

CUSTOMER INFORMATION SHEET

| S No. | TITLE | DESCRIPTION (Please refer to applicable Policy Clause Number in next column) | REFER TO POLICY CLAUSE NUMBER |
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| 1 | Name of the Product/Policy | INDIVIDUAL PERSONAL ACCIDENT POLICY UIN: IRDAN106P0010V01200102 | |
| 2 | Policy Number | | |
| 3 | Type of Insurance Product/Policy | Benefit | |
| 4 | Sum Insured(Basis) | Rs. XXXXXXX (Individual) | |
| 5 | Policy Coverage(What Policy Covers?) (Policy Clause Number/s) | <p>Covers only expenses for accidental injury. Expenses in respect of</p> <ul style="list-style-type: none"> a) Ambulance charges for transportation of Insured person to Hospital following Accident which results in liability having been admitted by us as per 1 to 6 of "Table of Benefits" (as per policy wordings). b) Loss of Employment In the event of accident leading to loss of employment as a consequence of 2, 3 and 4 of Table of Benefits c) If following bodily injury which solely and directly causes death or disablement to insured person within 12 months of injury as stated in Table of Benefits, we shall pay to you or your nominee or your/their legal representative the sum or sums hereinafter set forth in Table of Benefits. d) In the event of death of Insured Person outside his/her Home, transportation cost for carriage of dead body to Home including funeral charges is payable. e) Cost of Clothing damaged in the Accident as described above(as per policy wordings) and liability is admitted by us. f) In case of claim by death or permanent total disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such | <p>Point C - Special Inbuilt Benefits</p> <p>Point E - Special Inbuilt Benefits</p> <p>Table "what is covered".</p> <p>Point A - Special Inbuilt Benefits</p> <p>Point B - Special Inbuilt Benefits</p> <p>Point (i) – provisions</p> |

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| | | <p>sums shall become payable without any refund of premium.</p> <p>g) In case of claim by permanent partial disablement i.e. Benefit 5) of Table of Benefits (as per policy wordings) only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.</p> <p>h) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits (as per policy wordings) only upon termination of such disablement in respect of Insured person for whom the claim has been lodged.</p> | <p>Point (ii) – provisions</p> <p>Point (iii) - provisions</p> |
| <p>6</p> | <p>Exclusions (what policy does not cover)</p> | <p>We will not liable for</p> <ol style="list-style-type: none"> 1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of the same period of disablement. 2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable. 3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed the sum payable under benefit(1) of this policy. 4. Payment of compensation in respect of injury as a consequence of <ol style="list-style-type: none"> a) Committing or attempting to commit suicide or intentional self-injury. b) Whilst under influence of intoxicating liquor. c) Drug addiction or alcoholism. d) Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. e) Pregnancy or childbirth. | <p>TABLE – WHAT IS NOT COVERED.</p> |

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| | | <p>f) Venereal disease or insanity. g) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS. h) Committing any breach of law with criminal intent.</p> <p>II) GENERAL EXCLUSION</p> <p>We will not pay for any compensation in respect of death, Injury or disablement of the Insured Person.</p> <p>1. As consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.</p> <p>2. Directly or indirectly caused by contributed to by or arising from:</p> <ul style="list-style-type: none"> i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission. ii) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component. | <p>GENERAL EXCLUSIONS</p> |
| | | <p>Free look up period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.</p> <p>You/the insured shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.</p> <p>If the insured has not made any claim during the Free Look Period, the insured</p> | <p>GENERAL CONDITIONS: CLAUSE 4</p> |

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| <p>7</p> | <p>General Conditions</p> | <p>shall be entitled to</p> <p>i. A refund of the premium paid less any expenses incurred by Us on medical examination of the insured person</p> <p>and the stamp duty charges; or</p> <p>ii. Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p>Renewal The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:</p> <p>i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.</p> <p>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period</p> <p>iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.</p> <p>v. Sum Insured can be enhanced at the</p> | <p>GENERAL CONDITIONS: CLAUSE 8</p> |
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| | | <p>time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.</p> <p>Cancellation</p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall</p> <p>a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.</p> <p>b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.</p> <p>We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.</p> <p>Sum Insured Enhancement:</p> <p>In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.</p> | <p>GENERAL CONDITIONS: CLAUSE 7</p> <p>GENERAL CONDITIONS: CLAUSE 9</p> <p>GENERAL CONDITIONS: CLAUSE 19</p> |
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| 8 | <p>Financial Limits of Coverage</p> <p>i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</p> <p>ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)</p> <p>ii. Deductible(It is the specified amount:</p> <ul style="list-style-type: none"> • Up to which an insurance company will not pay any claim, and • Which will be deducted from total claim amount (if claim | <p>The policy will pay only up to the limits specified hereunder for the following;</p> <p>i. In the event of death of Insured Person outside his/her Home, transportation cost for carriage of dead body to Home including funeral charges is payable 2% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower</p> <p>ii. Cost of Supporting Items: In the event of Insured person meeting with an accident and liability having been admitted the Company would reimburse the cost of purchase of supporting items such as artificial limb, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles or any other items which in the opinion of Medical Practitioner is necessary for insured person. The Company's maximum liability would be limited to Rs. 10,000 (Ten thousand) or 2% of sum insured or actual expenses, whichever is lower in addition to CSI in any one period of Insurance. The Prescribed Rate would be Rs.10.00 per Insured Person.</p> <p>iii. In the event of accident leading to loss of employment as a consequence of 2, 3 and 4 of Table of Benefits (as per policy wordings) is payable upto the limit of Rs. 15000 or 1% of CSI whichever is lower.</p> <p>No Co-payment applicable.</p> <p>No deductible applicable</p> | <p>Point A - Special Inbuilt Benefits</p> <p>Point iv – Extensions</p> <p>Point E - Special Inbuilt Benefits</p> |
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| | <p>amount is more than specified amount)</p> <p>iv. Cumulative Bonus.</p> | <p>Compensation for individual policies and family package covers under 1 to 4 of Table of Benefits shall be increased by 5%(five percent) of Capital Sum Insured in respect of each completed year subject to following;</p> <ul style="list-style-type: none"> I. Maximum accumulation: 50%(fifty percent) II. Bonus is permissible on renewals of other insurers III. Bonus is permissible only when the policy is renewed within 90(ninety) days from the date of expiry. IV. In case Capital Sum Insured is increased at the time of renewal, the bonus will be allowed only on the previous years CSI at the above rate. Cumulative bonus on the additional sum insured will be allowed next year at 5%(five percent) and such percentage that the insured has earned on the CSI of previous year policy. The cumulative bonus will accordingly be increased in subsequent years. | <p>Point F - Special Inbuilt Benefits</p> |
| <p>9</p> | <p>Claims/Claims Procedure</p> | <p>i) Intimation of claim: An event, which might become a claim under the policy, must be reported to us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before internment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. Based on the circumstances of the case the insurer may condone the case with delay in intimation beyond one calendar month. A written statement of the claim will be required and a claim form will be</p> | <p>CLAIM PROCEDURE AND REQUIREMENTS: CLAUSE 6 of General Conditions.</p> |

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| | | <p>provided. You or your personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease.</p> <p>ii) All certificates, information and evidence from a Medical Attendant or otherwise required by us shall be furnished by you, your personal representative in the manner and form as we may prescribe. In such claims your legal representative, Nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when we may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person.</p> <p>Turn Around Time(TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: 1 hour from the receipt of final document</p> <p>ii. TAT for cashless final bill authorization: 3 hours from the receipt of final document</p> <p>Weblink/Details for the following:</p> <p>i. Network Hospital Details https://www.iffcotokio.co.in/health-insurance/city</p> <p>ii. Helpline Number 1800-103-5499</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_for_ms/ExcludedHospitals.pdf</p> <p>iv. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_for_ms/Health%20Claim%20Form.pdf</p> | |
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| 9 | Policy Servicing | Call Centre Number of the Insurer 1800-103-5499 Details of Company Official | |
| 10 | Grievances/Complaints | Details of: <ul style="list-style-type: none"> Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- chiefgrievanceofficer@iffcotokio.co.in Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal MailID- support@iffcotokio.co.in Toll free Number-1800-103-5499 Ombudsman https://www.cioins.co.in/Ombudsman | GENERAL CONDITIONS: CLAUSE 17 |
| 11 | Your Obligation | <p>Please disclose all condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period. Material Information includes:</p> <p>i. Any change in health condition may/may not needing an active line of treatment.</p> <p>Any change in Demographic Details</p> | GENERAL CONDITIONS: CLAUSE 3. |

Declaration by Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

Signature of the Policy Holder

To access your CIS, please login to your account in our website:

<https://www.iffcotokio.co.in/>

Please go through this Customer Information Sheet. In case of any query or doubt, you may contact our call center at 1800-103-5499.
In case we do not receive any communication from you within the 7 days from the date of the issuance of the policy copy, we presume that you have read the terms and conditions and are in understanding of the coverage.

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.