

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 (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
1.	Name of Insurance Product/ Policy	INDUSIND PERSONAL LOAN CARE INSURANCE POLICY	
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX	
3.	Type of Insurance Product/ Policy	Benefit Policy	
4.	Sum Insured (Basis) (Along with Amount)		
5.	Policy Coverages (What the Policy Covers?) (Policy clause Number/s)	Section A - Accidental Death & Permanent Total Disability This covers the Insured/Insured person up to the Sum Insured specified in the Schedule, towards payment of his/ her personal loan on account of an injury arising out of an accident, sustained during the Policy Period resulting in death or permanent total disablement, as the case may be, within 12 (twelve) calendar months of occurrence of such injury. The maximum liability of the Company shall in no case exceed the Sum Insured as mentioned in the Schedule. Section B - Critical Illnesses This covers the Insured up to the Sum Insured specified in the Schedule, towards payment of his / her personal loan on being diagnosed as contracting any of the listed critical illnesses, during the Policy Period as stated herein below and surviving for more than 30 days post such diagnosis, at any time during the Policy period. The maximum liability of the Company shall in no case exceed the Sum Insured as mentioned in the Schedule. Listed Critical Illness • Cancer of specified severity • Open chest Coronary Artery Bypass Graft • Major Organ/ Bone Marrow Transplant • Multiple Sclerosis With Persisting Symptoms • Aorta Graft Surgery • Open Heart replacement or Repair of Heart Valves • Quadriplegia/Paralysis of four limbs • Kidney Failure Requiring Regular Dialysis • First Heart Attack - Of Specified Severity • Stroke Resulting in Permanent Symptoms • End Stage Liver Disease • End Stage Lung Disease Section C - Loss of Employment This covers the Insured up to the Sum Insured specified in the Schedule against default in payment of his / her personal loan EMIs due to loss of employment due to Termination of the Insured from employment on account of closure of the firm , due to poor financial health or any merger/acquisition of the firm, Termination or dismissal, lay off, temporary suspension or retrenchment from the employment imposed by the firm in compliance with any law relating to the employment for the time being in force or any directives by any Public Authority etc.	Section 3

		The Sum Insured under this Section is limited to the number of personal loan EMLs as opted by the Insured or the outstanding personal loan amount whichever is lower at the time of claim. Section D: Child Care Allowance This provides for payment of allowance to the defendant child(ren) (limited to a maximum of two children below the age of 25 years) of the Insured up to the limits of the Sum Insured as specified in the Schedule, in the event of death or permanent total disablement of the Insured, due to an injury arising out of an accident for which there is a valid claim under Section A of this Policy. The Sum Insured is subject to a limit of 2% of the outstanding personal loan at the commencement of this Policy. For complete details please refer policy wordings.	
6.	Exclusions (What the policy does not covers)	- Any pre-existing disability/ accidental injury - Death or permanent disability resulting, directly or indirectly, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof. - Any claim in respect of intentional self-injury, suicide or attempted suicide, whilst under the influence of liquor or drugs or other intoxicants. directly or indirectly, caused by venereal disease, AIDS or insanity. - Any claim in respect of arising or resulting from the Insured committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion - war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints ETC. - Any critical illness contracted by the Insured at the time of inception of the Policy or within first three months of inception of this Policy - Death of the Insured before or within 30 days of diagnosis of the critical illness. - Diagnosis of any critical illnesses not evidenced by a certificate issued by the attending Doctor. - Any claim, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination. - Any dishonesty or fraud on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force (Applicable to Section C) - Loss of employment claim in connection with a self-employed person. (Applicable to Section C) - Any claim relating to unemployment in respect of a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer. (Applicable to Section C) - Unemployment at the time of inception of the period of insurance or arising within first three months of inception of the period of Insurance. (Applicable to Section C) - Unemployment of the Insured that is purely voluntary. (Applicable to Section C) For complete list of exclusion please refer policy wordings.	Section 3 & 4

7. Waiting period Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage.	1. Section b - Death of the Insured before or within 30 days of diagnosis of the critical illness. Any illness, medical event or surgical procedure as specifically defined in the policy wording whose first signs or symptoms first commence more than 90 days after the commencement of Policy Period and is diagnosed 2. Section c- Unemployment arising within first three months of inception of the period of Insurance 3. Pre-existing disease - Not covered.	Section 3
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)	Not Applicable	
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://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 5.10

10.	Policy Servicing:	Helpline Paid number - 022-48903009 Email id - services@indusindinsurance.com	Section 5.27
11.	Grievances/ Complaints	In case of any grievance the Insured Person may contact the Company through Website: www.indusindinsurance.com paid no: 022 4890 3009 Dedicated Senior Citizen helpline: 022-33834185 (paid line) E-mail: services@indusindinsurance.com Fax:+91 22 3303 4662 Courier: Any branch office, the correspondence address, during normal business hours. Write to us at: IndusInd General Insurance. Winway Building 2nd and 3rd Floor, 11/12 Block No - 4, Old No - 67, South Tukoganj, Indore (M.P) - 452001 Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at: Grievance Redressal Officer The Grievance Cell, IndusInd General Insurance Co. Limited No. 1-89 / 3 / B / 40 to 42 / ks / 301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur Hyderabad - 500 081. Grievance Redressal officer email ID: headgrievances@indusindinsurance.com (For updated details of grievance officer, kindly refer the link : https://www.indusindinsurance.com/Insurance/About-Us/GrievanceRedressal.aspx) If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B Grievance may also be lodged at IRDAI Integrated Grievance Management System https://igms.irdai.gov.in/ in approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B Grievance may also be lodged at IRDAI Integrated Grievance Management System https://igms.irdai.gov.in/	Section 5.30
12.	Things to Remember	Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. The Company shall refund premium for the unexpired policy period as defined in the policy wording. 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. (if applicable as per the policy wording) 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: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion Moratorium Period: After completion of sixty continuous months under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	

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 5.1
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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.

The enclosed Customer Information Sheet bearing reference number CIS XXXXXXXXXXXXXXXXXXXX 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.

Declaration by the Policy Holder;
I have read and understood the benefits and details of the product as mentioned in this sheet.

Place: _____

Date: _____

(Signature of the Policyholder)

