

Customer Information Sheet
Individual Personal Accident Rider

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S. 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 Rider	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	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), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p>	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 Expenses in respect of:</p> <ol style="list-style-type: none"> Accidental Death - A lump sum payment as specified in policy schedule, would be made in the event of the Death due to an accident. Permanent Total Disablement - A lump sum 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 lump sum payment would be made as per scale provided in Policy in the event of Permanent Partial Disablement due to an accident 	<p>B.a</p> <p>B.b</p> <p>B.c</p>
6.	Exclusions(what the policy does not cover)	<ol style="list-style-type: none"> War, civil war, hostile aggression by other countries, domestic riots, insurgency, insurrection, public defence, nuclear material and radiation of any kind. Intentional involvement of Insured person in any unlawful activity. Intentional self-injury or attempted suicide. 	<p>C.1</p> <p>C.2</p> <p>C.3</p>

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		<p>4. If the following activities are done as a professional or as profession: naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, white water rafting, motor racing, bungee jumping, rappelling, abseiling, zip lining, parasailing, paragliding.</p> <p>5. Injury sustained whilst engaging in Adventure Sports</p> <p>6. Accidents due to use of alcohol, tobacco, narcotic or psychotropic substances by the Insured.</p> <p>7. Any Injury that has occurred prior to the commencement of this Policy whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.</p> <p>8. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.</p>	<p>C.4</p> <p>C.5</p> <p>C.6</p> <p>C.7</p> <p>C.8</p>
7	<p>Waiting period</p> <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. 	There are no waiting periods in this Policy.	C
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	NA	NA
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for pre-authorization of cashless facility: 2 hours from the time the last necessary document is received.</p> <p>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</p> <p>(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)</p>	Page 9

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>For Reimbursement Process :</p> <p>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) Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234</p> <p>iii. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	Page 9
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6242 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	C.1
12	Things remember to	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of fifteen 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. 	C

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>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.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, 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.</p> <p>Moratorium Period: After completion of eight continuous years 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.</p> <p>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.</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

Note:

1. Web-link of the product documents: <<<https://www.hdfcergo.com/download>>>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place: _____

Date: _____

(Signature of the Policyholder)