

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Bajaj Allianz Life Group Accidental Permanent Total/Partial Disability Benefit Rider	Policy 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>The amount payable in the event of Accidental Permanent Partial Disability as a result of an accident within 180 days from the date of an accident will be lower one of:</p> <p>a) 50% of Rider Sum Assured.            b) Rs. 5,000,000 per life under all group policies with the Company taken together.</p> <p>ii) In the event of Accidental Permanent Total Disability if the member through policyholder didn't receive a benefit for Accidental Permanent Partial Disability earlier, the amount payable will be lower one of:</p> <p>a) The Rider Sum Assured            b) Rs. 10,000,000 per life under all group policies with the Company taken together</p> <p>iii) If the member through policyholder has already received a benefit for Accidental Permanent Partial Disability and the time elapsed from the occurrence of that partial disability is less than one year, the amount payable in the event of Accidental Permanent Total Disability will be the remaining Rider Sum Assured, which shall be assessed as the lower of:</p> <p>a) 50% of Rider Sum Assured</p>	Policy Wording Section 2 & 3- Policy description, Rider Benefit & Critical Illness

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		<p>b) Rs. 5,000,000 per life under all group policies with the Company taken together.</p> <p>iv) If the member through policyholder has already received a benefit for Accidental Permanent Partial Disability before and the time elapsed from the occurrence of partial disability is at least one year, the amount payable in the event of Accidental Permanent Total Disability (in spite of the already paid benefit) will be lower of:</p> <p>a) The Rider Sum Assured b) Rs. 10,000,000 per life under all group policies with the Company taken together.</p>	
6	Exclusions	<p>The Company shall not be liable to pay any benefit under Section 4(a) above if accidental disability of the Member occurs on account of any of the following reasons:</p> <p>a. Disability as a result of the member/s participation by the insured person in a criminal or unlawful act with illegal or criminal intent;</p> <p>b. Disability of member/s as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes;</p> <p>c. Disability as a consequence of the member/s being under the influence of alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a Doctor;</p> <p>d. Disability as a result of the member/s taking part in any naval, military or air force operation during peace time or during</p>	Policy Wording Section 12 – Exclusions

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		<p>service in any police, paramilitary or any similar organisation;</p> <p>e. Disability as a result of the member/s engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;</p> <p>f. Disability of member/s as a result of participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable;</p> <p>g. Disability as a result of participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline or Pilots and cabin crew of a commercial airline, on regular routes and on a scheduled timetable</p> <p>h. Disability of member/s as a result of intentional self-inflicted injury, attempted suicide</p> <p>I. Disability of member/s as a result of nuclear Contamination; the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature</p>	
7	Waiting Period	Not Applicable	Not Applicable
8	Financial limits of coverage i) Sub-limit ii) Co-payment iii) Deductible	Not Applicable	Not Applicable

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	iv) Any other limit (as applicable)		
9	Claims/Claims Procedure	For claims, member will have to submit the necessary documents to Company within the prescribed time limit	Policy Wording Section 14- Payment of Claim
10	Policy Servicing	In case you have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Center 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: 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 Email: <a href="mailto:Customercare@bajajallianz.co.in">Customercare@bajajallianz.co.in</a>	Policy Wording– Grievance Redressal is as per the base policy
11	Grievances/Complaints	In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you 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: <a href="mailto:gro@bajajallianz.co.in">gro@bajajallianz.co.in</a>  If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may	Policy Wording– Grievance Redressal is as per the base policy

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		<p>approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:</p> <p>By Phone: TOLL FREE NO: 155255 By Email: complaints@irdai.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 The Policyholder can also register his complaint online at <a href="http://www.igms.irdai.gov.in/">http://www.igms.irdai.gov.in/</a></p>	
12	Things to remember (free look cancellation, policy renewal, migration and portability, change in sum insured)	Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception. All these options are available subject to detailed terms & conditions as mentioned in the policy document	Policy Wording Section 8- Free Look Option
13	Your obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>Disclosure of other material information during the policy period</p> <p>Insurer to specify the material information</p>	Policy Schedule
<p><b>Legal Disclaimer Note:</b> 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 the Policy)

**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](mailto:customercare@bajajallianz.co.in) | Website: [www.bajajallianz.life.com](http://www.bajajallianz.life.com) | IRDAI Reg. No.: 116 | BALIC CIN: U66010PN2001PLC015959