

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

ACCIDENT SHIELD -
ADD ON COVER UNDER STANDALONE OWN DAMAGE COVER FOR TWO WHEELER
ENDORSEMENT WORDINGS

UIN: IRDAN113RP0002V01201920/A0018V01201920

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that this **Policy** extends to pay compensation as per the following scale for **Bodily Injury** and/or death sustained by any occupant other than the paid driver, attendant or cleaner whilst mounting into, dismounting from or traveling in the **Insured Vehicle** and caused by violent, **Accidental**, external and visible means which independently of any other cause shall within three calendar months of the occurrence of such injury result in:

S. No.	Nature of Injury	Scale of Compensation
1	Death	100% of specified Sum Insured
2	Loss of two limbs or sight of both eyes or one limb and sight of one eye	125% of specified Sum Insured
3	Loss of one limb or sight of one eye	50% of specified Sum Insured
4	Permanent Total Disablement from injuries other than named above	125% of specified Sum Insured

B. Conditions

1. Claims made by **You** against **Us** under 'Accident Shield' 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 'Accident Shield' 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. **Accidental Bodily Injury** that **You** or other members covered under 'Accident Shield' meet with:
 - a) Through suicide, attempted suicide or self-inflicted injury or illness
 - b) While under the influence of liquor or drugs
 - c) Arising or resulting from the insured person committing any breach of law with criminal intent
 - d) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
3. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority

D. Claims Process

1) Making a claim

If **You**/other persons covered under 'Accident Shield' 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 14 days
- b) **You**/other persons covered under 'Accident Shield' must immediately consult a **Doctor/ Medical Practitioner** and follow the advice and treatment that he recommends
- c) **You**/other persons covered under 'Accident Shield' must take reasonable steps to lessen the consequences of **Bodily injury**.
- d) **You**/other persons covered under 'Accident Shield' must have **Yourself** examined by **Our** medical advisors if **We** ask for this.

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- 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 death, someone on deceased's behalf must inform **Us** in writing immediately and send **Us** a copy of the post- mortem report (if performed) within 30 days

Note: Waiver of conditions (a) and (f) may be considered in extreme cases where it is proved to **Our** satisfaction that under the circumstances in which the **You**/other persons covered under 'Accident Shield' were placed it was not possible for **You** or any other person to give notice or file claim within the prescribed time limit.

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.

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 **Your** legal heir, executor or validly appointed legal representative as per succession certificate issued in the manner prescribed under State Laws and any payment **We** make in this way will be a complete and final discharge of **Our** liability to make payment
- c) In the event of **Insured Vehicle** not being declared as a **Total Loss/ Constructive Total Loss** and the **Motor Insurance Policy** not being cancelled, the reinstatement premium required to reinstate the **Sum Insured** to the previous limits would be deducted from the claim amount payable under this cover or the **Motor Insurance Policy**

E. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. 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:** An accident is a sudden unforeseen and involuntary event caused by external, visible and violent means.
2. **Bodily Injury/ Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
3. **Insured Vehicle:** The vehicle insured by **Us** under the **Motor Insurance Policy**
4. **Medical Practitioner/ Doctor:** A **Medical Practitioner** is 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 the scope and jurisdiction of license.
5. **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.
6. **Own Damage Claim:** The claim raised by **You** against **Us** for loss or damage to the **Insured Vehicle** due to the perils mentioned under **Motor Insurance Policy**
7. **Policy/ Motor Insurance Policy:** Standalone Own Damage Cover for Two Wheeler issued by Us to which this cover is extended
8. **Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule**
9. **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**
10. **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 during the **Policy Period**
11. **Total Loss/ Constructive Total Loss:** A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/or repair of the **Insured Vehicle**, subject to terms and conditions of the **Policy**, exceeds 75% of the **IDV** of the **Insured Vehicle**
12. **We, Our, Us:** Bajaj Allianz General Insurance Company Limited
13. **You, Your, Yourself:** The person **We** insure as set out in the **Schedule**