

Bajaj Allianz General Insurance Company Limited

Issuing Office :

SILVER HEALTH POLICY DOCUMENT

Our agreement to insure You is based on Your proposal, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how and when We insure it, what We expect of You and what You can expect of Us.

A Cover

- 1) *Medical Expenses*
If a *Doctor* advises that it is necessary for You to be immediately hospitalised during the *Policy Period* because of accidental *Bodily Injury* or *Illness*, then We will indemnify Your *Reasonable and Customary Medical Expenses* incurred as a result of that hospitalisation per Section E below.
- 2) *Ambulance Expenses*
If We accept a claim under Cover A1), then We will also indemnify Your reasonable costs of being transferred to or between *Hospitals* in the *Hospital's* ambulance or in an ambulance provided by any ambulance service provider to a maximum of Rs.1,000/- per claim.
- 3) *Medical Check-up*
At the end of every continuous period of 4 years during which each of You have held Our Silver Health policy without making a claim You may apply to Us for a free medical check up at a *Bajaj Allianz Diagnostic Centre*, the location of which We will specify at the time of Your application.

B Definitions

Words or terms in *Italic* have the meaning ascribed to them wherever they appear in this *Policy*, and references to the singular or to the masculine include references to the plural or to the female wherever the context permits:

- 1) *Bodily Injury* means physical bodily harm or injury sustained because of an accident occurring during the *Policy Period* for which immediate treatment by a *Doctor* is necessary, but does not include any mental disease or illness or sickness.
- 2) *You, Your, yourself* means the person or persons that We insure as set out in the *Schedule*.
- 3) *We, Our, Ours, Us* means the Bajaj Allianz General Insurance Company Limited.
- 4) *Doctor* means a person who holds a recognised qualification in allopathic medicine, is registered by the medical council of the respective State of India in which he operates and is practicing within the scope of such license.
- 5) *Hospital* means any institution in India established for the indoor medical care and treatment of patients and which either:
 - a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a *Doctor* in attendance 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, aged, mentally disturbed or similar institution, or
 - b) Complies with at least the following criteria:
 - i) It has at least 10 inpatient beds;
 - ii) It has a fully equipped and functioning operating theatre;
 - iii) It has qualified nursing staff (any person who holds a certificate issued by a recognised nursing council) in attendance 24 hours per day;
 - iv) It has a *Doctor* who is in attendance 24 hours per day;
 - v) It maintains daily medical records for each of its patients.
- 6) *Bajaj Allianz Network Hospitals* means the *Hospitals* which have been empanelled by Us as per the latest version of the schedule of *Hospitals* maintained by Us, which is available to You on request.
- 7) *Bajaj Allianz Diagnostic Centre* means the diagnostic centres which have been empanelled by Us as per the latest version of the schedule of diagnostic centres maintained by Us, which is available to You on request.
- 8) *Illness* means sickness (a condition or an ailment affecting the general soundness and health of Your body) or disease (an affliction of the bodily organs having a defined and recognised pattern of symptoms) that first manifests itself during the *Policy Period* and for which immediate treatment by a *Doctor* is necessary, but does not include any mental disease, sickness or illness.
- 9) *Pre -Existing ailment or disease* -Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed and / or received medical advice/ treatment, within 48 months prior to inception of your first policy.
- 10) *Accident, Accidental* - A sudden, unintended and fortuitous external and visible event.
- 11) *Limit of Indemnity* means the amount specified in the *Schedule* which is Our maximum liability to make payment for You

or any of *You* for any one claim and all claims in the aggregate during the *Policy Period* subject always to the *Lifetime Limit of Indemnity*.

- 12) *Life Time Limit of Indemnity* shall mean in respect of each of *You*, the sum equivalent to 3 times the *Limit of Indemnity* specified in the earliest Silver Health Policy *You* held with *Us*. The Life time limit of indemnity for enhanced SI would be two times the amount by which the limit of indemnity has been increased (i.e. enhanced SI).
- 13) *Medical Expenses* means the reasonable charges that *You* necessarily incur on the advice of a *Doctor*:
 - a) as an in-patient in a *Hospital* for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables (hospitalisation expenses); and
 - b) an amount equivalent to 3% of the hospitalisation expenses covered in a) in respect of any and all pre-hospitalisation and post-hospitalisation expenses.
- 14) *Policy* means the Proposal, the *Schedule* (and any endorsements attaching to or forming part thereof) and this Policy Document.
- 15) *Policy Period* means the date between the commencement date and the expiry date specified in the *Schedule*.
- 16) *Period of Insurance* means the period between the commencement date of the earliest Silver Health Policy each of *You* held with *Us* and the expiry date specified in the *Schedule* as long as there has been no break in cover since the date of that earliest Silver Health Policy, and shall otherwise mean the *Policy Period*.
- 17) *Schedule* means the schedule attached to and forming part of this *Policy* which is latest in time and any annexure to it.
- 18) *Reasonable and Customary* means a charge which a) is charged for medical treatment, supplies or medical services that are medically necessary to treat *Your* condition; b) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred.

C. *What We will not pay*

We will not pay for claims arising out of or howsoever connected to the following:

- 1 Any Pre-existing condition /Ailment (as defined in the policy) and /or its complications, until 12 consecutive months have elapsed, after the date of inception of the first policy, with us. This exclusion shall cease to apply if this *Policy* is the renewal without break of a Silver Health Policy held with *Us* for a continuous period of one year, and shall also not apply on subsequent renewals effected on the same basis.
In case of enhancement of Sum Insured this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Policy without break in cover.
- 2 Without derogation from C1) above during the first year of operation of the insurance cover any *Medical Expenses* incurred on treatment of the following diseases: cataract, benign prostatic hypertrophy, prolapse of genitourinary/intra-abdominal organs, hernia of all types, hydrocele, fistulae, hemorrhoids, fissure in anus, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, stones in the urinary and biliary systems; surgery on ears, surgery on skin/ internal tumours/cysts/nodules/polyps; treatment for benign tumors or malignant conditions or for organomegaly, surgery on joints, treatment for prolapsed intervertebral discs, surgery for gastric or duodenal ulcers.
In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Policy without break in cover.
- 3 Any *Medical Expenses* incurred during the first four consecutive annual periods during which *You* have the benefit of a Silver Health Policy with *Us* in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental *Bodily Injury*.
- 4 Any *Medical Expenses* incurred for any *Illness* diagnosed or diagnosable within 30 days of the commencement of the *Period of Insurance* except those incurred as a result of accidental *Bodily Injury*.
In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Policy without break in cover.
- 5 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 nationalisation or requisition of or damage by or under the order of any government or public local authority.
- 6 Cosmetic or aesthetic treatments of any type, plastic surgery (unless necessary for the treatment of *Illness* or accidental *Bodily Injury*).
- 7 The cost of spectacles, contact lenses, and hearing aids, crutches, artificial limbs, dentures, artificial teeth, and all other external appliances and/or devices whether for diagnosis or treatment.
- 8 External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of sleep apnoea syndrome (C.P.A.P), continuous peritoneal ambulatory dialysis (C.P.A.D.) and Oxygen concentrator for Bronchial Asthmatic condition.
- 9 Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental *Bodily Injury to natural teeth*
- 10 Convalescence, general debility, rest cure, congenital diseases or defects or anomalies
- 11 Venereal diseases or any sexually transmitted disease or sickness
- 12 Intentional self-injuries (including but not limited to the use or misuse any intoxicating drugs or alcohol)
- 13 Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarian section, and/or any treatment related to pre and post-natal care.
- 14 Any treatment towards infertility, sub-fertility or assisted conception procedure or sterilization procedure.
- 15 Any condition directly or indirectly caused by HIV (Human Immuno deficiency virus) or associated with Human T-Cell

Lymphotropic Virus type III (IITLB-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.

- 16 *Medical Expenses* relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
- 17 Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
- 18 Vaccination or inoculation unless forming a part of post bite treatment
- 19 Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending *Doctor*.
- 20 Experimental, unproven or non-standard treatment, including but not limited to chelation therapy
- 21 Surgery to correct deviated septum and hypertrophied turbinates
- 22 Treatment for any other system other than modern medicine (also known as Allopathy)
- 23) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
- 24) Treatment for any mental illness or psychiatric illness.
- 25) Weight management services and treatment related to weight reduction programmes including treatment of obesity.

D *Life Time Limit of Indemnity:*

The *Lifetime Limit of Indemnity* shall be *Our* maximum liability to make payment for all claims in the aggregate under all Silver Health Policies held by each of *You* in *Your* lifetime, including claims made under this *Policy*.

E *Conditions*

1) *Conditions Precedent*

Where this *Policy* requires *You* to do or not to do something, then the complete satisfaction of that requirement by *You* or someone claiming on *Your* behalf is a precondition to any obligation *We* have under this *Policy*. If *You* or someone claiming on *Your* behalf fails to completely satisfy that requirement, then *We* may refuse to consider *Your* claim. *You* will cooperate with *Us* at all times.

2) *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 the address of the person first named as insured in the *Schedule* and such notice shall be effective against all of *You*.

3) *Claims Procedures*

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 treatment is only available at a *Network Hospital*. In order to avail of cashless treatment, the following procedure must be followed by *You*:
 - i) Prior to taking treatment and/or incurring *Medical Expenses* at a *Network Hospital*, *You* must call *Us* and request pre-authorisation by way of the written form *We* will provide.
 - 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*, a pre-authorisation letter. The pre-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-authorisation 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 *Medical Expenses* in the *Network Hospital* that *We* are liable to indemnify under Cover A1) 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*. *You* shall, in any event, be required to settle all other expenses directly.
- b) If pre-authorisation per 3)a) 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, and in any event within 30 days* of the aforesaid *Illness* or *Bodily Injury*.
 - ii) *You* must immediately consult a *Doctor* and follow the advice and treatment that he recommends.
 - iii) *You* must take reasonable steps or measure to minimise the quantum of any claim that may be made under this *Policy*.
 - iv) *You* must have *Yourselves* examined by *Our* medical advisors if *We* ask for this, and as often as *We* consider this to be necessary.
 - 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 (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable) and other information *We* ask for to investigate the claim or *Our* obligation to make payment for it.

- vi) In case of *your* death, someone claiming on *Your* behalf must inform *Us* in writing immediately and send *Us* a copy of the post mortem report (if any) within 30 days*

*Note: Waiver of conditions (i) and (v) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

4) *Basis of Claims Payment*

a) *Our* liability to make payment under Cover A1) above :

- i) For any one *Pre-existing Illness* covered under this *Policy* (if this *Policy* is the renewal without break of an earlier Silver health *Policy* issued by *Us* and held for a continuous period of one year) will be restricted to 50% of the *Limit of Indemnity*.
- ii) For any one accidental *Bodily Injury or Illness* (other than *Pre-existing Illness*) during the *Policy Period* will be up to the *Limit of Indemnity*.

b) If *You* are hospitalised in a *Hospital* other than a *Network Hospital*, *You* shall bear 20% of the claim payable under the *Policy* and *Our* liability, if any, shall only be in excess of that sum. Waiver of the co-payment clause is available on payment of additional premium

c) 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 under Cover A1) above, then such relapse shall be deemed to be part of the same claim irrespective of whether the relapse occurred after the *Policy Period* in respect of that claim.

d) We shall not indemnify *you* for any period of hospitalisation of less than 24 hours except for the 130 Day Care procedures the list of which is annexed.

e) 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.

f) If *You* renew *Your Silver Health' Policy* with *Us* without any break and there has been no claim in the preceding year, *We* will increase the *Limit of Indemnity* by 5% per annum, but:

- i) The maximum cumulative increase in the *Limit of Indemnity* will be limited to 10 years and 50% of *Your* first Silver Health *Policy* with *Us*.
- ii) This clause does not alter the annual character of this insurance or *Our* right to decline to renew or to cancel the *Policy*, as to which see Clause E7) below.
- 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 Silver Health *Policy* shall be reduced by 10%, save that the limit of indemnity applicable to *Your* first Silver Health *Policy* with *Us* shall be preserved.

g) *Our* obligation to make payment in respect of surgery for cataracts (after the expiry of the 1 year period referred to in Exclusion 2) above), shall be restricted to 10% of the *Limit of Indemnity* for each and every claim, subject to a minimum of Rs 12,000 and maximum of Rs 25,000/- for each of *You* and subject always to the *Lifetime Limit of Indemnity*.

h) We shall make payment in India and in Indian Rupees only.

i) The medical check to which *You* may be entitled under Cover A3) comprises a physician consultation, laboratory tests for fasting blood glucose and complete blood count, serum cholesterol, urine routine, chest X-ray and ECG only. 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) or for any other medical treatments or counselling.

5) *Fraud*

If *You* make or progress any claim knowing it to be false or fraudulent in any way, then this *Policy* will be void and all claims or payments due under it shall be lost.

6) *Other Insurance*

If at the time when any claim arises under this *Policy* there is any other insurance which covers (or would but for the existence of this *Policy*), the same claim (in whole or in part), then *We* shall not be liable to pay or contribute more than *Our* rateable proportion of any claim. In respect of a Cancer Insurance *Policy* issued in collaboration with the Indian Cancer Society, the benefits under this *Policy* shall be in excess of the benefits available under that policy.

7) *Renewal & Cancellation*

a) We are not bound to accept any renewal premium or give notice that renewal is due. Under normal circumstances renewal will not be refused. On refusal of any renewal, justification will be given for the same. We may invite renewals with loading of premium for adverse claim experience.

b) We may cancel this insurance by sending *You* at least 15 days written notice, and if no claim has been made then *We* shall refund a pro-rata premium for the unexpired *Policy Period*.

c) *You* may cancel this insurance by giving *Us* at least 15 days written notice, and if no claim has been made then *We* shall refund premium on short term rates for the unexpired *Policy Period* as per the rates detailed below.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- 8) *Territorial Limits & Governing Law*
- This *Policy* is restricted to insured events occurring in and *Medical Expenses* incurred in India.
 - 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.
 - References to any statute in this *Policy* shall be deemed to include any re-enactment or amendment to the same.
- 9) *Arbitration and Conciliation*
- If any dispute or difference shall arise as to the quantum to be paid under this *Policy* (liability being otherwise admitted) such dispute or difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or, if they cannot agree upon a single arbitrator within 30 days of any party having given notice of arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one appointed by each of the parties to the dispute or difference and the third arbitrator (who shall serve as Chairman) to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996.
 - It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provided, if *We* have disputed or not accepted liability under or in respect of this *Policy*.
 - It is hereby expressly stipulated and declared that it is a condition precedent to any right of action or suit upon this *Policy* that the award of such arbitrator/arbitrators shall be first obtained.
 - If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.
- 10) *Subrogation*
- You* and any claimant under this *Policy* shall at no cost or expense to *Us* do whatever is necessary to enable *Us* to enforce any rights and remedies or obtain relief or indemnity from other parties to which *We* would become entitled or subrogated upon *Us* paying for or making good any claim or loss under this *Policy* whether such acts and things shall be or become necessary or required by *Us* or otherwise before or after *Your* indemnification by *Us*.
11. Declaration
- It is specifically and clearly understood by *You* that if you make any declaration which is false in the proposal form for insurance, whether material to the claim or not, *We* will have absolutely no liability on any claim arising out of or from this *Policy*.
 - It is further understood and accepted by you that you have gone through the *Policy* and / or prospectus and have understood the implications of all its contents prior to affixing your signature on the proposal form.
 - You* further declare that your signing the proposal form is binding on All others who have been included by *You* in the *Policy* and indemnify *Us* in case of any loss arises as a consequence of their non adherence or challenging any of the terms of this *Policy*.
- 12) *Loss of the Policy*
- If the *Policy* is lost then *We* will provide a copy provided *We* receive *Your* written request and upon being satisfied as to the fact and cause of the loss. If a copy is issued, the original *Policy* will cease to be of any legal effect. *You* agree to keep *Us* indemnified and hold *Us* harmless from any costs, expenses, claims, awards or judgments arising out of or howsoever connected to the original *Policy* and this is an agreed condition precedent to *Your* right to any payment under this *Policy*.

"DAY CARE PROCEDURES"

- Suturing – CLW – under LA or GA
- Surgical debridement of wound
- Therapeutic Ascitic Tapping
- Therapeutic Pleural Tapping
- Therapeutic Joint Aspiration
- Aspiration of an internal abscess under ultrasound guidance
- Aspiration of hematoma
- Incision and Drainage
- Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus.
- Endoscopic Foreign Body Removal - Esophagus/stomach /rectum.
- True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/-Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy
- Endoscopic ligation/banding
- Sclerotherapy
- Dilatation of digestive tract strictures
- Endoscopic ultrasonography and biopsy
- Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
- Endoscopic placement/removal of stents

18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Bronchoscopic treatment of bleeding lesion
24. Bronchoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubic cystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of Dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osseosynthesis

85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies

Note: 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.

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule. The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

RESOLVING ISSUES

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz, If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

First Step

Initially, we suggest you 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.

Second Step

Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel 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
GE Plaza, Airport Road, Yerawada, Pune 411 006
E-mail: customercare@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 is mentioned below:

Areas of Jurisdiction	Office of the Ombudsman
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	2 nd Flr., Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 (O) 079-27546150, 27546139, Fax:079-27546142
Madhya Pradesh & Chhattisgarh	1 st Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011 (O) 0755-2769200, 2769202, 2769201, Fax:0755-2769203
Orissa	62, Forest Park, BHUBANESWAR - 751 009 (O) 0674-2535220, 2533798, Fax:0674-2531607
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 (O) 0172-2706196, 2705861, EPBX: 0172-2706468, Fax: 0172-2708274
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018 (O) 044-24333678, 24333668, Fax: 044-24333664
Delhi & Rajasthan	2/2 A, 1 st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002 (O) 011-23239611,23237539, 23237532, Fax: 011-23230858
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (O) 0361-2413525, EPBX: 0361-2415430, Fax: 0361-2414051
Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry	6-2-46, 1 st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (o) 040-23325325, 23312122, 65504123, Fax:040-23376599
Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	2 nd Flr., CC 27/ 2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 (O) 0484-2358734, 2359338, 2358759, Fax:0484-2359336
West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim	North British Bldg. 29, N. S. Road, 3rd Flr., KOLKATA -700 001. (O) 033-22134869, 22134867, 22134866, Fax: 033-22134868
Uttar Pradesh and Uttaranchal	Jeevan Bhawan, Phase 2, 6 th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (O) 0522-2201188, 2231330, 2231331, Fax:0522-2231310
Maharashtra, Goa	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054 (O) 022-26106928, 26106360, EPBX: 022-6106889, Fax: 022-26106052

Note : Address and contact number of Governing Body of Insurance Council:

Secretary General - Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel. No. : 022 - 2610 6889, 26106245, Fax No. : 022 - 26106949, 2610 6052, E-mail ID : inscoun@vsnl.net