

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SI NO	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of Insurance Product/ Policy	IndusInd Corporate Flexi Travel Care Insurance Policy	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product / Policy	Payment on Indemnity and Benefit Basis	
4.	Sum Insured (Basis) (Along with amount)	Individual Sum Insured USD - XXXXXXX	
5.	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	XXXXXXX	Section 4
6.	Exclusions (what the policy does not cover)	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete details of exclusions: - Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance. - Any pre-existing disease or complications thereof - Treatment abroad if that is the sole reason or one of the reasons for the Insured /Insured Person's temporary stay abroad. - Any claim if the Insured / Insured Person – - is travelling against the advice of a physician - is receiving, or is on a waiting list to receive, specified medical treatment declared in the physician's report or certificate; - has received terminal prognosis for a medical condition; - is taking part in a naval, military or air force operation. - Deductibles as specified in the Schedule. - Any claim arising out of illnesses or accidents that the Insured / Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). - Any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss, directly or indirectly, attributable to HIV (Human Immuno Deficiency Virus) and / or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and / or any mutant derivative or variations thereof howsoever caused. - War and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority. - Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semiprofessional sports persons.	Section 5

7.	Waiting periods Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage	1-Delay of Checked in Baggage - xxxx hours	
8.	Financial limits of coverage		
	i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	i. Sub Limit	
	ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).	ii. Co-Payment - Not applicable	Section 6.12
	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)	iii. Deductible	
	iv. Any other limit (as applicable)	iv. Any Other Limit - Not Applicable	Section 7 - Point 28
9.	Claims / Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlements i. TAT for preauthorization of cashless facility – 6 hours from receipt of complete documents. ii. TAT for cashless final bill authorization – 1 hour from receipt of complete documents iii. For reimbursement claims - The Company shall settle the claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a claim warrant an investigation, Company shall settle the claim within 45 days from the date of receipt of last necessary document. Please find below the details /link - i. Network Hospital details- https://www.indusindinsurance.com/Insurance/Self-Help/Cashless-Garages-and-Hospitals.aspx?network=Hospitals ii. Helpline number- 022-4890 3009 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer- www.indusindinsurance.com iv. Downloading/getting claim form- www.indusindinsurance.com	Section 6.12

10.	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 Correspondence Address – IndusInd General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001 Contact No.: 022-41112600	
11.	Grievances/ Complaints	Details of Grievance redressal officer refer the link https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx b. IRDAI Integrated Grievance Management System https://igms.irdai.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	Section 7 - Point 28
12.	Things to Remember	1. Free Look cancellation: Not Applicable 2. Policy renewal: Not Applicable 3. Migration and Portability: Not Applicable 4. Change in Sum Insured: Not Applicable 5. Moratorium Period: Not Applicable	
13.	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. 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. "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.	Section 7.1

The enclosed Customer Information Sheet bearing reference number "CIS\<Policy Number>" is essential part of your policy schedule, please acknowledge that you have read and understood the CIS on the communication sent on your registered mobile number/e-mail ID.

Disclaimer : The information must be read in conjunction with the 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.

Declaration by the Policy Holder;

I have read the above and confirm having noted the details

Place: _____

Date: _____

(Signature of the Policyholder)