

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	<b>Individual Personal Accident</b>	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> 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><b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted.</p> <p><b>Coverage in respect of:</b></p> <ol style="list-style-type: none"> <li>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>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>Cremation ceremony - Expenses incurred on cremation or burial of Insured person in case of death due to the accident.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	B.11 B.1.2 B.1.3 B.2 B.3 B.5 B.6

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		8. 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.7
		9. Accidental hospital Cash- Daily cash benefit in case of hospitalization beyond 48 hours.	B.8
		10. Accidental In-patient Hospitalisation <ul style="list-style-type: none"> <li>• In-patient Treatment - Covers hospitalization expenses due to accident for period more than 24 hrs.</li> <li>• Post-Hospitalization - Medical Expenses incurred in 60 days after the hospitalization due to accident.</li> <li>• Day care procedures - Medical treatment, and/ or surgical procedure due to accidental injury which is undertaken under General or Local Anesthesia in a Hospital/day care center in less than 24 hours.</li> <li>• Pre Hospitalisation - covers medical expenses incurred due to accidental injury leading to inpatient hospitalisation within a 30 days of the accident.</li> </ul>	B.9
		11. Restore Benefit - Restoration of accidental In-patient Hospitalisation sum insured in case exhausted during the policy year.	B.10
		12. 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.11
		13. Cost of Prosthetics - Expenses incurred in purchasing prosthetics as required for the medical treatment as per medical practitioner advice.	B.12
		14. Temporary Total Disablement - A Weekly Allowance would be paid to the Insured to compensate loss of income due to a disability caused by accident.	B.4
		15. Loan Protector - Balance outstanding loan amount as on date of accident would be paid subject to maximum sum insured in the policy.	B.13
		<b>Optional covers:</b> <ol style="list-style-type: none"> <li>1. Total Temporary Disablement</li> <li>2. Accidental Inpatient Hospitalisation + Restore Benefit</li> <li>3. Loan Protector</li> </ol>	
		<b>I. Renewal Benefits</b> 5% increase in your sum insured for every claim free year, subject to a maximum of 50%. In case a claim is made during a policy year, the cumulative bonus would reduce by 5% in the following year.	B.2

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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> <ol style="list-style-type: none"> <li>1) Special Exclusions to Benefit 1-4, 12, 13, 15, 16 &amp; 17:               <ol 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> </ol> </li> <li>2) Special Exclusions to Benefit 13:               <ol 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> </ol> </li> <li>3) Special Exclusions to Benefit 16:               <ol style="list-style-type: none"> <li>a. Sickness or disease.</li> <li>b. Any pathological fracture.</li> <li>c. Any hair line fracture.</li> </ol> </li> <li>4) Special Exclusions to Benefit 17:               <ol style="list-style-type: none"> <li>a. Actual or alleged dowry harassment.</li> <li>b. Actual or attempted self immolation.</li> </ol> </li> <li>5) Special Exclusions to Benefit 19 - Coma resulting directly from alcohol or drug abuse is excluded.</li> <li>6) Special Exclusions to Benefit 21:               <ol 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> </ol> </li> <li>7) Specific General Exclusion applicable to all Benefits: We will not pay for any claim which is caused by, arising from or attributable to:               <ol 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> </ol> </li> </ol>	<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> <p>C.7</p> <p>C.7.a</p> <p>C.7.b</p> <p>C.7.c</p> <p>C.7.d</p>

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		<p>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.</p> <p>f. Sexually transmitted disease or illness (except HIV/ AIDS).</p> <p>g. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol.</p> <p>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.</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>k. Any non-allopathic treatment except for inpatient care AYUSH treatment.</p> <p>l. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.</p> <p>m. 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.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>
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: - 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)</p>	<p>NA</p> <p>Deductible : Accidental Out-patient hospitalization - A deductible of Rs. 500 will to each and every claim</p>	NA

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
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"> <li>• Accidental Death: 20L - 1Cr</li> <li>• Transportation of Mortal Remains 25K</li> <li>• Cremation Ceremony upto 25K</li> <li>• Permanent Total Disablement: AD SI</li> <li>• Permanent Partial Disablement: AD SI</li> <li>• Emergency Ambulance: upto 5K</li> <li>• Education Fund upto 50K</li> <li>• Purchase of Blood 10K</li> <li>• Cost of Prosthetics upto 20K</li> <li>• Accidental Out-patient Hospitalisation upto 5K</li> <li>• Hospital Cash Rs. 1K for 15 Days</li> </ul> <p><b>Optional:</b></p> <p>Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/ or is opted.</p> <ul style="list-style-type: none"> <li>• Total Temporary Disablement 1 % SI per week for upto 100 weeks, max 5L</li> <li>• Accidental Inpatient Hospitalisation + Restore Benefit 1Lac</li> <li>• Loan Secure Outstanding loan amount</li> </ul>	Sec. 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><u>For Cashless Process :</u></p> <ol style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</li> <li>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</li> </ol> <p><b>(Note:</b> 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><u>For Reimbursement Process :</u></p> <ol style="list-style-type: none"> <li>i. TAT for Claim settlement : 30 days from the time the last necessary document is received.</li> </ol> <p><b>(Note:</b> 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> <ol 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/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a>            Call - : 022 6234 6234 / 0120 6234 6234         </li> </ol>	D



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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><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> <p><b>Moratorium Period:</b> 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.H
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)