

CUSTOMER INFORMATION SHEET

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

SI No	Title	Description	Policy/ Clause Number
1.	Policy Name	Group Personal Accident Insurance	
2.	Product Number	XXXXXXXXXXXXXXXXXXXX	Policy Schedule
3.	Type of Insurance Product/ Policy	Benefit	Policy Schedule
4.	Sum Insured (Basis) (Along with amount)	Policy Type: Non Floater Sum insured:	Policy Schedule
5.	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Coverages: - Accidental Death - Permanent Total Disability – PTD - Permanent Partial Disability – PPD - Temporary Total Disability – TTD - Carriage of Dead Body - Education Grant	3 4.1 4.2
6.	Exclusions (what the policy does not cover)	Exclusions: - Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof. - Compensation under more than one of the foregoing Clauses in respect of the same period of disablement of the Insured Person. - Any other payment to the same person after a claim under one of the foregoing Clauses (a), (b) or (d) has been admitted and become payable save for payments under medical expenses extension and for carriage of dead body. - Any payment in case of more than one claim in respect of such Insured Person under the policy during any one period of insurance by which the maximum liability of the Company specified in the Schedule applicable to such Insured Person would exceed the sum payable under the foregoing Clause (a) of this policy to such Insured Person. This would not apply to payments made under medical expenses extension and for carriage of dead body. - Payment of weekly compensation until the total amount shall have been ascertained and agreed. - Payment of compensation in respect of death, injury or disablement of the Insured Person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal diseases, AIDS or insanity, (e) arising or resulting from the Insured Person committing any breach of law with criminal intent. - Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether	5

		war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality. 8. Payment of compensation in respect of, death of, or bodily injury or any illness to the Insured Person directly or indirectly caused by or contributed to by or arising from - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission; b) Nuclear weapons material. Provided that due observance and fulfilment of the terms and conditions of this policy (with conditions on all endorsements hereon are to be read as part of this policy) shall so far as they relate to anything to be done or not to be done by the Insured and / or Insured Person and truth of the statement and answers in the said written proposal shall be a condition precedent to any liability of the Company under this policy. 9. The insurance under this policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured. Note: For detailed description of Exclusions, kindly refer policy wordings							
7.	Waiting period Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage.	Not applicable							
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)	Please refer the policy schedule / policy copy mentioned below under coverage section for all financial limits. Temporary Total Disablement So long as the Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of one percent (1%) of the Capital Sum Insured stated in the Schedule hereto per week, but in any case not exceeding Rs. 5,000/- per week in all, under all personal accident policies covering such Insured Person. Permanent Partial Disability – PPD If injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Capital Sum Insured applicable to such Insured Person in the manner indicated below: <table><tr><th>Description of loss</th><th>Percentage of Capital Sum Insured</th></tr><tr><td>Loss of toes - all</td><td>20%</td></tr><tr><td>Loss of toes great - both phalanges</td><td>5%</td></tr></table>	Description of loss	Percentage of Capital Sum Insured	Loss of toes - all	20%	Loss of toes great - both phalanges	5%	3
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	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: - 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)	<table><tr><td>Loss of toes great - one phalanx</td><td>2%</td></tr><tr><td>Loss of toes other than great, if more than one toe lost each</td><td>1%</td></tr><tr><td>Loss of hearing - both ears</td><td>75%</td></tr><tr><td>Loss of hearing - one ear</td><td>30%</td></tr><tr><td>Loss of four fingers and thumb of one hand</td><td>40%</td></tr><tr><td>Loss of four fingers</td><td>35%</td></tr><tr><td>Loss of thumb - both phalanges</td><td>25%</td></tr><tr><td>Loss of thumb - one phalanx</td><td>10%</td></tr><tr><td>Loss of index finger - three phalanges or two phalanges or one phalanx</td><td>10%</td></tr><tr><td>Loss of middle finger - three phalanges or two phalanges or one phalanx</td><td>6%</td></tr><tr><td>Loss of ring finger - three phalanges or two phalanges or one phalanx</td><td>5%</td></tr><tr><td>Loss of little finger - three phalanges or two phalanges or one phalanx</td><td>4%</td></tr><tr><td>Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)</td><td>3%</td></tr><tr><td>Any other permanent partial disablement</td><td>Percentage as assessed by a panel doctor of the Company</td></tr></table> Carriage of Dead Body: A lump sum of 2% of Capital Sum Insured or Rs. 2,500/- whichever is less. Education Grant: In the event of death or permanent total disablement of the Insured due to accident, the Company shall pay as education grant for the dependent children as below: a) If the insured has one dependent child below the age of 25 years, an amount equal to 10% of the capital sum insured subject to maximum of Rs. 5,000. b) If the insured has more than one dependent child below age of 25 years, an amount equal to 10% of the capital sum insured subject to maximum of Rs. 10,000	Loss of toes great - one phalanx	2%	Loss of toes other than great, if more than one toe lost each	1%	Loss of hearing - both ears	75%	Loss of hearing - one ear	30%	Loss of four fingers and thumb of one hand	40%	Loss of four fingers	35%	Loss of thumb - both phalanges	25%	Loss of thumb - one phalanx	10%	Loss of index finger - three phalanges or two phalanges or one phalanx	10%	Loss of middle finger - three phalanges or two phalanges or one phalanx	6%	Loss of ring finger - three phalanges or two phalanges or one phalanx	5%	Loss of little finger - three phalanges or two phalanges or one phalanx	4%	Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%	Any other permanent partial disablement	Percentage as assessed by a panel doctor of the Company	
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9.	Claims/Claims Procedure	The Policyholder/ Insured Person shall be required to submit the documents. Policyholder's / Insured Person's duty at the time of Claim a) The Policyholder / Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy. b) Forthwith intimate / file / submit a Claim. c) If so requested by the Company, the Insured Person will have to submit himself for a medical examination by the Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.	4																												

		d) Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall: i) Allow the Medical Practitioner or any of the Company's representatives to inspect the any relevant document pertaining to the injury / accident / incident, medical and hospitalization records, investigate the facts and examine the Insured Person. ii) Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy. If the Policyholder / Insured Person / legal heir does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.	
10.	Policy Servicing	Policy Servicing Any issues related with respect to policy, kindly E-mail us at services@indusindinsurance.com and for correspondence contact us IndusInd General Insurance Company Limited, Winway Building 2nd and 3rd Floor, 11/12, Block No. 4, Old No. 67, South Tukoganj, Indore (M.P) - 452001. Contact No. 022-41112600.	
11.	Grievances/ Complaints	While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front-end unit: • Call us on phone number: +91 22 4890 3009 or writing email at: services@indusindinsurance.com • Visiting any of our nearest branches https://igi-locator.oppspot.com/?Searchby=branch&sourcesystem=website&phonenumber=&emailid=# • Writing to us at : IndusInd General Insurance, Correspondence Unit, 2nd & 3rd Floor, Winway Building, 11/12, Block No. 4, Old No. 67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India - 452001 In case you are not pleased with the response received from one of the above mentioned touch points or there is a delay, you may contact Grievance officer at grievances@indusindinsurance.com Details of our Grievance Redressal Officers is available at - https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf Even after this, If you are not satisfied with the response received from our Grievance Officer, you may write to Our Head of Grievance at headgrievances@indusindinsurance.com Still, if you are not happy with the response received from the company, You may contact Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure attached to the policy schedule or you may visit its website@ https://cioins.co.in/ombudsman Grievances can also be registered at IRDAI's Bima Bharosa Portal (https://bimabharosa.irdai.gov.in/) or by calling Toll Free Number 155255 (or) 18004254 732 or by sending an e-mail at complaints@irdai.gov.in or by writing to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500032.	7.21

12.	Things to remember	Free Look cancellation: Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.	7.23
		Policy renewal: Lifelong renewability	7.22
		Migration and Portability: Right to migrate from one product to another product of the company. Right to port: Not Applicable	
		Change in Sum Insured: Change in SI during the policy term or at the time of renewal	7.16
		Moratorium Period: Not applicable	
13.	Your Obligations	Disclosure of other material information during the policy period.) Insurer to specify the material information	7.1

Declaration by the Policyholder;

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

Place: _____

Date: _____

(Signature of the Policyholder)

Note:

- I. The product related documents including the Customer Information sheet are available on our Company website at: <https://www.indusindinsurance.com/insurance/about-us/downloads.aspx>
- 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.


[indusindinsurance.com](https://www.indusindinsurance.com)


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

