

CUSTOMER INFORMATION SHEET

(DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE)

SI NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	IndusInd GROUP HOSPI CASH INSURANCE- Plan A	
Base Covers			
2.	What am I covered for	a. In-Patient Treatment: This cover pays equal to Daily Cash Amount for the selected number of days, if the Insured Person requires In-patient Treatment for illness/injury incurred during the Policy Year. This shall also cover AYUSH Treatment, maximum upto 15 days taken on Inpatient basis.	3.1
		b. ICU Cover: This cover pays Insured Person an additional 100% of Daily Cash Amount for the selected number of days for ICU Hospitalization.	3.2
		c. Day Care Treatment: This cover pays Insured Person a Lump sum amount equal to Daily Cash Amount towards the listed Day Care Procedures. Payment under this benefit is limited to five times in a Policy Year.	3.3
Optional Cover			
		d. Convalescence Cover: This cover pays Lump sum amount to Insured Person, if the Insured Person undergoes Hospitalization for a minimum period of 10 continuous and consecutive days. Payment under this benefit is limited to once in a Policy Year.	3.4
		e. Personal Accident Cover	3.5
		i. Accidental Death: The cover compensates the Nominee /Legal Heir/Assignee with the Lump sum Personal Accident Sum Insured in the event of death of the Insured Person solely due to an accident during the Policy Year.	3.5.1
		ii. Permanent Total Disability: This cover compensates the Insured Person with the Lump sum Personal Accident Sum Insured for the Permanent Total Disability caused due to an Accident during the Policy Year,	3.5.2
		iii. Permanent Partial Disability: This cover compensates the Insured Person with a specified percentage of Personal Accident Sum Insured for the Permanent Partial Disability caused due to an Accident during the Policy Year.	3.5.3
		f. Accidental Medical Expenses: This cover indemnifies the Insured Person upto 20% of Personal Accident Sum Insured or Rs 5 lakhs whichever is lower towards the In Patient, Day Care or OPD treatment for the injuries sustained solely from an Accident. This cover has a deductible of Rs 1000 for every claim under Out-Patient Treatment.	3.6
		g. Companion Cover: This Cover shall pay the Insured Person an additional 50% of Daily Cash Amount for the selected number of days, towards the expenses of a companion during Inpatient Treatment of the Insured Person.	3.7

	h. Maternity Cover: This Cover pays the Insured Person a lump sum of payment of 5 times of Daily Cash amount or Rs35000, whichever is lower for Maternity Expenses incurred towards normal delivery or C-section as an Inpatient Treatment during the Policy Year.	3.8
	i. Time Deductible: Selected Time Deductible shall be applicable on each and every In Patient Hospitalization claim. Time deductible Options: 24/48/72 hours	3.9
	j. Waiver of Waiting Period for Pre-Existing Disease: This Cover shall reduce the Pre-Existing Disease Waiting Period to zero months, 12 months or 24 months as the case may be.	3.10
	j. Waiver of Waiting Period for Specified Disease/Procedure: This Cover shall reduce the Waiting Period for Specified Disease/Procedure to 12 months	3.11
3. What are the major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete details 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: Excl 17) o. Maternity Expenses (Code: Excl 18) p. Dental Treatments q. Domiciliary Hospitalization and Home Treatment r. External Congenital Anomaly s. Treatment other than Medically Necessary Treatment t. Non-medical expenses u. Nuclear and radiological emissions, acts of terrorism v. Outpatient treatment w. Overseas treatment x. Charges other than Reasonable & Customary Charges y. Self-injury or suicide z. Treatment outside discipline - aa. War - bb. Wilful Act/Negligence	5

		Specific Exclusions applicable to Personal Accident Cover - Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time. - Any change of profession after inception of the Policy or any Renewal which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the Policy Schedule. - 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. - Body or mental infirmity or any illness except where such condition arises directly as a result of an Accident during the Policy Period. - Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports. - Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, or any other hazardous or potentially dangerous sport for which the Insured Person is untrained. - No claim shall be payable under Personal Accident Cover against any Pre-Existing Disability/Accidental Injury.	
4.	Loss Sharing	36 months waiting period for Pre-Existing Disease (Code: Excl01) 24 months waiting period for Specified disease/procedure waiting period code (Code:Excl02) 30 Days Waiting Period (Code:Excl03) 15 days waiting period for Covid -19 related claims 12 months waiting period for Maternity Cover	4
5.	Payment basis	The payment of claims under all the covers are on benefit basis except for Benefit Accidental Medical Expenses which is on Indemnity basis.	
6.	Loss Sharing	This Policy requires you to share the Expenses exceeding the following Sub limits/Deductibles: - Sub limits - In-Patient Treatment: AYUSH Treatment, maximum upto 15 days of In-Patient Treatment - Deductible - Accidental Medical Expenses: Deductible of Rs. 1000 applicable on each and every OPD claim - Time Deductible (If opted) :24/48/72 hours	
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.	7 (14)

8.	Renewal benefits	Not Applicable	9
9.	Cancellation	a. The Insured may cancel this Policy by giving written notice. If no claims have been made, the Company shall refund premium for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice.	7 (22), 7 (23)
10.	Claims	Claims are available on Reimbursement basis only. The Insured Person may submit the necessary claim documents to TPA/ Company within thirty days of date of discharge from hospital. For details on claim procedure please refer the policy document	6
11.	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 Tukogani, Indore (M.P)-452001. Contact No-022-41112600	
12.	Grievances Complaints	a. 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 in the Policy document	7 (28)
13.	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the first policy shall be available. b. Lifelong renewability (except on certain specific grounds) Company c. Migration and Portability-Not applicable d. Change in SI/Daily Cash Amount during the policy term or at the time of renewal E-mail us at services@indusindinsurance.com e. Norms on TAT for Settlement of Claims Within thirty days of date of receipt of last necessary document	7(27), 7(14), 7(20), 6
14.	Insured's Obligation	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in the claims not being paid	7 (1)
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.			