

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Bajaj Allianz Life Linked Accident protection rider	Schedule
2	Policy Number	<XXXXXXXX>	As per base policy
3	Type of Insurance Product/ Policy	Benefit	As per base policy
4	Sum Assured (Basis) (Along with amount)	<XXXXXXXX>	As per base policy
5	Policy Coverage (What the policy covers)	<p>Option to select either one or both of the below mentioned covers</p> <p>Accidental Death benefit (ADB) In the event of death due to an accident of the Life Assured during the rider cover term, occurs within 180 days of the occurrence of such Accident.</p> <p>Accidental Total Permanent Disability (ATPD) In the event of Total Permanent Disability of the Life Assured due to an accident, ATPD Sum Assured will be paid and the ATPD benefit will terminate on payment of this benefit</p>	Part C- Section 3
6	Exclusions	<p>Accidental Death benefit (ADB)</p> <p>i) Death occurs as a result of the Rider Life Assured committing any breach of law with criminal intent.</p> <p>ii) Death as a consequence of the Rider Life Assured being under the influence of alcohol or drugs other than in accordance with the directions of a registered medical practitioner.</p> <p>iii) Death as a result of self-inflicted injuries.</p> <p>iv) Death occurs as a result of the Rider Life Assured taking part in any naval, military or air force operation during peace time.</p> <p>v) Death occurs as a result of the Rider Life Assured participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition.</p>	Part D- Section 5

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		<p>vi) Death occurs as a result of suicide.</p> <p>vii) Death occurs as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger of a recognised airline on regular routes and on a scheduled timetable.</p> <p>viii) Death occurs as a result of war, invasion, civil war, rebellion, riots.</p> <p>ix) Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).</p> <p>x) Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.</p> <p>xi) Nuclear Contamination: the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.</p> <p>xiii) Death as a result of any disease or infection.</p> <p>Accidental Total Permanent Disability (ATPD)</p> <p>i) Disability as a result of the Rider Life Assured committing any breach of law with criminal intent.</p> <p>ii) Disability of Rider Life Assured as a result of war, invasion, civil war, rebellion or riot.</p> <p>iii) Disability as a consequence of the Rider Life Assured being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner.</p> <p>iv) Disability as a result of the Rider Life Assured taking part in any naval, military or air force operation.</p> <p>v) Disability as a result of the Rider Life Assured participating in or training for any dangerous or hazardous sport or competition or</p>	
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		<p>riding or driving in any form of race or competition.</p> <p>vi) Disability of Rider Life Assured as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable.</p> <p>vii) Disability of Rider Life Assured as a result of attempted self-injury.</p> <p>viii) Any condition that is pre-existing at the time of inception of the policy. Pre-existing condition means any condition, ailment, injury or disease: -</p> <p>a. That is/are diagnosed by a physician within 48 months prior to the Date of Commencement of Rider Cover or latest revival, whichever is later, or</p> <p>b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the Date of Commencement of Rider Cover or latest revival, whichever is later.</p> <p>This exclusion will not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by the insurer at inception or at reinstatement.</p> <p>ix) Poison, gas or fumes (voluntary or involuntarily, accidentally or otherwise taken, administered, absorbed or inhaled).</p> <p>x) Service in the armed forces, or any police organization, of any country at war or service in any force of an international body.</p> <p>xi) Nuclear Contamination: the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.</p> <p>xii) Disability as a result of any disease or infection.</p>	
7	Waiting Period	Not Applicable	Not Applicable

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8	<p>Financial limits of coverage</p> <ul style="list-style-type: none"> i) Sub-limit ii) Co-payment iii) Deductible iv) Any other limit (as applicable) 	Not Applicable	Not Applicable
9	<p>Claims/Claims Procedure</p>	<p>Accidental Death benefit (ADB) The Company shall be under no obligation to make any payment under Section 3 above unless and until the Company has received from the Claimant (at no expense to the Company) any information and documentation it requests, including but not limited to:</p> <ul style="list-style-type: none"> i) Written notice as soon as possible and in any event within 60 days of the death of the Rider Life Assured, and the circumstances resulting to the death of the Rider Life Assured. ii) The claimant's proof of entitlement to receive payment under the Policy. iii) Original Policy Document. iv) Original Death Certificate of the Rider Life Assured issued by a competent Authority. v) Medical cause of Death Certificate from the doctor who last attended to the Rider Life Assured or from the hospital in which the death occurred. vi) A copy of First Information Report (FIR) and Post Mortem Report (PMR). Post Mortem Report is mandatory for claiming the Rider Benefit due to an Accident under the Rider Policy. vii) Any other document as asked for by the Company depending on the facts and circumstances of each case. 	Part F-Section-13

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		<p>viii) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.</p> <p>ix) The claims will be settled within 30 days of the receipt of all the relevant documents for processing the claim and in case of delay, the prevailing penal interest will apply.</p> <p>The above mentioned 60 days may be condoned by the Company if it is satisfied as to the genuineness of the reasons for the delay.</p> <p>Accidental Total Permanent Disability (ATPD) If a claim arises under the rider due to an ATPD, the claim settlement requirements and processes shall be as below:</p> <p>i) All notices, applications or notification of claim must be received and approved at the office of the Company authorized to deal with the claim.</p> <p>ii) No benefit shall be payable until the rider Life Assured has provided satisfactory proof to the Company of the occurrence of the ATPD. This includes :</p> <p>a) A Certificate of Disability from a registered medical practitioner.</p> <p>b) Any other document that may be relevant in establishing the validity of the claim.</p> <p>iii) Claim intimation should be received in writing within 60 days of occurrence of the Accident, which is causing total permanent disability of the rider life assured.</p>	
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		<p>iv) In case of any force majeure events (like earth quake, cyclone, flood, etc.), if the Claimant cannot produce any/all documents as stated above, the Company may undertake any investigation and then decide to pay the claim, if the Company is satisfied of the same.</p> <p>v) The claims will be settled within 30 days of the receipt of all the relevant documents for processing the claim and in case of delay, the prevailing penal interest will apply.</p> <p>The above mentioned 60 days may be condoned by the Company if it is satisfied as to the genuineness of the reasons for the delay.</p>	
10	Policy Servicing	<p>In case you have any query or complaint/grievance, you may contact the Grievance Officer of any nearest Customer Care Centre at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with the Company:</p> <p>By post at: Customer Care Desk, Bajaj Allianz Life Insurance Company Ltd., Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006</p> <p>By Phone at: Toll Free No. 1800 209 7272</p> <p>By Email: customercare@bajajallianz.co.in</p>	Part G
11	Grievances/Complaints	<p>In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 15 days, or you have suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution:</p> <p>Grievance Redressal Officer,</p>	Part G

Bajaj Allianz Life Insurance Company Limited

Regd. Office Address: Bajaj Allianz House, Airport Road, Yerawada, Pune – 411006 | Tel (+91 20)66026789 | Toll Free No. 1800 209 7272 | Email: customercare@bajajallianz.co.in | Website: www.bajajallianz.life.com | IRDAI Reg. No.: 116| BALIC CIN: U66010PN2001PLC015959

		<p>Bajaj Allianz Life Insurance Company Ltd. 3rd Floor, Bajaj Finserv, Survey No: 208/1-B Behind Weik Field IT Park, Viman Nagar Pune – 411014 Tel No: 1800-209-7272 Email ID: gro@bajajallianz.co.in</p> <p>If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details: By Phone: TOLL FREE NO: 155255 By Email: complaints@irda.gov.in By post at: Consumer Affairs Department Insurance Regulatory and Development Authority of India Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032, Telangana.</p> <p>The Policyholder can also register his complaint online at http://www.igms.irda.gov.in/</p>	
12	<p>Things to remember (free look cancellation, policy renewal, migration and portability, change in sum insured)</p>	<p>Free Look Up period The policyholder has a free look period of fifteen (15) days from the date of receipt of the Policy Document and period of 30 days in case of electronic policies and policies obtained through distance mode, to review the terms and conditions of the Policy and where the Policyholder disagrees to any of those terms or conditions, he/she has the option to return the Policy to the Company for cancellation, stating the reasons for his/her objection, then he/she shall be entitled to a refund of the Rider Premium (excluding applicable taxes) paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the Company on medical examination and stamp duty charges</p>	Part D Section 7

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		<p>Non Payment If the premium for this rider is not paid before the end of the grace period, the rider cover lapses, and no rider benefit will be payable except the surrender value, if any.</p> <p>Revival The rider can be revived based on the conditions as applicable to the base policy. If the rider is not revived within the allowed revival period, the rider will be terminated immediately.</p> <p>Surrender The surrender value payable shall be higher of GSV or SSV, where: <ul style="list-style-type: none"> • GSV (Guaranteed Surrender Value) is: $GSV \text{ Factor} * \text{Total Premiums\# paid till date w.r.t. the rider.}$ • SSV (Special Surrender Value) is: $SSV \text{ Factor} * \text{Total Premiums\# paid till date w.r.t. the rider.}$ • GSV & SSV factors are as per Annexure "S" </p>	
13	Your obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement</p> <p>Disclosure of other material information during the policy period</p> <p>Insurer to specify the material information</p>	Policy Schedule
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of Policy)

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LIFE GOALS. DONE.

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