

BIMA PERSONAL ACCIDENTAL INSURANCE

This Personal Accidental insurance being underwritten by IGI General Insurance is distributed by Milvik (BIMA) Mobile Pakistan in the capacity of Corporate Insurance agent.

a). OVERVIEW

BIMA, in partnership with Jazz, brings you an easy and affordable way to stay protected with our Personal Accident Insurance service. This mobile-based service lets you choose flexible plans that fit your needs and budget — giving you peace of mind and financial protection in case of unexpected accidents.

Features/Benefits

- a) Personal Accident Insurance — Stay protected against life's unexpected accidents with comprehensive coverage designed for your peace of mind.
- b) Accidental Hospitalization Cover — Get financial support for hospital stays due to accidents, with coverage of up to 30 nights per year.
- c) Fast & Hassle-Free Claim Settlement — a smooth claims process, with payments made conveniently through online channels within 7 to 10 working days.
- d) Funeral Expense Benefit — In the unfortunate event of death due to an accident, your family receives financial assistance to help manage funeral costs.
- e) Accidental Coverage for Loss or Disability — Receive compensation for accidental death, or complete or partial permanent disability resulting from an accident.

b). How to subscribe:

Subscribing to BIMA Services is quick and easy!

- Via App: You can download the FikrFree App and subscribe to BIMA services directly through the app in just a few taps.
- Call us: Simply dial 042 111 119 878 on your jazz number — it's completely free of charge.

c). Charges and BIMA Cover:

Plan	Daily Price	Monthly Price	Yearly Price	Payment Options	Maximum Insurance Coverage	Funeral Benefit	Accidental Hospital Stay (per night)
Bronze	Rs. 1.2	NA	NA	Prepaid Balance	Up to PKR 112,500	PKR 25,000	PKR 500

Silver	Rs. 3	Rs. 104	Rs. 1,080	Prepaid Balance / Postpaid Bill / JazzCash	Up to PKR 280,000	PKR 50,000	PKR 750
Gold	Rs. 5	Rs. 173	Rs. 1,800	Prepaid Balance / Postpaid Bill / JazzCash	Up to PKR 560,000	PKR 100,000	PKR 1,500
Platinum	Rs. 10.5	Rs. 362	Rs. 3,780	Prepaid Balance / Postpaid Bill / JazzCash	Up to PKR 1,560,000	PKR 225,000	PKR 3,500
Diamond	Rs. 19	Rs. 656	Rs. 6,840	Prepaid Balance / Postpaid Bill / JazzCash	Up to PKR 3,125,000	PKR 450,000	PKR 7,500
Crown	—	Rs. 960	Rs. 11,520	JazzCash / Debit or Credit Card	Up to PKR 4,000,000	PKR 650,000	PKR 12,000
Master	—	Rs. 1,440	Rs. 17,280	JazzCash / Debit or Credit Card	Up to PKR 5,000,000	PKR 1,000,000	PKR 20,000

- For Prepaid Balance and Postpaid Bill users, the monthly price is divided into 30 equal daily installments.
- Each day, one installment is deducted automatically until the full monthly amount is received.
- If your prepaid balance is low or your postpaid credit limit is reached, the daily charge for that day may not be deducted. In such cases, a proportionately reduced insurance benefit will still apply, even if payment was received for only one day.
- The Crown and Master plans are not available through prepaid or postpaid billing. These premium plans can be purchased only via JazzCash or Debit/Credit Card, with payments accepted on a monthly or annual basis, and are exclusively available through the FikrFree App.

How do I Claim:

Filing a claim is quick and easy. You can download the FikrFree App from the Play Store or App Store and submit your claim directly through the app. Claims should be filed within 30 days of the hospitalization or covered incident, along with all required supporting documents for verification. Alternatively, you can call the BIMA Helpline at 042-111-119-878 for assistance with your claim.

d). Terms and Conditions

The Insurance is underwritten by IGI General Insurance and delivered by MILVIK (BIMA)

BIMA Since 2010, has been revolutionizing lives in emerging markets with its innovative mobile-led insurance and health products. Serving over 7 million active customers across 6 countries in Asia and Africa, BIMA has established itself as a global leader in the industry.

Milvik (BIMA) Mobile Pakistan, established in 2015, partnered with Mobile Network Operators (MNOs) and insurance companies to provide digital healthcare and insurance services that are affordable and accessible to all the Pakistanis. Product is proudly underwritten by IGI General Insurance. IGI General Insurance offers first class security and service to the insuring public at an international standard.

Jazz Telecom is facilitating this offering but shall not be responsible for any grievance of the Jazz Customer relating to the Insurance Services and IGI General Insurance's or MILVIK's performance of its obligations.

BIMA PERSONAL ACCIDENT INSURANCE POLICY

Whereas the Insured Person by a proposal which shall be the basis of the contract and be held as incorporated herein has applied to the Company for the insurance provided thereafter contained and has paid or agreed to pay the first premium as consideration for such insurance.

Now this policy witnesses that subject to the terms conditions and exceptions contained herein or endorsed hereon, if at any time during the period of insurance, if the Insured Person shall sustain any Bodily Injury caused by Accident as defined herein, the Company will pay to the Insured Person or in the event of his death, to his Beneficiary, if surviving, otherwise to the estate of the Insured Person the Benefit stated in the Policy Schedule attached hereto

DEFINITIONS

- **ACCIDENT** means a sudden, unforeseen, and external event that occurs at a definite time and place, resulting directly and independently of any other cause in bodily injury or death. The event must be unintended and not attributable to illness, disease, gradual deterioration, or pre-existing condition.
- **ACCIDENT PROTECTION PLAN** means one of the personal accident insurance covers under this Insurance Policy.
- **IGI** refers to the **COMPANY**, the **INSURER**, or **IGI General Insurance Company Limited**.
- **APPLICANT** means the individual who applies for an Accident Protection Plan under this Policy.
- **BENEFICIARY** is defined as Beneficiary in the application or the person substituted as such.
- **INSURANCE BENEFIT(S)** are amounts payable in the event of an indemnifiable claim and as detailed in the Schedule of Insurance Benefits attached hereinafter.

- **BIMA** refers to BIMA Pakistan.
- **BODILY INJURY** means Bodily Injury which
 - is sustained by the Insured Person during the period of insurance and;
 - is caused by external, violent and visible means and;
 - is solely and independently of any other cause, except illness directly resulting from, or medical or surgical treatment rendered necessary by such Bodily Injury, occasions the death or Disablement of the Insured Person within twelve calendar months from the date of the Accident by which such Bodily Injury is caused.
- The **COMPANY** is stated as IGI General Insurance Company Limited.
- **ELIGIBLE APPLICANT** means an Applicant who meets the eligibility criteria set forth in this Policy.
- **END USER PRICE** means the amount to be charged to the Subscriber for getting the Insurance Policy and it shall include the Premium and Jazz's Consideration on the telco services involved in the provision of Insurance Services.
- **HOSPITAL** is defined as "Any institution in Pakistan that has been registered as a hospital with the local authorities and is under the supervision of a registered and qualified medical doctor."
- **INSURANCE COVER** means the amount which shall be paid by IGI to the Beneficiary or the Insured as per the terms and conditions of the Insurance Policy.
- **INSURANCE POLICY** means this insurance policy setting out the terms and conditions on which insurance coverage is granted to a Subscriber.
- **INSURANCE SERVICES** shall mean the insurance services to be provided to Jazz Customers.
- **The INSURED or INSURED PERSON** means any Jazz Telecom subscriber who opt to purchase policy
- The **INSURER** is stated as IGI General Insurance Company Limited.
- **MSISDN** shall mean Mobile Subscriber Integrated Services Digital Network Number.
- **PERMANENT DISABLEMENT** means TOTAL OR PARTIAL PERMANENT DISABLEMENT as defined here below
 - **TOTAL AND PERMANENT DISABLEMENT** means the Insured Member has established to the satisfaction of Insurer that the Insured Member has been incapacitated by Injury to such an extent as to render the Insured Member unable ever to engage in or work for reward in any occupation or work (on a temporary basis, part-time basis or full-time basis) which the Insured Member is capable of performing by reason of his or her education, training or experience.

- **PERMANENT PARTIAL DISABLEMENT** means all those bodily injuries which result in reducing the insured person's ability to work as defined in the Table of Insurance Benefits.
- **PREMIUM** means the premium payable by an Insured Member to Insurer in relation to the Insurance Policy.
- **SUBSCRIBER** means those Jazz Customers who subscribe for the Insurance Services to get this Insurance Policy.
- **JAZZ** refers to Pakistan Mobile Communications Limited, a company duly incorporated and registered under the Companies Ordinance 1984 of Pakistan, and having its registered office at 1-A, IBC Building, F-8 Markaz, Islamabad, Pakistan.
- **JAZZ CUSTOMERS** shall mean the customers of Jazz using Jazz's System.
- **JAZZ SYSTEMS** means Jazz's GSM mobile cellular system.
- **JAZZ PAYMENT TERMS** means Jazz's payment terms published at jazz.com.pk, as revised from time to time.

EXCLUSIONS

Payment of claims is subject to exclusions, as outlined below. The Personal Accident Insurance Cover shall not cover any Death or Permanent Disability which is caused by, or resulting, directly or indirectly, wholly or partly, from any of the following factors:

- Suicide or any attempt thereat (sane or insane).
- Kidnapping for ransom.
- To any death or injury sustained whilst the Insured is under the influence (temporarily or otherwise) of intoxicants, alcohol or drugs.
- War, strikes, riots, civil commotion and any natural or man-made perils (including chemical, nuclear, biological, and radiological) that results in the declaration of a state of emergency on a local or national level

GENERAL PROVISIONS

1. Eligibility & Enrolment

Applicants are eligible to apply for an Accident Protection Plan under the Policy if Applicants meet ALL the criteria set out below:

- 1) Eligible Applicants shall include individual pre-paid and post-paid Jazz Customers. It is understood and agreed between the Parties that only one (1) person shall be insured per pre-paid, post-paid telecommunication connection or through Jazz Cash.
- 2) All Eligible Applicants shall be natural people. Corporations, partnerships and businesses shall not be eligible for coverage under the Personal Accident Policy.
- 3) All Eligible Applicants shall be a minimum of eighteen (18) years of age and a maximum of sixty-four (64) years of age at the time of registration.

- 4) If the Applicant wishes to apply for and subscribe to an Accident Protection Plan under this Insurance Policy, the Applicant will be required during the registration process to:
- I. acknowledge that the Applicant has read and understood the terms of the Policy and the Jazz Payment Terms.
 - II. confirm that the Applicant meets the eligibility criteria set out in General Provision 1 of the policy.
 - III. confirm the Accident Protection Plan that the Applicant wishes to apply for;
 - IV. Authorize Jazz to make 30 daily deductions each month from the prepaid account and bill the amount for postpaid or monthly deduction through Jazz Cash account.
 - a) the Insurance Benefits payable are subject to the Applicant's confirmations being true and correct; and
 - b) if the Applicant's confirmation is untrue or incorrect, no Insurance Benefits will be payable, and the End User Price the Subscriber paid will not be refunded.

2. Participation Requirement/Process

Customers can enroll in the BIMA Personal Accident Insurance service through a digital onboarding process, either directly via the FikrFree App, with assistance from a call center or field agent, or by submitting their information electronically using their handset. The enrollment is completed in two simple phases:

1st Phase:

Customers provide basic information, including:

- Name of the Customer
- Age and/or CNIC Number
- Name of the Beneficiary
- Beneficiary relationship with Customer
- Insurance Benefits selected by the Customer

2nd phase:

- After completing Phase 1, the customer receives an SMS or in-app notification summarizing the selected insurance benefits and applicable charges.
- The customer may opt out by sending a free cancellation SMS to 9878 or using the FikrFree App within 24 hours of receipt.
- If no cancellation is received within the stipulated time, enrollment is deemed confirmed, and the first premium deduction will proceed. This confirmation constitutes the customer's digital consent, serving as official acceptance and authorization for policy activation under the Personal Accident Insurance cover.
- Customers making payments through JazzCash are required to complete the payment process by entering their MPIN and OTP on a system-generated secure payment link.
- This step serves as verification that the customer is personally and willingly opting into the service.

- Customers who opt for the service through a digital channel provide their consent by entering the OTP received on their mobile, which serves as their official confirmation.

3. Beneficiary Nomination

For the Personal Accident Insurance, nominating a beneficiary is mandatory at the time of enrollment. The insured person may update or change the beneficiary at any time by providing a written notice to the insurer or by calling the BIMA Helpline at 042-111-119-878 from their registered mobile number. All benefits will be paid to the recorded beneficiary, and the insurer will not be liable for any delay or dispute arising if the beneficiary details are not correctly provided. Payment made in good faith to the recorded beneficiary will fully discharge the insurer of all obligations under this policy.

4. Mistake In Age

The Company will pay insurance benefits based on the age of the insured as disclosed at the time of enrollment. It is the customer's responsibility to provide accurate information. If the disclosed age is incorrect, the Company will not be liable to pay any benefits under this policy for that particular case.

5. Intentional False Statements of the Insured

- Any intentional concealment, misstatement, or false declaration by the insured person during enrollment, claim submission, or any correspondence with the insurer will render the policy null and void for that insured person.
- In such cases, all benefits under the policy will be forfeited, and the insurer reserves the right to recover any amounts already paid based on the misrepresentation.
- The insurer may, at its sole discretion, terminate coverage and decline any future enrollment of the insured person under this or any other policy.

6. Multiple Policies Restriction

Each insured person may only be covered under one (1) active policy at any given time. In the event that the insured person is enrolled under multiple SIM cards, multiple policies, or a combination of old and new policies, only the first valid policy issued shall be considered for claim payment. The insurer reserves the right to cancel or void any duplicate or overlapping coverage without liability for additional benefits, refunds or compensation. Any attempt to obtain or maintain multiple active policies through misrepresentation, concealment or fraudulent enrollment shall constitute grounds for denial of claims, recovery of any amount already paid, termination of all related policies and blacklisting of the insured person's CNIC.

7. Data Protection and Privacy

The insurer shall collect, process and retain personal and health information of the insured person solely for the purpose of providing insurance coverage, administering policies, and processing claims. Such information shall be stored securely, retained only for as long as necessary, and shall not be disclosed to third parties except as required for risk management, claims processing, regulatory compliance or as otherwise required by law.

8. Premium Collection & Lapse Mechanism

Prepaid and Postpaid Users: If the daily premium cannot be deducted due to insufficient balance or exhausted credit limit, no coverage will apply for that day. If premium deductions fail for 30 consecutive days, the policy will automatically lapse, and coverage will be suspended without further notice. Reinstatement will occur only once deductions resume successfully for at least one day and may require the insurer to request updated health information, supporting documents, or evidence of insurability. The insurer reserves the right to decline reinstatement in cases of suspected misuse, fraud, material misrepresentation, or regulatory restrictions. Any lapse due to non-payment does not create liability for claims arising during the period of suspension.

JazzCash Users: For payments made via JazzCash, the monthly payment secures coverage for the following month. Policies will only be suspended after 180 days of non-payment. Coverage will automatically resume once payment is made for any missed month, subject to the insurer's right to request updated information or documents in cases of suspicion of misuse or fraud.

9. Grace Period / Reinstatement

A grace period of three (3) days shall be allowed following the due date of any premium deduction. If payment is not received within this period, coverage shall automatically terminate without further notice. Reinstatement of coverage shall be at the sole discretion of the insurer and may require evidence of insurability. The insurer retains the right to decline reinstatement where there is suspected or reasonably believed fraud, misrepresentation or regulatory restrictions. No claims arising during the grace period or the period of suspension shall be payable unless premiums are successfully collected.

10. Refunds on Cancellation

Premiums once deducted shall be non-refundable under all circumstances, including but not limited to voluntary cancellation by the insured person, policy lapse due to non-payment, suspension, or termination of coverage by the insurer in accordance with these Terms and Conditions. Refunds shall only be permissible where expressly required by applicable law or due to an error attributable to the insurer.

11. Notice Of Claims

- 1) The Company shall be notified of the occurrence of Death of the Insured or the Permanent Disablement of the Insured as soon as possible, but not later than 270 (two hundred & seventy) days from the date of Death or occurrence of Permanent Disablement after which it shall be treated as time barred and the Company shall not be bound to pay the Claim.
- 2) For each Claim reported, the Company shall obtain:
From the Claimant:
 - **In case of Death:** A notice of death, which could be a legal death certificate, a certificate of attending physician, containing his registration number and mentioning actual cause of death, and proof of the personal identity of the Insured, which could be the official personal identity data.
 - **In case of Permanent Disablement:** Medical report containing the degree of Disablement certified by the surgeon. In case of Permanent

Disablement, unnatural or unusual death, Insurer may require any other document it reasonably deems necessary before approving a claim under the Policy.

- 3) The Company shall process and pay genuine and approved claims on receipt of required documents from the Claimant within seven to Ten (7-10) working days.
- 4) If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (10) working days, or as long as the dispute takes to resolve in the legal system.

12. Timelines for Claim Processing

Claims shall be processed within seven to ten (7-10) working days from the date of receipt of complete documentation. Any delay caused by incomplete documentation, third-party verification, hospital or provider response times or circumstances beyond the insurer's control shall not constitute a breach of this obligation. The insurer shall in no event be liable for penalties or additional benefits solely due to processing delays.

13. Definition of Working Days

For the purpose of these Terms and Conditions, "working days" shall mean days on which banks are open for business in Pakistan, excluding Saturdays, Sundays, and public holidays. If any due date for premium deduction, claim processing or communication falls on a non-working day, such action shall be deemed timely if performed on the next working day.

14. Fraud, Misrepresentation, and Audit

The insurer reserves the right to investigate any claim and may require access to medical records, independent medical examinations, verification with healthcare providers, or other documentation or evidence as deemed necessary. Any claim found to be fraudulent, false, intentionally exaggerated, or misrepresented shall result in denial of the claim and immediate termination of coverage, with recovery of any amounts already paid. Submission of forged documents, concealment of facts or failure to cooperate with investigations shall likewise constitute grounds for denial of claim and termination of coverage.

15. Force Majeure / System Outages

The insurer shall not be liable for any failure, interruption or delay in premium collection, claims processing, or service delivery arising from circumstances beyond its reasonable control, including but not limited to natural disasters, epidemics, pandemics, strikes, lockouts, acts of terrorism, government actions, regulatory restrictions, power failures, system outages, cyber incidents or telecommunication breakdowns. During such periods, coverage shall remain suspended, and no liability shall accrue for claims arising directly or indirectly from the force majeure event. Coverage shall be restored once normal operations resume.

16. Automatic Termination Of Individual Insurance

The insurance of an Insured shall automatically terminate at the earliest time below:

- Upon payment on Death or
- Upon settlement of the Insured of the amount of insurance, including in the event of early termination of such relationship; or
- Upon cancellation or withdrawal of subscription by Jazz of the contract/relationship with the Insured, whatever the reason may be, or
- In case of non-payment of the individual End User Price for the Insurance Policy.

17. Termination or Refusal of Renewal by Insurer

The Insurer may terminate or refuse renewal of an individual policy by written notice or a recorded call to the insured. This may occur in cases including, but not limited to:

- Fraud, misrepresentation, or non-disclosure of material facts
- Submission of false or altered documents
- Concealment at the time of enrollment
- Claims exceeding the utilization limits defined in this policy
- Adverse impact on the sustainability of the risk pool
- Regulatory or legal requirements

In such cases, the Insurer may also blacklist the CNIC of the insured to prevent future enrollments under any BIMA insurance product. All decisions will be made in good faith, in compliance with applicable law, and communicated in writing.

18. Right of Underwriting and Renewal

In accordance with applicable insurance regulations in Pakistan, the insurer reserves the right, at its sole discretion, to decline coverage for specific individuals at the time of enrollment, or to refuse renewal of coverage under certain conditions, including but not limited to adverse claims history, fraud, misrepresentation, or regulatory restrictions. Such decisions shall be made in compliance with prevailing laws and communicated to the insured person

19. Premium & Benefits Revision

The insurer reserves the right to revise premium rates or benefits, subject to regulatory approval. Any such revision shall be communicated at least seven (7) days in advance, and the insured person shall have the right to cancel coverage prior to the effective date of such change without penalty. Failure by the insured person to cancel coverage before the effective date shall be deemed acceptance of the revised terms.

20. Dispute Resolution Hierarchy

Any dispute, grievance, or claim arising under this policy shall first be referred in writing to the insurer's internal dispute resolution process. The insurer shall review and decide such complaints within thirty (30) days of receipt. If unresolved, the dispute may be referred to the Insurance Ombudsman in Pakistan in accordance with applicable law. Arbitration may only be pursued where legally permissible and after exhaustion of statutory remedies. The insurer shall not be liable for any costs, expenses, or damages incurred by the insured person in pursuing remedies unless expressly awarded by a competent authority.

21. Arbitration

All differences arising out of this policy shall be referred to the decision of an arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single arbitrator to the decision of two arbitrators one to be appointed in writing by each of the parties within one calendar month after having been required in writing so to do by either of parties or incase the arbitrators do not agree of an umpire appointed in writing by the arbitrators before entering upon the reference. The umpire shall sit with the arbitrators and preside at their meetings and the making of an award shall be a condition precedent to any right of action against the Company. If the Company shall disclaim liability to the Insured Person for any claim hereunder and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to arbitrator under the provisions herein contained then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder. Notwithstanding stated above, dispute resolution forums given under the Insurance Ordinance, 2000, such as the Insurance Ombudsman, Small Disputes Resolution Committee and the Insurance Tribunals, shall prevail in the order of precedence, and over the seat of Arbitration.

22. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in the policy shall invalidate all claims hereunder.

23. Insurance Benefits

The Company hereby agrees to pay the following benefit subject to the terms and conditions provided under the Personal Accident Policy as defined hereunder. If an Insured dies or is permanently disabled due to an Accident as defined herein, after 30 days worldwide basis, the Company will, upon receipt of due proof in writing of the Death or Permanent Disablement of the insured, pay the Insured or Beneficiary as the case may be the sum assured, according to their Insurance Cover level as described in this Insurance Benefits Section of the Policy Wording, as full and final settlement of Death or Permanent Disablement Claim in respect of the deceased/disabled Insured.

23.1. Accidental Death Benefit

- Coverage for accidental death shall commence after 30 calendar day following the first successful premium deduction, subject to premium being received in full.
- "Accidental death" means death resulting solely and directly from sudden, unforeseen, and violent external means, independent of any other cause, and excludes any contributory illness, pre-existing disease or condition.
- Death resulting from suicide (whether sane or insane), self-inflicted injury, criminal or unlawful acts, intoxication, or use of non-prescribed drugs shall not be covered.
- Death arising from war, terrorism, or active participation in military service or training is excluded under all circumstances.
- Insurer reserves the right to require the Claimant to provide reasonable supporting documentation relating to the Insured Person, including but not limited to police reports, medico-legal certificates, hospital or post-mortem

reports, or any other documents necessary for verification of the claim. Failure to provide such documentation, or provision of inconsistent or unverifiable documents, may result in rejection of the claim. Any accidental death benefit paid on the basis of misrepresentation or forged documentation shall be recoverable by the insurer.

23.2. Funeral Expense Benefit (Natural Death)

- A waiting period of 90 consecutive days shall apply from the date of confirmed enrollment and first successful deduction before coverage for funeral expenses becomes payable.
- “Natural death” means death occurring solely due to illness or disease, and not resulting from accident, violence, or any excluded cause.
- No funeral expense benefit shall be payable if death occurs during the waiting period.
- Only one funeral expense benefit shall be payable per insured person, regardless of multiple policies, enrollments, or attempts at double recovery.
- All funeral expense claims must be supported with the insured’s official death certificate and any additional documentation reasonably required by the insurer.

23.3. Total and Permanent Disablement (TPD) Benefit

- If, as a direct and sole result of an Accident, the Insured suffers Total and Permanent Disablement, the Insurer shall pay a lump-sum benefit according to the selected plan and premium paid.
- “Total and Permanent Disablement” means the complete, continuous, and permanent loss of use of both arms, both legs, one arm and one leg, or both eyes, or total paralysis rendering the insured unable to perform any occupation or engage in any gainful employment for the remainder of their life.
- The disablement must be certified as permanent by a qualified medical practitioner approved by the Insurer.
- No benefit shall be payable if disablement results from illness, disease, pre-existing condition, or any excluded cause listed under this policy.
- The Total and Permanent Disablement benefit is subject to the same coverage and premium conditions as the Personal Accident Cover, meaning no payment shall be made if the insured was not actively covered in the month of the incident

23.4. Hospital Cash Benefit (Accident Only)

- If, as a direct result of an Accident, the Insured is hospitalized for medical treatment, the Insurer shall pay a daily hospital cash allowance for each eligible night spent in hospital.
- The Insured shall be entitled to the higher of (i) PKR 500 per night, or (ii) 0.25% of the monthly Sum Insured, according to the selected plan and premium paid.
- A maximum of thirty (30) hospitalization nights per policy year shall be covered, with a limit of three (3) nights per calendar month.
- This benefit shall not be payable if the Insured is not under active coverage for the month of hospitalization or if the cause of hospitalization is other than an Accident.

- Hospitalization in facilities where the insured receives free or fully subsidized treatment (including Armed Forces, Rangers, or Police hospitals) shall not be eligible for this benefit.
- The Hospital Cash Benefit and Personal Accident (Death or Disablement) benefits cannot both be claimed for the same accident.

23.5. Limitation of Multiple Benefits

If a claim is payable under both the Accidental Death Benefit and the Funeral Expense Benefit, only the higher of the two benefits shall be payable, and under no circumstances shall both be paid simultaneously. The insurer's liability shall in no event exceed the single highest benefit applicable under this policy, regardless of the number of policies, claims or coverages invoked. Any attempt to recover more than one benefit for the same event shall automatically extinguish entitlement to the lesser benefit(s).

Benefits:

The benefit amount payable to the Insured or the Beneficiary, in the event of the Insured's Accidental Death or Total and Permanent Disablement, shall correspond to the plan selected and the premium successfully paid, subject to the terms and conditions of this policy.

Terms and Conditions:

- Coverage operates on a monthly renewal basis. Premiums paid in the current month generate coverage for the following month.
- If no premium is received for a given month, coverage for that subsequent month shall lapse automatically, and the Insured shall not be eligible for any claim arising during the period without an active premium.
- Only one (1) policy shall be issued per applicant.
- All claims must be reported to the Company within two hundred and seventy (270) days from the date of occurrence of the Death or Permanent Disablement.

Payment of any claim is subject to policy exclusions and verification of premium payment status at the time of the event.

The Personal Accident Insurance Cover is extended to one (1) person per Jazz subscriber who is a successful Applicant for the Personal Accident Insurance Cover.

Table of Insurance Benefit:

Death / Total Permanent Disablement	% of maximum insurance benefit paid
Accidental death	100%
Amputation or Loss of use of two limbs	100%

Death / Total Permanent Disablement	% of maximum insurance benefit paid
Amputation or Loss of use of both hands, or of all fingers and both thumbs	100%
Total paralysis or Injuries resulting in being Permanently bedridden or Disablement	100%
Total and irrevocable loss of all sight in both eyes	100%

PERMANENT PARTIAL DISABLEMENT	% of maximum insurance benefit paid
Amputation or Loss of use of a limb	50%
Amputation or Loss of use of four fingers and thumb on one hand	50%
Total and irrevocable loss of all sight in one eye	50%
Total Loss of hearing or speech	50%
Burns – 3rd degree covering more than 9% of body	50%

PKR 280,000 Policy:

Amount of End User Price paid in calendar month (PKR)	Insurance Cover in the following calendar month
90	280,000
87	270,667
84	261,333
81	252,000
78	242,667
75	233,333
72	224,000

69	214,667
66	205,333
63	196,000
60	186,667
57	177,333
54	168,000
51	158,667
48	149,333
45	140,000
42	130,667
39	121,333
36	112,000
33	102,667
30	93,333
27	84,000
24	74,667
21	65,333
18	56,000
15	46,667
12	37,333

9	28,000
6	18,667
3	9,333
0	Nil

PKR 560,000 Policy:

Amount of End User Price paid in calendar month (PKR)	Insurance Cover in the following calendar month
150	560,000
145	541,333
140	522,667
135	504,000
130	485,333
125	466,667
120	448,000
115	429,333
110	410,667
105	392,000
100	373,333
95	354,667
90	336,000

85	317,333
80	298,667
75	280,000
70	261,333
65	242,667
60	224,000
55	205,333
50	186,667
45	168,000
40	149,333
35	130,667
30	112,000
25	93,333
20	74,667
15	56,000
10	37,333
5	18,667
0	Nil

PKR 1,560,000 Policy:

Amount of End User Price paid in calendar month (PKR)	Insurance Cover in the following calendar month
315	1,560,000
304	1,508,000
294	1,456,000
283	1,404,000
273	1,352,000
262	1,300,000
252	1,248,000
241	1,196,000
231	1,144,000
220	1,092,000
210	1,040,000
199	988,000
189	936,000
178	884,000
168	832,000
157	780,000
147	728,000
136	676,000

126	624,000
115	572,000
105	520,000
94	468,000
84	416,000
73	364,000
63	312,000
52	260,000
42	208,000
31	156,000
21	104,000
10	52,000
0	Nil

PKR 3,125,000 Policy:

Amount of End User Price paid in calendar month (PKR)	Insurance Cover in the following calendar month
570	3,125,000
551	3,020,833
532	2,916,667
513	2,812,500

494	2,708,333
475	2,604,167
456	2,500,000
437	2,395,833
418	2,291,667
399	2,187,500
380	2,083,333
361	1,979,167
342	1,875,000
323	1,770,833
304	1,666,667
285	1,562,500
266	1,458,333
247	1,354,167
228	1,250,000
209	1,145,833
190	1,041,667
171	937,500
152	833,333
133	729,167

114	625,000
95	520,833
76	416,667
57	312,500
38	208,333
19	104,167
0	Nil

e). Acknowledgement

(Policy Terms and Conditions shall remain subject to the following)

Milvik (BIMA) Mobile Pakistan is a Corporate Insurance Agent who has been authorized by IGI General Insurance Company Limited to bind cover on behalf of Insurer within the terms and conditions of this Insurance Policy. To cease monthly deductions, the Subscriber must deregister the Subscriber's BIMA Personal Accidental (PA) Plan by contacting helpline 042111119878. Otherwise, Jazz will continue making monthly deductions.

- If a Subscriber enrolls in more than one BIMA Personal Accidental (PA) Plan under the Insurance Policy (including via different jazz mobile accounts), the maximum benefit payable will be limited to the highest benefit of one of the subscribed plans. The maximum liability to the Subscriber or their beneficiary will also correspond to this highest benefit.
- After becoming the Subscriber in the Insurance Service, Jazz Subscriber permits Jazz to share his details and information available with Jazz and as sought by IGI General Insurance and Milvik Mobile Pakistan or any other entity authorized by IGI General Insurance in this regard, for inter alia processing of the Policy, storing and processing data across countries, and more effectively providing the Insurance Service and payment of Insurance Cover; Jazz Customer/Subscriber agrees and acknowledges that he or his legal heirs shall not hold Jazz responsible for any consequences of sharing such information;
- Fraud or abuse relating to Re-Load/Re-Charge may result in forfeiture/cancellation of the Policy, suspension of Jazz Services of the Customer/Subscriber and termination of his Connection; and
- While availing the Insurance Service the Subscriber shall not respond to any calls/SMSs directing to make/send calls/SMSs to any other number/short code or which are regarding award of any prize (whether money or in kind) in lieu of balance transfer or any call. Ignorance of this clause by Jazz

Customer/Subscriber shall not accrue any liabilities/responsibilities on IGI General Insurance or Jazz including but not limited to liability/responsibility towards any loss occurred to the Jazz Customer/Subscriber

- Jazz, IGI, or Milvik Mobile Pakistan may amend these Terms and Conditions at any time. The Subscriber shall be informed through an SMS or any other manner in accordance with the relevant laws that these Terms and Conditions are amended. Such SMS or information through any other manner (as mentioned above) shall contain a link to such amended Terms and Conditions, and if the Subscriber shall continue to pay for the Insurance Cover it shall be the acceptance of the Subscriber to the amended Terms and Conditions.
- Jazz, Milvik Mobile Pakistan, and IGI may jointly amend the Service Charges from time to time at their discretion in accordance with the applicable laws and regulations of Pakistan Telecommunication Authority (“PTA”). The acceptance of these Terms and Conditions of the Subscriber shall also be the acceptance with the End User Price to be charged to provide the Insurance Policy;
- IGI, Jazz, and Milvik Mobile Pakistan have the complete authority to stop offering BIMA SEHAT Plan or Policy at any time at their discretion.
- The Subscriber acknowledges that these Terms and Conditions are in addition to the terms and conditions accepted by the Subscriber at the time of availing Jazz’s cellular services (which includes the terms and conditions of CSAF and the terms and conditions received in the SIM Jacket). However, in case of conflict between these Terms and Conditions and terms and conditions of CSAF, these Terms and Conditions shall prevail to the extent of subject matter of these Terms and Conditions.
- The domestic laws of the Islamic Republic of Pakistan shall govern the Insurance Policy and the Courts of the Islamic Republic of Pakistan shall have jurisdiction in any dispute arising hereunder.
- If any provision of the Insurance policy is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of the Insurance policy which will remain in full force and effect.
- This policy has been especially created to provide protection for those Jazz Customers who successfully apply for that protection and who pay the appropriate Premium. Accordingly, notices to the Subscriber may be provided by:
 - SMS to the Subscriber’s postpaid mobile service (from which monthly deductions are made); If a notice is made by SMS, the notice is deemed to be received on the day the SMS is sent. If a notice is placed on a website, the notice is deemed to be received on the day the notice is placed
 - Notification placed on Jazz.com.pk or on the Insurer’s website at <https://igiinsurance.com.pk/>; or on www.milvikpakistan.com
 - By publication in a major newspaper in the Islamic Republic of Pakistan

f). FAQs

- **I have already availed BIMA Sehat service, will this service be automatically enabled on my number?**

No, you have to enroll yourself into this service, as BIMA Personal Accidental (PA) service charges will be separately deducted from your JAZZ balance.

- **What documents are required for CLAIM?**

Customers must provide supporting documents to BIMA for claim processing as per the nature of claim.

Accidental Death / Loss of Life

- Proof of Accident (i.e., Hospital Report if any, Police Report, 1122 report)
- Death Certificate (By Union Council/Hospital Signed & Stamped)
- Customer and Beneficiary CNIC
- CNIC Cancellation certificate Issued by Nadra

Total Permanent Disability / Partial Disability

- Proof of Accident (i.e., Hospital Report if any, Police Report, 1122 report)
- Discharge Slip (Signed & Stamped)
- Disability Certificate (Signed & Stamped)
- Customer's CNIC

Funeral Claims

- Death Certificate (By Union Council/Hospital Signed & Stamped)
- Customer and Beneficiary CNIC
- CNIC Cancellation certificate Issued by Nadra

Hospitalization Claim IPD:

- Discharged Slip (Treating Doctor Signed & Stamped)
- Copy of customer's CNIC.

- **How long will it take to get the amount reimbursed once CLAIM is generated?**

The money is paid by check or mobile money within 7 to 10 working days after the submission of all documents.