

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:

EVENT INSURANCE – SOOKSHMA UDYAM SURAKSHA

POLICY WORDINGS

Whereas the **Insured** has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the “**Company**”), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the **Schedule**, now the **Company** agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the **Insured** in excess of the amount of the **Deductible** and subject always to the **Limit of Indemnity** against such loss as is herein provided.

COVERAGE:

COVER 1: EVENT CANCELLATION COVER (MANDATORY COVER)

The Company will indemnify the Insured for the Ascertained Net Loss incurred by the Insured in connection with the Event if it is **cancelled** as a result of:

1. **Loss or damage to the Venue arising out of:**

- a. Fire, excluding destruction or damage caused to the property insured by:
 - i. Its own fermentation, natural heating or spontaneous combustion
 - ii. Its undergoing any heating or drying process
 - iii. Burning of property insured by order of any Public Authority
 - b. Lightning
 - c. Explosion/implosion, excluding loss, destruction of or damage:
 - i. To boilers (other than domestic boilers), economisers or other vessels, machinery or apparatus (In which steam is generated) or their contents resulting from their own explosion/implosion
 - ii. Caused by centrifugal forces.
 - d. Aircraft Damage: Loss, destruction or damage caused by aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves
 - e. Impact Damage: Loss of or visible physical damage or destruction caused to the property insured due to impact by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by:
 - i. The **Insured** or any occupier of the premises or
 - ii. Their employees while acting in the course of their employment
 - f. Subsidence and Landslide including Rockslide: Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Landslide/Rockslide excluding:
 - i. The normal cracking, settlement or bedding down of new structures
 - ii. The settlement or movement of made up ground
 - iii. Coastal or river erosion
 - iv. Defective design or workmanship or use of defective material
 - v. Demolition, construction, structural alterations or repair of any property or ground works or excavations
 - g. Bursting and/or overflowing of water tanks, apparatus and pipes
 - h. Missile testing operations
 - i. Leakage from automatic sprinkler installations, excluding loss, destruction or damage caused by:
 - i. Repairs or alterations to the buildings or premises
 - ii. Repairs, removal or extension of the sprinkler installation
 - iii. Defects in construction known to the Insured
 - j. Bush Fire, excluding loss, destruction or damage caused by Forest Fire
 - k. Earthquake- Fire and Shock
2. Death of serving President of the country where the Event is being held and/or serving Prime Minister of the country where the Event is being held and/or serving Chief Minister of the state where the Event is being held.

Special Exclusions for Cover 1

No indemnity is available hereunder for any **Claim** directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following.

1. **Deductible** as shown on the **Schedule**.
2. If the **Event** is **Cancelled** due to circumstances that were likely to cause the **Event** to be cancelled and which the **Insured** and/or **Insured's** agent knew at the time when the Insured applied for this **Policy**.
3. If the **Event** is **cancelled** due to lack of funds.

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UIN:

4. Due to alterations or variation of the **Event** without prior approval of the **Company**.
5. If the **Event** is **cancelled** due to any regulation or law of any local, state or central authority. The **Company** also does not cover any loss or damage if the **Event** is **cancelled** due to non-granting or withdrawal of permission by any local, state or central authority.
6. If the **Event** is **cancelled** due to errors or omissions of a **Vendor**.
7. If the **Insured** fails to notify (as soon as practicable) any **Vendor** that the **Event** has been **cancelled**.
8. If the **Event** is **Cancelled** due to war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
9. If the **Event** is **Cancelled**, directly or indirectly, arising out of or attributable to 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.
10. If the **Event** is **Cancelled** because **Insured** and/or **Insured's** agent and/or the **Named Artist** is arrested or imprisoned for any criminal activity.
11. Any loss or damage caused wilfully or knowingly by the **Insured**, or any loss or damage in which the **Insured** or any person acting on **Insured's** behalf is involved or implicated.
12. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
13. Any legal liability of the **Insured**.
14. If the **Event** is **cancelled** due to **Accidental** death, **Accidental** injury or illness/sickness of immediate family member of the **Insured** and/or of the **Named Artist**.
15. If the **Event** is postponed due to any reason whatsoever.
16. Any loss or damage arising out of fear, threat or hoax of terrorism.
17. If the **Event** is **Cancelled** due to riots, strikes or malicious damage (wherever RSMD Cover is given as an add-on cover under this **Policy**, this exclusion shall stand deleted).
18. If the **Event** is **Cancelled** due to non-appearance of the **Named Artist** (wherever Named Artist Cover is given as an add-on cover under this **Policy**, this exclusion shall stand deleted).
19. If the **Event** is **Cancelled** due to adverse weather conditions and/or unseasonal rain (wherever Adverse Weather Conditions and Unseasonal Rain Cover is given as an add-on cover under this **Policy**, this exclusion shall stand deleted).

COVER 2: SET PROTECTION COVER (APPLICABLE ONLY IF OPTED BY THE INSURED AND SHOWN ON THE SCHEDULE)

Cover 2(a) Fire and Allied Perils

Coverage under this Cover shall be as per **Bajaj Allianz General Insurance Company Ltd. Bharat Sookshma Udyam Suraksha Policy** annexure attached.

Notwithstanding what is mentioned in these Policy Wordings, for the purposes of this Cover 2(a), in case of contradiction of these Policy Wordings with the provisions of **Bajaj Allianz General Insurance Company Ltd Bharat Sookshma Udyam Suraksha Policy** Wordings annexed hereto, then the **Bajaj Allianz General Insurance Company Ltd Bharat Sookshma Udyam Suraksha Policy** Wordings annexed hereto shall prevail over these Policy Wordings

Cover 2(b) Burglary and Robbery

The **Company** will indemnify the **Insured** for **Claims** made in respect of loss of or damage to **Contents** or any part thereof whilst contained in the **Insured** Premises caused by actual or attempted Burglary and/or Robbery during the **Policy Period**.

In the event of an admitted **Claim** under this Cover, then the **Company** will also indemnify the **Insured** in respect of the reasonable costs incurred by the **Insured** immediately after the occurrence of an insured event solely with the intention of minimising the quantum of a **Claim** to be made under this **Policy**.

Special Exclusions Applicable for Cover 2(b)

No indemnity is available hereunder for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following.

1. **Deductible** as shown on the **Schedule**.

Bajaj Allianz General Insurance Company Limited

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UIN:

2. Loss, destruction or damage to **Valuables**, unless specifically covered in the **Schedule**.
3. Loss, destruction or damage in which the **Insured**, any **Employee** or any other person lawfully on or about the Insured Premises is or is alleged to be in any way concerned or implicated.
4. Loss, destruction or damage caused due to earthquake, flood, storm, cyclone or other convulsions of nature or atmospheric disturbances.
5. Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
6. Loss, destruction or damage caused by ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
7. Loss, destruction or damage caused by radioactive toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
8. Any consequential losses of any kind, be they by way of loss of profit, business interruption, market loss or otherwise, and any other legal liability of any kind.
9. Loss of **Contents** from any safe following the use of a key to gain access to the safe, or any duplicate thereof belonging to the Insured unless such key has been obtained by **Robbery**.
10. Loss, destruction or damage to any motorised vehicle or trailer of any type or description.
11. Loss, destruction or damage to livestock

Basis of Claim Payment for Cover 2

1. Where a damaged item can reasonably be repaired or reinstated at a cost less than the replacement cost, then the **Company** will indemnify the **Insured** in respect of the expenses necessarily incurred to restore such item to its state immediately prior to the happening of the insured event
2. In the case of a total loss, the **Company** shall indemnify the **Insured** in respect of the restoration or replacement costs. The **Company** shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the insured event
3. If the value of the property hereby **insured** shall at the time of any insured event be collectively of greater value than the **Sum Insured** thereon, then the **Insured** shall be considered his own insurer of the difference and shall bear a rateable proportion of the loss or damage. Every item, if more than one, shall be separately subject to this Special Condition,

COVER 3: PUBLIC LIABILITY COVER (APPLICABLE ONLY IF OPTED BY THE INSURED AND SHOWN ON THE SCHEDULE)

The **Company** will indemnify the **Insured** against its legal liability (including **Defence Costs**) to pay **Damages** for third party civil Claims arising out of **Bodily Injury or Property Damage** caused in the course of the Event by an Accident in the **Insured Premises** and during the **Policy Period** if notified during the **Policy Period** in accordance with the terms of this Policy The **Company** will, subject to the **Limit of Indemnity**, pay all costs, fees and expenses incurred with their prior written consent in the investigation, defence or settlement of any **Claim** and the **Insured's** costs of representation at any civil inquest, inquiry, or other proceedings in respect of matters which have a direct relevance to an actual or anticipated **Claim** against the **Insured** falling within the terms of this **Policy**. All amounts expended by the **Company** in the payment of any **Claim** or in **Defence Costs** will reduce the **Limit of Indemnity**.

Special Conditions Applicable to Cover 3

1. It is a condition precedent to the **Company's** liability hereunder that the **Insured** shall immediately and in any event within 14 days give the **Company** written notice, to the address specified in the **Schedule** for this purpose, of
 - a. A any **Claim** made against the **Insured** during the **Policy Period**; and/or
 - b. Any circumstance occurring during the **Policy Period** which might reasonably be expected to give rise to a Claim and any circumstance notified under this clause and any subsequent **Claim** arising out of the circumstance so notified shall be deemed to have been made during the **Policy Period**, and shall not admit liability for or settle or compromise or make or promise any payment in respect of any **Claim** which may be the subject of an indemnity hereunder or incur any costs or expenses in connection therewith without the prior written consent of the **Company**, which shall be entitled (but in no case obliged) to take over and conduct in the name of the **Insured** the investigation, defence and/or settlement of any **Claim**, for which purpose the **Insured** shall give all the information, documentation, records and other

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UIN:

assistance that the **Company** and/or its representatives may reasonably require Having taken over the defence of any **Claim**, the **Company** may in its sole and absolute discretion relinquish the same.

2. The **Company** will not settle any **Claim** without the consent of the **Insured**. If, however, the **Insured** refuses to consent to any settlement recommended by the **Company** and elects to contest or continue any legal proceedings then the liability of the Company shall not exceed the amount for which the **Claim** could have been so settled plus the costs and expenses incurred with its consent up to the date of such refusal
3. In respect of any **Claim**, the **Company** may in its sole and absolute discretion make a payment to the **Insured** (inclusive of Defence Costs) of the amount available under the Limit of Indemnity or of any lesser amount for which the **Claim** may in fact be settled (whichever is the lesser) in full and final settlement of all liability of the **Company** to the Insured under this Policy in respect of that **Claim**
4. The **Insured** shall keep accurate records of its annual turnover, including all taxes and duties paid by it, and will provide the **Company** with access to such records as requested. The Company may at any reasonable time inspect any property of the **Insured**
5. If, in the case of continual and continuous inhalation, ingestion or application of any substance resulting from an **insured** event, the Insured and the Company should disagree as to when the Bodily Injury or the **Property Damage** happened, then:
 - a. The **Bodily Injury** shall be deemed to have occurred when the claimant first consulted a qualified medical practitioner in respect of the same.
 - b. The **Property Damage** shall be deemed to have occurred when it first became physically evident to the claimant, even if the cause itself was unknown.

Special Exclusions Applicable to Cover 3

The Company is not liable for and no indemnity will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:-

1. **Deductible** as shown on the **Schedule**.
2. Any agreed assumption of risk by the **insured**, save to the extent that liability would have attached in the absence of such agreement.
3. Any **Accident** arising out of the **deliberate**, wilful or intentional non-compliance with any statutory provision.
4. Any Bodily Injury of any person under a contract of employment or apprenticeship with the Insured, or the Insured's contractors or sub-contractors, if such Bodily Injury was contracted and/or arose out of and in the course of his employment.
5. The **Insured's** consequential losses of any kind, be they by way of loss of profit, loss of opportunity, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill.
6. The infringement of plans, copyrights, patents, trade names, trademarks or registered designs.
7. Libel, slander, false arrest, wrongful eviction, wrongful detention, defamation including mental injury, anguish or shock resulting therefrom.
8. The ownership possession or use by or on behalf of the **Insured** of any motor vehicle or trailer for which compulsory insurance is required by legislation other than the following:
 - a. **Accidents** caused by the use of any tool or plant forming part of or attached to or used in connection with any motor vehicle or trailer
 - b. **Accidents** occurring beyond the limits of any carriageway or thoroughfare caused by the loading or unloading of any motor vehicle or trailer
 - c. claims for damage to any bridge, weighbridge, road or anything beneath caused by the weight of any motor vehicle or trailer or of the load carried therein
 - d. claims arising out of any motor vehicle or trailer temporarily in the **Insured's** custody or control for the purpose of parking
9. The ownership, possession or use by or on behalf of the **Insured** of any watercraft, hovercraft or air or spacecraft.
10. The transportation of materials and/or hazardous or dangerous substances outside the **Insured's** Premises.
11. Damage to property belonging to third parties that is rented, leased or hired or under hire- purchase or on loan to the **Insured**. An indemnity shall however be provided for claims arising out of Accidental damage to the Insured Premises or the Contents thereof, that are temporarily occupied

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UIN:

- by the Insured for working thereon, but only to the extent the Insured is held legally liable for the same independently of any specific agreement relating to the use of the same
12. Damage to property belonging to third parties handled by the **Insured** by way of his trade or worked upon by or in the care, custody or control of the **Insured** or any person employed by or working for the **Insured**. An indemnity shall however be provided for claims arising out of damage to employees' and visitors' clothing or personal effects brought onto the **Insured Premises** with the Insured's consent.
 13. The deliberate, conscious or intentional disregard by the Insured's management of the need to take all reasonable steps to prevent **Bodily Injury and/or Property Damage**.
 14. **Bodily Injury and/or Property Damage** occurring prior to the Retroactive Date.
 15. Any liability under the Public Liability Insurance Act 1991, any amendment thereto, or any other statute or law which attaches liability on a no fault basis.
 16. **Pollution** of any kind.
 17. **Any Product**.
 18. Any **Claim** made, threatened or intimated against the **Insured** prior to the Policy Period.
 19. Any **Claim** directly or indirectly arising out of, or in any way involving any fact or circumstance of which written notice has been given, or ought reasonably to have been given, under any previous policy (whether insured by the Company or not) or of which the Insured first became aware prior to the Policy Period and which the Insured knew or ought reasonably to have known had the potential to give rise to a **Claim**.
 20. Liability more specifically insured elsewhere.
 21. Any **Claim** made where the circumstances that exist are materially different to the circumstances represented by the Insured in the proposal.
 22. Any **Claim** directly or indirectly made or arising in any respect from or in any manner connected to earthquake, tornado, typhoon, cyclone, flood or other convulsions of nature or atmospheric disturbance

COVER 4: PERSONAL ACCIDENT COVER (APPLICABLE ONLY IF OPTED BY THE INSURED AND SHOWN ON THE SCHEDULE)

In the event of any Accidental Bodily Injury sustained by the Named Insured anywhere in the Venue during the Policy Period, the Company will make payment as provided for below.

Coverage Part A: Death (Applicable only if opted by the Insured and shown on the Schedule)

1. The **Company** will pay the Sum Insured in the event of Accidental Bodily Injury causing the **Named Insured** death within 12 months of the **Accidental Bodily Injury** being sustained, whereupon this Coverage Part 4 insofar as it relates to that Named Insured shall expire.
2. The **Company** will also, in addition to the **Sum Insured**, pay up to 2% of the Sum Insured or Rs.5,000/- (whichever is lower) towards the cost of transporting the Named Insured's remains from the place of death to the hospital/ residence and/or cremation and/or burial ground.

Coverage Part B: Permanent Total Disability (Applicable only if opted by the Insured and shown on the Schedule)

1. In the event of **Accidental Bodily Injury** causing the Named Insured's Permanent Total Disability within 12 months of the **Accidental Bodily Injury** being sustained, the Company will pay 125% of the Sum Insured, whereupon this Coverage Part 4 insofar as it relates to that **Named Insured** shall expire.
2. If the **Named Insured** was suffering from any permanent disability prior to the date upon which Accidental Bodily Injury was sustained, then the **Company's liability** to make payment hereunder shall be reduced by the extent of the same, as advised by the concerned Government Medical Authority.

Coverage Part C: Permanent Partial Disability (Applicable only if opted by the Insured and shown on the Schedule)

- a. In the event of **Accidental Bodily Injury** causing the **Named Insured** permanent partial disability as mentioned in the PPD Table below within 12 months of the **Accidental Bodily Injury** being sustained, the **Company** will pay the percentage of the **Sum Insured** specified for each and every form of impairment mentioned in the PPD table:

| PPD Table | |
|----------------------|----------------|
| Nature of Disability | Amount Payable |
| | |

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

UIN:

| | |
|--------------------------------|-----|
| An arm at the shoulder joint | 70% |
| An arm above the elbow joint | 65% |
| An arm beneath the elbow joint | 60% |
| A hand at the wrist | 55% |
| A thumb | 20% |
| An index finger | 10% |
| Any other finger | 5% |
| A leg above mid-thigh | 70% |
| A leg up to mid-thigh | 60% |
| A leg up to beneath the knee | 50% |
| A leg up to mid-calf | 45% |
| A foot at the ankle | 40% |
| A large toe | 5% |
| Any other toe | 2% |
| An eye | 50% |
| Hearing of one ear | 30% |
| Hearing of both ears | 75% |
| Sense of smell | 10% |
| Sense of taste | 5% |

- b. If the **Accidental Bodily Injury** causes the **Named Insured's** permanent **partial disability** within 12 months of the **accidental Bodily Injury** being sustained, the Company's liability to make payment shall be as follows:
1. In the case of the **Named Insured** suffering partial loss or **functional impairment** of one of the body parts or sensory organs mentioned in the PPD Table, the Company will pay a corresponding proportion of the percentages specified in the PPD Table.
 2. In the case of the **Named Insured permanent partial disability** of a nature not detailed in the PPD Table, the **Company** will pay a proportion of the Sum Insured by reference to the degree to which the **Named Insured** normal functional physical capacity has been impaired, as advised by the concerned Government Medical Authority. You agree that the amount payable by the **Company** will be decided by the concerned Government Medical Authority according to the degree to which **Named Insured** normal functional physical capacity has been **impaired**.
 3. If the **Named Insured** was suffering from any permanent partial disability prior to the date upon which **Accidental Bodily Injury** was sustained, then the Company's liability to make payment hereunder shall be reduced by the extent of the same as advised by the concerned Government Medical Authority.
 4. If the **Accidental Bodily Injury** sustained by the **Named Insured** causes a subsequent claim by the **Named Insured** under Coverage Parts A or B, then this Coverage Part shall not be operative and the amounts payable under either Coverage Parts A or B shall be reduced by the amount of any payment made under this Coverage Part.

Coverage Part D: Medical Expenses Reimbursement

Applicable only if opted by the Insured and shown on the Schedule)

If the Company has accepted a Claim under Coverage Part A to C, then the Company will reimburse the costs of necessary medical treatment which the **Named Insured** had to obtain from a Doctor because of the **Accidental Bodily Injury** which the **Named Insured** had met with. However, Company's payment will be limited to 40% of the value of the Claim accepted under Coverage Part A to C or Rs. 500000, whichever is lower.

Special Conditions Applicable to Cover 4

It is a condition precedent to the **Company's** liability under this **Policy** that in the event of any **Accidental Bodily Injury** that may give rise to a **Claim**:

1. The **Named Insured** and/or the Insured shall immediately and in any event within 14 days provide the **Company** with written notification of a Claim, and
2. The **Named Insured** shall immediately and without any delay, consult a Physician/Medical Practitioner

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:

- and follow such advice and treatment that the Physician/Medical Practitioner might recommend, and
3. The **Named Insured** shall take every other reasonable step and/or measure to minimise the consequences of the Bodily Injury, and
 4. The **Named Insured** and/or the Insured shall immediately and in any event within 14 days provide the **Company** with written notification of any other Claim that may be made under any operative Coverage Part caused by the **Accidental Bodily Injury**, and
 5. In the event of the **Named Insured's** death, written notice accompanied by a copy of the post mortem report (if performed) is given to the **Company** within 14 days (regardless of whether any other notice might already have been given to the **Company**),
***Note-** Waiver of conditions (1) and (4) may be considered in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which **you** were placed it was not possible for **you** or any other person to give notice or file claim within the prescribed time limit.
 6. The **Named Insured** and/or the Insured shall expeditiously provide the Company with or arrange for the Company to be provided with any and all information and documentation in respect of the claim and/or the Company's liability hereunder that may be requested, and submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.
 7. An indicative list of the various documents required at the time of a claim is shown below:
 - i. Personal Accident Cover: **Death Claims**
 - Duly Completed Personal Accident Claim Form signed by Nominee.
 - Copy of address proof (Ration card or electricity bill copy).
 - Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal Heirs and notarized (If Nominee name not mentioned on policy schedule or if Nominee is minor then decree certificate from court).
 - Attested copy of Death Certificate.
 - Burial Certificate (wherever applicable).
 - Attested copy of Statement of Witness, if any lodged with police authorities.
 - Attested copy of FIR / Panchanama / Inquest Panchanama.
 - Attested copy of Post Mortem Report (only if conducted).
 - Attested copy of Viscera report if any (Only if Post Mortem is conducted).
 - Income Proof, Photo identity proof, Address Proof
 - All original medical bills (if opted.)
 - Claim form with NEFT details & cancelled cheque duly signed by Insured
 - Original Policy copy
 - ii. Personal Accident Cover: **PTD & PPD Claims**
 - Duly Completed Personal Accident Claim Form signed by insured.
 - Attested copy of disability certificate from government medical authority stating percentage of disability.
 - Attested copy of FIR. (If required)
 - Photograph of the claimant before and after injury supporting to disablement.
 - All X-Ray / Investigation reports and films supporting to disablement.
 - All medical bills (if opted)
 - Income Proof, Photo identity proof, Address Proof
 - Claim form with NEFT details & cancelled cheque duly signed by Insured
 - Original Policy copy.
 - iii. Medical Expenses Reimbursement
 - First Consultation letter from the Doctor
 - Duly completed claim form signed by the Claimant
 - Hospital Discharge Card
 - Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
 - Money Receipt, duly signed with a Revenue Stamp
 - All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
 - Other documents as may be required by Bajaj Allianz to process the claim
 8. The Company will only make payments when the Insured Person or someone claiming on Insured Behalf has provided the Company with necessary documentation and information.

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UIN:

9. The Company will make payment to Insured Person or to his/ her **Nominee**. If there is no **Nominee**, the Company will pay Insured Person's heir, executor or validly appointed legal representative and any payment the Company make in this way will be a complete and final discharge of Company's liability to make payment.
10. 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 the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer 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 it. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.
In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
11. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated in the document.
(Note: In case the Insured is claiming for the same event under an indemnity based policy of another insurer and is required to submit the original documents related to his treatment with that particular insurer, then the Insured may provide the Company with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.)
12. Other Insurance/ Contribution Clause (Applicable for Medical Expenses Reimbursement 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.

Special Exclusions Applicable to Cover 4

The Company will not pay for any event that arises because of, is caused by or can in any way be linked to any of the following:-

1. Suicide, attempted suicide or self-inflicted injury or illness.
2. Any mental dysfunction or disorder, or psychosomatic dysfunction or disorder.
3. The use or misuse of any drugs, alcohol or hallucinogens.
4. Stroke, epileptic fit or other cramp like attacks or convulsions unless caused by an insured event under this Cover.
5. Deliberate or intentional criminal act of the Named Insured.
6. any Accident resulting from 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.
7. any consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain or potential gain, business interruption, market loss or otherwise, and any other legal liability of any kind.
8. whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

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:

9. any **Accident suffered** by the **Named Insured** on account of his participation as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
10. Any **Accident** caused either directly or indirectly by nuclear energy, radiation.
11. Curative treatments or interventions that the **Named Insured** performs or has had performed on his body.
12. Venereal or sexually transmitted disease.
13. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.
14. Pregnancy, resulting childbirth, miscarriage, abortion, or complication arising out of any of the foregoing.
15. The **Named Insured's** 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.

COVER 5: MONEY INSURANCE COVER (APPLICABLE ONLY IF OPTED BY THE INSURED AND SHOWN ON THE SCHEDULE).

The Company will indemnify the Insured for the loss In Transit of Money whilst carried by the Insured or its Employee, caused during the Policy Period by Robbery, theft or any other fortuitous event. The coverage provided hereunder includes the loss of Money caused by:-

1. Actual or attempted **Burglary** during the **Policy Period** but only if the **Money** is contained in a **Safe** or **Strong Room** whilst the **Insured Premises** are unoccupied
2. **Robbery** during the Policy Period from the cashier's till and/or counter in the Insured Premises during business hours

Special Conditions Applicable to Cover 5

1. It is a condition precedent to the **Company's** liability hereunder that the Insured shall:
 - a. Immediately and in any event within 24 hours of the happening of any **insured** event giving rise to or likely to give rise to any **Claim** under this **Policy** give written notice to the Company to the address shown in the Schedule, and in the case of the notification of an event likely to give rise to a **Claim**, the Insured shall specify in writing the grounds for holding such belief
 - b. Immediately and in any event within 24 hours lodge a complaint with the police detailing the **Money** lost in respect of which the **Insured intends** to submit a Claim or the circumstances which might reasonably be expected to give rise to a **Claim**, and within the same period provide a copy of that written complaint and the First Information Report to the **Company**
 - c. Within 14 days deliver to the Company a detailed written statement of the Money lost and an estimate of the quantum of any Claim along with all documentation required to support and substantiate the amount sought from the **Company**
 - d. Expeditiously provide the **Company** and its representatives and appointees with all the information, assistance and documentation that they might reasonably require
 - e. Take all reasonable steps to identify the perpetrators of the **Robbery** and/or **theft** and discover and recover any **Money**
2. The **Insured** shall:
 - a) Take all reasonable steps to safeguard the **Money** and any means by which the **Money is In Transit** against any insured event
 - b) Ensure that any security system or aid specified in the proposal is maintained in accordance with any maintenance schedule or recommendations of the manufacturer or, if none, then as may be required, and kept in good and effective working condition
 - c) Ensure that when the **Insured Premises** are unoccupied all safety installations and aids (including, but not limited to, any burglar alarm system) have been properly deployed
 - d) The Insured shall maintain a contemporaneous daily written record of the Money In Transit and such record shall be produced to the Company in the event of any Claim

Special Exclusions Applicable to Cover 5

The **Company** is not liable for and no indemnity or payment will be provided in respect of any loss arising out of, caused by, occasioned by, attributable to or howsoever connected to:

1. **Deductible** as shown on the **Schedule**.
2. any consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain or potential gain, business interruption, market loss or otherwise and any other legal liability of

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:

- any kind.
3. Loss of **Money** carried by anyone other than the **Insured** or an **Employee**.
 4. loss of **Money** where the Insured or an Employee is or is alleged to be involved as a principal or accessory or is alleged to be in anyway concerned or implicated.
 5. **Money** carried under contract of affreightment.
 6. Loss of **Money** from an unattended vehicle.
 7. loss due to or in any way contributed to by the **Insured** having knowingly permitted or caused or suffered anything to be done or not done whereby the risks hereby insured against were **increased**.
 8. Any loss of or damage to any property, whether belonging to the **Insured**, an employee or any third party.
 9. Any personal or bodily or mental injury or suffering of any description.
 10. Any loss not discovered within a period of 72 hours after its occurrence

DEFINITIONS APPLICABLE TO ALL COVERS (UNLESS OTHERWISE MENTIONED MORE SPECIFICALLY UNDER COVER 2A)

Words or terms in **Bold** 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. **Accident/ Accidental** is a sudden unforeseen and involuntary event caused by external, visible and violent means
2. **Ascertained Net Loss** means such amount as represents.
 - (i) **Expenses** which have been irrevocably expended in connection with the **Event** which has been necessarily cancelled, less such part of the **Gross Revenue** retained less any savings the **Insured** is able to effect to mitigate such loss and.
 - (ii) The reduction in **Net Profit** (when insured and stated in the **Schedule**) which, the **Insured** can demonstrate to the **Company**, would have been earned had the **Event** taken place
3. **Burglary** means the unforeseen and unauthorised entry to or exit from the **Insured Premises** by aggressive and detectable means with the intent to steal **Contents** there from.
4. **Cancel/Cancelled/Cancellation** means an inability to proceed with the **Event** due to any contingency mentioned under Cover 1.
5. **Claim** means a claim under a Cover in respect of an insured event that has taken place or is likely to take place. All **claims** resulting from one and the same event or circumstance shall jointly constitute one **Claim** under this Policy and as having been made at the time when the first claim was made in writing and only one Deductible shall be applicable in respect of such **Claim**.
6. **Contents** means the items specified in the **Schedule**.
7. **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 rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
8. **Deductible** means the amount stated in the Schedule, which shall be borne by the Insured in respect of each and every Claim made under this Policy. Company's liability to make any payment under this Policy is in excess of the Deductible.
9. **Defence Costs** means the expenses incurred by or on behalf of the Insured or the Company in the investigation or settlement or defence of a Claim and shall include legal costs and disbursements.
10. **Employee** means any person with whom the Insured has entered into a contract of service.
11. **Event** means the program mentioned in the Schedule.
12. **Expenses** means the total of all costs and charges which would have been incurred by the Insured in organizing, running and providing services for the Event had a loss not occurred.
13. **Gross Revenue** means all monies which would have been paid or payable to the Insured from every source arising out of the Event had a loss not occurred.
14. 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 Establishments (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 inpatient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock
15. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care

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:

consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

16. **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.
- 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.
 - 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.
17. **In Transit** means any mode of transportation of Money in the personal custody of the Insured or an Employee directly between the Insured Premise and a point in transit (if specified) from the time Money is received at the Insured Premise or a point in transit by the Insured or an Employee until delivered to the point in transit or the Insured Premise by the Insured or an Employee within 72 hours of the time of collection.
18. **Injury/ Bodily 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.
19. **Insured Premise/Venue** means the place named in the Schedule where the Event is scheduled to take place.
20. **Limit of Indemnity** means the amount stated in the Schedule, which shall be Company's maximum liability under this Policy (regardless of the total number or amount of Claims made) for any one Claim and in the aggregate for all Claims during the Policy Period.
21. **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
22. **Medical Practitioner/ Doctor** 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.
23. **Money** means cash, bank drafts, currency notes, treasury notes, cheques, postal orders, money orders and current postage stamps belonging to the Insured.
24. **Named Insured** means the person or persons insured and named in the Schedule.
25. **Net Profit** (when insured and stated in the Schedule) means the amount by which Gross Revenue exceeds
Expenses.
26. **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.
27. **Period of Insurance** means the period between the **Retroactive Date** and the expiry date specified in the
Schedule and, if no **Retroactive Date** is specified, then the **Policy Period.**
28. **Permanent Total Disability**
Medical practitioner certified total, continuous and permanent:
- loss of the sight of both eyes
 - physical separation of or the loss of ability to use both hands or both feet
 - physical separation of or the loss of ability to use one hand and one foot
 - loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
29. **Policy** means the proposal, the **Schedule** (and any endorsements attaching to or forming part thereof) and the policy document.
30. **Policy Period** means the period commencing from effective date and hour as shown in the **Schedule** and terminating at midnight on the expiry date as shown in the **Schedule.**
31. **Pollution** means and includes pollution or contamination by solids, liquids, gaseous or thermal irritants, contaminants, smoke, vapour, soot, fumes, acids, alkalis, radioactive and/ or nuclear

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:

material, chemical or waste materials (including but not limited to any materials to be recycled, reconditioned or reclaimed) or otherwise of atmosphere, water, soil or other tangible material property.

32. **Product** means any tangible material property which has been designed, specified, formulated, manufactured, constructed, installed, sold, supplied, distributed, treated, serviced, altered or repaired by or on behalf of the Insured and which has left his possession, custody or control. This shall not apply to food and beverages supplied by or on behalf of the Insured to his employees as a staff benefit.
33. **Proposal** means the proposal form and other information and documentation supplied to us in considering whether and on what terms to offer this insurance
34. **Retroactive Date** means the date specified in the **Schedule**.
35. **Robbery** means (i) in order to the committing of the theft at the insured premises, or in committing the theft at the insured premises, or in carrying away or attempting to carry away property obtained by the theft from the insured premises, the offender, for that end, voluntarily causes or attempts to cause to the Insured and/or Insured's family members, death or hurt or wrongful restraint, or fear of instant death or of instant hurt, or of instant wrongful restraint or (ii) if the offender, at the time of committing the extortion at the insured premises, is in the presence of the Insured and/or Insured's family members who is/are put in fear, and commits the extortion at the insured premises by putting the Insured and/or Insured's family members in fear of instant death, of instant hurt, or of instant wrongful restraint to the Insured and/or Insured's family members, and, by so putting in fear, induces the Insured and/or Insured's family members so put in fear then and there to deliver up the thing extorted at the insured premises. In this regard the offender is said to be present if he is sufficiently near to put the Insured and/or Insured's family members in fear of instant death, of instant hurt, or of instant wrongful restraint.
- The term Extortion means intentionally putting the Insured and/or Insured's family members in fear of any injury to the Insured and/or Insured's family members, and thereby dishonestly induces the Insured and/or Insured's family members so put in fear to deliver to any person any property or valuable security, or anything signed or sealed which may be converted into a valuable security.
- Robbery**, for the purpose of Cover 2(b), means the theft of **Contents** at the **Insured Premises** using unforeseen, aggressive and violent means against the **Insured** and/or **Insured's Employees**.
- Robbery**, for the purpose of Cover 5, means the theft of **Money** using unforeseen, aggressive and violent means against the **Insured** and/or **Insured's Employees**.
36. **Schedule** means the schedule attached to and forming part of this **Policy**.
37. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
38. **Sum Insured** means the amount stated in the Schedule, which is the maximum amount (regardless of the number of amount of Claims made or the number of Insured who make a Claim) for any one Claim and in the aggregate for all Claims for which the Company will make payment in relation to the Cover to which the Sum Insured relates during the **Policy Period**.
39. **Valuables** means:
- gold or silver or any precious metals or articles made from any precious metals
 - watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles
 - deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument
40. **Vendor** means a person or a company with whom the **Insured** has entered in a contract for the purpose of providing goods or services for the **Event**.

GENERAL EXCLUSIONS APPLICABLE TO ALL COVERS (UNLESS OTHERWISE MENTIONED MORE SPECIFICALLY UNDER COVER 2A)

Save as expressly stated to the contrary, and in addition to the Special Exclusions stated for any individual Cover, no cover is available hereunder and no payment will be made by the **Company** for any **Claim** directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- The **Insured's** 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.
- Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste

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:

or from the combustion of nuclear fuel.

3. The radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
4. Asbestosis or in any manner related to or arising out of the sale, manufacture, production, distribution or the like of asbestos.
5. Any circumstance, fact or matter of which the **Insured** was or ought reasonably to have been aware prior to the commencement of the **Policy Period**.
6. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage to property by or under the order of any government or public local authority.
7. Liability more specifically insured elsewhere.
8. Earthquake, flood, storm, cyclone or other convulsions of nature or atmospheric disturbances unless specifically covered.
9. Libel, slander, false arrest, wrongful eviction, wrongful detention, defamation including mental injury, anguish or shock resulting there from.
10. Terrorism Damage Exclusion Warranty:

This **Policy** excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss

For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.

GENERAL CONDITIONS APPLICABLE TO ALL COVERS (UNLESS OTHERWISE MENTIONED MORE SPECIFICALLY UNDER COVER 2A)

1. **Due Observance:-**

The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy insofar 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**.

2. **Reasonable Care (The Insured shall)**

- a) Take all reasonable steps to safeguard the contents and the **Insured Premises** against any insured event
- b) take all reasonable steps to prevent a **Claim** from arising under this **Policy**
- c) ensure that any security system or aid is maintained in accordance with any maintenance schedule or recommendations of the manufacturer or if none then as may be required, and kept in good and effective working condition
- d) when the **Insured Premises** are left unattended or unoccupied, ensure that all means of entry to or exit from the **Insured Premises** have been properly and safely secured and any security system or aid has been properly deployed

3. **Duties and Obligation after occurrence of an Insured Event**

Save as more specifically provided for in the Special Conditions applicable to a particular Cover, it is a condition precedent to the **Company's** liability under this Policy that, upon the happening of any event giving rise to or likely to give rise to a **Claim** under this **Policy**:

- a) The **Insured** shall immediately and in any event within 14 days give written notice of the same to the address shown in the **Schedule** for this purpose, and in case of notification of an event likely to give rise to a **Claim** to specify the grounds for such belief, and

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:

- b) the **Insured** shall, if advised to do so by the **Company**, immediately lodge a complaint with the police detailing the items lost and/or damaged and in respect of which the **Insured** intends to **Claim**, and provide a copy of that written complaint, the First Information Report and/or Final Report to the **Company**, and
- c) The **Insured** shall within 28 days deliver to the **Company** its completed claim form detailing the loss or damage that has occurred and an estimate of the quantum of any **Claim** along with all documentation required to support and substantiate the amount sought from the **Company**, and
- d) The **Insured** shall expeditiously provide the **Company** and its representatives and appointees with all the information, assistance, records and documentation that they might reasonably require, and
- e) The **Insured** shall not admit liability or settle or make or promise any payment in respect of any **Claim** which may be the subject of indemnity hereunder, or incur any costs or expenses in connection therewith, without the written consent of the **Company** which shall be entitled to take over and conduct in the name of the **Insured** the defence and/or settlement of any such **Claim**, for which purpose the **Insured** shall give all the information and assistance that the **Company** may reasonably require. **Defence Costs** incurred by the **Company** or on behalf of the **Insured** shall reduce the **Sum Insured**

4. Assessment of Payment

The **Company** shall make payment after being fully satisfied on the amount of loss sustained by the **Insured** and the **Insured** shall provide all bills and documentary evidence to substantiate the loss. The **Company's** maximum liability to make payment shall be up to the **Limit of Indemnity** and/or **Sum Insured** as specified in the **Schedule**.

5. Claim Settlement Procedure (Not Applicable to any legal liability claim)

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, 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 insurer 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.

6. Contribution (Not Applicable to Personal Accident Cover)

If, at the time of the happening of any loss or damage **covered** by this **Policy** there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the **Insured** or not, then the **Company** shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. However, this condition will not be applicable to Cover 4 (Personal Accident).

7. Subrogation (Not Applicable to Personal Accident Cover)

The **Insured** shall at 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** whether such acts and things shall be or become necessary or required before or after the **Insured's** indemnification by the **Company**.

However, this condition will not be applicable to Cover 4 (Personal Accident).

8. Fraud

If the **Insured** shall make or advance any **Claim** knowing the same to be false or fraudulent as regards amount or otherwise, this **Policy** shall be void and all **Claims** or payments hereunder shall be forfeited.

9. Cancellation

i. Cancellation by You at any time

- a. You can cancel this **Policy** at any time by giving Us 15 days' notice in writing. The **Policy** will terminate upon expiry of 15 days' notice in writing after We receive Your notice.

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:

- b. If You cancel the Policy, We will refund premium as follows:

| Cancellation Period (Days) | Refund Amount as percentage of Annual Premium |
|----------------------------|---|
| Up to 7 Days | 100% |
| 8 to 270 days | Pro Rata |
| 271 to 365 days | 0% |

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. Cancellation by Us

This **Policy** may be cancelled by or on behalf of the **Company** by giving the **Insured** at least 15 days written notice. and in such event if no claim has been made then the **Company** shall refund to the **Insured** a pro-rata premium for the unexpired **Policy Period**. Normally, We will not cancel the Policy during the Policy Period except on the grounds of misrepresentation, non-disclosure/suppression of material facts, fraud, if any false/fraudulent claim is made, statement, undertaking or declaration is made or used or non-co-operation of the Insured. For the avoidance of doubt, the **Company** shall remain liable for any claim that was made prior to the date upon which this insurance is cancelled. In cases of cancellation of Policy by Us on grounds of misrepresentation, fraud, non-disclosure of material facts, or for false/fraudulent claim, statement, undertaking or declaration is made or used, premium shall be forfeited and no refund of premium shall be made by the **Company**.

10. Arbitration

- a) If any dispute or difference shall arise as to the quantum to be paid under this **Policy** (liability being otherwise admitted) such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
- b) It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided if the **Company** has disputed or not accepted liability under or in respect of this **Policy**.
- c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this **Policy** that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.
- d) The applicable law in and of the arbitration shall be Indian law.
- e) It is also hereby further expressly agreed and declared that if the **Company** shall disclaim liability to the **Insured** for any **Claim** hereunder and such **Claim** shall not, within twelve 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 thereafter be recoverable hereunder.
- f) In the event that these arbitration provisions shall be held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

11. Notifications and declaration:-

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

12. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with the law of India. The Cover 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. The terms of this Policy shall not be waived or changed except by endorsement issued by Us.

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:

13. Entire Contract

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

14. Territorial Limits

The indemnity provided under this **Policy** is restricted to **Claims** occurring in the geographical area specified in the Schedule and determined according to Indian law, and **Company's** obligation to make payment shall be to make payment in Indian Rupees only.

15. 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

16. Grievance Redressed Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, we have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:

- Our Website @ <https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp>
- Call us on our Toll free no 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in
- Write to Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerwada Pune- 411006

Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in

Level 3

If in case, your grievance is not resolved and you wish to talk to our care specialist, please Give a missed on +91 80809 45060 OR SMS <WORRY> To 575758 and our care specialist will call you back

If you are still not satisfied with the solutions provided, write to Head of Customer experience directly at head.customerservice@bajajallianz.co.in.

Grievance Redressal Cell for Senior Citizens

Bajaj Allianz introduces a dedicated team for all the senior citizens, so no more wait time, no more standing in long queue. Senior citizens can now contact us on 1800-103-2529 or write to us at seniorcitizen@bajajallianz.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:

Ombudsmen Details:-

| Office Details | Jurisdiction of Office Union Territory, District |
|--|--|
| AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU 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: ecoi.co.in_bimalokpal.bengaluru@ecoi.co.in | Karnataka. |
| BHOPAL - Shri. R K Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in | Madhya Pradesh Chattisgarh. |
| BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in | Orissa. |
| CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh. |
| CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry). |
| DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. | Delhi. |

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

UIN:

| Office Details | Jurisdiction of Office Union Territory, District |
|---|---|
| Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in | |
| GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| HYDERABAD - Shri. G. Rajeswara Rao 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: ecoi.co.in_bimalokpal.hyderabad@ecoi.co.in | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry. |
| JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in | Rajasthan. |
| ERNAKULAM - Shri. P. K. Vijayakumar Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: ecoi.co.in_bimalokpal.ernakulam@ecoi.co.in | Kerala, Lakshadweep, Mahe-a part of Pondicherry. |
| KOLKATA - Shri. K. B. Saha Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: ecoi.co.in_bimalokpal.kolkata@ecoi.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands. |

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

UIN:

| Office Details | Jurisdiction of Office Union Territory, District |
|---|--|
| <p>LUCKNOW - Shri. N. P. Bhagat Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, 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.</p> |
| <p>MUMBAI - Shri. A. K. Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> | <p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p> |
| <p>NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> |
| <p>PATNA - Shri. Sadasiv Mishra Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> | <p>Bihar, Jharkhand.</p> |
| <p>PUNE - Shri. A. K. Sahoo 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 - 32341320 Email: bimalokpal.pune@ecoi.co.in</p> | <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p> |

Terrorism Damage Exclusion Warranty: (Not Applicable to Cover 2A)

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

UIN:

Notwithstanding any provision to the contrary within this insurance, it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature indirectly or indirectly caused by, resulting from or in connection with any act of Terrorism regardless of any Other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s)

Committed for political, religious, ideological or similar purpose including the intension to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act terrorism.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Whereas the **Insured** has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the "**Company**"), a proposal which is hereby agreed to be the basis of this **Policy** and has paid the premium specified in the **Schedule**, now the **Company** agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the **Insured** in excess of the amount of the **Deductible** and subject always to the **Limit of Indemnity** against such loss as is herein provided.