

Customer Information Sheet

Saral Suraksha Bima, HDFC ERGO

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	Saral Suraksha Bima, HDFC ERGO	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 Note: For complete details of Sum Insured applicability, please refer to 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>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>Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <ol style="list-style-type: none"> Temporary Total Disablement (We will pay the Sum Insured, if insured become temporary total disable due to accidental injuries) Hospitalization Expenses due to Accident (Medical Expenses for an Emergency Care of an Insured Person due to an Injury) Education Grant (Sum Insured towards education of Dependent Children) 	B.1(a) B.1(b) B.1(c) B.2(a) B.2(b) B.2(c)

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6	Exclusions (what the policy does not cover?)	<p>The Company shall not be liable to make any payments under this policy in respect of:</p> <ul style="list-style-type: none"> i. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. ii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person <ul style="list-style-type: none"> a) from intentional self-injury unless in self-defence or to save life, suicide or attempted suicide; b) whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;] d) arising or resulting from the Insured Person committing any breach of law with criminal intent. iii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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. iv. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: <ul style="list-style-type: none"> A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. B. Nuclear weapons material 	<p>C.1.i</p> <p>C.1.ii</p> <p>C.1.iii</p> <p>C.1.iv</p>

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		<p>C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>D. Nuclear, chemical and biological terrorism</p> <p>v. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.</p> <p>C.2. Standard Exclusions applicable only to section B.1- 2(b) "Hospitalisation Expenses due to Accident"</p> <p>The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the Insured Person in connection with or in respect of:</p> <p>i. Investigation & Evaluation (Code- Excl04)</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.</p> <p>ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (CodeExcl14)</p> <p>C.3. Standard Exclusions applicable only to section B.1- 2(b) "Hospitalisation Expenses due to Accident"</p> <p>i. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</p> <p>ii. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</p> <p>iii. Treatment taken outside the geographical limits of India.</p> <p>iv. All expenses listed in Annexure-B (List I) of the Policy Document.</p>	<p>C.1.v</p> <p>C.2.i</p> <p>C.2.ii</p> <p>C.3.i</p> <p>C.3.ii</p> <p>C.3.iii</p> <p>C.3.iv</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. 	<p>There are no waiting periods in this Policy.</p>	<p>C</p>

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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)	i. Permanent Partial Disablement: Upto 50% of SI basis severity ii. Temporary Total Disablement: 0.2% of Base Sum Insured per week Upto 100 weeks iii. Hospitalization Expenses due to Accident: Upto 10% of Base Sum Insured iv. Education Grant : 10% of Base Sum Insured per child	B.1(b) B.1(c) B.2(b) B.2(b)
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> 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. <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> i. TAT for Claim settlement: 30 days from the time the last necessary document is received. <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> i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/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	E

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		<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>	
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)