

Customer Information Sheet

Individual Personal Accident

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Individual Personal Accident	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance.	NA
3	Type of Insurance Product/ Policy	Indemnity & Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> Individual Sum Insured - Where each member has a separate sum insured under the policy). Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule.	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Coverage in respect of:</p> <ol style="list-style-type: none"> Accidental Death [AD] - A lumpsum OR monthly payment as specified in policy schedule, would be made in the event of the Death due to an accident. Transportation of mortal remains - Expenses incurred on transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence or to a cremation or burial ground. Permanent Total Disablement - A lumpsum or monthly payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident. Permanent Partial Disablement - A lumpsum payment would be made as per scale provided in policy in the event of Permanent Partial Disablement due to an accident. Emergency Road Ambulance Charges - Expenses incurred on transportation by of Insured Person to a Hospital for treatment in case of an Emergency due to accident. Education Fund - If a claim under AD or PTD is accepted for an Insured Person, We will pay upto the sum insured as mentioned in policy schedule, provided that such Dependent Child is pursuing an educational course as a full time student in an educational institution. Family Transportation - If a claim under AD or PTD is accepted, We will reimburse expenses incurred in transporting one Immediate Family Member to the Hospital. 	B.11 B.1.2 B.2 B.3 B.5 B.6 B.7

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		<p>8. Accidental Medical Expenses: If We have accepted a claim under the AD, PTD, PPD or TTD, We will reimburse the Medical Expenses incurred by the Insured Person for use of Hospital facilities for medical treatment following an Accident.</p> <p>9. Temporary Total Disablement - A Weekly Allowance would be paid to the Insured to compensate loss of income due to a disability caused by accident.</p> <p>I. Renewal Benefits</p> <p>5% increase in your sum insured for every claim free year, subject to a maximum of 50%.</p> <p>In case a claim is made during a policy year, the cumulative bonus would reduce by 5% in the following year.</p>	<p>B.8</p> <p>B.4</p> <p>B.2</p>
6	Exclusions (what the policy does not cover?)	<p>All exclusions as mentioned in the Policy wordings unless otherwise stated and covered in Benefits section under Individual Personal Accident policy wordings.</p> <p>1) Special Exclusions to Benefit 1-4, 12, 13, 15, 16 & 17:</p> <p>a. Any infections except pyogenic infection developing on or as a result of a wound caused by an accident which occurs through an Accidental cut or wound.</p> <p>b. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</p> <p>2) Special Exclusions to Benefit 13:</p> <p>a. Treatment availed outside India.</p> <p>b. Treatment at a healthcare facility which is NOT a Hospital.</p> <p>3) Special Exclusions to Benefit 16:</p> <p>a. Sickness or disease.</p> <p>b. Any pathological fracture.</p> <p>c. Any hair line fracture.</p> <p>4) Special Exclusions to Benefit 17:</p> <p>a. Actual or alleged dowry harassment.</p> <p>b. Actual or attempted self immolation.</p> <p>5) Special Exclusions to Benefit 19 - Coma resulting directly from alcohol or drug abuse is excluded.</p> <p>6) Special Exclusions to Benefit 21:</p> <p>a. Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.</p> <p>b. Any expenses incurred in excess of the amount that would have usually been incurred had the Insured Person not been insured under this Policy.</p> <p>c. Any modifications or alterations not compliant with the applicable law.</p>	<p>C</p> <p>C.1</p> <p>C.2</p> <p>C.3</p> <p>C.4</p> <p>C.5</p> <p>C.6</p>

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		<p>7) Specific General Exclusion applicable to all Benefits: We will not pay for any claim which is caused by, arising from or attributable to:</p> <ul style="list-style-type: none"> a. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. b. Intentional self-inflicted injury, suicide or attempted suicide. c. Hazardous or Adventure Sports. d. Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving unless otherwise opted by Insured and mentioned. e. Cosmetic or Plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. f. Sexually transmitted disease or illness (except HIV/ AIDS). g. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol. h. War, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/ materials, chemical and biological weapons, radiation of any kind. i. Maternity Expenses, Pregnancy or childbirth or in consequence thereof. j. External Congenital diseases, defects or anomalies or in consequence thereof. k. Any non-allopathic treatment except for inpatient care AYUSH treatment. l. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host. m. Any non-medical expenses mentioned on our website (https://www.hdfcergo.com/docs/default-source/downloads/others/non-medical-expenses.pdf). 	<p>C.7</p> <p>C.7.a</p> <p>C.7.b</p> <p>C.7.c</p> <p>C.7.d</p> <p>C.7.e</p> <p>C.7.f</p> <p>C.7.g</p> <p>C.7.h</p> <p>C.7.i</p> <p>C.7.j</p> <p>C.7.k</p> <p>C.7.l</p> <p>C.7.m</p>

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7	i. Waiting period <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage. ii. Deductible (It is a specified amount: <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 amount is more than the specified amount) 	NA	NA
8	Financial limits coverage of i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	<ul style="list-style-type: none"> • Accidental Death: 1L - 5Cr • Permanent Total Disablement: 1L - 5Cr • Permanent Partial Disablement: 1L - 5Cr • Emergency Ambulance: upto 2K • Transportation of Mortal Remains : upto 10K • Education Fund upto 20K • Family Transport Benefit : upto 1L • Total Temporary Disablement upto 5L • Accidental Medical Expenses upto 50K 	Sec. B
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: <u>For Cashless Process :</u> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us) <u>For Reimbursement Process :</u> i. TAT for Claim settlement : 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)	E

