

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.	Name of Insurance Product/ Policy	IndusInd Critical Illness Policy	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product/ Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	
4.	Sum Insured (Basis)	Dynamic as per plan opted on the basis of cover opted.	
5.	Policy Coverages	Note: Print the value of Sum insured as per plan opted. Sum Insured - XXXXXXXX	
		CATEGORY 1: The payment of claim under this Category 1 shall be subject to survival of the Insured Person for more than 30 days post diagnosis, occurrence or undergoing of the Insured Event covered under this Category	Scope of Cover
		I. Cancer of specified severity: A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.	
		II. Major Organ/ Bone Marrow Transplant: The actual undergoing of a transplant of: i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible endstage failure of the relevant organ, or ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.	
		III. Multiple Sclerosis with Persisting Symptoms: The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following: i) Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis ii) There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 6 months, and iii) Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.	
		IV. Third Degree Burns: First occurrence of burns that affect the epidermis, dermis and hypodermis, causing charring of skin or a translucent white colour, with coagulated vessels visible just below the skin surface usually resulting in extensive scarring and covering atleast 45% of the body evidenced by any one of the following: - Hard, leather-like eschar, purple fluid and no sensation (insensate) - Conditions resulting in the skin or muscle being irretrievably lost - Conditions resulting in charring of bones	

	V. Aorta Graft Surgery: The actual surgical repair of an aortic aneurysm (an abnormal bulge in the wall of the aortic blood vessel causing the aorta to dilate or widen and the aortic valve to leak leading to bursting of arterial wall) for the first time by a surgeon. The diagnosis to be evidenced by any two of the following - Computerized tomography (CT) scan - Magnetic Resonance Imaging (MRI) scan - Echocardiography (an ultrasound of the heart) - Angiography (an x-ray of blood vessels) - Abdominal ultrasound	
	CATEGORY 2: The payment of claim under this Category II shall be subject to survival of the Insured Person for more than 60 days post diagnosis, occurrence or undergoing of the Insured Event covered under this Category.	
	I. Open Heart Replacement or Repair of Heart Valves: The actual undergoing of open heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, ballon valvotomy/ valuloplasty are excluded.	
	II. Coma of Specified Severity A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following - No response to external stimuli continuously for atleast 96 hours - Life support measures are necessary to sustain life; and - Permanent neurological deficit which must be assessed atleast 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded	
	III. Quadriplegia / Permanent Paralysis of all four limbs: Total and irrecoverable loss of use of all four limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.	
	IV. Total Blindness: The existence of complete lack of form and light perception in both eyes, clinically recorded as "NLP", no light perception. This cover excludes - Genetic defects that are congenital and develop into total blindness - Total Blindness caused due to intake of Methylated alcohol (adulterated alcohol)	
	V. Kidney Failure Requiring Regular Dialysis End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner. In case of kidney transplant under this condition the benefit shall be payable under Major Organ Transplant (Category I) and not under this Insured Event.	



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6. Exclusions	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following: 1. Pre-existing diseases / illness / injury / conditions – All diseases, illnesses, injuries which are pre-existing when the cover incepts for the first time under this Policy. 2. Critical illness contracted or evident through Sign and symptoms within 3 months of the inception date of this policy. This exclusion doesn't apply for subsequent renewal with the Company without a break. 3. Certification / diagnosis by a family member or any diagnosis that is not scientifically recognized. 4. Certification / diagnosis from a person not registered as Medical Practitioners under respective medical councils. 5. Accidental injury leading to any condition/complication that is not listed in Categories I and II dealt with under the scope of coverage above. 6. Any critical illness arising out of any congenital illness or condition or disorder whether internal or external. 7. Critical illness/condition resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof. 8. Any critical illness due to alcohol, smoking, other tobacco intake or drug abuse. 9. Any treatment/surgery for change sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof. 10. Critical illness acquired as a consequence of Human Immuno-deficiency Virus (HIV) infection. 11. Critical illness due to: i) Intentional self-injury, suicide or attempted suicide ii) Self exposure to needless perils except in an attempted to save human life. 12. Proposer or any of his family members whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports. 13. Disease critical illness, directly or indirectly, caused by or arising from or attributable to foreign, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, revolution, insurrection, military or usurped power, riot or civil commotion, act of terrorism. 14. Critical illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. 15. Critical illness, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination. 16. Any critical illness arising or resulting from the Import committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion. 17. Reimbursement for any treatment of illness/procedure performed outside India. No Claim will be payable in the event of death of the insured within the stipulated survival period applicable under each category.	Policy Exclusion: General Exclusions
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7. Waiting period - Time period during which specified diseases/ treatments are not covered - It is counted from the beginning of the policy coverage.	Initial Waiting period: Any illness, medical event or surgical procedure as specifically defined in policy schedule whose first signs or symptoms first commence more than 90 days after the commencement of Policy Period. Survival Period: Category 1: The payment of claim under this Category shall be subject to survival of the Insured Person for more than 30 days post diagnosis, occurrence or undergoing of the Insured Event covered under this Category. Category 2: The payment of claim under this Category II shall be subject to survival of the Insured Person for more than 60 days post diagnosis, occurrence or undergoing of the Insured Event covered under this Category. - Coma of Specified Severity: Permanent neurological deficit which must be assessed atleast 30 days after the onset of the coma. - Quadriplegia / Permanent Paralysis of all four limbs: Total and irrecoverable loss of use of all four limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.	Scope Of Cover
8. Financial limits of coverage : Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	As per the policy wording.	
Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).	As per the policy wording.	
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)	As per the policy wording.	
Any other limit (as applicable)	As per the policy wording.	
9. Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post Hospitalisation. Turn Around Time (TAT) for claims settlement: Cashless Pre-Authorization: 1 hour	

		- Final Authorization: 3 hours Reimbursement: 15 days (without investigation) 30 days (if investigation is referred) Web link for following: Network Hospital details IndusInd General Insurance Locator (igi-locator.appspot.com) Helpline number (For Inland Travel) +91 22 4890 3009 (Paid number) Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.indusindinsurance.com/downloads/Black_List_Hospital.pdf Downloading/getting claim forms https://www.indusindinsurance.com/insurance/claims/claim-page-health.aspx	
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.- +91 22 4890 3009 (Paid Number)	
11.	Grievances/ Complaints	- Details of Grievance redressal officer refer the link (https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx) - Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided by below link. https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx - IRDAI Integrated Grievance Management System https://igms.irda.gov.in/	Terms and Conditions: 27
12.	Things to Remember	Free Look Cancellation: The Policyholder would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review the entire Policy. Where the Policyholder disagrees to any of those terms or conditions, the Policyholder has the option to return the Policy stating the reasons for his objection and the Policyholder shall be entitled to a refund of the premium paid, provided no Claim has been incurred under this Policy, subject only to a deduction of the expenses incurred by the Company on medical examination and the stamp duty charges. In cases where the risk has already commenced when the option of returning this Policy is exercised, within the free look period, by the Policyholder, the refund of the premium paid will also be subject to a deduction for proportionate risk premium for the period on cover. Where only part of the risk (e.g. only accidental hospitalization risk) has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. This clause shall not be applicable on renewal of this Policy and Portability cases. Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non- cooperation, renewal of your policy shall inot be denied, provided the policy is not withdrawn. 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 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	Terms and Conditions: 12

	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.	
13. Your Obligations:	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.	

Legal Disclaimer Note: The enclosed Customer Information Sheet bearing reference number "CIS\XXXXXXXXXXXXXXXXXX" is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder;
I have read the above and confirm having noted the details.

Place: _____

Date: _____

Note:
In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

(Signature of the Policyholder)

