

CUSTOMER INFORMATION SHEET

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)	Refer to policy clause number
1.	Name of Insurance Product/Policy	INDUSIND LOANEE KAVACH INSURANCE (GROUP)	
2.	Policy number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product/Policy	BENEFIT POLICY	
4.	Sum Insured (Basis) (Along with amount)	Individual - INR XXXXXXXXXXXXXXXXXXXXXXX	
5.	Policy Coverage (What the policy covers?) (Policy clause Number/s)	Section I - Critical Illness - We will pay the Insured Person the Sum Insured specified against this Benefit in the Certificate of Insurance as a lump sum amount for the listed Critical Illnesses provided that: - The Critical Illness is covered under the Policy for the Insured Person as per the Plan opted and mentioned in the Certificate of Insurance, - All conditions related to that Critical Illness are satisfied, and - The Critical Illness first occurs or first manifests itself during the Period of cover, - The Insured Person survives the Survival Period of 30 days - For the purpose of the Policy, Critical Illness shall mean any Illness, medical event or Surgical Procedure as specifically defined in Policy wordings. - The details of available plans are listed below: - Survival Period - 30 Days - Covered critical illnesses - - Cancer of Specified Severity - Myocardial Infraction - Open Chest CABG - Open Heart Replacement and Repair of Heart Valves - Primary (Idiopathic) Pulmonary Hypertension - Coma of Specified Severity - Stroke resulting in permanent symptoms - Permanent Paralysis of Limbs - Motor Neurone Disease with Permanent Symptoms - Multiple Sclerosis with Persisting Symptoms - Benign Brain Tumour - Major Head Trauma - Kidney Failure requiring Regular Dialysis - Major Organ / Bone Marrow Transplant - End Stage Lung Failure - End Stage Liver Failure - Blindness - Deafness - Loss of Speech - Loss of limbs	Section 1

- In case of any admissible claim under this Benefit the coverage for that Insured Person shall immediately and automatically terminate and We will cancel the Certificate of Insurance issued

Note: "Survival Period" means the period that the Insured Person has to survive before a claim becomes valid, commencing from the date of First Diagnosis. The Benefits under the Policy shall be payable only if the Insured is first diagnosed as suffering from a defined Critical Illness during the Period of Cover, and the Insured survives for the defined Survival Period following such diagnosis.

- **Section II - Personal Accident**

1. **Accidental Death:** - If the Insured Person suffers an Injury due to an Accident which occurs during the Period of Cover and this Injury is the sole and direct cause of the Insured Person's death within 365 days from the date of Accident, then We will pay the Sum Insured specified against this Benefit in the Certificate of Insurance.

On the Insured Person's death, the Insured Person's cover under the Policy shall immediately and automatically terminate.

2. **Permanent Total Disablement:** - If the Insured Person suffers an Injury due to an Accident which occurs during the Policy Period and this Injury solely and directly results in the Insured Person's Permanent Total Disablement of the nature specified in the table below within 365 days from the date of the Accident, then We will pay the Sum Insured specified in the Schedule of Benefits:

Type of Permanent Total Disablement:

- I. Total and irrecoverable loss of sight of both eyes
- II. Loss by physical separation or total and permanent loss of use of both hands or both feet
- III. Loss by physical separation or total and permanent loss of use of one hand and one foot
- IV. Total and irrecoverable loss of sight of one eye and loss of a Limb
- V. Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
- VI. Total and irrecoverable loss of hearing of both ears and loss of speech
- VII. Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
- VIII. Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever

For the purpose of this Benefit:

- a) Limb means a hand at or above the wrist or a foot above the ankle
- b) Loss of Limb means:
 - i. The physical separation of a Limb above the wrist or ankle respectively, or
 - ii. The total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement. In case of an admissible claim under this Benefit the coverage for that Insured Person shall immediately and automatically terminate and We will cancel the Certificate of Insurance issued.

		3. Education Benefit: - If We have accepted a claim under Accidental Death Benefit or Permanent Total Disablement Benefit in respect of an Insured Person then, in addition to the amount payable under Accidental Death Benefit or Permanent Total Disablement Benefit, We will pay 10% of the Accidental Death Sum Insured in respect of each of the Insured Person's Dependent Children subject to the maximum amount specified in the Schedule of Benefits provided that: a) We shall not be liable to make payment under this Benefit in respect of more than 2 Dependent Children, irrespective of the number of Dependent Children; b) The Dependent Child is pursuing an educational course as a full time student at an accredited educational institution at time of the Accident giving rise to a claim under this Benefit; c) The age of such dependent child should not be more than 25 years d) The amount payable under this Benefit will be payable irrespective of whether the Dependent Child is also an Insured Person e) We shall not be liable to make payment under this Benefit more than once in the lifetime of the Insured Person irrespective of the Policy Period. • Section III - Loss of Job - We will pay an amount equal to the EMI Amount which is due on the Insured Person's Loan for maximum upto 3 months immediately following the date of termination or dismissal of the Insured Person from his/her place of employment, or any temporary suspension or retrenchment from employment by the employer during the Policy Period provided that: a) The Insured Person's unemployment is due to Accident or illness, and b) The Insured Person has an outstanding Loan from You on the date of the termination or dismissal. Note: For the purpose of this benefit Equated Monthly Installment is the lower of the amount as stated in the Certificate of Insurance at the time of inception or the last paid equated monthly installment paid to the bank/financial institutions prior to date of occurrence or event. It is clarified that any monthly payments that are overdue and unpaid by the Insured Person, prior to the date of such occurrence or event, will not be considered for the purpose of this Policy and shall be paid by the Insured Person. Specific conditions applicable to section III i. This is a one-time benefit during the Period of Cover per Insured Person. ii. In case of an Individual borrower a onetime payout up to 3 EMI (s) will be made and rest of the coverage provided under the Certificate of Insurance will remain active even after this payout. iii. However, in case of multiple borrowers, a onetime payout up to 3 EMI (s) will be made for that Insured Person, up to the respective Sum Insured and this benefit will cease for only for such Insured Person	
6.	Exclusions (What the policy does not covers)	As per policy wordings	Section 2
7.	Waiting period Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage.	1. Initial waiting Period: 90 days waiting period in the first year and is not applicable in subsequent Renewals. 2. Pre-existing Diseases: Declared and accepted Pre-Existing Diseases will be covered after a waiting period of 48 months. 3. Loss of Job - First 90 days of commencement of the Period of Cover.	

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) 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 border="1"> <tr> <td>Section I</td><td>Critical Illness</td><td>XXXXXXXXXXXXXXXXXX</td></tr> <tr> <td>Section II</td><td>Personal Accident</td><td>XXXXXXXXXXXXXXXXXX</td></tr> <tr> <td>Section III</td><td>Loss of Job</td><td>3 Emi</td></tr> </table> Not Applicable Not Applicable Not Applicable	Section I	Critical Illness	XXXXXXXXXXXXXXXXXX	Section II	Personal Accident	XXXXXXXXXXXXXXXXXX	Section III	Loss of Job	3 Emi	
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Section III	Loss of Job	3 Emi									
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. i. Network Hospital details - https://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										
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- 4112600										

11.	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.irda.gov.in/ c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	
12.	Things to remember	Free Look Period: Every policyholder of life and new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. Policy renewal: 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. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. (if applicable as per the policy wording) Change in Sum Insured: change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy subject to underwriting decision of the Company. 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 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	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.	

The enclosed Customer Information Sheet bearing reference number CIS /231692529521000035 is an 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 and understood the benefits and details of the product as mentioned in this sheet.

Place: XXXXXXXXXXXX

Date: DD / MM / YYYY

(Signature of the Policyholder)