CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

We request you to kindly review the CIS and acknowledge the same through a link shared to you on your registered mobile number/Email ID/WhatsApp.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Bajaj Life New Critical Illness Benefit Rider (116B058V01)	Policy Schedule
2	Policy Number	<xxxxxxxx></xxxxxxxx>	Policy Schedule
3	Type of Insurance Product/ Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	As per Base Policy
4	Sum Insured (Basis) (Along with amount)	Option Sum Assured (Rs.) <critical comprehensive="" enhanced=""> <xxxxxx></xxxxxx></critical>	Policy Schedule
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)		Part C – Section 4
6	Exclusions (what the policy does not cover)	Suicide Clause In case of death of base policy Life Assured due to suicide within 12 months from the date of commencement of risk under the rider or from the date of revival of the rider, as applicable, the nominee of the Policyholder shall be entitled to 80% of the total Rider Premiums paid till the date of death or the termination value available as on the date of death whichever is higher, provided the rider is in force.	Part D – Section 5
		 Other Exclusions i) There are no other exclusions if the Contingent Event is death. ii) The critical illness benefit shall not be paid on any of the lives covered in case of the following conditions: If the diagnosis of such Critical Illness was made within 90 days of the start of coverage (i.e. during the waiting period). If the insured dies within the survival period as per definition from date of the diagnosis of the covered CI. Intentional self-inflicted injury, suicide or attempted suicide. For any medical conditions suffered by the life assured or any medical procedure undergone by the life assured, if that medical condition or that medical procedure was caused 	Annexure -K of Policy Documen t

			directly or indirectly by influence of drugs, alcohol, narcotics	
			or psychotropic substances unless taken in accordance	
			with the lawful directions and prescriptions of a registered	
			medical practitioner.	
		•	Engaging in or taking part in hazardous activities*, including	
			but not limited to, diving or riding or any kind of race; martial	
			arts; hunting; mountaineering; parachuting, bungee-	
			jumping; under water activities involving the use of breathing apparatus or not.	
		•	*Hazardous Activities mean any sport or pursuit or hobby,	
			which is potentially dangerous to the Insured Member	
			whether he is trained or not.	
		•	Participation by the insured person in a criminal or unlawful	
			act with criminal intent.	
		•	For any medical condition or any medical procedure arising	
			from 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.	
			For any medical condition or any medical procedure arising	
			either 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, terrorism, military or usurped power, riot or	
			civil commotion, strikes or participation in any naval, military	
			or air force operation during peace time.	
		•	For any medical condition or any medical procedure arising from participation by the insured person in any flying	
			activity, except as a bona fide, fare paying passenger and	
			aviation industry employee like pilot or cabin crew of a	
			recognized airline on regular routes and on a scheduled	
			timetable.	
		•	Any External Congenital Anomaly which is not as a	
			consequence of Genetic disorder.	
7	Maiting Davia	•	Failure to follow medical advice.	Dest 0
7	Waiting Period		days from date of commencement of risk of rider or from latest date of revival.	Part C – Section 4
	 Time period during which specified 	uit	s ialest uale of fevival.	OCUIUII 4
	diseases/treatments			
	are not covered			
	• It is counted from			
	the beginning of the			
	policy coverage			.
8	Financial limits of	,	Sub limit – Not Applicable	Not
	coverage i) Sub-limit (It is a pre-	ii) iii)	Co-payment – Not Applicable Deductible – Not Applicable	Applicabl e
	defined limit and the	iv)		
	insurance company	.,	, care approach,	
	will not pay any			
	amount in excess of			
	this limit)			
	ii) Co-payment (It is a			
	specified			

	amount/percentage of the admissible claim amount to be paid by policyholder/insured) iii) Deductible (It is a specified amount: - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) iv) Any other limit (as applicable)		
9	Claims/Claims Procedure	 Turn Around Time (TAT) for claims settlement and brief procedure: Link for Brief Procedure: https://www.bajajlifeinsurance.com/life-insurance-claim-assistance.html Link for Turn Around Time (TAT) for claims settlement: https://www.bajajlifeinsurance.com/content/dam/balic-web/pdf/customer-services/services-tat.pdf Helpline/Call Centre Numbers: 020 6712 1212 (Customer Care Number) Mail Us: customercare@bajajlife.com 	Part F – Section 15
		3) Contact details of the insurer: Bajaj Life Insurance Limited (Formerly known as Bajaj Allianz Life Insurance Company Limited) Bajaj Insurance House, Airport Rd, Yerawada, Pune, Maharashtra 411006	
		4) Link for downloading claim form and list of documents required including bank account details: https://www.bajajilifeinsurance.com/content/dam/balic-web/pdf/customer-services/services-tat.pdf WhatsApp- 8806727272	

10	Policy Servicing	Turn Around Time (TAT): https://www.bajajlifeinsurance.com/content/dam/balic-web/pdf/customer-services/services-tat.pdf Helpline/Call Centre number: 020 6712 1212 Contact details of the insurer: In case you have any query, you may communicate with the Company: 1. By post at: Customer Care Desk, Bajaj Life Insurance Limited ., Bajaj Insurance House, 5th floor, Airport Road, Yerawada, Pune – 411006 2. By Email: customercare@bajajlife.com Link for downloading applicable form and list of documents required including bank account details: https://online.bajajlife.com/online/portal/logon/serviceRequest.	Part G – As per base policy	
11	Grievances/Complaint s	Contact details of Grievance Redressal Officer of the insurer: Grievance Redressal Officer of the insurer: Grievance Redressal Officer of the insurer - In case you do not receive a response within 14 days or if you are not satisfied with the resolution, you may approach Grievance Redressal Officer at gro@bajajlife.com Link for registering the grievance with the insurer's portal: Insurance company grievance portal - https://webpartner2.bajajlife.com/GrvOnlineApi/indexOnlineGrv.jsp# ga=2.7272630.541013491.1717475077- 1601763320.16946683558 gac=1.52751388.1715749803.E AlalQobChMly_eqivKOhgMVdWsPAh0NFQrEEAAYASAAEgJObPD_BwE Contact details of Ombudsman: Find your nearest	Part G – As per base policy	
12	Things to remember	 Ombudsman office at https://www.cioins.co.in/ombudsman Free look cancellation – 30 days Policy Renewal – Not applicable Migration and Portability – Not applicable Change in sum insured – Not applicable Moratorium Period – Not applicable 	Part D – Section 7	
13	Your obligations al Disclaimer Note: In cas	Please disclose all pre-existing disease/s or condition/s before buying a rider. Non-disclosure may affect the claim settlement. Disclosure of material information while applying for the rider and changes during the rider period should be communicated to Bajaj Life Insurance customer care ID via registered email id of the customer. se of any conflict between the CIS and the policy document, the	Proposal form	
	conditions mentioned in the policy document shall prevail.			

<u>Declaration by the Policy Holder:</u>
<u>I have read the above and confirm having noted the details.</u>

Place:

Date:	(Signature of the Policy)

Web-link for the product where sample policy document can be downloaded: https://www.bajajlifeinsurance.com/riders-insurance-plans.html