obligated to indemnify the **Insured Beneficiary** for the **Cover Period** for amounts where such right to payment accrued after the date of cancellation or termination of this **Group Policy** if the **Insured Beneficiary** was enrolled by the **Insured** after the date of termination of the **Group Policy**; and
4. Subject to all other terms and conditions, the **Company** shall continue to have an obligation to indemnify the **Insured Beneficiary** for amounts where such right to payment accrued before the date of cancellation or termination of this **Group Policy/ Certificate of Insurance**; and
5. The **Company** and the **Insured** shall remain liable under the terms and conditions of this **Group Policy** to fulfil the obligations that have accrued at the date of cancellation or termination of this **Group Policy/Certificate of Insurance**;

(d) Validity of Certificate of Insurance issued to Insured Beneficiary under Group Policy

Subject to provision relating to cancellation, the coverage under the **Certificate of Insurance** will automatically terminate on the earliest of the following occurrence:

- a. The expiry date of **Cover Period** as mentioned in the **Certificate of Insurance**
- b. In case of loss/damage, any claim paid up to the **Sum Insured** as mentioned in the **Certificate of Insurance**

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- c. The date that the **Insured Beneficiary** is no longer member of the **Group** of the **Group/Master Policy** Holder.
- d. The effective date of cancellation of **Certificate of Insurance** by the **Company** or **Group/Master Policy** Holder, as the case may be, in accordance with these terms and conditions of the **Group Policy**.

18. Dispute Resolution

(Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

Note :

- 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
- 2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

19. Notices:

- a) Any and all notices and declarations for the attention of the **Company** shall be submitted in writing and shall be delivered to the address specified in the **Schedule/Certificate of Insurance**.
- b) Any and all notices and declarations for the attention of the **Insured** shall be posted to the Insured's address stated in the **Schedule/Certificate of Insurance**.

20. **Governing Law:** The construction, interpretation and meaning of the provisions of this **Policy/Group Policy** shall be determined exclusively in accordance with Indian law. The Section headings of this **Policy/Group Policy** are included for descriptive purposes only and do not form part of this **Policy/Group Policy** for the purpose of its construction or interpretation.

21. **Entire Contract:** This **Policy/Group Policy** constitutes the complete contract of insurance. No change or alteration in this **Policy/Group Policy** shall be valid or effective unless approved in writing by the **Company**, which approval shall be evidenced by an endorsement on the **Policy/Group Policy**.

22. **Territorial Limits:** The cover provided under this **Policy/Group Policy** is restricted to **Claims** occurring in India, and determined according to Indian Law, and the obligation of the **Company** to make payment or shall make payment in Indian Rupees only.

23. **Resolving Issues:** The **Company** does their best to ensure that it's customers are delighted with the service they receive from Bajaj Allianz. If the **Insured** is dissatisfied the **Company** would like to inform that the **Company** has a procedure for resolving issues. The **Insured** has to include his/her **Policy/Group Policy** number in any communication. This will help the **Company** to deal with the issue more efficiently. If the **Insured** doesn't have the **Policy/Group Policy** number, they can get in touch with their Branch office.

First Step

Initially, the **Company** suggests **Insured** to contact the Branch Manager / Regional Manager of the local office which has issued the **Policy**. The address and telephone number will be available in the **Policy/Group Policy**.

Second Step

Naturally, The **Company** hopes the issue can be resolved to **Insured's** satisfaction at the earlier stage itself. But if **Insured** feels dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Customer Care Cell

Bajaj Allianz General Insurance Co. Ltd

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

E-mail: bagichelp@bajajallianz.co.in

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - 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: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU - 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: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - 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: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - 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: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)

Office Details	Jurisdiction of Office (Union Territory, District)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI - 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: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - 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: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman,	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow,

Office Details	Jurisdiction of Office (Union Territory, District)
6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - 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: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - 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: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanishramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - 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: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

"List of Ombudsman offices established by the Central Government for redressal of grievance are also available at
<https://www.cioins.co.in/Ombudsman>

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

Tel: 022 -69038800/69038812

Website: <https://www.cioins.co.in>

Bajaj Allianz General Insurance Company Limited

Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

UIN: IRDAN113RP0065V01202223

Sr.no	List of Illness for Dogs and Cats
1	All Eye Related Problems
2	All types of Cancer and tumours
3	Anemia
4	Ascites
5	Canine distemper/ Feline distemper
6	Canine Leptospirosis
7	Cardiac Dysfunctions
8	Coagulation Disorders
9	Colitis
10	Cushing 's syndrome
11	Cystitis
12	Diabetes
13	Epilepsy
14	Haematoma in ear
15	Hip Dysplasia
16	Inflammation of Prostate Glands
17	Jaundice
18	Kidney dysfunction
19	Leukemia
20	Liver dysfunction
21	Meningitis
22	Osteo Arthritis
23	Otitis
24	Pancreatic Dysfunction
25	Paralysis with complete or permanent loss of one or more limb
26	Parvo Virus Infection
27	Peritonitis
28	Pneumonia
29	Pyometra
30	Thyroid Dysfunction
31	Upper Respiratory Tract Infection
32	UTI (Urinary Tract Infections)
33	Venereal Granuloma
34	Vestibular Disorder