Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document

Sl. No	Title	Description	Policy Clause Number
1	**Name of Insurance Product/ Policy**	Personal Accident Plan	
2	**Policy Number**		
3	**Type of Insurance Product/ Policy**	Both Indemnity and Benefit	
4	**Sum Insured**	**Accident Care Sum Insured Options** from INR 1 Lacs to 10 Cr The Sum Insured opted by you is mentioned in the Policy Schedule.	
5	**Policy Coverage**	**Expenses in respect of:** **Base Coverage**: 1. Death would be covered if the Insured person dies due to an Accident. **Optional Coverage:** 2. Permanent Total Disability (PTD) would be covered if Insured Suffers from PTD within 365 days from Accident. 3. Permanent Partial Disability (PPD) would be covered if Insured Suffers from PPD within 365 days from Accident. 4. Transportation of Mortal Remains: Up to 1% of Base Sum Insured. Maximum INR 1 Lac 5. Funeral Expenses: Up to 1% of Base Sum Insured. Maximum INR 1 Lac 6. Road Ambulance: Up to INR 25000 7. Air Ambulance: 20% of AD SI. Max INR 5 Lacs 8. Temporary Total Disability (TTD): Earning Members: 2% of Base Sum Insured per week. Maximum INR I Lac per week. For Maximum 100 weeks; Non-Earning Members: 1% of Base Sum Insured per week. Maximum INR 25,000 per week. For Maximum 100 weeks.	3.1.1 3.2.1 3.2.2 3.2.3 3.2.4 3.2.5 3.2.6 3.2.7

Product Name: Personal Accident Plan**, Product UIN:**

		9. **Temporary Total Disability Lite (TTD Lite):** 1% of Sum Insured per week (Max INR 50,000 per week) for a maximum period of 100 weeks.	3.2.8
		10. **Temporary Total Disability + (TTD+): 2**% of Sum Insured per week (Max INR 75,000 per week) for a maximum period of 52 weeks	3.2.9
		11. **Temporary Total Disability Basic (TTD Basic):** 1% of Sum Insured per week (Max INR 15,000 per week) for a maximum period of 52 weeks.	3.2.10
		12. Deductible Option for **Temporary Total Disability: Choose from 3/7/14/21/28 Days**	3.2.11
		13. Loan Protector: Latest Principal outstanding loan amount as per bank details. Maximum up to Base Sum Insured.	3.2.12
		14. **Accidental Hospitalization:** Covered from INR 1L to 5L (multiples of 50,000)	3.2.13
		15. **Hospital Daily Cash:** 0.25% of Base Sum Insured per day. Maximum INR 5,000 per day. For Maximum 30 days in a policy year.	3.2.14
		16. **Accidental OPD:** Up to 1% of Base Sum Insured. Maximum INR 25,000.	3.2.15
		17. **Monthly Needs Benefit:** 0.5% of Base Sum Insured per month. Maximum INR 50,000 per month. For 3 months.	3.2.16
		18. **Adventure Sports:** 100% of Base Sum Insured/PTD Sum Insured.	3.2.17
		19. **Compassionate Visit** in case of Adventure Sports: 2% of Base Sum Insured. Maximum INR 50,000.	3.2.18
		20. Elderly Care: 10% of Base Sum Insured. Maximum INR 5Lac	3.2.19
		21. Education of Dependent Children: 10% of Base Sum Insured. Maximum INR 5Lac	3.2.20
		22. Child Support: Benefits like Education Counselling & Placement support as per age of the child	3.2.21
		23. Marriage Expenses for Children: 20% of Base Sum Insured. Maximum INR 10Lac	3.2.22
		24. Broken Bone/Fracture: Up to INR 10Lac basis type of fracture.	3.2.23
		25. Modification made at Home/ Vehicle: 25% of Base Sum Insured. Maximum INR 5Lac	3.2.24
		26. Prosthetics: Up to INR 1Lac	3.2.25
		27. Comatose: 25% of Base Sum Insured. Maximum INR 10Lac	3.2.26

		28. Burns: Up to Base Sum Insured basis type of burns. Maximum INR 50 Lac 29. Head & Spinal Injury: 2% of Base Sum Insured. Maximum INR 1Lac 30. Accident Care: bouquet of benefits like ICU at Home, Nursing Care at Home, Blood Transfusion, Physiotherapy, Single Nurse Procedural Visit and Financial Guidance	3.2.27 3.2.28 3.2.29
6	**Exclusions**	**Specific Exclusions** 1. Self-inflicted Injury, Suicide or attempted suicide. 2. Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism. 3. Committing an assault, a criminal offence or any breach of law with criminal intent. 4. 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. 5. Adventure Sports 6. Maternity, Pregnancy or Child birth or inconsequence thereof. 7. Any non-allopathic treatment. 8. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host. 9. Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns. 10. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident. 11. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary	4

7	**Waiting period** • **Time period during which specified diseases/treatments are not covered.** • **It is counted from the beginning of the policy coverage.**	• **Initial Waiting Period (Excl03)-** NA • **Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02)**: NA • **Pre-existing diseases (Excl01)**: NA	
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**	**i. Sublimit** Every benefit in this policy has its own Sum Insured and claims will be paid as these limits only. These limits are mentioned in your policy schedule **ii. Co-payment:** NA **iii. Deductible:** Choose from an option of **3/7/14/21/28 Days for Temporary Total Disability, Temporary Total Disability Lite, Temporary Total Disability+, Temporary Total Disability Basic**	3.2.11

	total claim amount (if claim amount is more than specified amount) **Any other limit (as 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 settlement - TAT for pre-authorization of cashless facility- 1 Hours - TAT for cashless final bill authorization- - grant final authorization within three hours of the receipt of discharge authorization request from the hospital. In case of delay, any additional amount charged by hospital, will be borne by us. **Network Hospital Details-** https://rules.nivabupa.com/hospital-network/ **Helpline No-** 1860-500-8888 **Downloading/ getting claim form-** https://transactions.nivabupa.com/pages/downloads.aspx **Hospitals which are blacklisted or from where no claim will be accepted by insurer-** https://rules.nivabupa.com/doc/Exclude_List.pdf	5.2.11
10	**Policy Servicing**	• Call center no of Insurer- Contact No: 1860-500-8888 • Details of Company Officials-- Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301	5.1.8

		Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/	
11	**Grievances/Complaints**	Details of • Grievance Redressal Officer of the insurer Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx • Insurance company grievance portal/ Department Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/ Senior citizens may write to us at at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance • IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)	5.1.8

12	**Things to Remember**	**Free Look cancellation:** The Free Look Period shall be applicable on individual health insurance policies and not on renewals. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy. In the event the policyholder disagrees to any of the pol terms or conditions, or otherwise and has not made a claim, he/she shall have the option to retun the policy the insurer for cancellation, stating the reasons for t same. Irrespective of the reasons mentioned, the policyhol shall be entitled to a refund of the premium paid subj only to a deduction of a proportionate risk premium for t period of cover and the expenses, if any, incurred by t insurer on medical examination of the proposer and sta duty charges. **Policy renewal:** health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured. An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. i. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. ii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy. iii. Coverage is available during the grace period. v. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to	5.1.1 5.1.3

		individual policyholders for good claims experience. v. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured. vi. • **Migration** and Portability: NA • **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 of the sum insured.** **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 the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The morarorium will be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract. Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period. •	5.2.3 5.1.10

13	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of Information- 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. (Explanation: "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)	5.1.12

Declaration by the Policy Holder;

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

Place:

Date: (Signature of the Policyholder)