



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

PRAVASI BHARATIYA BIMA YOJANA

UIN: IFFTIOIP27044V022627

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Pravasi Bharatiya Bima Yojana	
2	Policy number		
3	Type of Insurance Product/ Policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)	
4	Sum Insured (Basis) (Along with amount)	Rs..xxxxx(Individual)	
5	Policy Coverage (What the policy covers?) (Policy Number/s) Clause	<p>I. Section 1: Personal Accident</p> <p>We shall pay you or your legal representative the Sum mentioned in the Schedule in the event of bodily injury leading to Insured Person's death or permanent disability, provided that:</p> <p>a) such injury is the sole and direct cause of the death of the insured, within twelve months of its occurrence OR</p> <p>b) such injury shall within twelve months of its occurrence be the sole and direct cause of the permanent disability leading to loss of employment</p> <p>However the Accident leading to injury may take place anywhere in the world.</p> <p>Note:This Section shall remain valid irrespective of change of employer or the insured's location during the policy period. The insurance shall also remain valid during visit of insured to India or any third country during the currency of insurance policy.</p> <p>Note: Any payment of claim, in case of more than one claim under benefits a) & b) during the period of insurance shall not exceed 100% of the Sum Insured of this Section.</p> <p>II. Section-2: Transportation of Mortal Remains and Airfare for Attendant</p> <p>In the event of an accidental death or Permanent Disability of Insured Person whilst in employment outside India:</p>	<p>Section-1- "What is Covered"</p> <p>Section-2- "What is Covered"</p>

		<p>1. We will reimburse the actual cost of transporting the mortal remains of the deceased upto International Airport nearest to the address of the Insured in India or equivalent amount for local funeral abroad. We shall also reimburse the additional cost of economy class return airfare for one attendant.</p> <p>2. We will reimburse the additional cost of economy class return airfare for one attendant upto International Airport nearest to the address of the Insured Person in India in case of Permanent Disability of the Insured Person.</p> <p>Note: a) The journey has to be completed through the shortest direct route available. b) The expenses for attendant airfare shall be payable only once during the period of Insurance.</p> <p>III. Section-3: Hospitalisation expenses and Maternity Expenses</p> <p>We will pay the Reasonable and Customary Charges of Hospitalisation and Day Care Treatment expenses actually incurred but upto the limits specified in the Policy Schedule for the following:</p> <p><u>Part A Hospitalisation expenses:</u> In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses in Nursing Home/Hospital in India/ third country or in the country of employment.</p> <p><u>Part B Maternity expenses: -</u> In case a woman Emigrant incurs the Hospitalisation expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy.</p> <p><u>Part C Hospitalisation expenses of Insured's Family members:</u> In case a Family member of Insured Person sustains any injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalisation expenses in a Nursing Home/ Hospital in India. This benefit is payable provided that a claim has been paid or liability has been admitted by Us under Section 1 of this Policy.</p> <p>The Hospitalisation expenses for the purpose of this Section will include the following expenses: -</p> <ol style="list-style-type: none"> 1. Room, Boarding and Nursing expenses as provided in any of the Hospital/Nursing Home. 2. Medical Practitioner, Anesthetist, Consultant fees. 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials 	<p>Section-3- "What is Covered"</p>
--	--	---	--

		<p>and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.</p> <p>4. AYUSH Hospitalization expenses.</p> <p><u>IV. Section-4:Employment Contingencies & Repatriation Expenses</u></p> <p>We will pay to You for actual one way economy class airfare upto International Airport nearest to the address of the Insured in India by the shortest direct route available to the under noted circumstances: -</p> <p><u>Part A</u></p> <p>i) Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person</p> <p>ii) If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person.</p> <p>iii) If the employment is prematurely terminated within period of employment for no fault of the Insured Person.</p> <p><u>Part B</u></p> <p>Insured Person falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of taking the insurance cover.</p> <p><u>Note:</u> In both cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.</p> <p><u>V. Section-5: Legal Costs</u></p> <p>We will pay to You upto limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.</p>	<p>Section-4- "What is Covered"</p> <p>Section-5- "What is Covered"</p>
6	Exclusions (what the policy does not cover)	<p><u>I. Section 1: Personal Accident</u></p> <p>We will not be liable for payment of compensation in respect of Injury as a consequence of: -</p> <ol style="list-style-type: none"> 1. Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. 2. Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey or being engaged in winter sports. 3. Pregnancy or childbirth. 	<p>Section-1- "What is not Covered"</p>

		<p>4. Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the accidental bodily Injury.</p> <p>II. Section-2: Transportation of Mortal Remains and Airfare for Attendant</p> <p>We will not liable for any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey</p> <p>III. Section-3: Hospitalisation expenses and Maternity Expenses</p> <p>We will not be liable for:</p> <p>1. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>2. Investigation & Evaluation</p> <ol style="list-style-type: none"> i. Expenses related to any admission primarily for diagnostics and evaluation purposes. ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment. <p>3. Rest Cure, rehabilitation and respite care- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ol style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. <p>4. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>5. Sterility and Infertility: Expenses related to sterility and infertility. This includes:</p> <ol style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy 	<p>Section-2- “What is not Covered”</p> <p>Section-3- “What is not Covered”</p>
--	--	---	---

	<p>iv. Reversal of sterilization</p> <p>6. Any Maternity Expenses in respect of more than 2 children.</p> <p>7. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>8. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.</p> <p>9. Hazardous or Adventure sports: Expenses related to any treatment necessitated due to participation in hazardous or adventure sports, including but not limited to stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, animal racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor racing, motor rallying, parachuting, paragliding/ parapenting, para-jumping, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, deep-sea diving, river rafting, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.</p> <p>10.Excluded Providers in India Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you/Insured Person to please check our website or contact our call Centre/nearest office for updated list of such excluded hospitals before admission. Website Link- https://www.iffcotokio.co.in/contact-us?tab=hospital)</p>	
--	--	--

		<p>11. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>12. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment.</p> <p>13. Cost of spectacles and contact lens or hearing aids.</p> <p>14. Dental treatment or surgery of any kind, unless requiring hospitalization.</p> <p>15. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.</p> <p>16. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.</p> <p>17. Travel or transportation expenses.</p> <p>18. Treatment of, external congenital Disease or defects or anomalies, venereal Disease except HIV or intentional self-Injury.</p> <p>19. Claims related to Emigrant Woman's maternity in the country of employment, unless the requisite documents are certified by Indian Mission/ Post concerned. This benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section</p> <p><u>IV. Section-4: Employment Contingencies & Repatriation Expenses</u></p> <p>We will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post abroad and original air tickets are submitted.</p> <p><u>V. Section-5: Legal Costs</u></p> <p>We will not be liable for any payment unless the necessity of filing such case is certified by the concerned Indian Mission/Post abroad.</p>	<p>Section-4- "What is not Covered"</p> <p>Section-5- "What is not Covered"</p>
7	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during 	Applicable for Section-3	Section-3-

	<p>which specified diseases/treatments are not covered</p> <ul style="list-style-type: none"> • It is counted from the beginning of the policy coverage. 	<p>1. Pre-Existing Diseases</p> <ol style="list-style-type: none"> Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us. If the Insured Person is continuously covered without any break as defined under the portability norms of extant IRDAI (Insurance Products) Regulations, 2024 and its subsequent Circulars, then waiting period for the same would be reduced to the extent of prior coverage. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us. <p>2. First Thirty Days Waiting Period</p> <ol style="list-style-type: none"> Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. <p>3. Specific Waiting Period:</p> <ol style="list-style-type: none"> Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI (Insurance Products) Regulations, 2024 and its subsequent Circulars then waiting period for the same would be reduced to the extent of prior coverage. <p>List of specific diseases/procedures</p> <p>12 Months waiting period</p>	<p>“What is not Covered”</p>
--	---	---	-------------------------------------

		<ul style="list-style-type: none"> i. Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma ii. Hernia, Hydrocele, Congenital Internal Disease. iii. Fistula in anus, Piles, Sinusitis iv. Choletithiasis and Cholecystectomy <p>4. Maternity benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section</p>	
8	<p>Financial limits of coverage</p> <ul style="list-style-type: none"> i. Sub-limit (It is a pre-defined limit and the insurance company 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: <ul style="list-style-type: none"> - 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	<p>Section 1 -Personal Accident Procedure: Intimation about the accident/physical injury will be sent to Us within 30 days from the date of such accident/physical injury. Further, claim has to be filed within 90 days from the date of accidental death/ permanent disability. In case of non-submission of claim documents within 90 days, certificate from the Indian Mission/Post stating that the circumstances were beyond the control of the insured, will be accepted by the Us.</p> <p>List of Documents (wherever applicable)</p> <ol style="list-style-type: none"> i. Certification of accidental death or permanent disability leading to loss in the employment by Indian Missions and Posts abroad. ii. In case of accidental death/permanent disability in India, certificate from Protector of Emigrants will be accepted. iii. Police report if recorded iv. Detailed Sequence of events v. Medical records giving the details of accident, nature of injury(in case of hospital visit) , date of accident and reason of disability / death (with relation to claim) vi. Disability certificate from reputed surgeon or hospital for permanent disability claims vii. Any claim for death of the Insured Member shall be duly supported by a death certificate issued by the Hospital in the country of Accident or Country of Residence of the Insured Member, as the case may be. viii. Post mortem certificate if required by the Us shall also be submitted, wherever postmortem is conducted. ix. The claim for permanent disability shall be duly supported by the disability certificate issued by the Hospital/ Medical Practitioner specifying the nature of disability in detail and the percentage of disablement. x. The certificate obtained from the Medical Practitioner should clearly relate the death/ disability to the Accident in question. xi. Claim Form duly filled in and signed xii. Depending upon the peculiarity of the case, additional documents/information will be asked for xiii. Covering letter detailing circumstances xiv. Cancelled cheque/ NEFT details of the beneficiary xv. KYC details of the insured & beneficiary <p>Section 2- Transportation of Mortal Remains and Airfare for Attendant Procedure The claim for reimbursement shall be filed with the Insurance Company within 90 days of completion of journey. List of Documents (wherever applicable)</p> <ol style="list-style-type: none"> i. Original tickets or receipts for means of transport and conveyance. ii. Passport Copy of the Attendant with proof of travel. iii. Certification of accidental death or permanent disability leading to loss in the employment by Indian Missions and Posts abroad. OR iv. Certification from Indian Mission and Posts abroad confirming 	General Conditions-8. Claim Procedure and Documents
---	-------------------------	--	---

		<p>local funeral(if applicable) and v. Invoices of funeral expenses incurred (if applicable)</p> <p><u>Section 3- Hospitalization expenses and Maternity expenses</u></p> <p>Procedure (Outside India): If an event of hospitalisation under this Policy, You must notify the claim to us, as soon as possible, but not later than 7 days from the date of hospitalisation.</p> <p>List of Documents (wherever applicable) for Hospitalization and Maternity-Outside India</p> <ol style="list-style-type: none"> i. Claim form duly filled and signed along with attending Medical Practitioner statement ii. Copy of Policy Schedule. iii. Covering letter detailing circumstances of event- eg details of injury- how, when & where did the injury took place. In case of disease- duration of presenting complaints and details of past medical history. Details of expenses claimed. iv. Details of past medical history evident through the record on the treatment documents abroad/ by the doctor in India. v. In case of past history, clearance from the doctor in India to fly abroad. vi. Medical reports and discharge summary / treatment record issued by the hospital / medical center, or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis. vii. Original hospital bills/ medical with detailed break up and proper description of services rendered and payment receipts towards expenses incurred viii. Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization. ix. Any other medical bills with relevant advice/ prescription, details of services rendered and payment receipt against it. x. Name, Address, e mail ID and Phone number of the local medical officer/family physician in India and treating physician abroad. xi. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy. xii. Cancelled cheque of the insured / nominee xiii. KYC details of beneficiary including PAN Card. <p>Note: For Maternity Claims that occurred abroad, the applicable documents mentioned above needs to be certified by Indian Mission/Post concerned.</p> <p>Procedure and List of Documents (wherever applicable) - Within India</p> <p>a. Notification of Claim</p>	
--	--	---	--

Cashless	Reimbursement
The Insured Person or family must contact the Third Party Administrator/Us at least 48 hours before a planned Hospitalization. In an emergency situation We/ Third Party Administrator should be contacted within 24 hours of Hospitalization.	The Insured person or family must report to us as soon as possible or within "a maximum of 24 hours of hospitalization, but in any case, 12 hours prior to insured person or family members' discharge from hospital/nursing home".

For more details refer below link

<https://www.iffcotokio.co.in/claims/claim-procedure>

Note: If We/ TPA seek any further clarification or documents in support of the claim, the same should be provided along with all supporting documents within 15 days from the date of such requirement from Us/ TPA.

b. Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by Us or Our authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to Us/TPA for authorization.
- iii. We/ TPA upon getting cashless request form and related medical information from the insured person/family, network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. We/ TPA reserves the right to deny pre-authorization in case the insured person/family is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

c. Procedure for reimbursement of claims:

For reimbursement of claims the insured person/family may submit the necessary documents to Us/TPA(if applicable) within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit Submission
1.	Reimbursement of hospitalization, day care and pre hospitalization	Within 30 days of date of discharge from hospital

	expenses		
2.	Reimbursement of post hospitalization expenses	Within 30 days from completion of post hospitalization treatment	
<p>Documents to be submitted (wherever applicable): The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.</p> <ol style="list-style-type: none"> i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal) ii. Photo Identity proof of the patient iii. Medical practitioner’s prescription advising admission iv. Original bills with itemized break-up v. Original Payment receipts vi. Pharmacy Bills (Original Only) with supporting prescriptions vii. Discharge summary including complete medical history of the patient along with other details. (Photo Copy in case of claim for Pre/Post Hospitalization only) viii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner ix. OT notes or Surgeon’s certificate giving details of the operation performed (for surgical cases). x. Sticker/Invoice of the Implants, wherever applicable. xi. All previous treatment papers related to Ailment of last 3 years. (In some cases, we may ask for more than 3 years record if required) xii. Copy/Copies of previous insurance policies if required (in case not provided earlier) xiii. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable. xiv. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy. xv. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xvi. CKYC number of the Policyholder (Pan Card and Identity Proof with Address) as per AML Guidelines xvii. Identity Proof with Address Proof of the Insured Person with respect to whom, claim is reported. xviii. Legal heir/succession certificate, wherever applicable xix. Any other document if insured wants to furnish in support of the claim <p>Note:</p> <ol style="list-style-type: none"> 1. We shall only accept bills/invoices/medical treatment related documents only in the Insured Person’s name for whom the claim is submitted. 2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction. 			

	<p>3. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies).</p> <p>4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.</p> <p><u>Section-4: Employment Contingencies & Repatriation Expenses</u></p> <p>Procedure: In the event of claim under this Policy, You must notify the claim to us, as soon as possible, but not later than 7 days from the date of arrival back to India.</p> <p>List of Documents (wherever applicable):</p> <ol style="list-style-type: none"> i. Air-tickets are submitted in original. ii. Grounds for repatriation are certified by the concerned Indian Mission/Post iii. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original. <p><u>Section-5: Legal Cost</u></p> <p>Procedure: If an event of claim under this Policy, You must notify the claim to us, as soon as possible, but not later than 7 days from the date of event.</p> <p>List of Documents (wherever applicable):</p> <ol style="list-style-type: none"> i. The necessity of filing such case is certified by the concerned Indian Mission/Post. ii. Lawyer's Certificate and invoices. <p>Note (Applicable for All Sections): Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person or his/her representative.</p> <p>Turn Around Time (TAT) for claims settlement in India</p> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility 1 Hour from receipt of request ii. TAT for cashless final bill authorization: 3 Hours from receipt of discharge authorization request from the hospital. <p><i>Provide the details /web link for following:</i></p> <ol style="list-style-type: none"> i. Network Hospital Details:: https://www.iffcotokio.co.in/contact-us?tab=hospital 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/contact-us?tab=hospital iv. Downloading/getting claim form 	
--	--	--

		https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf	
10	Policy Servicing	Call center number of the insurer 1800-103-5499 Details of Company officials	
11	Grievances/Complaints	<p>Details of</p> <ul style="list-style-type: none"> - Grievance Redressal Officer of the insurer Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 E-mail: chiefgrievanceofficer@iffcotokio.co.in - Insurance company grievance portal/ Department: https://www.iffcotokio.co.in/contactus/customer-services/grievanceredressal Mail ID- support@iffcotokio.co.in Toll free Number-1800-103-5499 - Ombudsman: https://www.cioins.co.in/Ombudsman 	General Conditions-23
12	Things to remember	<p>Renewal of Policy</p> <p>The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You, provided the product is not withdrawn and also subject to the following conditions:</p> <ol style="list-style-type: none"> i. We shall send renewal notices to You, 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 Us before the end of the policy period. 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. No loading shall apply on renewals based on individual claims 	General Conditions-15

		<p>experience.</p> <p>Migration and Portability:</p> <p>Migration You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the Policy atleast 30 days before the policy renewal date. If You/insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:</p> <ul style="list-style-type: none"> i. The waiting periods specified in Section 3, "What is Not Covered?", Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Migration benefit will be offered to the extent of sum of previous insured,migration benefit shall not apply to any other additional increased Sum Insured. iii. Moratorium Period We may underwrite your migration proposal, in case You are not continuously covered for 36 months. <p>Portability You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date of renewal. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:</p> <ul style="list-style-type: none"> i. The waiting periods specified in Section 3, "What is Not Covered?", Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Portability benefit will be offered to the extent of sum of previous sum insured,portability benefit shall not apply to any other additional increased Sum Insured. iii. Moratorium Period <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called moratorium period. The moratorium would be applicable for the sums insured of the first policy.</p>	<p>General Conditions-6</p> <p>General Conditions-7</p> <p>General Conditions-8</p>
--	--	---	--

13	Your Obligations	Please disclose all pre-existing disease/s or 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. ii. Any change in Demographic Details	
----	------------------	---	--

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

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

Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.