

group care 360[°] Vehicle Modification Coverage

Plan Details

Particulars	Description
Cover Type	Individual
Relationship Type	Self
Entry Age - Min	Adult: 18 years
Entry Age - Max	Adult: 60 years
Exit Age	Adult: Lifelong*
Pre-policy Medical Check-up	NO, Good health declaration basis
Tenure	1 Year
Personal Accident Cover	
Sum Insured (SI) in Rs.	10,000
Permanent Total Disablement	Up to SI as per PTD table(Refer Table) of Group Care 360
Vehicle Modification	Up to 10,000

Vehicle Modification

We will indemnify the relevant expenses incurred during the Cover Year, for the reasonable and necessary modification of the Insured Member's Vehicle, to facilitate the Insured Member's activities of daily living, consequent to an Injury, resulting in a Claim which is payable under Permanent Total Disablement and provided that:

- The Vehicle so modified is the same Vehicle being used by the Insured member before the occurrence of such Injury
- The expenses incurred shall not exceed the reasonable level of charges for similar Vehicle modification, within India
- The modifications are exclusively for the benefit of the Insured Member only
- The modifications are carried out within 3 (three) months from the Insured Member's intimation of claim under Permanent Total Disablement
- The expenses are not related to repair of normal wear and tear or renovation or improvisation of existing set-up

Premium in INR Incl. GST @18%

Age Band	Premium
18 to 60 Years	212

* Tax benefits are subject to change in tax laws.

Permanent Total Disablement

Sr. No.	Insured Events	Amount payable = % of the Sum Insured
1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot.	50%
4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
5	Paraplegia or Quadriplegia or Hemiplegia	100%

Care Health Insurance Limited Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana) Website: www.careinsurance.com Submit Your Queries/Requests: <https://www.careinsurance.com/contact-us.html> Toll free (whatsApp number): 8860402452.

Bajaj Finance Limited is a Corporate Agent of Care Health Insurance Limited bearing Certificate Number CA0101 and its Registered Office is at Bajaj Finance Limited, Corporate Office, Viman Nagar, 3rd Floor, Behind Hyatt Hotel, Pune, Maharashtra-411014. This product is offered under the Group Insurance scheme wherein Bajaj Finance Limited is the Master policyholder and existing customers of Bajaj Finance Limited are only eligible for enrolment under this scheme. The insurance coverage is provided by Care Health Insurance Limited. Bajaj Finance Limited does not underwrite the risk or act as an insurer. BFL does NOT hold any responsibility for the issuance, quality, serviceability, maintenance and any claims post sale. This is only a summary of the selective features of the group health insurance scheme under product *group care 360*. For more details on risk factors, terms and conditions and exclusions please read the product sales brochure carefully before concluding a sale. BFL does not compel any of its customers to mandatorily purchase any insurance or third party products.

Claim Procedure: For Cashless Hospitalization - The facility can be availed at any of Care Health Insurance's empanelled hospital network. Insured members must call Care Health Insurance call center & request authorization for the proposed treatment by way of submission of Pre-authorization form at least 48 hours prior commencement of planned hospitalization or within 24 hours of admission, in case of emergency hospitalization.

For Reimbursement - Information & documents need to be submitted by an Insured member to Care Health Insurance within 15 days of discharge from the hospital/ completion of treatment. For any query regarding policy servicing, claims and complaints, enrolled members should directly contact Care Health Insurance Limited. Insurance is a subject matter of solicitation.

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