

### 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	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"> <li>Individual Sum Insured - Where each member has a separate sum insured under the policy)</li> </ul> <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</p> <p>Coverage in respect of:</p> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. 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.</li> <li>3. Cremation ceremony - Expenses incurred on cremation or burial of Insured person in case of death due to the accident.</li> <li>4. Permanent Total Disablement - A</li> </ol>	<p>B.1.1</p> <p>B.1.2</p> <p>B.1.3</p> <p>B.2</p>

		<p>lumpsum or monthly payment would be made as per scale provided in policy in the event of Permanent Total Disablement due to an accident.</p>	
		5. 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.	B.3
		6. 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.	B.5
		7. Emergency Air Road Ambulance Charges - Expenses incurred on transportation of airplane or helicopter Insured Person to a Hospital for treatment in case of an Emergency due to accident.	B.6
		8. 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.	B.7
		9. 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.8
		10. Purchase of Blood - If We have accepted a valid claim under AD, PTD, PPD or TTD, We will reimburse expenses incurred in purchasing blood through a Hospital or lawful blood bank for the required medical or surgical treatment of the Insured Person following an Accident.	B.9
		11. Accidental hospital Cash- Daily cash benefit in case of hospitalization beyond 48 hours	B.10
		12. Accidental In-patient Hospitalization – Covers hospitalization expenses	B.11

		13. Restore Benefit - Restoration of accidental In-patient Hospitalisation sum insured in case exhausted during the policy year.	B.12
		14. Accidental Out-patient hospitalization - Reimbursement of medical Outpatient expenses in case of accident upto the defined limits as mentioned in schedule of benefits. A deductible of Rs 500 will to each and every claim	B.13
		15. Broken Bones - A lump sum payment would be made, as per the scale provided in the policy in the event of fracture of bone due to an accident.	B.14
		16. Modification of Residence/Vehicle - If We have accepted a claim under PTD, reasonable expenses incurred to modify the Insured Person's residential accommodation or the Insured Person's vehicle will be covered.	B.15
		17. Burns - Lumpsum benefit as per the Grid under the policy in case of 2nd or 3rd degree burns due to accident.	B.16
		18. Pet Care - Daily Cash benefit for the Pet care in case the Insured is hospitalized due to an accident.	B.17
		19. Homemakers Care Allowance - Lumpsum benefit for maid expenses & family support in case the spouse or Non-earning member in the family is hospitalized for more than 7 days.	B.18
		20. Cost of Prosthetics - Expenses incurred in purchasing prosthetics as required for the medical treatment as per medical practitioner advice.	B.19
		21. Education Fund on Disability of disability of dependent Child - If a claim under PTD or PPD has been accepted for a dependent insured child, We will pay for the child's education upto the sum insured as mentioned in policy schedule for perusing education in a special school or	B.20

		<p>institution as a full time student.</p> <p>22. Head and Spinal Injury - Reimbursement of medical expenses/ pathological tests in case of bleeding or minor concussions or trauma due to an accidental injury in Head or spinal system</p> <p>23. 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>24. Loan Secure - Balance outstanding loan amount as on date of accident would be paid subject to maximum sum insured in the policy. Unpaid EMIs Interest on loan amount any penalties for delayed payments</p> <p>25. Adventure Sports - lumpsum/ monthly benefit in case of Injury sustained during the policy period whilst the Insured is engaged in adventure sports in a non-professional capacity and under the supervision of a trained professional upto sum insured as defined in policy schedule.</p> <p><u>Optional covers:</u></p> <p>1. Total Temporary Disablement 2. Accidental Inpatient Hospitalisation + Restore Benefit 3. Loan Protector</p> <p><b>I. <u>Renewal Benefits</u></b></p> <p>Cumulative Bonus : (5% of the Basic Sum Insured maximum upto 50% post completion of each policy year irrespective of claims.</p>	<p>B.22</p> <p>B.4</p> <p>B.23</p> <p>B.21</p> <p>B.2</p>
6	Exclusions (what the policy does not cover)	All exclusions as mentioned in the Policy wordings unless otherwise stated and covered in Benefits section under Individual Personal Accident policy wordings.	C

		<p>1) Special Exclusions to Benefit 1-4, 12, 13, 15, 16 &amp; 17</p> <ul style="list-style-type: none"> <li>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.</li> <li>b. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</li> </ul>	C.1
		<p>2) Special Exclusions to Benefit 13</p> <ul style="list-style-type: none"> <li>a. Treatment availed outside India</li> <li>b. Treatment at a healthcare facility which is NOT a Hospital.</li> </ul>	C.2
		<p>3) Special Exclusions to Benefit 16</p> <ul style="list-style-type: none"> <li>a. Sickness or disease.</li> <li>b. Any pathological fracture.</li> <li>c. Any hair line fracture.</li> </ul>	C.3
		<p>4) Special Exclusions to Benefit 17</p> <ul style="list-style-type: none"> <li>a. Actual or alleged dowry harassment.</li> <li>b. Actual or attempted self immolation.</li> </ul>	C.4
		<p>5) Special Exclusions to Benefit 19 - Coma resulting directly from alcohol or drug abuse is excluded.</p>	C.5
		<p>6) Special Exclusions to Benefit 21</p> <ul style="list-style-type: none"> <li>a. Any benefits which an Insured Person is eligible to receive under the Workmen's Compensation Act 1923 or any similar enactment.</li> <li>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.</li> <li>c. Any modifications or alterations not compliant with the applicable law.</li> </ul>	C.6
		<p>7) Specific General Exclusion applicable to all</p>	C.7

		<p>Benefits: We will not pay for any claim which is caused by, arising from or attributable to:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b. Intentional self-inflicted injury, suicide or attempted suicide.</li> <li>c. Hazardous or Adventure Sports</li> <li>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.</li> <li>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.</li> <li>f. Sexually transmitted disease or illness (except HIV/ AIDS).</li> <li>g. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol.</li> <li>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</li> </ul>	<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>biological weapons, radiation of any kind.</p> <p>i. Maternity Expenses, Pregnancy or childbirth or in consequence thereof.</p> <p>j. External Congenital diseases, defects or anomalies or in consequence thereof.</p> <p>a. Any non-allopathic treatment except for inpatient care AYUSH treatment.</p> <p>b. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.</p> <p>c. Any non-medical expenses mentioned on our website (<a href="https://www.hdfcergo.com/docs/default-source/downloads/others/non-medical-expenses.pdf">https://www.hdfcergo.com/docs/default-source/downloads/others/non-medical-expenses.pdf</a>) .</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>
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatments are not covered.</li> <li>It is counted from the beginning of the policy coverage.</li> </ul> <p>ii. Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> <li>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</li> </ul>	<p>NA</p> <p>Deductible :</p> <p>Accidental Out-patient hospitalization - A deductible of Rs 500 will to each and every claim</p>	NA

	than the specified amount)		
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>	<ul style="list-style-type: none"> <li>• Accidental Death: 1 Cr - 2.5 Cr</li> <li>• Transportation of Mortal Remains Upto 50K</li> <li>• Permanent Total Disablement: 1 Cr - 2.5 Cr</li> <li>• Permanent Partial Disablement: 1 Cr - 2.5 Cr</li> <li>• Total Temporary Disablement ( Upto Rs 25 L)</li> <li>• Emergency Ambulance: Up to 10K</li> <li>• Education Fund upto 1 L</li> <li>• Purchase of Blood upto 10K</li> <li>• Cremation Ceremony upto 50K</li> <li>• Cost of Prosthetics upto 50K</li> <li>• Accidental Outpatient Hospitalisation upto 5K</li> <li>• Hospital Cash upto 3k/day max for 15 days</li> <li>• Family Transport Benefit : upto 50K</li> <li>• Modification of Residence/Vehicle upto 2.5 L</li> <li>• Broken Bones : upto 50K</li> <li>• Burns : Upto 15 L</li> <li>• Adventure sports upto AD SI</li> <li>• Head &amp; spinal Injury : upto 20K</li> <li>• Air Ambulance :upto 2L</li> <li>• Education Fund for disabled dependent Child : Upto 2L</li> <li>• Pet Care - 2500 for 15 days</li> <li>• Home Maker Care Allowance 25 K</li> <li>• Accidental Out-patient Hospitalisation Upto 5K</li> <li>• Hospital Cash Rs 3K for 15 Days</li> </ul> <p>Optional riders</p> <ul style="list-style-type: none"> <li>• Total Temporary Disablement* 1 % SI per week for upto 100 weeks, max 25 L</li> <li>• Accidental Inpatient Hospitalisation + Restore Benefit 3L</li> <li>• Loan Protector Outstanding principal loan amount</li> </ul>	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.	D



		<p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</li> <li>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</li> </ul> <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> <li>i. TAT for Claim settlement – Within 15 days of claim intimation. Provide the details /web link for following: <ul style="list-style-type: none"> <li>i. Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></li> <li>ii. Helpline number : <a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a></li> </ul> </li> </ul> <p>Contact us - 022 6158 2020/ 022 6234 6234</p> <ul style="list-style-type: none"> <li>i. Hospitals which are excluded or from where no claims will be accepted by insurer <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a></li> <li>ii. Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></li> </ul>	
10	Policy Servicing	Contact us - 022 6158 2020/ 022 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a>	E

		<p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> <li>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>- Contact us - 022 6158 2020/ 022 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 – 6242 – 6226</li> <li>- E-mail specific for Senior citizens : <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> </ul> <p>Insured Person may contact the Grievance officer at <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></p> <p>For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p>Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p>	D.I.O
12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. 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, and to return the same if not acceptable.</li> </ol>	D.I.H

		<p><b>Policy renewal:</b> 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><b>Migration and Portability:</b> 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p><b>Change in Sum Insured:</b> 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>	D.I.E
		<p><b>Moratorium Period:</b> 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 grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum</p>	D.I.L

		insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. 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.	
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)