

**CUSTOMER INFORMATION SHEET**

| <b>S N o.</b> | <b>TITLE</b>   | <b>DESCRIPTION<br/>(Please refer to applicable Policy Clause Number in next column)</b>   | <b>REFER TO POLICY CLAUSE NUMBER</b>  |
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| 1             | <b>Name of the Product/Policy</b>  | <b><u>KISAN SURAKSHA BIMA YOJNA</u></b><br><br><b>UIN: IRDAI/HLT/ITGI/P-P/V.I/07/2016-17</b>  |   |
| 2             | <b>Policy Number</b>   | <b>XXXXX</b>  |   |
| 3             | <b>Type of Insurance Product/Policy</b>                                  | <b>Benefit</b>  |   |
| 4             | <b>Sum Insured(Basis)</b>  | <b>Rs. XXXXXXX (Individual)</b>   |   |
| 5             | <b>Policy Coverage(What Policy Covers?)<br/>(Policy Clause Number/s)</b> | Covers only expenses for accidental injury.<br>Expenses in respect of<br><br>1. Death resulting solely due to an accident.<br>2. Loss of body part due to an injury;<br>a) Loss of sight (both eyes)<br><br>b) Loss of two limbs.<br><br>c) Loss of one limb and one eye.<br><br>d) Loss of sight of one eye.<br><br>e) Loss of one limb due to an Accident.<br><br>3. Permanent Total and absolute disablement resulting solely due to an accident | <b>Refer to coverage.<br/><br/>Point No 1,2,3&amp;4 –<br/>Table of benefit.</b> |
| 6             | <b>Exclusions (what policy does not cover)</b>                           | We will not liable for;<br><br>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, restraint, nationalization, civil commotion or loot or pillage in connection herewith.<br><br>2. Directly or indirectly caused by contributed to by or arising from:                        | <b>GENERAL EXCLUSIONS</b>   |

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|  |  | <p>a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.</p> <p>b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.</p> <p>3. Compensation under more than one of the benefits mentioned in respect of same period of disablement, subject to higher compensation being payable.</p> <p>4. Any other payment after a claim under benefit 1 in "Table of benefits" has been admitted and becomes payable.</p> <p>5. Any payment in case of more than one claim under Benefits 2, 3 and 4 in "Table of benefits" during any one period of insurance by which Our liability in that period would exceed sum payable under benefit (1) of Table of Benefits stated.</p> <p>6. Any existing disablement prior to the date of purchase of Insured's product.</p> <p>7. Payment of compensation in respect of injury as a direct consequence of:</p> <ol style="list-style-type: none"> <li>a. Committing or attempting suicide, intentional self-injury.</li> <li>b. Whilst under influence of intoxicating liquor.</li> <li>c. Drug addiction or alcoholism.</li> <li>d. Whilst engaging in Aviation or Ballooning or whilst 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.</li> <li>e. Pregnancy or childbirth.</li> <li>f. Venereal disease or insanity.</li> <li>g. Contracting any illness directly or indirectly arising from or</li> </ol> |  |
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|          |                                  | <p>attributable to HIV and/or any HIV related illness including AIDS and/or any mutant derivative or variation of HIV or AIDS.</p> <p>h. Committing any breach of law with criminal intent.</p> <p>i. Death due to ailment or other natural causes.</p>  |  |
| <p>7</p> | <p><b>General Conditions</b></p> | <p><b>Free look up period</b><br/>shall be applicable at the inception of the Policy and not on renewals.</p> <p>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.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <p>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</p> <p>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</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p><b>Renewal</b><br/>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:</p> | <p><b>GENERAL CONDITIONS: CLAUSE 9</b></p> <p><b>GENERAL CONDITIONS: CLAUSE 10</b></p> |

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|  |  | <p>i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.</p> <p>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period</p> <p>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.</p> <p>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. However the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.</p> <p><b>Cancellation</b></p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall</p> <p>a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.</p> <p>b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.</p> <p>We may cancel the Policy at any time on</p> | <p><b>GENERAL CONDITIONS:<br/>CLAUSE 12</b></p> |
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|          |  | <p>grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.</p> |  |
| <p>8</p> | <p><b>Financial Limits of Coverage</b></p> <p><b>i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</b></p> <p><b>ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)</b></p> <p><b>ii. Deductible(It is the specified amount:</b></p> <ul style="list-style-type: none"> <li>• Up to which an insurance company will not pay any claim,and</li> <li>• Which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> | <p>Not Applicable.</p> <p>No Co-payment applicable.</p> <p>No deductible applicable</p>  |  |

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|   | <b>iv. Cumulative Bonus.</b>   | No Cumulative Bonus applicable.  |  |
| 9 | <b>Claims/Claims Procedure</b> | <p><b>i) Intimation of claim:</b> 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.</p> <p><b>ii) All certificates, information and evidence from a Medical Attendant or otherwise required by Us shall be furnished by You/ Insured person, Your/ Insured person's representative in the manner and form as We may prescribe. In such claims Your/ Insured person's 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 examination done in respect of body of Insured Person.</b></p> <p>For claim purpose, the following documents must be submitted within 2 months of the happening of such event:</p> | <b>CLAIM PROCEDURE AND REQUIREMENTS: CLAUSE 5 of General Conditions.</b> |

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|    |                              | <p>i. <b><u>In case of death</u></b></p> <p>a. Claim Form<br/>b. Purchase Bill in original<br/>c. Copy of FIR<br/>d. Post Mortem Report</p> <p>ii. <b><u>In case of injury claim:</u></b></p> <p>a. Claim Form<br/>b. Purchase Bill in original<br/>c. Copy of FIR if any<br/>d. Photograph and Medical Certificate from Govt. hospital doctors confirming extent of disability.</p> <p>i. <b><u>Downloading/getting claim form</u></b><br/><a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_for_ms/Health%20Claim%20Form.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_for_ms/Health%20Claim%20Form.pdf</a></p>  |  |
| 9  | <b>Policy Servicing</b>      | <p>Call Centre Number of the Insurer<br/>1800-103-5499</p> <p>Details of Company Official</p>  |  |
| 10 | <b>Grievances/Complaints</b> | <p>Details of:</p> <ul style="list-style-type: none"> <li>• Grievance Redressal Officer<br/>Address-Chief Grievance Officer<br/>IFFCO-Tokio General Insurance Co Ltd<br/>IFFCO Tower, Plot no. 3 Sector -29,<br/>Gurgaon – 122001<br/>Mail ID-<br/><a href="mailto:chiefgrievanceofficer@iffcotokio.co.in">chiefgrievanceofficer@iffcotokio.co.in</a></li> <li>• Insurance Company Grievance Portal<br/><a href="https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal">https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal</a><br/>MailID- <a href="mailto:support@iffcotokio.co.in">support@iffcotokio.co.in</a><br/>Toll free Number-1800-103-5499.</li> <li>• Ombudsman<br/>• <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul> | <b>GENERAL CONDITIONS:<br/>CLAUSE 23</b> |
| 11 | <b>Your Obligation</b>       | <b>Please disclose all condition/s before buying a policy. Non-disclosure may</b>  |  |

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|  |  | <p><b>affect the claim settlement.</b></p> <p><b>Disclosure of other material information during the policy period.</b></p> <p>Material Information includes:</p> <p>i. Any change in health condition may/may not needing an active line of treatment.</p> <p>Any change in Demographic Details</p> |  |
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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.