

**CUSTOMER INFORMATION SHEET**

| <b>S No.</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>Comprehensive Accident Hospitalisation Policy<br/>UIN: IFFHLIP21354V032021</b>  |   |
| 2            | <b>Policy Number</b>   |  |   |
| 3            | <b>Type of Insurance Product/Policy</b>                                  | <b>Indemnity &amp; Benefit</b>   |   |
| 4            | <b>Sum Insured(Basis)</b>  | <b>Rs. XXXXXX (Individual)</b>   |   |
| 5            | <b>Policy Coverage(What Policy Covers?)<br/>(Policy Clause Number/s)</b> | <p>Covers Hospitalization expenses for accidental injury.<br/>Expenses in respect of</p> <p>a) Admission in hospital beyond 24 hours</p> <p>b) Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home</p> <p>c) Ambulance charges in connection with any admissible claim subject to a limit of 1% of the sum insured or Rs. 1000 per episode and a maximum of 3 episodes per annum per family.</p> <p>d) Hospital cash benefit of Rs.XXX per day for a maximum 7 days per accident, subject to an annual maximum of 15 days</p> <p>e) Emergency Assistance Services</p> <ul style="list-style-type: none"> <li>✓ Medical consultation, evaluation and referral</li> <li>✓ Emergency medical evacuation</li> <li>✓ Medical repatriation</li> <li>✓ Transportation to join patient</li> <li>✓ Care and/or transportation of minor children</li> <li>✓ Emergency message transmission</li> <li>✓ Return of mortal remains</li> <li>✓ Emergency cash coordination</li> </ul> | <p><b>DEFINITION OF WORDS-10.</b></p> <p><b>SECTION 1-“WHAT IS COVERED”CLAUSE 1</b></p> <p><b>SECTION 1-“WHAT IS COVERED”CLAUSE 4(d)</b></p> <p><b>SECTION 1-“WHAT IS COVERED”CLAUSE 4(c,i)</b></p> <p><b>SECTION 2:EMERGENCY ASSISTANCE SERVICES</b></p> |

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|          |   | <p>f) If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums set forth in Table of Benefits (Please refer Policy Wording for Table of Benefits)<br/>Coverage Applicable for this Section<br/>This cover is not on a floater basis, each insured member shall be covered for a Capital Sum Insured (C.S.I.) and coverage as given below:<br/>Proposer- C.S.I equal to the limit of Basic Accidental Hospitalisation Coverage.<br/>Insured Spouse- 50% of the C.S.I. of the Proposer Coverage for Proposer and Insured Spouse shall be as per Item 1-6 of the "Table of Benefits".<br/>Insured Children-equal to 50% of Proposer's C.S.I each with, the coverage as per Item 1-4 of the "Table of Benefits " .</p> | <p><b>SECTION 2:-WHAT IS COVERED”</b></p>   |
| <p>6</p> | <p><b>Exclusions (what policy does not cover)</b></p> | <p><b>I)EXCLUSIONS APPLICABLE TO BOTH SECTION 1 &amp; SECTION 2</b></p> <p>a) Any claim arising out of external congenital Disease or defects or anomalies.<br/>b) Any expense on treatment of any disease or medical condition unless the same is directly caused by an accident occurring during the Period of the Policy.<br/>c) Any Injury directly or indirectly caused by or arising from or attributable to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions,</p>   | <p><b>SECTION 1-“ What Is Not Covered:Exclusions Applicable To Section 1 And 2 Of The Coverage”</b></p> |

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|  |  | <p>insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>d) Circumcision, unless necessary as a result of accidental bodily injury, vaccination, inoculation except those relating to treatment of Injury. Circumcision, unless necessary as a result of accidental bodily injury, vaccination, inoculation except those relating to treatment of Injury.</p> <p>e) Cosmetic or plastic Surgery</p> <p>f) Cost of spectacles and contact lens or hearing aids.</p> <p>g) Dental treatment or surgery of any kind unless caused by an accidental injury and requiring Hospitalisation.</p> <p>h) Any claim resulting for any injury or fracture necessitating surgery or hospitalisation while driving under the influence of alcohol or drugs</p> <p>i) Fractures arising from pathological conditions of bone like Paget's Disease/Osteogenesis imperfecta</p> <p>j) Total Knee Replacement or Total Hip Replacement carried out for treatment of age related or post traumatic Degenerative Osteoarthritis.</p> <p>k) Treatment for any injury or fracture sustained during the lapse period prior to renewal of this cover.</p> <p>l) Any hospitalization or surgical intervention whether primary or redo of any previous surgery due to trauma that has occurred prior to Policy inception will not come under the purview of this Policy. For example any surgery for removal of nails/ plate/screw for an old fracture sustained before the Policy inception will not be covered.</p> <p>m) Rest Cure, rehabilitation and respite care.</p> <p>n) Investigation &amp; Evaluation</p> <p>o) Maternity Expenses</p> <p>p) Any expense on treatment of Insured Person as outpatient in a</p> |  |
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|  |  | <p>Hospital except as covered under Outpatient Managed Fracture benefit.</p> <p>q) Travel or transportation expenses other than Ambulance service charges.</p> <p>r) Any expense related to Injury suffered whilst engaged in aviation other than as a passenger (fare paying or otherwise).</p> <p>s) Hazardous or Adventure sports</p> <p>t) Expenses related to any treatment necessitated due to participation as a non-professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>u) External medical equipment of any kind used at home as post hospitalisation care.</p> <p>v) Any claim arising out of Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</p> <p>w) Breach of law</p> <p>x) 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><b>II)EXCLUSIONS APPLICABLE TO SECTION 2 IN ADDITION TO EXCLUSIONS MENTIONED ABOVE</b></p> <p>a) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.</p> <p>b) Any other payment after a claim under one of the benefits 1,2,3 and 4 in "Table of benefits" has been</p> | <p><b>SECTION 2-"WHAT IS NOT COVERED"</b></p> |
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|   |  | <p>admitted and becomes payable.</p> <p>c) Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy</p> <p>d) Payment of compensation in respect of injury as a consequence of:</p> <ul style="list-style-type: none"> <li>i. Committing or attempting suicide, intentional self-injury.</li> <li>ii. Venereal disease or insanity</li> <li>iii. Committing any breach of law with criminal intent</li> </ul>  |   |
| 7 | <p><b>Waiting period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul> | <p>Pre-existing Injuries: Covered after 36 months.</p>   | <p><b>SECTION 1-“ What is not covered:exclusions applicable to section 1 and 2 of the coverage”- CLAUSE 1</b></p> |
| 8 | <p><b>Financial Limits of Coverage</b></p> <p>i. <b>Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</b></p>  | <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ul style="list-style-type: none"> <li>a) <b>Outpatient Managed Fracture benefit</b> (applicable only to Gold Plan, Plans A, B and C): This Policy covers the actual cost of treatment of confirmed Fractures which do not result in Hospitalisation, subject to a maximum limit of Rs.10,000 per episode. The Benefit is restricted to payment for one episode of fracture per year per Insured.</li> <li>b) <b>Post Hospitalization medical benefit:</b> Follow up Care expenses incurred up to 60 days, delivered under directions of the attending physician from the date of discharge from the Hospital, subject to a maximum payout of Rs. 10,000 per covered accident and Rs. 20,000 per annum. This benefit is paid as one consolidated claim .The</li> </ul> | <p><b>SECTION 1:”WHAT IS COVERED”-CLAUSE 4(b)</b></p> <p><b>SECTION 1:”WHAT IS COVERED”-CLAUSE 4(c,ii)</b></p>    |

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|          | <p>ii. <b>Co-payment</b>(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/insured)</p> <p>ii. <b>Deductible</b>(It is the specified amount:</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>v. <b>Any other limit</b>(as applicable)</p> | <p>limits apply per Insured</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>   |  |
| <p>9</p> | <p><b>Claims/Claims Procedure</b></p>  | <ul style="list-style-type: none"> <li>• An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim with the duly completed and signed Claim Form must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit. The Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical</li> </ul> | <p><b>CLAIM PROCEDURE AND REQUIREMENTS: CLAUSE 3</b></p> |

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|  |  | <p>Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims Our representative shall be allowed to carry out examination and obtain information on any alleged Injury requiring Hospitalisation if and when We may reasonably require.</p> <ul style="list-style-type: none"> <li>• In case of an accident resulting in Death of the Insured Person a written notice also of death must be given before internment/ cremation and in any case, within one calendar month after the death. 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. A written statement of the claim along with a duly completed and signed Claim form will be provided.</li> <li>• In case of an accident leading to Permanent Total disablement or Permanent Partial disablement You Need to submit completed claim form with the Certificate of degree of disability with all supporting medical records .You also are required to submit a leave certificate and a certificate of fitness from the attending Physician to us within at the most one calendar month from the date of the accident .</li> </ul> <p><b>Turn Around Time(TAT) for claims settlement:</b></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 1 hour from the receipt of final document</li> <li>ii. TAT for cashless final bill authorization: 3 hours from the receipt of final document</li> </ul> |  |
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|     |                              | <p><b>Weblink/Details for the following:</b></p> <p>i. <b>Network Hospital Details</b><br/> <a href="https://www.iffcotokio.co.in/health-insurance/city">https://www.iffcotokio.co.in/health-insurance/city</a></p> <p>ii. <b>Helpline Number</b><br/> 1800-103-5499</p> <p>iii. <b>Hospitals which are blacklisted or from where no claims will be accepted by Insurer</b><br/> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf</a></p> <p>iv. <b>Downloading/getting claim form</b><br/> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf</a></p> |   |
| 10. | <b>Policy Servicing</b>      | <p>Call Centre Number of the Insurer<br/> 1800-103-5499</p> <p>Details of Company Official</p>   |   |
| 11. | <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.ciains.co.in/Ombudsman">https://www.ciains.co.in/Ombudsman</a></li> </ul>  | <p><b>GENERAL CONDITIONS:<br/> APPLICABLE TO THE WHOLE POLICY-<br/> CLAUSE 27</b></p> |





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|  |  | <p>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> <ul style="list-style-type: none"> <li>• <b>Migration and Portability</b><br/>When the policy is due for renewal ,you may migrate to another policy with us or port your policy to another insurer.</li> </ul> <p style="text-align: center;"><b>Process for Migration</b></p> <p>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</p> | <p><b>GENERAL CONDITIONS:<br/>APPLICABLE TO THE<br/>WHOLE POLICY-<br/>CLAUSE 8 &amp; 9</b></p> |
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|  |  | <p>offered by Us , You will get all the accrued continuity benefits as per below:</p> <p>i.The waiting periods specified in Section 1, what is not covered point no 1 (of the policy wording) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.</p> <p>ii.Migration benefit will be offered to the extent of sum of previous insured and accrued bonus(as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.</p> <p>iii.Moratorium Period</p> <p>We may underwrite your migration proposal, in case You are not continuously covered for 36 months.</p> <p><b>Process for Portability</b><br/>         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 45 days before, but not earlier than 60 days. 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> <p>i.The waiting periods specified in Section 1, what is not covered point no 1 (of the policy wording) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.</p> <p>ii.Portability benefit will be offered to the extent of</p> |  |
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|    |                         | <p>sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.</p> <p>iii. Moratorium Period</p> <ul style="list-style-type: none"> <li>• <b>Change of Sum Insured</b><br/>In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter’s discretion.</li> <li>• <b>Moratorium Period</b><br/>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 as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</li> </ul> | <p><b>GENERAL CONDITIONS:<br/>APPLICABLE TO THE<br/>WHOLE POLICY-<br/>CLAUSE 20</b></p> <p><b>GENERAL CONDITIONS:<br/>APPLICABLE TO THE<br/>WHOLE POLICY-<br/>CLAUSE 12</b></p> |
| 13 | <b>Your Obligations</b> | <p><b>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</b></p> <p><b>Disclosure of other material information during the policy period.</b><br/>Material Information includes:</p> <ul style="list-style-type: none"> <li>i. Any change in health condition may/may not needing an active line of treatment.</li> <li>ii. Any change in Demographic Details</li> </ul>  | <p><b>GENERAL CONDITIONS:<br/>APPLICABLE TO THE<br/>WHOLE POLICY-<br/>CLAUSE 1</b></p>  |

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.