

CUSTOMER INFORMATION SHEET (DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE)

SI NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product name	IndusInd Health Global	
2.	What am I covered for:	Global Cover (Applicable outside India)	3.1
		a. In-Patient Treatment - This benefit indemnifies the Insured Person for the medical expenses incurred on In-Patient Treatment outside India	3.1.1
		b. Pre and Post-Operative Day Care Treatment - This benefit indemnifies the Insured Person for the medical expenses incurred on pre or post-Operative Day Care Treatment in connection with the In-Patient Treatment	3.1.2
		c. Pre Hospitalization - This cover indemnifies the Insured Person for Pre-hospitalization for a period of 15 days or to the date of start of pre-approved In-Patient Treatment whichever is earlier	3.1.3
		d. Post Hospitalization - This cover indemnifies the Insured Person for Post-hospitalization for a period of 30 days immediately after the Insured Person was discharged from Hospital after taking the In-Patient Treatment	3.1.4
		e. Rehabilitation - This cover indemnifies towards In-patient Rehabilitation treatment Abroad that combines therapies such as physical, occupational and speech therapy	3.1.5
		f. Travel Expenses - This cover indemnifies towards travel expenses incurred by the Insured Person, one accompanying Companion and the living donor (only in the case of transplant) for the treatment of Insured Person	3.1.6
		g. Accommodation Expenses - This cover indemnifies towards accommodation expenses incurred in the City of Treatment by the Insured Person, one accompanying companion and the living donor.	3.1.7
		h. Repatriation of Mortal Remains - In the event of the death of the Insured Person while taking treatment Abroad, covers cost of transporting mortal remains of Insured Person back to the Republic of India or an equivalent amount for a local burial or cremation in the City of Treatment.	3.1.8
		i. Second Opinion - This benefit indemnifies for availing second medical opinion of the listed Specified Illness from a Medical Practitioner.	3.1.9
		j. Visa Charges and Documentation - This cover indemnifies towards Visa application and processing fee expenses incurred by Insured for overseas travel for the purpose of availing the treatment.	3.1.10
		k. Assistance Services - Covers following assistance services rendered by the Insured Person in the event of Emergency • Translation services • Transmission of urgent messages • Lost Passport Assistance • Consular Referral • Arrangement of Radio Taxi or Chauffeur services • Emergency cash assistance	3.1.11 3.1.11.1 3.1.11.2 3.1.11.3 3.1.11.4 3.1.11.5 3.1.11.6


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Health Global. UIN No.: IRDAN103RP0001V01202324. IGI/MCOM/CO/IndusInd Health Global/CIS/VER.1.0/301123.


IndusInd
 Insurance App


Download Now



India Cover (Optional)	3.2
a. In-Patient Treatment - This benefit indemnifies the Insured for the medical expenses on In-Patient Treatment in India	3.2.1.1
b. Day Care Treatment - This benefit indemnifies the Insured for the medical expenses on Day Care Treatment	3.2.1.2
c. Domestic Road Ambulance - This benefit indemnifies the Insured Person towards expenses incurred on availing Road Ambulance services	3.2.2
d. Air Ambulance - This benefit indemnifies the Insured Person towards expenses incurred on availing Air Ambulance services	3.2.3
e. Domiciliary Hospitalization - This cover pays reasonable and customary charges for the medical expenses incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three continuous and completed days	3.2.4
f. Modern Treatment - This cover indemnifies the medical expenses incurred during the Policy Year on Inpatient Treatment or Daycare Treatment or Domiciliary Treatment of listed Modern Treatment Methods	3.2.5
g. Pre-Hospitalization - This cover indemnifies the Insured Person for Pre-Hospitalization Expenses for a period of 90 days immediately before the Insured Person was Hospitalized	3.2.6
h. Post-Hospitalization - This cover indemnifies the Insured Person for Post-Hospitalization Expenses for a period of 180 days immediately after the Insured Person was discharged post Hospitalization	3.2.7
i. Organ Donor Expenses - This cover indemnifies towards medical expenses incurred, during In Patient Treatment, in respect of donor of any organ transplant surgery	3.2.8
j. Rehabilitation - This cover indemnifies towards In-patient Rehabilitation treatment that combines therapies such as physical, occupational and speech therapy	3.2.9
k. Home Care Treatment - This cover indemnifies towards Home Care Treatment of any of the listed treatments	3.2.10
l. Medical Equipment - Cover expenses incurred by the insured person for procuring listed medical equipment or devices as medical aid during the policy year	3.2.11
• Durable Medical Equipment (DME)	3.2.11.1
• Small Medical Equipment	3.2.11.2
m. OPD Covers - Coverage for Out-patient Treatment, Physiotherapy Benefit and Dental Cover	3.2.12
n. Health Check Up - At the end of every two Policy Year, this benefit indemnifies up to Rs.10000 towards expenses for the listed diagnostic or preventive medical tests (listed in Policy wordings) taken by the Insured Persons in the Policy	3.2.13
o. Second Opinion - This benefit indemnifies for availing second medical opinion from a Medical Practitioner within India.	3.2.14
p. No Claim Bonus - This renewal benefit increases the Sum Insured by 25% for every claim free Policy Year, subject to a maximum of 100% of Sum Insured and decreases by 25 % of Sum Insured for every claim year.	3.2.15


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



	q. Inflation Protection - This renewal benefit increases the Sum Insured by 8% at the end of each completed and continuous Policy Year, subject to a maximum of 100% of Sum Insured	3.2.16
	r. Unlimited Reinstatement - Unlimited reinstatement of India Base Sum Insured on related or unrelated illness or injury	3.2.17
	s. Assistance Services - Covers following assistance services rendered by the Insured Person in the event of Emergency • Tele-consultation • Booking of health checkups • Arrangement of Nurse at home • Emergency helpline	3.2.18 3.1.18.1 3.1.18.2 3.1.18.3 3.1.18.4
	Optional Covers	3.3
	a. Waiver of Co-Payment - This benefit waives off the Co-Payment condition of 20% on the Assessed Claim Amount, applicable on Policies where the Insured age, first time entering into the Policy is >=61 years.	3.3.1
	b. Voluntary Co-payment - 10%/20% on the Assessed Claim Amount	3.3.2
	c. Change in Pre-Existing Waiting Period - This benefit changes the Pre-Existing Waiting Period from 36 months to 12, 24 or 48 months.	3.3.3
3. What are the major exclusion in the policy:	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Investigation & Evaluation (Code:Excl04) b. Rest Cure, rehabilitation and respite care (Code:Excl05) c. Obesity/ Weight Control (Code:Excl06) d. Change-of-Gender treatments (Code:Excl07) e. Cosmetic or Plastic Surgery (Code: Excl08) f. Hazardous or Adventure sports(Code:Excl09) g. Breach of law (Code: Excl10) h. Excluded Providers (Code:Excl11) i. Substance Abuse and Alcohol (Code: Excl12) j. Wellness and Rejuvenation (Code:Excl13) k. Dietary Supplements & Substances (Code: Excl14) l. Refractive Error (Code: Excl15) m. Unproven Treatments-Code (Code: Excl16) n. Sterility and Infertility (Code: Excl17) o. Maternity Expenses (Code - Excl 18)	4.1
	Specific Exclusions (Applicable-to both Global and India) a. Organ Donor Expenses b. Treatment outside Discipline c. Gene Therapy except to the extent specifically stated to be covered d. Hearing Aids and spectacles e. External durable medical equipment f. Sleep Apnea g. External Congenital Anomaly h. Artificial Life support equipment's i. Outpatient Treatment expect to the specifically stated to be covered j. Self-injury k. Documentation charges l. Circumcision m. Convalescence or Rehabilitation expect to the specifically stated to be covered n. Dental Treatments expect to the specifically stated to be covered o. Unprescribed Drugs or treatments p. Hormonal therapies q. Peritoneal dialysis	4.2


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Health Global. UIN No.: IRDAN103RP0001V01202324. IGI/MCOM/CO/IndusInd Health Global/CIS/VER.1.0/301123.


IndusInd
 Insurance App


Download Now



	r. Non-Medically Necessary Treatment s. Spinal subluxation, manipulation and muscle stimulation t. Treatment by a family member u. Vaccination and immunization v. Charges other than Reasonable & Customary Charges w. Nuclear Attack x. War	
	Specific Exclusions (Applicable - Global) a. Alternative Treatments b. Countries outside Geographical Scope c. Non-payable items d. Sanction Clause e. Treatment taken in India	4.3
	Specific Exclusions (Applicable - India) a. Medical supplies b. Prosthetic and other devices c. Treatment taken Abroad d. RMO charges and Service charge	4.4
4. Waiting Periods	Applicable for Global Cover: a. Pre-Existing Disease waiting period (Code: Excl01): 36 months b. Specified disease/procedure (Code: Excl02) 36 months for Joint Replacement/Reconstruction (Hip, Knee, Shoulder) 48 months for Gene therapy 24 months for listed illnesses/procedures c. 90 days initial Waiting Period	4.1.1 4.1.2 4.3.1
	Applicable for India Cover (if opted): a. Pre-Existing Disease waiting period (Code: Excl01): 36 months b. Specified disease/procedure (Code: Excl02) 24 months for Joint Replacement/Reconstruction (Hip, Knee, Shoulder) 48 months for Gene therapy 24 months for listed illnesses/procedures c. 30 days initial Waiting Period d. Dental Cover: 30 days	4.1.1 4.1.2 4.4.1 3.2.12.4
5. Payment Basis	Payment on indemnity basis for all covers except OPD cover, Health Checkup and Assistance Service which are on Benefit basis	
6. Loss Sharing	Co-Payment 20% co-payment on the Assessed Claim Amount if at the time of inception of the first Policy with the Company, the age of the Insured Person is 61 years and above.	6.13
7. Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	5.1.8
8. Cancellation	a. The Policyholder may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions.	5.1.7


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Health Global. UIN No.: IRDAN103RP0001V01202324. IGI/MCOM/CO/IndusInd Health Global/CIS/VER.1.0/301123.


IndusInd
 Insurance App


Download Now



		b. The Company may cancel the policy at any time on grounds of misrepresentation, nondisclosure of material facts, fraud by the Insured Person by giving 15 days' written notice.	
9.	Claims	Claims Procedure (Applicable Global) Cashless: Claims shall be settled on cashless basis. Insured may contact the Empaneled Service Provider with a request for claim. Details of the Empaneled Service Provider shall be available on the Company website. On the basis of documents submitted and Insured Person's medical condition the Empaneled Service Provider provide a choice of Hospitals/treatments to the Insured Person. Re-imburement: In case of any Claim under the Benefits Pre-Hospitalization, Post- Hospitalization, Visa Charges and Documentation and Assistance Services where Cashless facility is not availed, Insured can avail the claim under Re-imburement basis	6.3(i) 6.3(ii)
		Claims Procedure (Applicable India) Cashless: The Insured Person can avail Cashless facility at the time of admission into any Network Hospital, by presenting the health card as provided by the TPA/Company with the Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the Company). Re-imburement: In case of any Claim under the Benefits, where Cashless facility is not availed, the list of documents as mentioned in Policy Wording shall be provided by the Policyholder/ Insured Person, immediately but not later than 15 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.	6.4(i) 6.4(ii)
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	a. Details of Grievance redressal officer refer the link (https://www.indusindgeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx) b. IRDAI Integrated Grievance Management System-https://igms.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document	5.1.15
12.	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception. b. Lifelong renewability (except on certain specific grounds) c. Right to migrate from one product to another product of the company (E-mail us at services@indusindinsurance.com and For correspondence contact us 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 d. Right to port the from one company to another company (E-mail us at services@indusindinsurance.com and For correspondence contact us IndusInd General Insurance, Winway Building, 2nd & 3rd Floor, 11/12 Block No. 4, Old No. 67, South Tukoganj, Indore (M.P) - 452001.	5.1.13 5.1.8 5.1.16 5.1.17


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


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



	e. Change in SI during the policy term or at the time of renewal E-mail us at services@indusindinsurance.com	5.2.6
13. Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	5.2.4

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and 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.

Premium Illustration

Benefit Illustration in respect of policies offered on Individual and Family Floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (USD)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (USD)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (USD)
51 years	20,470	150,000	20,470	10%	18,423	150,000	20,470	30%	36,411	150,000
44 years	12,234	150,000	12,234		11,011	150,000	12,234			
23 years	9,721	150,000	9,721		8,749	150,000	9,721			
18 years	9,590	150,000	9,590		8,631	150,000	9,590			
Total Premium for all members of the family is Rs. 52,015 when each member is covered separately.			Total Premium for all members of the family is Rs. 46,814 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs. 36,411.			
Sum insured available for each individual is USD 1.5 lakh			Sum insured available for each family member is USD 1.5 lakh				Sum insured of USD 1.5 lakh is available for the entire family.			
Note: Premium rates specified in the above illustration are standard premium rates for Elite Plan with Worldwide coverage. The rates are without any optional covers, loading and discounts and are exclusive of taxes applicable.										



**INDUSIND GENERAL INSURANCE COMPANY LIMITED - PRE-AUTHORISATION FORM
 REQUEST FOR CASHLESS HOSPITALISATION HEALTH INSURANCE POLICY**
Details Of The Third Party Administrator (To be filled in block letters)

- a) Name of TPA / Insurance Company: _____
- b) Phone number: _____
- c) FAX: _____

To Be Filled By The Insured/patient

- a) Name of Patient: _____
- b) Gender: ☐ Male ☐ Female
- c) Age: Years Months
- d) Date of birth:
- e) Contact number: _____
- f) Contact number of attending relative: _____
- g) Insured card ID Number: _____
- h) Policy number / Name of Corporate: _____
- i) Employee ID: _____
- j) Currently do you have any other Mediclaim/Health insurance: ☐ Yes ☐ No
 If yes, company name: Give details: _____
- k) Do you have a family physician: ☐ Yes ☐ No
 If yes, name of the family physician: _____
 Contact number, if any: _____

(Please complete declaration on Page 3 of this form)

To Be Filled By The Treating Doctor/hospital

- a) Name of the treating doctor: _____
- b) Contact number of the treating doctor: _____
- c) Nature of illness/disease with presenting complaints: _____
- d) Relevant clinical findings: _____
- e) Duration of the present ailment: _____ days
- i) Date of first consultation:
- ii) Past history of present ailment if any: _____
- iii) ICD 10 code: _____
- f) Provisional diagnosis: _____
- g) Proposed line of treatment: ☐ Medical management ☐ Surgical management
☐ Intensive care ☐ Investigation ☐ Non-allopathic treatment
- h) If investigation and/or medical management, provide details: _____
- i) Route of drug administration: _____
- j) If surgical, name of surgery: _____
- k) ICD 10 PCS Code: _____


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)



l) If other treatments, provide details:		
m) How did injury occur?		
n) In case of accident:		
i. Is it RTA: ☐ Yes ☐ No	ii. Date of injury: D D M M Y Y Y Y	
iii. Reported to police: ☐ Yes ☐ No	iv. FIR number:	
v. Injury/disease caused due to substance abuse/alcohol consumption: ☐ Yes ☐ No		
vi. Test conducted to establish this: ☐ Yes ☐ No (If Yes, attach reports)		
o) In case of maternity: ☐ G ☐ L ☐ A		
i. Date of delivery: D D M M Y Y Y Y		
Details of patient admitted		
a) Date of admission: D D M M Y Y Y Y		
b) Time: H H : M M		
c) Is this an emergency/a planned hospitalization event?: ☐ Emergency ☐ Planned		
d) Expected no. of days' stay in hospital: days		
e) Room type:		
f) Per day room rent + nursing and service charges + patient's diet:	Rs.	
g) Expected cost for investigation and diagnostics:	Rs.	
h) ICU charges:	Rs.	
i) OT charges:	Rs.	
j) Professional fees Surgeon + Anaesthetist fees + Consultation charges	Rs.	
k) Medicines + Consumables + Cost of implants (if applicable please specify, other hospital expenses):	Rs.	
l) All inclusive package charges if any applicable:	Rs.	
m) Sum total expected cost of hospitalization:	Rs.	
Mandatory: Past history of any chronic illness		If yes, since (month / year)
☐ Diabetes		MM / YYYY
☐ Heart disease		MM / YYYY
☐ Hypertension		MM / YYYY
☐ Hyperlipidemias		MM / YYYY
☐ Osteoarthritis		MM / YYYY
☐ Asthma/COPD/Bronchitis		MM / YYYY
☐ Cancer		MM / YYYY
☐ Alcohol or drug abuse		MM / YYYY
☐ Any HIV or STD/Related ailments		MM / YYYY
☐ Any other ailment give details:		
Declaration (Please read very carefully)		
We confirm having read, understood and agreed to the Declarations on page 3 of this form:		
a) Name of the treating doctor:		
b) Qualification:		
c) Registration number with state code:		
Hospital seal (Must include Hospital ID)		Patient/Insured name and signature


indusindinsurance.com


022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Health Global. UIN No.: IRDAN103RP0001V01202324. IGI/MCOM/CO/IndusInd Health Global/CIS/VER.1.0/301123.


IndusInd
 Insurance App


Download Now

