

**Bajaj Allianz General Insurance Company Limited**  
**Corporate Identity Number: U66010PN2000PLC015329. IRDA Registration No.113**  
**Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006**

**ACCIDENTAL HOSPITALIZATION ALLOWANCE COVER –**  
**ADD ON COVER UNDER STANDALONE OWN DAMAGE COVER FOR PRIVATE CAR**  
***ENDORSEMENT WORDINGS***

**UIN: IRDAN113RP0001V01201920/A0016V01201920**

**A. Endorsement Wordings**

In consideration of payment of additional premium, it is hereby agreed and declared that if You/Your family members (named in the Schedule) are Hospitalized on advice of a Doctor because of an Accidental Bodily Injury sustained during the Policy Period while travelling in the Insured Vehicle, then We will pay:

1. the Daily Allowance for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury, or
2. two times the Daily Allowance for each continuous and completed period of 24 hours required to be spent by You/Your family members (named in the Schedule) in the Intensive Care Unit of a Hospital during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury for a maximum period of 7 days for each Hospitalization.

The maximum Daily Allowance under this Cover payable to You/Your family members (named in the Schedule) is as shown under Schedule of this Policy.

The maximum period for which the Daily Allowance would be paid to You/Your family members (named in the Schedule) would not exceed the Benefit Period during any one Policy Period. This period would be inclusive of the period of stay in Intensive Care Unit of a Hospital during the Policy Period.

**B. Conditions**

1. Claims made by You against Us under 'Accidental Hospitalization Allowance Cover' are subject to the conditions set forth under the Motor Insurance Policy
2. In case of transfer of ownership of the Insured Vehicle, the cover under 'Accidental Hospitalization Allowance Cover' shall expire

**C. Exclusions**

In addition to the exclusions mentioned under Motor Insurance Policy, We will not be liable to indemnify You for the following events:

1. Where the Own Damage Claim made by You against Us under the Motor Insurance Policy is not payable
2. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition
3. Any treatment not performed by a Doctor or any treatment of a purely experimental nature
4. Any and all variants of the condition commonly referred to as Cancer, except in case of invasive malignant melanoma
5. Any routine or prescribed medical check up or examination
6. Medical expenses relating to any Hospitalization for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Accidental Bodily Injury for which Hospitalization is required
7. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same)
8. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury
9. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure
10. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol
11. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type or any syndrome or condition of a similar kind commonly referred to as AIDS
12. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born

UIN: IRDAN113RP0001V01201920/A0016V01201920

13. Hospitalization for the sole purpose of physiotherapy
  14. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith
  15. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like
  16. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard)
  17. Participation in any hazardous activity
  18. Radioactive contamination
  19. Non-allopathic treatment
  20. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever
- If You do not agree whether any of these exclusions apply to Your claim, You agree to accept the burden of proving that they do not apply.

#### D. Claims Process

##### 1) Making a Claim

If You/Your family members (named in the Schedule) meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to Our liability:

- a) You or someone claiming on behalf must inform Us in writing immediately and in any event within 30 days
  - b) You must immediately consult a Doctor and follow the advice and treatment that he recommends
  - c) You must take reasonable steps to lessen the consequence of Bodily injury
  - d) You must have Yourself examined by Our medical advisors if We ask for this
  - e) You or some one claiming on behalf must promptly give Us documentation and other information We ask for to verify the claim or Our obligation to make payment for it
  - f) In the event of Your/Your family members (named in the Schedule) death, someone claiming on deceased's behalf must inform Us in writing immediately and send Us a copy of the post- mortem report within 30 days
- Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Your family members (named in the Schedule) were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

##### 2) Claim Settlement

- a) You agree that We need only make payment when You or someone claiming on behalf has provided a claim to Our satisfaction
- b) We will make payment to You or to Your Nominee. If there is no Nominee, We will pay to Your legal heir, executor or validly appointed legal representative as per succession certificate and any payment We make in this way will be a complete and final discharge of Our liability to make payment
- c) In respect of any period of Hospitalisation for which We are liable to make payment under Operative Part 2 of this Cover, We shall have no liability to make payment under this Cover

#### E. Definitions

The words and phrases listed have special meanings. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

1. **Accident, Accidental:** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Benefit Period:** The period specified in the Schedule
3. **Bodily Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
4. **Daily Allowance:** The amount specified in the Schedule
5. **Doctor / Medical Practitioner :** Doctor/ Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
6. **Hospital:** A hospital means any institution established for *in-patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act **Or** complies with all minimum criteria as under:
  - i. has qualified nursing staff under its employment round the clock;

UIN: IRDAN113RP0001V01201920/A0016V01201920

- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii. has qualified medical practitioner(s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
7. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
  8. **Insured Vehicle:** The vehicle insured by Us under the Motor Insurance Policy
  9. **Intensive Care Unit:** Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
  10. **Nominee: Nominee** means the person(s) nominated by the Insured to receive the insurance benefits under this Policy payable on the death of the Insured.
  11. **Nurse/ Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
  12. **Own Damage Claim:** The claims raised by You against Us for loss or damage to the Insured Vehicle due to the perils mentioned under Section 1 of Motor Insurance Policy
  13. **Policy/Motor Insurance Policy:** Standalone Own Damage Cover for Private Car issued by Us to which this cover is extended
  14. **Policy Period:** The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule
  15. **Schedule:** The Schedule and any Annexure or Endorsement to it which sets out Your personal details, the type of insurance cover in force and the Sum Insured
  16. **Sum Insured:** The amount stated in the Schedule, which is the maximum amount We will pay for claims made by You irrespective of the number of claims You make in respect of Yourself/Your family members (named in the Schedule)
  17. **You, Your, Yourself:** The person or persons We insure as set out in the Schedule
  18. **We, Our, Us:** Bajaj Allianz General Insurance Company Limited