

### 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	Protect Plus	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	Hospitalization Cover	3.1
		Inpatient Care: Cover for Hospitalization following an illness or injury. Limit is:	3.1.1
		Day Care Treatment: Cover for Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury. Limit is:	3.1.2
		Modern Treatments: Listed procedures will be covered either in in-patient care or Daycare section. Limit is:	3.1.3
		Pre-hospitalization Medical Expenses: Cover for Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.1.4
		Post-hospitalization Medical Expenses: Cover for Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.1.5
		AYUSH Benefit: Cover for Medical Expenses incurred on the Insured Person's Hospitalization for treatment under Ayurveda, Unani, Siddha or Homeopathy systems. Limit is:	3.1.6
		Domiciliary Hospitalization: Cover for Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization. Limit is:	3.1.7
		Organ Transplant: Cover for Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated. Limit is:	3.1.8
		Critical Illness Multiplier Indemnity Cover: extra sum insured for treatment of critical illnesses. Limit is:	3.1.9
		Maternity Expenses: We will indemnify the Medical Expenses incurred towards Medically Necessary Treatment of the Insured Person in case of normal delivery, routine or elective Caesarean or Complicated Pregnancy. Limit is:	3.1.10
	New Born Baby: We will indemnify the Medical Expenses incurred during the Policy Period, towards	3.1.11	

	the Medically Necessary Treatment of the New Born Baby. Limit is:	
	New Born Vaccination Cover: We will indemnify the expenses incurred during the Policy Period on vaccination of the New Born Baby till he/she completes 1 year of Age. Limit is:	3.1.12
	Well Mother Cover- We will indemnify the Medical Expenses incurred in respect of the Room Rent coverage for mother who is required to feed the baby post birth if the new born baby (up to age of 2 years) is hospitalized. Limit is	3.1.13
	Cord blood banking cost cover: We will indemnify the Medical Expenses incurred during the Policy Period, in respect of the collection and storage of the umbilical cord blood as a one-time benefit for one episode of pregnancy only post-delivery in a lifetime. Limit is:	3.1.14
	Emergency Ground Ambulance- Within India: Cover for expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency. Limit is:	3.1.15
	Air Ambulance Cover: Cover for expenses incurred on an air ambulance during the Policy Period to transport the Insured Person to the nearest Hospital following an Emergency within India. Limit is:	3.1.16
	Prosthetics Cover: Covers expenses incurred by insured on Prosthesis Device following accidental injury. Limit is:	3.1.17
	Nursing Allowance- We will reimburse the expenses for the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital. Limit is	3.1.18
	Animal/serpent attack- We will cover Medical Expenses for Inpatient Care and/or OPD treatments (as per the option chosen) including inoculation and immunization in case of any animal/serpent attack. Limit is	3.1.19
	Compassionate visit: Cover expenses for travel of a family member or personal friend to visit Insured Person following 7 days of consecutive hospitalization. Limit is:	3.1.20
	Accompanying person accommodation cover: If an Insured Person suffers an Injury or an Illness during the Policy Period that solely and directly results in the Insured Person's Hospitalization We will pay the amount for each continuous and completed 24 hours of Hospitalization in respect of one Immediate Family member of the Insured Person to accompany the Insured Person in Hospital. Limit is:	3.1.21

	Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.1.22
	Emergency Assistance Services	3.1.23
	Medical referral: Tele-consultation through our Service Providers, to provide reference of doctors in the vicinity where the Insured Person is located. Limit is:	3.1.23.1
	Emergency medical evacuation: Coverage of ambulance services through our service providers when adequate medical facility is not available proximate to the Insured Person. Limit is:	3.1.23.2
	Medical repatriation: Coverage for transportation services through our service providers when medically necessary. Limit is:	3.1.23.3
	Compassionate visit: Cover expenses for travel of a family member or personal friend to visit Insured Person following 7 days of consecutive hospitalization. Limit is:	3.1.23.4
	Care and/ or transportation of minor children: Cover for one-way economy common carrier transportation to the place of residence of minor child in case of medical emergency or death of an Insured person. Limit is:	3.1.23.5
	Return of mortal remains: Cover for the return of mortal remains to an authorized funeral home proximate to the Insured Person's legal residence. Limit is:	3.1.23.6
	Sub-limit on Specified Illness/Conditions: If an Insured Person is Hospitalized during the Policy Period for any of the Specified Illnesses or Conditions then it is agreed that Our liability in respect of any claim made under the Policy will be limited to the amount specified in Policy Schedule/Certificate of Insurance. Limit is:	3.1.24
	Loyalty Credit- Sum insured enhancement: If the Insured Person's cover under the Policy is renewed with Us without a break We will increase the Base Sum Insured applicable under the Policy by the percentage , for each successive renewal. limit is	3.1.25
	Booster+- Unutilized Base Sum Insured will get carried forward to the next policy on renewal of the policy. limit is	3.1.26
	ReAssure- We will provide additional sum insured during the policy year. The first paid claim in the policy year will trigger ReAssure benefit, unlimited times and will be available for all subsequent claims in a Policy Year up to the percentage of Base Sum Insured as specified in your Policy Schedule / Certificate of Insurance.	3.1.27
	Refill Hospitalization cover- benefit up to a percentage of Base Sum Insured or no of times in a year in case the	3.1.28

	Sum Insured gets exhausted/ partially exhausted during policy year	
	Corporate Floater for any Illness/Accident is covered. Limit is:	3.1.29
	Tiered Network- the customer will have to take the treatment in a defined list of hospitals as specified in the Policy Schedule / certificate of insurance. If the treatment is taken outside this network, a co-payment will have to be borne by the insured for each claim. The co-payment percentage will be as specified in the Policy Schedule / Certificate of Insurance.	3.1.30
	Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:	3.1.31
	Emergency Medical Evacuations (International): We will indemnify the Reasonable and Customary Charges incurred for the Insured Person's Medical Evacuation in an Emergency. Limit is:	3.1.32
	Emergency Hospitalization (International): If the Insured Person is required to be admitted in a Hospital immediately after the Emergency Medical Evacuation for the same diagnosis during the Policy Period, We will indemnify the Medical Expenses incurred on Hospitalization of that Insured Person until the Insured Person reaches a medically stable condition. Limit is:	3.1.33
	Specified Illness Cover (9 listed conditions) (International): If the Insured Person suffers a Specified Illness, We will indemnify the Reasonable and Customary Charges in respect of Medical Expenses of the Insured Person. Limit is:	3.1.34
	Medical repatriation (International): Coverage for transportation services through our service providers when medically necessary. Limit is:	3.1.35
	Repatriation of mortal remains (International): 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:	3.1.36
	Accidental Cover	3.2
	Accidental Death (AD): Covers death due to an accident. Limit is:	3.2.1
	Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	3.2.2
	Accidental Permanent Partial Disability(PPD): Covered up to Accidental Cover Sum Insured. Limit is:	3.2.3
	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:	3.2.4

Accidental Hospitalization: Covers accidental hospitalization charges. Limit is:	3.2.5
Refill: Reinstates Accidental Hospitalization Sum Insured. It will be triggered up to:	3.2.6
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:	3.2.7
Out-patient Expense Cover: Covers OPD expenses incurred by insured for treating accidental injury. Limit is:	3.2.8
Physiotherapy Cover: Covers Physiotherapy expenses incurred by insured for treating accidental injury. Limit is:	3.2.9
Transportation of Imported Medicine Cover: Covers freight charges for importing medicines to India for treatment of accidental injury. Limit is:	3.2.10
Purchase of Blood Cover: Covers expenses incurred on purchase of blood from blood bank by insured following accidental hospitalization. Limit is:	3.2.11
Prosthetics Device Cover: Covers expenses incurred by insured on Prosthesis Device following accidental injury. Limit is:	3.2.12
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:	3.2.13
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:	3.2.14
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:	3.2.15
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:	3.2.16
Burns Benefit: we will cover insured person if Insured Person suffers from Burns due to an Accident. Limit is:	3.2.17
Broken Bones Benefit: we will cover insured person if Insured Person suffers from Broken Bones or fracture due to an Accident. Limit is:	3.2.18
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:	3.2.19
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:	3.2.20

	Rehabilitation Cover: We will cover cost of treatment as per the limits for the Rehabilitation of the Insured Person following an Accident. Limit is:	3.2.21
	Reconstructive surgery Cover: We will cover cost of treatment as per the limits for the Reconstructive Surgery following an Accident. Limit is:	3.2.22
	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:	3.2.23
	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:	3.2.24
	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:	3.2.25
	Funeral Benefit: Covers funeral expenses of the deceased Insured Person following their Accidental Death. . Limit is:	3.2.26
	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:	3.2.27
	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:	3.2.28
	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:	3.2.29
	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:	3.2.30
	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:	3.2.31

	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:	3.2.32
	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:	3.2.33
	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:	3.2.34
	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:	3.2.35
	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:	3.2.36
	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 of one Immediate Family member of the Insured Person to the place of Hospitalization. Limit is:	3.2.37
	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:	3.2.38
	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:	3.2.39
	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:	3.2.40
	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:	3.2.41
	On Duty Cover: Provides Coverage while the Insured is on Professional Duty during the official work hours	3.2.42

	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:	3.2.43
	Terrorism Cover: This benefit provides coverage for accidental events arising from act of terrorism.	3.2.44
	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:	3.2.45
	Adventure Sport Cover: Covers accidental events arising from participation of insured person in Adventure Sports.	3.2.46
	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:	3.2.47
	Loan Protector Benefit: We will pay for loan amount as per the limits. Limit is:	3.2.48
	Chauffeur Benefit: monthly allowance for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his/her business commitments. Limit is	3.2.49
	OPD Coverage	3.3
	Video Consultations with General Practitioner: Cover Video Consultations with certified General Practitioners for the Insured. Limit is:	3.3.1
	Tele Consultations with General Practitioner: Cover Tele Consultations with certified General Practitioners for the Insured. Limit is:	3.3.2
	Physical Consultations with General Practitioner: Cover physical Consultations with certified General Practitioners for the Insured. Limit is:	3.3.3
	Video Consultations with specialists: Cover Video Consultations with certified specialists for the Insured. Limit is:	3.3.4
	Tele Consultations with specialists: Cover Tele Consultations with certified specialists for the Insured. Limit is:	3.3.5
	Physical Consultations with specialists: Cover physical Consultations with certified specialists for the Insured. Limit is:	3.3.6
	Diagnostic Services: Cover diagnostic services for the Insured. Limit is:	3.3.7

Pharmacy Services: Cover pharmacy services for the Insured. Limit is:	3.3.8
Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:	3.3.9
Vaccination Cover: Cover vaccination charges for the Insured. Limit is:	3.3.10
Annual Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.3.11
Second Medical Opinion: If the Insured Person is undergoing a treatment for an illness, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period. Limit is:	3.3.12
Monitoring / Medical Devices: The Insured person may avail monitoring / medical devices which are medically necessary and recommended by a registered medical practitioner. Limit is:	3.3.13
Condition Management Packages: The Insured person may choose to opt for one or more condition management package/(s) for a medical condition, on the recommendation of a registered medical practitioner. Limit is:	3.3.14
Wellness benefits	3.3.15
Access to Physical Fitness Centres or Gyms / Digital Fitness Coaching sessions / AI led fitness coaching sessions to stay healthy. Limit is:	3.3.15.1
Access to Dietician / nutritionist / health coach / emotional wellness coach / psychologist / Assessments for maintaining a healthier and balanced lifestyle. Limit is:	3.3.15.2
Wallet: The insured can utilise the wallet limits for defined benefits. Limit is:	3.3.16
Master Wallet: Can be used for list of benefits with a single sub-limit or a single benefit with a defined limit. Limit is:	3.3.16.1
Individual Benefit Wallet: can be used for specific benefits with individual sub-limit for each benefit. Limit is:	3.3.16.2
Vouchers: The Insured will get Single time use vouchers of fixed values. Limit is:	3.3.17
Named Illness Benefit	3.4
Fixed Benefit coverage for named Illness: If an Insured Person suffers a specified Named Illness during the Policy Period, We will pay the Named Illness Sum Insured. Limit is:	3.4.1
Hospital Cash Benefit	3.5
Daily Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.5.1

		ICU Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an illness/Injury. Limit is:	3.5.2
		Critical illness Cover	3.6
		Critical illness Cover: We will pay the amount if the Insured Person is diagnosed with any Critical Illness. Limit is:	3.6.1
		Sum Insured Enhancement: the Critical Illness Sum Insured mentioned in the shall be increased automatically per annum by the percentage. Limit is:	3.6.2
		Income Protector: we will pay an amount if Insured Person loses their job due to Critical Illness. Limit is:	3.6.3
		Serious Illness	3.7
		Serious Illness cover: We will pay an amount basis number of days of hospitalization of Insured due to illness/injury in the Policy Period. Limit is:	3.7.1
		Additional Benefits	3.8
		Premium Waiver- waiver of complete renewal premium in case of no claim or any specific diagnosis of illness/ treatment or any medical event	3.8.1
		Safeguard- If a consumer is offered the Premium waiver benefit with Safeguard, then any claims up to the number of days of hospitalization and / or up to the claim amount and / or if claims made under certain benefits as specified in the Policy Schedule / Certificate of Insurance, then the premium waiver benefit will not get impacted	3.8.2
		Cost Sharing Options	4
		Annual Aggregate Deductible: Limit is	4.1
		Co-payment: Limit is	4.2
		Franchise: Limit is	4.3
6	Exclusions	<b>Permanent Exclusion:</b>	<b>5.2</b>
		Investigation & Evaluation (Code-Excl04)	5.2.1
		Rest Cure, rehabilitation and respite care (Code-Excl05)	5.2.2
		Obesity/ Weight Control (Code-Excl06)	5.2.3
		Change-of-Gender treatments (Code-Excl07)	5.2.4
		Cosmetic or plastic Surgery (Code-Excl08)	5.2.5
		Hazardous or Adventure sports (Code-Excl09)	5.2.6
		Breach of law (Code-Excl10)	5.2.7
		Excluded Providers (Code-Excl11)	5.2.8
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	5.2.9
		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. (Code-Excl13)	5.2.10

	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 (Code-Excl14)	5.2.11
	Refractive Error (Code-Excl15)	5.2.12
	Unproven Treatments (Code-Excl16)	5.2.13
	Sterility and Infertility (Code-Excl17)	5.2.14
	Maternity (Code-Excl18)	5.2.15
	Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital.	5.2.16
	Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	5.2.17
	Conflict & Disaster: Treatment for any Injury or Illness resulting directly or indirectly from 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).	5.2.18
	External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	5.2.19
	Dental/oral treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.	5.2.20
	Hormone Replacement Therapy: Treatment for any condition / illness which requires hormone replacement therapy	5.2.21
	Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.	5.2.22
	Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	5.2.23
	Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.	5.2.24
	5.2.25. Any treatment or medical services received outside the geographical limits of India.	5.2.25
	5.2.26. Any expenses incurred on OPD treatment	5.2.26
	5.2.27. Alternative Treatments (Excluding AYUSH): Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Alternative Medicine.	5.2.27

	<p>Artificial life maintenance: Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by: a. Deep coma and unresponsiveness to all forms of stimulation; or b. Absent pupillary light reaction; or c. Absent oculovestibular and corneal reflexes; or d. Complete apnea</p>	5.2.28
	<p>Unrecognized Physician or Hospital: a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central Council of Homeopathy or by relevant authorities in the area where the treatment is taken. b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine. c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.</p>	5.2.29
	<p>Off- label Drug or Treatment: Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organization (CDSCO)</p>	5.2.30
	<p>Drugs and Dressings for OPD Treatment or Take-home Use: Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-Hospitalization Medical Expenses under Section 3.1.1.3.</p>	5.2.31
	<p>5.2.32. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.34 for Reasonable and Customary Charges and Definition 2.1.24 for Medically Necessary Treatments.</p>	5.2.32
	<p>Specific Exclusions for Personal Accident Cover</p>	5.2.33
	<p>Self-inflicted Injury, Suicide or attempted suicide.</p>	5.2.33.1
	<p>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)</p>	5.2.33.2
	<p>Acts of Terrorism</p>	5.2.33.3
	<p>Committing an assault, a criminal offence or any breach of law with criminal intent.</p>	5.2.33.4

		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.	5.2.33.5
		Adventure Sports	5.2.33.6
		Maternity, Pregnancy or Child birth or in consequence thereof.	5.2.33.7
		Any non-allopathic treatment.	5.2.33.8
		Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.	5.2.33.9
		Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.	5.2.33.10
		Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	5.2.33.11
		Costs which are not Reasonable and Customary and treatments which are not Medically Necessary.	5.2.33.12
7	Waiting period  - Time period during which specified diseases/treatments are not covered.  -It is counted from the beginning of the policy coverage.	<b>Waiting Periods</b>  Pre-existing Diseases (Code-Excl01) Specified disease/procedure waiting period (Code-Excl02) 30 days waiting period (Code- Excl03):  Survival Period	<b>5.1</b>  5.1.1 5.1.2 5.1.3  5.1.4
8	Financial Limits of Coverage  i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	As listed in section 5 of this document (if applicable)	
	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	As listed in section 5 of this document (if applicable)	

	<p>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))</p>	As listed in section 5 of this document (if applicable)	
	Any other limit (as applicable)	As listed in section 5 of this document (if applicable)	
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-  <a href="https://rules.nivabupa.com/hospital-network/">https://rules.nivabupa.com/hospital-network/</a></p> <p>Helpline No- 1860-500-8888</p> <p>Downloading/ getting claim form-  <a href="https://transactions.nivabupa.com/pages/downloads.aspx">https://transactions.nivabupa.com/pages/downloads.aspx</a></p> <p>Hospitals which are blacklisted or from where no claim will be accepted by insurer-  <a href="https://rules.nivabupa.com/doc/Exclude_List.pdf">https://rules.nivabupa.com/doc/Exclude_List.pdf</a></p>	6.15 and 6.29
10	Policy Servicing	<p>Call center no of Insurer- Contact No: 1860-500-8888</p> <p>Details of Company Officials--  Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a>  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  <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a></p>	6.24

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 <a href="https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx">https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</a></p> <p>Insurance company grievance portal/ Department Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a> 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 <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a> Senior citizens may write to us at at: <a href="mailto:seniorcitizensupport@nivabupa.com">seniorcitizensupport@nivabupa.com</a> 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: <a href="http://www.igms.irdai.gov.in">www.igms.irdai.gov.in</a> Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)</p>	6.24
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</p>	6.3

	<p>the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.</p>	
	<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>	<p>6.7</p>
	<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. You can contact Customer Service Department (details provided above) for migration and portability.</p>	<p>6.1 and 6.2</p>
	<p>Change in Sum Insured: Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement</p>	<p>6.7.e</p>
	<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</p>	<p>6.25</p>

		migrated policies shall be counted for the purpose of calculating the Moratorium Period.	
13	Your Obligations	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. (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)	6.27

Declaration by the Policy Holder;

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

Place:

Date:

Policyholder)

Date: (Signature of the Policyholder)

Date:

(Signature of the

(Signature of Policy Holder)

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.