

Bajaj Allianz Life Insurance Company Limited
Bajaj Allianz Life Diabetic Term Plan Sub 8 HbA1c
Part A
FORWARDING LETTER

Name of the Policyholder _____

Address _____

Dear _____

Sub: Issuance of the Policy under application for the life insurance policy dated <dd/mm/yyyy>.

We would like to thank You for investing Your faith in Us. Your Policy requires Regular Premiums to be paid for <XX> years.

Please find enclosed herewith Your Policy Document, a copy of the Proposal Form and documents mentioned herein below, based on which Your insurance Policy has been issued. This Policy is issued subject to section 45 of the Insurance Act, 1938 and any amendment from time to time.

Document Type	Specification of Documents provided	Identification No.
Proposal Form	Proposal Form	
Age proof		
Identity proof		
Address proof		

You will have a free look period of fifteen (15) days from the date of receipt of the Policy Document and period of thirty (30) days in case of electronic policies and policies obtained through distance mode, to review the terms and conditions of the Policy and if you disagree to any of those terms or conditions, you have an option to return the Policy for cancellation, stating the reasons for objection, then you shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred on medical examination and stamp duty charges.

The Free Look Period available for your Policy is <xx> days

For any queries kindly write to Us at the below mentioned address and We assure and strive to provide You the best of services.

FOR BAJAJALLIANZ LIFE INSURANCE COMPANY LTD.
Authorised Signatory
Chief-Operations & Customer Experience

Sales Representative Details

Name		Code	
Address			
Phone Number		e-Mail Id	

Your Policy servicing branch address: Bajaj Allianz Life Insurance Company Limited

Toll free numbers: <XXXXXXXXXXXXXXXXXXXXXXXXXXXX>

Email Address: <XXXXXXXXXXXXXXXXXXXXXXXXXXXX>

Please read policy document, especially the following clauses on

Regular Premium	Policy Benefits
Non-payment of regular premium and forfeiture, if any	Definitions & Exclusions as contained in Annexure K

Disclaimer: In case of dispute, English version of policy document shall be final and binding.

Preamble

The Company has received a Proposal Form, declaration and the first Regular Premium from the Policyholder / Life Assured as named in this Schedule. The said Proposal Form and declaration along with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policyholder as the basis of the contract of insurance, both parties to the assurance contract do hereby further accept and affirm that the Policy, in consideration of and subject to due receipt of subsequent Regular Premiums as set out in the Schedule with all its parts (Policy Document and endorsements, if any) shall be subject to the terms and conditions as contained in this Policy. The Policy Document includes annexures and other documents attached herewith.
This Policy is issued on the basis of the information given and declarations made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy.

SCHEDULE

Name of the Policyholder _____
Address _____
Pin code _____

Gender		Date of Birth	
Age at Entry		Age	

Name of the Life Assured

Policy No.		Product Name	Bajaj Allianz Life Diabetic Term Plan Sub 8 HbA1c
Product Code			
Policy Commencement Date		Unique Identification No. (UIN)	116N173V01
Date of Commencement of Risk		Date of Birth	
Age		Age Admitted?	
Gender		Policy Term	
Premium Paying Term	Years	Premium Payment Frequency	
Regular Premium (Rs.)*		Extra Premium (Rs.)	
Maturity Date		Smoker Category	
Maturity Benefit (Rs.)		Sum Assured (Rs.)	
Due Date of Last Premium		Death Benefit (Rs.)	
Due Dates of Premium			

*Regular Premium excludes any applicable GST & cess but includes any Extra Premium
NA - Not Applicable

REGULAR PREMIUM PAYABLE AT EACH PREMIUM PAYMENT FREQUENCY: Rs.

In Words: Rupees**Only**

Special Clauses, Exclusions and/or Conditions imposed on the Policy (if any):

Details of the Nominee

Nominee(s) Name	Nominee(s) Age(s)	Percentage Share	Relationship to the Life Assured	Appointee Name [in case of minor Nominee(s)]	Appointees Relationship to the Nominee
	Years	%			
	Years	%			
	Years	%			
	Years	%			
	Years	%			

Sales Representative Details

Name		Code	
Address			
Phone Number		e-Mail Id	

ON EXAMINATION OF THE POLICY, if the Policyholder notices any mistake, the Policy Document is to be returned for correction to the Company.

To whom the benefits under the Policy are Payable: The benefits under the Policy are payable to the Claimant.

The Policy shall be subject to and governed by the terms of the Policy Document along with the Schedule contained herein and endorsements if any, made from time to time and all these shall together form a single agreement.

All taxes, including GST & cess, either existing or those that may apply in future (including enhancements of existing taxes) will be charged extra over and above the Regular Premium amount. The payment of such taxes shall be the responsibility of the Policyholder.

Bajaj Allianz Life Insurance Company Limited does not provide any warranty or assurance that the Policyholder will be, by virtue of purchasing this Policy, eligible for any income tax or other tax rebate or relief.

Signed on behalf of Bajaj Allianz Life Insurance Company Limited for Policy No. _____

Issued on <date>

Authorised Signatory



Part B

This Policy is issued on the basis of the information given and declarations made by the Policyholder in the Proposal Form, which is incorporated herein and forms the basis of this Policy. The following terms shall have the meaning assigned to them below. The singular includes the plural and references to the one gender include the other genders, where the context so permits.

1) **Definitions and Abbreviations:**

- a. **"Age"** means age as at last birthday.
- b. **"Annualised Premium"** means the premium amount payable in a Policy Year chosen by the Policyholder, excluding the taxes, underwriting extra premiums, and loadings for modal premiums, if any.
- c. **"Base Instalment Premium"** means Regular Premium excluding any Extra Premium.
- d. **"Claimant"** means the Life Assured (if alive) or the Policyholder (if different from the Life Assured) or the assignee or the Nominee or the legal heirs of Policyholder/Nominee(s) to whom the benefit under the Policy will be payable.
- e. **"Company / We/Us"** refers to Bajaj Allianz Life Insurance Company Limited.
- f. **"Date of Commencement of Risk"** means the date specified in the Schedule (unless the Policyholder is informed otherwise by the Company) from which the risk cover of the Life Assured commences under the Policy.
- g. **"Death Benefit"** means the benefit payable on the death of the Life Assured. Please refer to Section 4a) below for more details.
- h. **"Diabetes"** in this Policy means a disease with elevated levels of glucose in the blood as defined under the prevailing Board approved underwriting policy of the Company.
- i. **"Diabetic"** means a Life Assured who is diagnosed with Diabetes at or before the Policy Commencement Date.
- j. **"Extra Premium"** means the amount of additional premium (for enhanced risk over and above what is priced), collected as part of the Regular Premium, as specified in the Schedule, which is decided based on the prevailing Board approved underwriting policy of the Company and was communicated to the Policyholder, including any counter-offer made to the Policyholder, to which the Policyholder has duly consented. The Extra Premium can be for the condition of Diabetes and/or for any other condition(s).
- k. **"Goods and Service Tax (GST)"** means applicable tax which is charged based on the type of policy/communication address of the Policyholder as stated in the Schedule. The rates charged may change subject to change in rate and/or the state mentioned in the communication address of the Policyholder as on date of adjustment.
- l. **"Grace Period"** means a period of fifteen (15) days for a monthly Premium Payment Frequency and thirty (30) days for other than monthly Premium Payment Frequency, from the due date of the Regular Premium payment, during which period the Life Assured is covered for the applicable risk cover in the Policy as per the terms and conditions of the Policy.
- m. **"HbA1c"** means Glycated haemoglobin. As per current medical references, a haemoglobin A1C (HbA1C) test is a blood test that shows the average blood sugar (glucose) level over the past two to three months. As per the Indian Council for Medical Research - Pre-diabetics have HbA1c level in the range of 5.7% to 6.4%; Type 2 diabetics have HbA1c level of 6.5% or above. This cover is for Life Assureds whose HbA1c level is under 8.
- n. **"IRDAI"** means the Insurance Regulatory and Development Authority of India.
- o. **"Keep Fit Benefit"** means the benefit in a Policy which has been charged Extra Premium at Policy Commencement Date or at the latest Revival date, whichever is later, to reduce the Extra Premium, as per section 4© below, at each Policy Anniversary if the Life Assured exhibits lower blood sugar levels (HbA1c) from that at Policy Commencement Date or at the latest Revival date, whichever is later.
- p. **"Life Assured"** means the person named as the Life Assured in the Schedule whose life is assured under this Policy.
- q. **"Maturity Benefit"** There is no Maturity Benefit available in the Policy.
- r. **"Maturity Date"** means the date as specified in the Schedule on which the Policy Term expires.
- s. **"Nominee"** means the person specified in the Schedule who has been nominated in writing to the Company by the Policyholder, who is entitled to receive the Death Benefit under the Policy. This is applicable only in a Policy where the Policyholder and the Life Assured are the same.
- t. **"Policy"** means the arrangements established by the Policy Document.
- u. **"Policy Anniversary"** means the date corresponding numerically with the Policy Commencement Date in each subsequent year during the Policy Term.
- v. **"Policy Commencement Date"** means the date of commencement of the Policy as specified in the Schedule.
- w. **"Policy Document"** means this policy wording, the Schedule (which is attached to and forms part of this Policy and includes any annexure or

endorsement to it and, if more than one, then, the latest in time) and the Proposal Form.

- x. **"Policyholder / You"** means the adult person named in the Schedule who has concluded the Policy with the Company.
- y. **"Policy Term (PT)"** means the period, as specified in the Schedule, between the Policy Commencement Date and the Maturity Date.
- z. **"Policy Year"** means the year commencing on the Policy Commencement Date or a Policy Anniversary thereof.
- aa. **"Premium Payment Frequency"** is a regular time interval as specified in the Schedule, at which the Regular Premium is payable during the Premium Paying Term.
- bb. **"Premium Paying Term (PPT)"** means the period specified in the Schedule during which the Regular Premium is payable.
- cc. **"Proposal Form"** means the Policyholder's statements in the proposal for this Policy submitted by or on behalf of the Policyholder along with any other information or documentation provided to the Company prior to the Policy Commencement Date.
- dd. **"Regular Premium"** means the amount inclusive of Extra Premium and exclusive of applicable taxes, if any, payable by the Policyholder at regular intervals during the Premium Paying Term, in amount and at the Premium Payment Frequency, both, as specified in the Schedule.
- ee. **"Revival Period"** means a period of five (5) consecutive years from the due date of first unpaid Regular Premium, during which the Policyholder is entitled to revive the Policy which was lapsed due to non-payment of Regular Premium.
- ff. **"Smoker Category"** of the Life Assured is as specified in the Schedule and is the classification of the Life Assured based on the prevailing Board approved underwriting policy of the Company.
- gg. **"Sum Assured"** is the amount as mentioned in the Schedule for the Life Assured under the Policy.
- hh. **"Sum Assured on Death"** is the amount payable on the death of the Life Assured as specified in the Schedule under the Policy and is the higher of (i) 10 times Annualised Premium or (ii) Sum Assured.
- ii. **"Surrender Value"** means the benefit payable, if any, on the surrender of the Policy. Please refer to Section 9) below for more details. There is no Surrender Value available in the Policy.
- jj. **"Total Premiums Paid"** means the total of all Regular Premiums received by the Company, excluding any extra premium and taxes and loadings for modal premiums, if any.

Part C

2) **Policy Description**

The Policy is a non-linked, non-participating, individual, life, Regular Premium payment, pure risk term plan providing risk cover for death of the Life Assureds who are Diabetic at the Policy Commencement Date. The Policy provides only Death Benefit to the Claimant as per the terms and conditions of the Policy.

3) **Regular Premium**

- a) The Regular Premium is based on Smoker Category, gender, Age, Policy Term, PPT, Sum Assured chosen and includes any Extra Premium.
- b) Regular Premium is payable in full on the due date of Regular Premium as specified in the Schedule or within the Grace Period allowed, during the Premium Paying Term.
- c) The Company does not have any obligation to issue a notice that Regular Premium is due or for the amount that is due.
- d) The Company will not accept any amount less than the Regular Premium along with applicable taxes, if any, due as the Regular Premium.
- e) Where the Regular Premium along with applicable taxes, if any, in full has not been paid even within the Grace Period, the Policy shall be subjected to the "Non-payment of Regular Premium and Forfeiture" condition(s) as per Section 6) below.

4) **Policy Benefits:**

The Company will pay the benefit under the Policy to the Claimant, subject to Section 6), Section 11) & Section 22) below, and provided the Policy has not been terminated as per Section 12) below.

a) **Death Benefit:**

- i) If all the due Regular Premiums have been paid in full and the Policy is in force as on the date of death of the Life Assured, then, The Sum Assured on Death will be paid as the Death Benefit and the Policy will terminate immediately and automatically. At no time, the Death Benefit payable shall be less than 105% of the Total Premiums Paid till the date of death of the Life Assured.
- ii) On death of the Life Assured during the Grace Period of the Policy, as per Section 6) below, the Death Benefit will be payable subject to the deduction of

- due and unpaid Regular Premium, and the Policy will terminate immediately and automatically.
- iii) On death of the Life Assured due to suicide, the Death Benefit payment shall be made as per Section 11a below.
- iv) If the Policy is lapsed as per Section 6 below, then, no benefit is payable under the Policy.
- b) **Maturity Benefit**
There is no Maturity Benefit available under the Policy.
- c) **Keep Fit Benefit**
The Life Assured can take steps towards improving their diabetic condition. If the Life Assured has been charged Extra Premium under the Policy at Policy Commencement Date or the latest revival, whichever is later, the Keep Fit Benefit shall be available.
Prior to each Policy Anniversary, the Life Assured should undergo a set of medicals at the Company's expense.
- i) If the HbA1c level of the Life Assured has improved from that at the Policy Commencement date or at the latest Revival date, whichever is later, Extra Premium in the Policy will be reduced by an amount equal to 10% of the Base Instalment Premium.
- ii) The Regular Premium under the Policy for that Policy Year will be net of this reduction.
- iii) If (1) there is no Extra Premium under the Policy or (2) the medicals have not been done by the Life Assured or (3) the Life Assured's HbA1c level has not improved or has worsened from that at the Policy Commencement date or at the latest Revival date, whichever is later, there will not be any change in the Regular Premium charged under the Policy.

Part D

- 5) **Free Look Condition:**
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 Policy and a Policy 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 has the option to return the Policy to the Company for cancellation, stating the reasons for his objection, then he shall be entitled to a refund of the Total Premiums Paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred on medical examination and stamp duty charges
- 6) **Non-payment of Regular Premium and Forfeiture**
If a Regular Premium due at any time has not been paid before the expiry of the Grace Period, the Policy will, immediately and automatically, be converted to a lapsed Policy at the expiry of the Grace Period, and no benefit will be payable under the Policy.
- 7) **Revival**
If the Policy is lapsed [as per Section 6] above] due to non-payment of due Regular Premium within the Grace Period, the Policy can be revived by the Policyholder anytime during the Revival Period, subject to the conditions mentioned below:
- a) A written application for Revival is received from the Policyholder by the Company within the Revival Period.
- b) The arrears of Regular Premiums at the time of revival of the Policy together with interest (calculated as per the interest rate decided by the Company, from time to time) along with applicable taxes are paid. The current applicable interest rate on revival is 9.0% p.a. compounded half-yearly. There shall not be any Keep Fit Benefit, as per section 4c) above applicable at revival.
- c) The Policyholder, at the Policyholder's own expense, agrees to undergo medical examination and provides evidence of continuity of insurability under the Policy.
- d) The revival of the Policy may be on terms different from those applicable to the Policy before it lapsed, based on the prevailing Board approved underwriting policy of the Company.
- e) The Company may refuse to revive the Policy, based on the prevailing Board approved underwriting policy of the Company, and refund the amount deposited by the Policyholder for the purpose of revival of the Policy.
- f) The revival will take effect only on it being specifically communicated by the Company to the Policyholder.
- g) On revival, the Sum Assured on Death under the Policy which prevailed before the date of latest lapse of the Policy, will be reinstated.

Note: The revival interest rate will be benchmarked to the G-Sec based on the information from Financial Benchmark India Private Limited (FBIL). It will be equal to [10-year G-Sec yield PLUS 2%] rounded-up to the next full interest rate. The revival interest rate will be reviewed on an annual basis. Any change in bases used for determination of applicable interest rate will be subject to prior approval of the IRDAI.

- 8) **Foreclosure**
Foreclosure is not applicable under the Policy.

- 9) **Surrender Value**
No Surrender Value shall be available in the Policy.

- 10) **Flexibilities**
a) **Health Management Services**
Provided the Policy is in-force and all due Premiums are paid up-to-date, the Policyholder will have the option to take Health Management Services such as annual HbA1c test, medical second opinion, medical case management, medical consultation, vitals tracking, health coaching, webinars, etc. from the service providers registered with the Company. These wellness services can help the Life Assured to manage their diabetes condition better, get correct diagnosis of a medical condition and to procure appropriate illness care. These services are available subject to:
- i) The availability of the particular service with the service providers at the time of option.
- ii) First diagnosis and medical opinion have already been obtained from a competent medical practitioner.
- iii) All the supporting medical records (as required by the service provider) are available to avail of the service.

It is noted and agreed by the Policyholder that:

- i) These services are optional services offered at no additional cost to the policyholder/Life Assured. The Policyholder/Life Assured shall exercise his/her own discretion:
- a) To avail the services and/or
- b) To follow the course of treatment suggested by the service provider.
- ii) These services shall be directly provided by the service providers with no participation of the Company.
- iii) The services are being provided by third-party service provider(s), and the Company shall not be liable for any liability.
- iv) The Company reserves the right to commence/discontinue the service(s) or change the service provider(s) at any time.
- v) The Company will communicate to the Policyholder and inform the IRDAI if & when the Health Management Services feature is discontinued/changed in the plan.
- b) **Alteration of Premium Payment Frequency**
The Policyholder will have the option to change the Premium Payment Frequency at any Policy Anniversary, subject to the availability of the Premium Payment Frequency at that time and the minimum Regular Premium allowed under the Plan at that time.
- c) **Policy Loans**
Policy loan is not available under the Policy.

Part E
CHARGES, FUND OPTIONS, PORTFOLIO STRATEGIES, Etc
Not Applicable

- Part F
- 11) **Exclusions**
a) **Suicide Exclusions**
In case of death of the Life Assured due to suicide, within twelve (12) months from the Date of Commencement of Risk or the date of latest revival of the Policy, whichever is later, then the Claimant shall be entitled to receive 80% of the Total Premiums Paid as on the date of death of the Life Assured, provided the Policy is in force.
- b) **Other Exclusions**
There are no other exclusions with respect to Death Benefit under the Policy.
- 12) **Termination Conditions**
The risk cover under the Policy will terminate, immediately and automatically, on the occurrence of the following:
- i) On the date of lapse of the Policy [as per Section 6 above]
- This Policy shall, immediately and automatically, terminate on the earliest occurrence of any of the following events:
- i) On Free-look cancellation [as per Section 5 above].
- ii) On the expiry of the Revival Period, for a lapsed Policy [as per Section 6 above].
- iii) On the date of death of the Life Assured.
- iv) On the date of surrender of the Policy.
- v) On the Maturity Date.

13) **Age Proof**

- a) The Regular Premium payable under the Policy is calculated on the basis of the Life Assured's Age and gender as declared in the Proposal Form. If the Life Assured's Age has not been admitted by the Company, the Policyholder shall furnish such proof of the Life Assured's Age as is acceptable to the Company and have the Age admitted.
- b) If the Age so admitted (the "correct Age") is found to be different from the Age declared in the Proposal Form, then, without prejudice to the Company's other rights and remedies including those under the Insurance Act 1938, the following actions shall be taken:
- i) If the correct Age is such as would have made the Life Assured uninsurable under this Policy, the plan of assurance shall stand altered to such plan of assurance as is generally granted by the Company for the Life Assured's correct Age, which will be subject to the terms and conditions as are applicable to that plan of assurance. If it is not possible to grant any other plan of assurance, the Policy shall stand terminated with immediate effect and the Company shall make payment of a refund comprising all the Regular Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty expense.
- ii) If the Life Assured's correct Age is higher than the Age declared in the Proposal Form, the Regular Premium payable under the Policy shall be altered corresponding to the correct Age of the Life Assured and the accumulated difference between the corrected Regular Premium and the original Regular Premium from the Policy Commencement Date up to the date of such alteration shall be collected from the Policyholder. If the Policyholder disagrees to pay the same, the Policy will be terminated with immediate effect by the Company and the Policy shall stand terminated with immediate effect and the Company shall make payment of a refund comprising the all Regular Premiums (excluding applicable taxes) paid, less the proportionate amount of risk premium for the period the Life Assured was on cover and the expenses incurred by the Company on medical examination and stamp duty expense.
- iii) If the Life Assured's correct Age is lower than the Age declared in the Proposal Form, the Regular Premium payable under the Policy shall be altered corresponding to the correct Age of the Life Assured from the next due date of Regular Premium. The Company shall refund of the excess premium received (which is the total of the difference between the original Regular Premium and the corrected Regular Premium from the Policy Commencement Date up to the date of such alteration).

14) **Assignment**

Assignment shall be in accordance with provisions of section 38 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 38 is enclosed in Annexure AA (as given by IRDAI) for reference]

15) **Nomination**

Nomination shall be in accordance with provisions of section 39 of the Insurance Act 1938 as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 39 is enclosed in Annexure BB (as given by IRDAI) for reference]

16) **Fraud & Misstatement**

Fraud & misstatement would be dealt with in accordance with provisions of section 45 of the Insurance Act, 1938, as amended from time to time. [A Leaflet containing the simplified version of the provisions of section 45 is enclosed in Annexure CC (as given by IRDAI) for reference]

17) **Notices**

Any notice, direction or instruction under this Policy which may be in writing or in any kind of electronic/digital format and if it is to:

- a. The Policyholder or the Life Assured:
- i) Shall be sent either by hand, post, courier, facsimile, Short Messaging Service (SMS), voice call, e-mail or through any other digital/electronic media to the Policyholder or the Life Assured to the address or communication/correspondence details specified by the Policyholder in the Proposal Form or as per subsequent most recent change of address and/ or communication/correspondence details intimation submitted by him to the Company.
- ii) The Company shall not be responsible for any consequences arising out of non-intimation of change of the Policyholder's address and/or communication/correspondence details. In case the notice comes back to the Company undelivered to the Policyholder due to any reason, there shall not be any obligation upon the Company to make any attempt again towards dispatch of the notice which was returned undelivered.
- b. The Company, shall be submitted by hand, post, facsimile or e-mail to:
Bajaj Allianz Life Insurance Company,

Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006

Toll Free No. 1800 209 7272

Email: customercare@bajajallianz.co.in

18) **Electronic Transactions**

Subject to Section 17) above, the Policyholder agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time with regard to all transactions and hereby agrees and confirms that all transactions (other than those requiring a written notice or communication under this Policy) effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

19) **Currency**

All amounts payable either to or by the Company shall be payable in India and in Indian Currency.

20) **Waiver**

Failure or neglect by either party to enforce at any time the provisions of this Policy shall not be construed or be deemed to be a waiver of either party's right herein nor in anyway affect the validity of the whole or any part of this Policy nor prejudice either party's right to take subsequent action.

21) **Modifications**

This Policy Document constitutes the complete contract of insurance. This Policy Document cannot be changed or varied except by an endorsement to the Policy, in writing and signed by an officer of the Company authorized for the purpose.

22) **Payment of claim**

The Company shall be under no obligation to make any Death Benefit payment under Section 4a) 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:

- i) Written notice as soon as possible and in any event preferably within 180 days of the death of the Life Assured, and the circumstances resulting to the death of the 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 Life Assured issued by a competent authority.
- v) Medical cause of death, certificate from the doctor who last attended to the Life Assured or from the hospital in which the death occurred.
- vi) If the death of the Life Assured is due to unnatural causes; a copy of First Information Report (FIR) and Post Mortem Report (PMR). Post Mortem Report is mandatory for claiming the Death Benefit due to an accident under the Policy.
- vii) Any other document as asked for by the Company depending on the facts and circumstances of each case.

The Company shall consider delayed claims on merits on satisfaction that the reasons for delay were on account of facts beyond the control of Claimant.

23) **Loss of Policy Document**

- a) If the Policy Document is lost or destroyed, then subject to Sub-Section c) below, at the request of the Policyholder, the Company, if satisfied that the Policy Document has been lost or destroyed, will issue a copy of the Policy Document duly endorsed to show that it is issued following the loss or destruction of the original Policy Document. The Company will charge a fee for the issuance of a copy of the Policy Document. Currently, for issuance of duplicate Policy Document, a fee of Rs. 100 plus a stamp duty fee (as applicable for the applicable state/union-territory) is being charged.
- b) Upon the issue of a copy of the Policy Document, the original Policy Document will cease to have any legal effect.
- c) The Company reserves the right to make such investigations into and call for such evidence of the loss or destruction of the Policy Document at the expense of the Policyholder, as it considers necessary before issuing a copy of the Policy Document.
- d) It is hereby understood and agreed that the Policyholder will protect the Company and hold the Company harmless from and against any claims,

costs, expenses, awards or judgments arising out of or howsoever connected with the original Policy Document or arising out of the issuance of a copy of the Policy Document.

24) **Governing Law**

Any and all disputes arising out of and under this Policy shall be governed by and determined in accordance with Indian law and by the Indian Courts.

25) **Taxation**

Payment of taxes, including GST & cess, as applicable, shall be the responsibility of the Policyholder. The Policyholder agrees to pay or allows the Company to deduct/charge from any of the benefits payable or Regular Premium received under this Policy, a sum on account of any tax, including GST & cess or other payment which may be imposed by any legislation, order, regulation or otherwise, upon the Company and/or the Policyholder and/or any other beneficiary, which in the opinion of the Company is necessary and appropriate.

Part G

26) **Grievance Redressal**

In case the Policyholder has 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 (excluding public holidays) from 9 am to 6 pm. Alternatively, You may communicate with the Company:

By post at: Customer Care Desk,
Bajaj Allianz Life Insurance Company Ltd.,
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006
By Phone at: Toll Free No. 1800 209 7272
By Fax at: 020-6602-6789
By Email: customercare@bajajallianz.co.in

In case the Policyholder are not satisfied with the resolution provided to him by the above office, or have not received any response within 15 days, or he has any suggestion in respect of this Policy or on the functioning of the office, he may contact the following official for resolution:

Grievance Redressal Officer,
Bajaj Allianz Life Insurance Company Ltd.
Bajaj Allianz House, 5th floor, Airport Road, Yerawada, Pune, District – Pune, Maharashtra -411006
Tel. No: 1800- 209- 7272
Email ID: gro@bajajallianz.co.in

If the 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 or 1800 4254 732
By Email: complaints@irdai.gov.in
By post at: Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India
Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032

The Policyholder can also register his complaint in the Bima Bharosa Shikayat Nivaran Kendra; <https://bimabharosa.irdai.gov.in>

27) **Ombudsman**

a) In case the Policyholder are not satisfied with the decision/resolution of the Company, You may approach the Insurance Ombudsman if your grievance pertains to any of the following:

- i) Delay in settlement of claim
 - ii) Any partial or total repudiation of claims
 - iii) Disputes over Regular Premium paid or payable in terms of the Policy
 - iv) Misrepresentation of Policy's terms and conditions
 - v) Legal construction of the Policies in so far as the dispute relates to claim
 - vi) Policy servicing related grievances against insurers and their agents and intermediaries
 - vii) Issuance of Policy, which is not in conformity with the Proposal Form submitted by the Policyholder
 - viii) Non-issuance of the Policy after receipt of the Regular Premium
- Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy, in so far as they relate to issues mentioned at sub-section (i) to (vi) above.

b) The address of the Insurance Ombudsman is provided as address and contact details of Ombudsman Centers attached herewith. For the latest list of Insurance Ombudsman, please refer to the IRDAI website at <https://www.irdai.gov.in/>

Please refer to the Ombudsman website at <http://www.ciains.co.in/ombudsman.html>

c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs, Nominee or assignee with full details of the complaint with supporting documents, name and address of the complainant, and the name of the branch or office of the insurer against whom the complaint is made.

d) Also, please note that as per provision 14(3) of the Insurance Ombudsman Rules, 2017, the complaint to the Ombudsman can be made

i) Only if the grievance has been rejected by the grievance redressal mechanism of the Company or no reply is received within a period of one month from the date of receipt of the grievance by the insurer or the complainant is not satisfied with the response of the insurer.

ii) The complaint should be filed within a period of one year from the date of receipt of order of rejection or decision by the Company or expiry of one month from the date of sending the written representation to insurer.

Where the subject matter of complaint should not be such where proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

THIS IS AN IMPORTANT DOCUMENT AND SHOULD BE PRESERVED SAFELY. PLEASE CHECK THE POLICY DOCUMENT UPON RECEIPT, AND IF ANY MISTAKE OR ERROR IS FOUND, THE SAME BE INFORMED IMMEDIATELY TO BAJAJ ALLIANZ LIFE INSURANCE COMPANY LIMITED

All communications in relation to this Policy shall be addressed to.
Bajaj Allianz Life Insurance Company Ltd.,

Dated at _____ this _____ Day of _____ 202__
For and on behalf of Bajaj Allianz Life Insurance Company Limited

Authorised Signatory
Bajaj Allianz Life Insurance Company Limited
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006
IRDAI Reg. No.: 116|BALIC CIN: U66010PN2001PLC015959

Address & Contact Details of Ombudsman Centres

In case you have any grievance, you may approach the Company Grievance Cell. In case you are not satisfied with the decision/resolution of the Company or if your complaint is not resolved/ not satisfied/not responded for 30 days, you may approach the Office of Insurance Ombudsman, in line with the details provided hereinabove in the policy document, at the addresses given below:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Insurance Ombudsman, 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: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Insurance Ombudsman, 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 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar-751 009. Tel.: - 0674-2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, 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 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668 /24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi -110 002. Tel.: - 011-23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Panbazar over bridge, S.S. Road, GUWAHATI - 781 001 (ASSAM). Tel.: - 0361-2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Panbazar over bridge, S.S. Road, GUWAHATI - 781 001 (ASSAM). Tel.: - 0361-2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Union Territory of Puducherry.
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata – 700 072. Tel: 033 - 22124339/ 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands , Sikkim.
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel : 0522 -2231331/30 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, 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, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel.: 69038821/23/24/ 25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA	Insurance Ombudsman, Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, Noida, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, 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 – 41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Annexure AA

Section 38 of Insurance Act, 1938 – Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with section 38 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act dated 20.03.2015. The extant provisions in this regard are as follows:

1. This Policy may be transferred / assigned, wholly or in part, with or without consideration.
2. An assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Company.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against the Company until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Company.
6. Fee to be paid for assignment or transfer can be specified by the IRDAI through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the Company of duly receiving the notice.
8. If the Company maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.
9. The Company may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bona-fide or (b) not in the interest of the Policyholder / Life Assured or (c) not in public interest or (d) is for the purpose of trading of the Policy.
10. Before refusing to act upon endorsement, the Company should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Company, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Company.
12. The priority of claims of persons interested in the Policy would depend on the date on which the notices of assignment or transfer is delivered to the Company; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to IRDAI.
13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
 - a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - b. where the transfer or assignment is made upon condition that
 - i. the proceeds under the Policy shall become payable to Policyholder or Nominee(s) in the event of assignee or transferee dying before the Life Assured OR
 - ii. the Life Assured surviving the Policy Term
- Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.
14. In other cases, the Company shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
 - a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - b. may institute any proceedings in relation to the Policy
 - c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings
15. Any rights and remedies of an assignee or transferee of the Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act dated 20.03.2015 shall not be affected by this section.

[Disclaimer: Section 38 of the Insurance Act, as amended from time to time shall be applicable. Policyholders are advised to refer to original text of Section 38 as amended from time to time for complete and accurate details.]

Annexure BB

Section 39 of the Insurance Act, 1938 – Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act dated 20.03.2015. The extant provisions in this regard are as follows:

1. The Policyholder of a life insurance Policy on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.
2. Where the Nominee is a minor, the Policyholder may appoint any person to receive the money secured by the policy in the event of Policyholder's death during the minority of the Nominee. The manner of appointment to be laid down by the Company.
3. Nomination can be made at any time before the maturity of the Policy.
4. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the Company and can be registered by the Company in the records relating to the Policy.
5. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of change or cancellation of nomination must be delivered to the Company for the Company to be liable to such Nominee. Otherwise, Company will not be liable if a bona-fide payment is made to the person named in the text of the Policy or in the registered records of the Company.
7. Fee to be paid to the Company for registering change or cancellation of a nomination can be specified by the IRDAI through Regulations.
8. On receipt of notice with fee, the Company should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with section 38 of Insurance Act, 1938, shall automatically cancel the nomination except in case of assignment to the Company or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of Company's or transferee's or assignee's interest in the Policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.
11. In case of nomination by Policyholder whose life is insured, if the Nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case Nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).
13. Where the Policyholder whose life is insured nominates his/her (a) parents or (b) spouse or (c) children or (d) spouse and children or (e) any of them
14. The Nominees are beneficially entitled to the amount payable by the Company to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the Nominee having regard to the nature of his title.
15. If Nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired Nominee(s) shall be payable to the heirs or legal representative of the Nominee(s) or holder of succession certificate of such Nominee(s).
16. The provisions of sub-section 13 and sub-section 14 shall apply to all life insurance Policies maturing for payment after the commencement of Insurance Laws (Amendment) Act, 2015 (i.e. 20.03.2015).
17. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his Nominee(s) shall be entitled to the proceeds and benefit of the Policy.
18. The provisions of section 39 of the Insurance Act, 1938, are not applicable to any life insurance Policy to which section 6 of Married Women's Property Act, 1874, applies or has at any time applied except where before or after Insurance Laws (Amendment) Act dated 20.03.2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under section 39 of the Insurance Act, 1938. Where nomination is intended to be made to spouse or children or spouse and children under section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of section 39 of Insurance Act, 1938, will not apply.

[Disclaimer: Section 39 of the Insurance Act, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 39 as amended from time to time for complete and accurate details.]

Annexure CC

Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of section 45 of the Insurance Act, 1938, as amended by Insurance Laws (Amendment) Act dated 20.03.2015 are as follows:

1. No Policy of life insurance shall be called in question on any ground whatsoever after expiry of three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
2. On the ground of fraud, a Policy of life insurance may be called in question within three (3) years from (a) the Policy Commencement Date or (b) the Date of Commencement of Risk or (c) the date of latest revival of the Policy or (d) the Date of Commencement of Rider; whichever is later.
3. For this, the Company should communicate in writing to the Company or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which such decision is based.
4. Fraud means any of the following acts committed by Life Assured or Policyholder or by his agent, with the intent to deceive the Company or to induce the Company to issue the life insurance Policy:
 - a. The suggestion, as a fact of that which is not true and which the Life Assured or Policyholder does not believe to be true;
 - b. The active concealment of a fact by the Life Assured or Policyholder having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.
5. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the Life Assured or Policyholder or his agent keeping silence to speak or silence is in itself equivalent to speak.
6. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Life Assured or Policyholder / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
7. Life insurance Policy can be called in question within three (3) years on the ground that any statement of or suppression of a fact material to expectancy of life of the Life Assured or Policyholder was incorrectly made in the Proposal Form or other documents, basis which Policy was issued or revived or Rider issued. For this, the Company should communicate in writing to the Life Assured or Policyholder or legal representative or Nominee or assignees of Policyholder, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.
8. In case repudiation is on ground of mis-statement and not on fraud, the premium(s) collected on Policy till the date of repudiation shall be paid to the Policyholder or legal representative or Nominee or assignees of Policyholder, within a period of 90 days from the date of repudiation.
9. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the Company. The onus is on Company to show that if the Company had been aware of the said fact, no life insurance Policy would have been issued to the Policyholder.
10. The Company can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of Life Assured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: Section 45 of the Insurance Act, as amended from time to time shall be applicable. Policy Holders are advised to refer to Original text of Section 45 as amended from time to time for complete and accurate details.]