

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 COVER
Add on Cover under Two Wheeler Policy -Bundled
ENDORSEMENT WORDINGS

UIN: IRDAN113RP0008V01201819/A0029V01201819

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that this **Policy** extends to cover the reasonable and customary medical expenses incurred by **Insured Person(s)**, up to a maximum of **Sum Insured** as shown in the **Schedule** for this cover towards **Hospitalization** for a minimum period of 24 hours on the advice of a **Medical Practitioner** / Doctor and caused due to an **Accidental Bodily Injury** sustained while traveling on the **Insured Vehicle** during the policy period.

Medical Expenses reimbursable will be reasonable charges that are necessarily incurred on the advice of a Doctor as an in-patient in a **Hospital** for medical treatment, accommodation, medicines, nursing, and care under attention of **Medical Practitioner**.

B. Conditions

1. Claims made by **You** against **Us** under 'Accidental Hospitalization 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 Cover' shall expire
3. The maximum **Sum Insured** available for **You/ Insured Person(s)** would be as per the amount specified on the **Schedule**
4. **Free Look Period (Applicable Only for this Add On Cover)**
You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.
If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,
 - i. a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges and if the risk has not commenced
 - ii. If the risk has commenced the stamp duty charges, medical examination charges & proportionate risk premium for period on cover would be deducted.
 - iii. Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
5. **Other Insurance (Applicable only for this Add on Cover)**
If two or more policies are taken by **You** during a period from one or more insurers to indemnify treatment costs, **We** shall not apply the contribution clause, but **You** shall have the right to require a settlement of **your** claim in terms of any of your policies.
 - i. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
 - ii. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co pay, you shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
 - iii. Except in benefit policies, in cases where You have policies from more than one insurer to cover the same risk on indemnity basis, You shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy

6. Renewal & Cancellation

- i. Under normal circumstances, subject to Standard Comprehensive Two Wheeler Policy- Bundled covering Two Wheeler also being renewed, renewal will not be refused except on the grounds of Insured's moral hazard, misrepresentation or fraud.
- ii. The Add on cover can be renewed only if the Standard Comprehensive Two Wheeler Policy - Bundled covering Two Wheeler, to which it is attached, is also renewed. This add on cover cannot be renewed on a standalone basis..
- iii. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
- iv. **We** may cancel this insurance by giving **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. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or **Your** non-cooperation. **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	% of Annual Premium to be Retained
Not exceeding 1 month	20%
Exceeding 1 month but not exceeding 2 months	30%
Exceeding 2 months but not exceeding 3 months	40%
Exceeding 3 months but not exceeding 4 months	50%
Exceeding 4 months but not exceeding 5 months	60%
Exceeding 5 months but not exceeding 6 months	70%
Exceeding 6 months but not exceeding 7 months	80%
Exceeding 7 months but not exceeding 8 months	90%
Exceeding 8 months	Full annual premium

7. Portability Conditions (Applicable only for this Add On Cover)

- i. Retail Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- ii. Group Policies: As per the Portability Guidelines issued by IRDA, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our Health Policy. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

8. Revision/ Modification of the Cover:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this cover at any time in future, with appropriate approval from IRDA. In such an event of revision/ modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

9. Withdrawal of Cover: (Applicable only for this Add on Cover)

There is a possibility of withdrawal of this cover at any time in future, with appropriate approval from IRDA, as We reserve Our right to so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this cover, at the time of Your seeking renewal of this cover, You can

choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDA.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the cover/ product under which this Policy is issued, then this cover shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

10. **Sum Insured Enhancement:**

The Insured member can apply for enhancement of Sum Insured under this add on cover at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.

C. **Exclusions**

In addition to the exclusions mentioned under **Motor Insurance Policy**, **We** will not be liable to indemnify **You/ Insured Person(s)** for the following events:

1. Any consequential loss arising out of claims lodged under 'Accidental Hospitalization Cover'
2. **Accidental Bodily Injury** that **You/ Insured Person(s)** covered under 'Accidental Hospitalization Cover' 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 **You/Insured Person(s)** covered under 'Accidental Hospitalization Cover' 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
 - e) As a result of any curative treatments or interventions that have been carried out
 - f) Arising out of participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic
3. Any expenses incurred for treatment of pre-existing ailments
4. Complications arising out of pregnancy, resulting childbirth, miscarriage, abortion or any of these unless caused by **Accident**
5. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority
6. Nuclear energy, radiation

D. **Claims Process**

1. **Making a Claim**

If **You/Insured Person(s)** covered under 'Accidental Hospitalization Cover' meet with any **Accidental Bodily Injury** that may result in a claim, then as a **condition precedent** to **Our** liability:

- a) **You/Insured Person(s)** or someone claiming on behalf must inform **Us** in writing immediately and in any event within 14 days
- b) **You/Insured Person(s)** must immediately consult a **Medical Practitioner / Doctor** and follow the advice and treatment that he recommends
- c) **You/Insured Person(s)** must take reasonable steps to lessen the consequence of **Bodily injury**
- d) **You/Insured Person(s)** must have himself examined by **Our** medical advisors if **We** ask for this
- e) **You/Insured Person(s)** 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 claiming on deceased's behalf must inform **Us** in writing immediately and send **Us** a copy of the post- mortem report (if available) within 30 days
- g) **You/ Insured Person(s)** shall arrange for submission of the following documents to the Company:
 - i. Duly Completed Claim Form signed by **Insured/ Person** Claiming on behalf of the **Insured**
 - ii. Hospital Discharge Summary

- iii. Hospital Bill giving detailed break up of all expenses
- iv. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;
- v. Doctor's Report;
- vi. Intimation given by **You/ Your** Representative, regarding the **Insured Vehicle** meeting with an accident
- vii. Police Report/ FIR (if available)
- viii. Policy Copy
- ix. NEFT details & cancelled cheque

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/Insured Person(s)** was placed, it was not possible for **You/Insured Person(s)** or any other person to give notice or file claim within the prescribed time limit.

2. Paying a Claim

- a. **You** agree that **We** need only make payment when **You** or someone claiming on Your behalf has provided Us with necessary documentation and information. **We** will make payment to **You** or Your **Nominee**. If there is no **Nominee** and **You** are incapacitated or deceased, **We** will pay Your heir, executor or validly appointed legal representative and any payment **We** make in this way will be a complete and final discharge of Our liability to make payment.
- b. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **we** shall offer within a period of 30 days a settlement of the claim to **you**. Upon acceptance of an offer of settlement by **you**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by **you**. In the cases of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by us.
- c. If we, for any reasons decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents.
- d. **We** shall make payment in Indian Rupees only.

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. **Condition Precedent:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
4. **Co- Payment:** A **Co- payment** is a cost sharing requirement under a health insurance policy that provides that the policyholder/ insured will bear a specified percentage of the admissible claim amount. A **Co- payment** does not reduce the **Sum Insured**.
5. **Contribution:** Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rate able proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
6. **Day care Treatment:** Day care treatment refers to medical treatment, and/or surgical procedure which is:
 - i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required a hospitalization of more than 24 hours.
 Treatment normally taken on an out-patient basis is not included in the scope of this definition.
7. **Deductible:** A **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the **Sum insured**.

8. **Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.
9. **Hospital:** A **Hospital** means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
10. **Hospitalisation :** Means admission in a Hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
11. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests- it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it- it continues indefinitely—it comes back or is likely to come back.
12. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
13. **Insured Person(s)** shall mean the Registered Owner of the vehicle and the family members which includes your spouse and your dependent children and/or parents.
14. **Insured Vehicle:** The two wheeler vehicle insured by **Us** under the **Motor Insurance Two Wheeler Policy-Bundled**.
15. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
16. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
17. **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.
18. **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.
19. **Notification of claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
20. **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.
21. **Policy/ Motor Insurance Policy:** Two Wheeler Policy – Bundled issued by **Us** to which this cover is extended
22. **Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule**
23. **Portability: Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time- bound exclusions if he/ she chooses to switch from one insurer to another.

24. **Pre Existing Disease** means 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 to prior to the first policy issued by the insurer.
25. **Qualified nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
26. **Reasonable and customary Charges:** Reasonable charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
27. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
28. **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**
29. **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/Insured Person(s)** named in the **Schedule**
30. **You/Your/Insured Person(s):** The person or persons **We** insure as set out in the **Schedule**
31. **We, Our, Us :** Bajaj Allianz General Insurance Company Limited