

## CUSTOMER INFORMATION SHEET

TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	REFER TO POLICY CLAUSE NUMBER
Name of the Product/Policy	<b>SANKAT HARAN Kisan Gramin Bima Yojana</b> UIN: IRDAN106P0014V01200102	
Policy Number		
Type of Insurance Product/Policy	<b>Benefit</b>	
Sum Insured(Basis)	<b>As per the Policy Document</b>	<b>Refer Policy Schedule</b>
Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	In case of bodily injury which solely and directly causes Insured Person's death loss of limb or permanent total disablement within 12 months of injury, we shall pay to the Insured Person or his/her nominees or in absence of nominees to legal heirs of Insured Person(s) the sum or sums hereinafter set forth in.	<b>Section B: Coverage</b>
Exclusions (what policy does not cover)	<p>We will not pay for any compensation in respect of death, injury or disablement of the Insured Person.</p> <ol style="list-style-type: none"> <li>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, restraint, nationalisation, civil commotion or loot or pillage in connection herewith.</li> <li>2. Directly or indirectly caused by contributed to by or arising from: <ol style="list-style-type: none"> <li>a) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining</li> </ol> </li> </ol>	<b>GENERAL EXCLUSIONS</b>

	<p>process of nuclear fission.</p> <p>b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.</p> <p>3. Compensation under more than one of the benefits mentioned in respect of same period of disablement.</p> <p>4. Any other payment after a claim under one of the benefits has been admitted and becomes payable.</p> <p>5. Any payment in case of more than one claim under this Policy during any one period of insurance by which our liability in that period would exceed sum payable under benefit (1) of Table of Benefits stated under B part 'COVERAGE' of this policy.</p> <p>6. Any existing disablement prior to the date of purchase of Fertilizer bag(s).</p> <p>7. Payment of compensation in respect of injury as a direct consequence of:</p> <p>i) Committing or attempting suicide, intentional self-injury.</p> <p>ii) Whilst under influence of intoxicating liquor.</p> <p>iii) Drug addiction, or alcoholism.</p> <p>iv) Whilst engaging in Aviation or Ballooning or whilst 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.</p> <p>v) Pregnancy or childbirth.</p> <p>vi) Venereal disease or insanity.</p> <p>vii) 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.</p> <p>viii) Committing any breach of law with criminal intent.</p> <p>ix) Death due to ailment or other natural</p>	
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causes.

<p><b>Financial Limits of Coverage</b></p> <p>i. <b>Sub-limit</b>(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</p> <p>ii. <b>Co-payment</b>(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)</p> <p>iii. <b>Deductible</b>(It is the specified amount:  <ul style="list-style-type: none"> <li>• Up to which an insurance company will not pay any claim, and</li> <li>• Which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </p> <p>iv. <b>Any other limit</b>(as applicable)</p>	<p>Refer policy Document</p> <p>NIL</p> <p>Not Applicable</p>	<p>Refer policy Document</p>
<p><b>Claims/Claims Procedure</b></p>	<p>An event, which might become a claim under the policy, must be reported to us immediately and in any case within One month of the happening of such event. However, in the case of death, written notice must also be given before internment/ cremation unless reasonable cause is shown for not doing so. For claim purpose, the following documents must be submitted within 2 months of the happening of such event:</p> <p>a) <b><u>In case of death</u></b></p> <p>I. Claim Form</p> <p>II. Purchase Bill in original</p> <p>III. Copy of FIR</p> <p>IV. Post Mortem Report</p> <p>b) <b><u>In case of injury claim:</u></b></p>	<p><b>Refer Point 5 of General Conditions; (Claim Procedure And Requirements)</b></p>

- i. Claim Form
- ii. Purchase Bill in original
- iii. Copy of FIR if any
- iv. Photograph and Medical Certificate from Govt. hospital doctors confirming extent of disability.

All the above documents must be submitted to us within one calendar month of the event or the determination of disability. It is further provided that in the event of a claim the insured person, his/her legal representative, nominee, beneficiary will allow our representative to carry out examination and ascertain details or provide such further information as we may reasonably require.

It is clearly understood that in the event of an injury the insured person shall take all necessary steps/ treatment to minimise the disability or impairment at his own expense.

Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.

**<https://www.iffcotokio.co.in/claims/claim-procedure>**  
**Weblink/Details for the following:**

**i. Network Hospital Details**  
**<https://www.iffcotokio.co.in/health-insurance/city>**

**ii. Helpline Number**  
 1800-103-5499

**iii. Hospitals which are excluded or from where no claims will be accepted by Insurer**  
**[https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download\\_forms/ExcludedHospitals.pdf](https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf)**

**iv. Downloading/getting claim form**  
**[https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download\\_forms/Health%20Claim%20Form.pdf](https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf)**

<p><b>Policy Servicing</b></p>	<p>Call Centre Number of the Insurer 1800-103-5499</p> <p>Details of Company Official</p>	
<p><b>Grievances/Complaints</b></p>	<p>Details of:</p> <ul style="list-style-type: none"> <li>Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- <a href="mailto:chiefgrievanceofficer@iffcotokio.co.in">chiefgrievanceofficer@iffcotokio.co.in</a></li> <li>Insurance Company Grievance Portal <a href="https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal">https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal</a> MailID- <a href="mailto:support@iffcotokio.co.in">support@iffcotokio.co.in</a> Toll free Number-1800-103-5499</li> <li>Ombudsman <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>	<p><b>Grievances</b></p>
<p><b>Things to remember</b></p>	<p><b>Free Lookup Period</b></p> <p>The Free Look Period shall be applicable at the inception of the Policy and not on renewals.</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 shall be entitled to</p> <p>A refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or</p> <p>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>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p>	<p><b>Refer Policy Document General Condition 18</b></p>

# CUSTOMER INFORMATION SHEET

GHI/CIS/V.02.22

<b>Your Obligation</b>	Disclosure to information norm	<b>Definition of words: 19</b>

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.

As per the latest Master Circular on Health Insurance Business, 2024, IRDAI has mandated that Customer Information Sheet i.e. CIS( a statement which provides important information and basic features of the policy ) shall be shared with each member of the Group Policy . Therefore, we request you to kindly share the CIS attached with all the members enrolled under the policy.

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.