

Customer Information Sheet/ Know Your Policy

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

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Accident Armour	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	Accidental Death (AD): Covers death due to an accident. Limit is:	3.1
		Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	3.2
		Accidental Permanent Partial Disability(PPD): Covered up to Accidental Cover Sum Insured. Limit is:	3.3
		Temporary Total Disability (TTD): If customer is temporarily incapacitated due to an accident and is unable to engage in any employment or occupation of any description whatsoever, then we will pay as per limits. Limit is:	3.4
		Accidental Hospitalization: Covers accidental hospitalization charges. Limit is:	3.5
		Refill: Reinstates Accidental Hospitalization Sum Insured. It will be triggered up to:	3.6
		No Claim Bonus: Provides additional sum insured on every claim free year. Limit is:	3.7
		Serious Illness Benefit: We will pay an amount basis number of days of hospitalization of Insured due to injuries following an Accident in the Policy Period. Limit is:	3.8
		Safeguard+: The items which are not payable as per List I, II, III, IV – ‘Expenses not covered’ under Annexure I related to that particular claim will become payable.	3.9
		Out-patient Expense Cover: Covers OPD expenses incurred by insured for treating accidental injury. Limit is:	3.1
		Physiotherapy Cover: Covers Physiotherapy expenses incurred by insured for treating accidental injury. Limit is:	3.11
		Transportation of Imported Medicine Cover: Covers freight charges for importing medicines to India for treatment of accidental injury. Limit is:	3.12
		Purchase of Blood Cover: Covers expenses incurred on purchase of blood from blood bank by insured following accidental hospitalization. Limit is:	3.13

Prosthetics Device Cover: Covers expenses incurred by insured on Prosthesis Device following accidental injury. Limit is:	3.14
Hospital Daily Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury. Limit is:	3.15
Road Ambulance Cover: If insured person is hospitalized following an accidental injury then we will pay for expenses incurred in availing road ambulance. Limit is:	3.16
Air Ambulance Cover: If insured person is hospitalized following an accidental injury then we will pay for expenses incurred in availing air ambulance. Limit is:	3.17
Second Medical Opinion Benefit: If the Insured Person is undergoing a treatment for an Accidental Injury, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period. Limit is:	3.18
Burns Benefit: we will cover insured person if Insured Person suffers from Burns due to an Accident. Limit is:	3.19
Broken Bones Benefit: we will cover insured person if Insured Person suffers from Broken Bones or fracture due to an Accident. Limit is:	3.2
Coma Benefit: If the Insured Person is in Comatose (coma) State within one month from date of Accident, then We will pay as per the limit. Limit is:	3.21
Animal Attack: We will cover cost of treatment (including vaccination charges) as per per the limits for treatment of Accidental Injury caused by an animal. Limit is:	3.22
Rehabilitation Cover: We will cover cost of treatment as per the limits for the Rehabilitation of the Insured Person following an Accident. Limit is:	3.23
Reconstructive surgery Cover: We will cover cost of treatment as per the limits for the Reconstructive Surgery following an Accident. Limit is:	3.24
Accidental Miscarriage Benefit: If an Accidental Injury leads to miscarriage within 3 months of date of Accident, then We will provide a lump sum coverage. Limit is:	3.25
Domestic Travel for Medical Treatment Cover: Covers travel expenses up to the limits if Insured Person needs to to move to another city for treatment following Accidental Injury. Limit is:	3.26
Repatriation Cover: Covers expenses for transportation of mortal remains from the place of death to the residence of the deceased Insured Person following their Accidental Death. Limit is:	3.27
Funeral Benefit: Covers funeral expenses of the deceased Insured Person following their Accidental Death. Limit is:	3.28

	Home and Vehicle Modification Benefit: We will pay as per the limits towards modification of residential accommodation and/or vehicle of the Insured Person following an Accident which resulted into Permanent Total Disability or Permanent Partial Disability of Insured Person. Limit is:	3.29
	Personal liability: We will pay as per the limits for expenses incurred by the Insured Person on Any actual legal liability of the Insured for causing an unintentional Injury or death of a third party due to any involvement of the Insured in an Accident. Limit is:	3.30
	Emergency Hotel Requirement Cover: If Insured is hospitalized following an Accidental Injury, then We will reimburse as per the limits for the expenses incurred on hotel stay for the Insured Person and any one Immediate Family Member travelling with the Insured Person for treatment. Limit is:	3.31
	Home Convalescence Cover: If Insured is hospitalized following an Accidental Injury, then We will reimburse as per the limits for the expenses incurred on engaging one qualified nurse at residence immediately after discharge from the hospital. Limit is:	3.32
	Loss of Activities of Daily Living Benefit: If the Insured Person is unable to perform three or more Activities of Daily Living for a period of at least six consecutive months following an Accidental Injury, then We will pay as per the limits. Limit is:	3.33
	Monthly Needs Benefit: In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay as per the limits towards monthly needs of the insured for up to twelve months. Limit is:	3.34
	Education for Dependent Children Benefit: In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay as per the limits towards the Education of the dependent children. Limit is:	3.35
	Marriage Fund for Children Benefit: In case of Accidental Death or Permanent Total Disability of Insured Person due to Accident, we will pay as per the limits towards the marriage expenses of the adult and unmarried children of the Insured. Limit is:	3.36
	Orphan Benefit: Following the Accidental Death of both parents in same or different Accident event(s) in a policy year, we will pay as per the limits towards the care of orphan children. Limit is:	3.37
	Spouse Care Benefit: Following Accidental Death of Insured Person, we will pay as per the limits towards the care of living spouse of the Insured. Limit is:	3.38
	Compassionate Visit Benefit: In case of Accidental Hospitalization (for 24 hours or more) of Insured Person, we will pay as per the limits towards the travel expense	3.39

		of one Immediate Family member of the Insured Person to the place of Hospitalization. Limit is:	
		Medical Insurance Premium Cover: In case of Accidental Death or Permanent Total Disability of Insured Person, we will pay as per the limits towards one time immediate and annual medical insurance premium for the Insured Person's surviving Spouse and Dependent Children combined. Limit is:	3.4
		Parental Care Benefit: In case of Accidental Death or Permanent Total Disability of Insured Person, we will pay as per the limits towards the care of parents of the Insured Person. Limit is:	3.41
		Family Counselling Benefit: In case of Accidental Death, Permanent Total Disability or Coma of Insured Person, we will pay as per the limits towards Professional Counselling for Insured Person's Spouse and Dependent Child. Limit is:	3.42
		Loss of Personal Material Cover: If the Insured Person suffers an Accidental Injury during the Policy Period, then We will as per the limits towards the Loss or Theft of Personal Material of the Insured caused due to the Accident event. Limit is:	3.43
		On Duty Cover: Provides Coverage while the Insured is on Professional Duty during the official work hours	3.44
		Common Carrier Benefit: If the Insured Person sustains Accidental Injury while travelling in a common carrier as a fare-paying passenger (including boarding and alighting from that Common Carrier) during the Policy Period which results in Accidental Death or Permanent Total Disability of Insured, then We will pay as per the limits. Limit is:	3.45
		Terrorism Cover: This benefit provides coverage for accidental events arising from act of terrorism.	3.46
		Common Accident Benefit: In case of Accidental Death of Insured Person and his/her spouse in same Accidental event during the Policy Period, we will pay as per the limits. Limit is:	3.47
		Adventure Sport Cover: Covers accidental events arising from participation of insured person in Adventure Sports.	3.48
		Head & Spinal Injury Benefit: If the Insured Person sustains head or spinal injury due to an Accident during the Policy Period which results in Permanent Total Disability, Permanent Partial Disability or Coma of Insured, then We will pay as per the limits. Limit is:	3.49
		Loan Protector Benefit: We will pay for loan amount as per the limits. Limit is:	3.50
6	Exclusions	Self-inflicted Injury, Suicide or attempted suicide.	4.1.1

		Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader)	4.1.2
		Acts of Terrorism	4.1.3
		Committing an assault, a criminal offence or any breach of law with criminal intent.	4.1.4
		Taking or absorbing, Accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.	4.1.5
		Adventure Sports	4.1.6
		Maternity, Pregnancy or Child birth or in consequence thereof.	4.1.7
		Any non-allopathic treatment.	4.1.8
		Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.	4.1.9
		Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.	4.1.10
		Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	4.1.11
		Costs which are not Reasonable and Customary and treatments which are not Medically Necessary	4.1.12
7	<p>Waiting period</p> <p>- Time period during which specified diseases/treatments are not covered.</p> <p>-It is counted from the beginning of the policy coverage.</p>	<p>Initial Waiting Period (Excl03)- NA</p> <p>Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02): NA</p> <p>Pre-existing diseases (Excl01): NA</p>	
8	<p>Financial Limits of Coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	As mentioned in section 5 of the policy, if applicable	

	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	Co-payment: NA	
	iii. Deductible (It is a 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)	As mentioned in section 5 of the policy, if applicable	
	Any other limit (as applicable)	NA	
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement - TAT for pre-authorization of cashless facility- 1 Hours - TAT for cashless final bill authorization- - grant final authorization within three hours of the receipt of discharge authorization request from the hospital. In case of delay, any additional amount charged by hospital, will be borne by us.</p> <p>Network Hospital Details- https://rules.nivabupa.com/hospital-network/</p> <p>Helpline No- 1860-500-8888</p> <p>Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx</p> <p>Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf</p>	5.2.10

10	Policy Servicing	<p>Call center no of Insurer- Contact No: 1860-500-8888</p> <p>Details of Company Officials-- Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/</p>	5.1.8
11	Grievances/ Complaints	<p>Details of</p> <p>Grievance Redressal Officer of the insurer Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</p> <p>Insurance company grievance portal/ Department Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/ Senior citizens may write to us at at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance</p> <p>IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)</p>	5.1.8

12	Things to remember	<p>Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals.</p> <p>The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy</p> <p>In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.</p> <p>Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.</p>	5.1.1
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	5.1.3
		<p>Migration and Portability: NA</p>	
		<p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company.</p>	5.2.2.c
		<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 the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will 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.</p> <p>The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.</p> <p>Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.</p>	

13	Your Obligations	<p>Disclosure of Information- The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p> <p>(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p>	5.1.11
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Declaration by the Policy Holder;

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

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.