

Customer Information Sheet

HDFC ERGO Janata Personal Accident Insurance Policy

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	HDFC ERGO Janata Personal Accident Insurance Policy	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) Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted Expenses in respect of: <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. 	B.1 B.2
6	Exclusions (what the policy does not cover?)	SPECIFIC GENERAL EXCLUSIONS: <ol style="list-style-type: none"> Payment of compensation in respect of injury or disablement arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy. For Bodily Injury or Death caused or provoked intentionally by the Beneficiary. For Bodily Injury or Death due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempted threat 	C.1 C.2 C.3

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		4. For Bodily Injury or Death sustained or suffered whilst the Beneficiary is or as a result of the Beneficiary being under the influence of alcohol OR drugs or narcotics unless professionally administered by a Medical Practitioner or unless professionally prescribed by and taken in accordance with the directions of a Medical Practitioner.	C.4
		5. For Bodily Injury or Death sustained whilst or as a result of participating in Adventure Sports.	C.5
		6. For Bodily Injury or Death whilst the Beneficiary is traveling by air other than as a passenger (fare paying or otherwise) on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.	C.6
		7. For Bodily Injury or Death sustained whilst or as a result of participating in any criminal act with criminal intent.	C.7
		8. For Bodily Injury or Death resulting from pregnancy within twenty-six (26) weeks of the delivery.	C.8
		9. For Bodily Injury or Death sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.	C.9
		10. For Bodily Injury or Death sustained whilst on service or on duty with or undergoing training with any military, militia or paramilitary organization, notwithstanding that the Bodily Injury or Death occurred whilst the Beneficiary was on leave or not in uniform.	C.10
		11. Any pathological fracture.	C.11
		12. Due to the Beneficiary committing any breach of the law with criminal intention.	C.12
		13. INJURY or disease caused by or arising from or attributable to:	C.13
		a) War, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority, unless it is proved by the Beneficiary to the satisfaction of the Company that such loss or damage or contingency or cost or expenses of whatsoever nature are not caused by, resulting from or in connection with any war, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage in connection with the foregoing, seizure, capture, confiscation, arrests, restraints and detainment by order of any governments or any other authority.	

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		<p>14. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.</p> <p>a. Ionizing radiation or contamination by radioactivity from any source whatsoever.</p> <p>b. Nuclear/Biological/Chemical or any kind of Weapons/ Weapons material.</p>	C.14
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>For Cashless Process :</p> <p>i. TAT for preauthorization 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> <p>For Reimbursement Process :</p> <p>i. TAT for Claim settlement: 30 days from the time the last necessary document is received.</p>	E

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>(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)</p> <p>Provide the details /web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customer-care/grievances Call: 022 6234 6234 / 0120 6234 6234 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 iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form 	
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>	D.12
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 - Email: 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>	D.12
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>	

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>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.</p> <p>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.</p> <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 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>	D-I- 5
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)