CUSTOMER INFORMATION SHEET

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	REFER TO POLICY CLAUSE NUMBER
1	**Name of the Product/Policy**	**INDIVIDUAL PERSONAL ACCIDENT GRAND** **UIN: IRDA/NL-HLT/ITGI/P-P/V.I/13/14-15**	
2	**Policy Number**	**XXXXXXX**	
3	**Type of Insurance Product/Policy**	**Benefit**	
4	**Sum Insured(Basis)**	**Rs. Xxxxxxx (Individual)**	
5	**Policy Coverage(What Policy Covers?) (Policy Clause Number/s)**	Covers Hospitalization expenses for accidental injury. Expenses in respect of a) Admission in hospital beyond 24 hours . b) Ambulance charges for transportation of Insured person to Hospital following Accident which results in liability having been admitted by us as per 1 to 6 of "Table of Benefits" (as per policy wordings). c) Hospital cash benefit of 0.25% (one fourth of a percent) of the Capital Sum Insured per day of hospitalization for a maximum of 365 days per policy. d) Modification Allowance In the event of Permanent Total Disability or Dismemberment is admissible subject to 5% of capital SI or as actual whichever is lower. e) Loss of Employment In the event of accident leading to loss of employment as a consequence of 2, 3 and 4 of "Table of Benefits" (as per policy wordings), is payable subject to Onetime payment of 1% (one percent) of the Capital Sum Insured. f) If following bodily injury which solely and directly causes death or disablement to insured person within 12 months of injury as stated in Table of Benefits, we shall pay to you or your nominee or your/their legal representative the sum or sums hereinafter set forth in Table	**DEFINITION OF WORDS-13.** **Point H-"Table of benefit"- Table C** **Point A-"Table of benefit"- Table C** **Point B-"Table of benefit"- Table C** **Point J-"Table of benefit"- Table C** **Point 1, "TABLE A" of Coverages.**

		of Benefits.	
6	**Exclusions (what policy does not cover)**	I)EXCLUSIONS OF TABLE A 1. Compensation under more than one of the benefits mentioned in "Table of Benefits" in respect of the same period of disablement, subject to the higher compensation being payable. 2. Any other payment after a claim under one of the benefits 1,2 and 4 in "Table of benefits" (policy wordings) has been admitted and becomes payable. 3. Any payment in case of more than one claim under benefits 3, 5 & 6 (policy wordings) during any one period of Insurance, by which our liability in that period would exceed 100% of the Capital Sum Insured of this policy. 4. Payment of compensation in respect of Injury or Accident arising as a consequence of a) Committing or attempting to commit suicide or intentional self-injury. b) Whilst under influence of intoxicating liquor. c) Drug addiction or alcoholism. d) Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. e) Pregnancy or childbirth. f) Insanity. g) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or Venereal disease and/or any mutant derivative or variation of HIV or AIDS. h) Committing any breach of law with criminal intent.	**TABLE A – WHAT IS NOT COVERED.**

		i) Being in a regular armed force. j) Being a part of a Professional Sports teams k) Being a member of Ship's crew l) Death due to sickness or disease m) Being a Police Personnel n) Being a Border Security Personnel Persons working in underground mines, explosives, magazines, workers involved in Electrical installation with high-tension supply. Circus personnel, persons engaged in activities like racing on wheels or horseback, big game hunting, Mountaineering, winter sports, skiing, ice hockey, ballooning, hang gliding, river rafting, polo, Stuntman in Films and persons engaged in occupations / activities of similar hazards. II) GENERAL EXCLUSION We will not pay for any compensation in respect of death, Injury or disablement of the Insured Person. 1. As consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith. 2. Directly or indirectly caused by contributed to by or arising from: i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission. ii) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.	**GENERAL EXCLUSIONS**
7	**General Conditions**	**Free look up period** shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.	**GENERAL CONDITIONS: CLAUSE 3**

		You/the insured shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to i. A refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or ii. Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. **Renewal** The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions: i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period	**GENERAL CONDITIONS: CLAUSE 7**

		iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted.	
8	**Financial Limits of Coverage** **i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)** **ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)**	The policy will pay only up to the limits specified hereunder for the following; i. Injury Allowance due to Foreign object ; In the event of an iatrogenic error (Error by the Medical Practitioner) which leads to a foreign object being left in the insured person's body during medical/surgical treatment, a fixed amount will be paid in subject to 10% (ten percent) of Capital Sum Insured per policy period. ii. Cost of Supporting Items: In the event of Insured person meeting with an accident and liability having been admitted the Company would reimburse the cost of purchase of supporting items such as artificial limb, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles or any other items which in the opinion of Medical Practitioner is necessary for insured person. The Company's maximum liability would be limited to 2% (two percent) of capital sum insured or actual expenses, whichever is lower in any one period of Insurance. No Co-payment applicable.	**Point C -"Table of benefit"- Table C** **Point D -"Table of benefit"- Table**

	ii. Deductible(It is the 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 specified amount)** **iv. Cumulative Bonus.**	No deductible applicable Cumulative Bonus not applicable.	
9	**Claims/Claims Procedure**	**i)** Intimation of claim: An event, which might become a claim under the policy, must be reported to us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before internment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. Based on the circumstances of the case the insurer may condone the case with delay in intimation beyond one calendar month. A written statement of the claim will be required and a claim form will be provided. You or your personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease. **ii)** All certificates, information and evidence from a Medical Attendant or otherwise required by us shall be furnished by you, your personal representative in the manner and form as we may prescribe. In such claims your legal representative, Nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when we may reasonably require and in the event of death get the post-mortem	**CLAIM PROCEDURE AND REQUIREMENTS: CLAUSE 5 of General Conditions.**

		examination done in respect of body of Insured Person. **Turn Around Time(TAT) for claims settlement:** i. TAT for preauthorization of cashless facility: 1 hour from the receipt of final document ii. TAT for cashless final bill authorization: 3 hours from the receipt of final document **Weblink/Details for the following:** **i. Network Hospital Details** https://www.iffcotokio.co.in/health-insurance/city **ii. Helpline Number** 1800-103-5499 **iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer** https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf **iv. Downloading/getting claim form** https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf	
9	**Policy Servicing**	Call Centre Number of the Insurer 1800-103-5499 Details of Company Official	
10	**Grievances/Complaints**	Details of: • Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- chiefgrievanceofficer@iffcotokio.co.in • Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal	**GENERAL CONDITIONS: CLAUSE 21**

		MailID- support@iffcotokio.co.in Toll free Number-1800-103-5499 • Ombudsman https://www.cioins.co.in/Ombudsman	
11	**Your Obligation**	**Please disclose all condition/s before buying a policy. Non-disclosure may affect the claim settlement.** **Disclosure of other material information during the policy period.** Material Information includes: i. Any change in health condition may/may not needing an active line of treatment. Any change in Demographic Details	**DEFINITION OF WORDS: 25**

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

Place:
Date: Signature of the Policy Holder

To access your CIS, please login to your account in our website:
https://www.iffcotokio.co.in/

Please go through this Customer Information Sheet. In case of any query or doubt, you may contact our call center at 1800-103-5499.
In case we do not receive any communication from you within the 7 days from the date of the issuance of the policy copy, we presume that you have read the terms and conditions and are in understanding of the coverage.

LEGAL DISCLAIMER NOTE: 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.