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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	NEW INDIA CANCER GUARD	PAGE 1
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Policy clause Section 1
4	Sum Insured Basis	Individual Sum insured.	Prospectus Point 2 & 6.
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		The policy shall cover treatment for Cancer taken as Inpatient or Outpatient or Day Care. Following Conventional and Advanced Treatment shall be covered in the Policy: <ul style="list-style-type: none"> • Chemotherapy • Radiotherapy • Organ transplant, as part of Cancer treatment • Onco-surgery (Surgeries for excision of cancerous tissue or removal of organs/ tissues) • Proton Treatment • Personalized & Targeted therapy • Hormonal Therapy or Endocrine manipulation • Immunotherapy including immunology agents • Stem cell transplantation • Bone marrow transplantation 	Policy Clause Section 3.0
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days.	Policy clause 3.1(e) and 2.27

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	Post-Hospitalisation (treatment after discharge from Hospital) within 60 days.	Policy clause 3.1(f) and 2.28
	Room Rent, boarding and nursing expenses, <ul style="list-style-type: none"> • For Sum Insured for 5, 10 and 15 Lakhs - Single AC room • For Sum Insured for 25 and 50 Lakhs - Deluxe room 	Policy Clause 3.1(a)
	• Intensive Care Unit (ICU) expenses, as actuals	Policy Clause 3.1(b)
	• Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees, Operating theatre charges and similar medical expenses related to cancer	Policy Clause 3.1(c)
	• Cost of Pharmacy and Consumables including Anesthesia, Blood, Oxygen, Cost of Implants and Medical Devices and Cost of Diagnostics	Policy Clause 3.1(d)
	• Ambulance services not exceeding Rs. 3,000 per Hospitalization	Policy Clause 3.2
	• Medical Expenses for Organ Transplant, as part of Cancer treatment	Policy Clause 3.4
	• Medical Expenses incurred for the reconstruction of affected body part to restore your essential physical functioning as a direct result of Cancer Surgery.	Policy Clause 3.5
	• Medical Expenses incurred on follow up check-up shall be payable up to Rs. 10,000 once in a Period of Insurance.	Policy Clause 3.6
	• Second Opinion for Surgery, the expenses incurred towards consultation with another Medical Practitioner to seek advice on the Surgery shall be payable up to Rs. 5,000 for Sum Insured of Rs. 5, 10 & 15 Lakhs and up to Rs. 10,000 for Sum Insured of Rs. 25 & 50 Lakhs.	Policy Clause 3.7

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		<ul style="list-style-type: none">• Cancer Care Benefit: If during the Period of Insurance any Insured Person is first time diagnosed for Cancer and is in Stage IV (based on TNM classification) or advanced metastatic cancer, 50% of the Sum Insured would be paid as Critical Care Benefit in addition to the admissible claim amount.	Policy Clause 3.8
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7	<p>Exclusion</p> <p>(What Policy does not cover)</p>	<p style="text-align: center;">Specific Exclusions</p> <ul style="list-style-type: none"> • Any Treatment other than for Cancer. • Pre-Existing Condition for Cancer for which Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment prior to the first policy issued by Us (as mentioned in the Schedule). • Cancer diagnosed/contracted by the Insured person during the first ninety days of the commencement date of first Policy. • Any treatment for cancer directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon / ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel. • Plastic Surgery, cosmetic, aesthetic treatment. • Cost of external prosthetic devices, non-durable implants, external medical equipment. • Dental treatment or Surgery of any kind unless necessitated due to treatment of Cancer • Kaposi Sarcoma. • Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of Cancer for which confinement is required at a Hospital. • Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner. • Any expenses relating to cost of items detailed in Annexure II. • Unproven/Experimental Treatment and pharmacological regimens. • Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. • Treatment including investigation / diagnostic services availed outside India. • Rest Cure, Rehabilitation and Respite care. • Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This 	<p>Policy clause 4.1 to 4.18</p>
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		<p>also includes: Custodial care either at home or in a Hospital / nursing facility for personal care either by skilled nurses or assistants or unskilled persons. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.</p> <ul style="list-style-type: none"> • Specified healthcare providers <ul style="list-style-type: none"> i. Treatment rendered by a Medical Practitioner, which is outside his discipline or the discipline for which he is licensed. ii. Treatments rendered by a Medical Practitioner, who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover iii. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments that are not supported by treating doctor's prescription. iv. Charges related to a Hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing v. Any non-medical expenses mentioned on our website and or attached with this policy • Procedures/treatments usually done in outpatient department are not payable under the Policy even if converted as an in-patient in the Hospital for more than 24 hours 	
7	Waiting period	Cancer diagnosed / contracted by the Insured person during the first ninety (90) days of the commencement date of this Policy.	Policy clause Section 1 & 4.3
8	Loss Sharing 1. Sub-limits	<ul style="list-style-type: none"> • Room Rent exceeding the charges of <ul style="list-style-type: none"> i. Single AC room for Sum Insured for 5, 10 and 15 Lakhs ii. Deluxe room for Sum Insured for 25 and 50 Lakhs 	Policy Clause 3.1(a)
		<ul style="list-style-type: none"> • Expenses relating to Hospitalization will be considered in proportion to the eligible room rent stated in the Policy or actual whichever is less. 	Policy Clause 3.1

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	<p>2. Co payment</p> <p>3. Deductible</p> <p>4. Any Limits applicable Other as</p>	Not Applicable	
9	Claims/Claim Procedure	<p>You must send all communications and papers regarding a claim to the TPA at the address shown in the Schedule.</p> <ul style="list-style-type: none"> • Intimate TPA in writing on detection of Cancer immediately or forty-eight hours before Hospitalization. • Submit following supporting documents to TPA relating to the claim within fifteen (15) days from the date of discharge from the Hospital • In case of post-hospitalization treatment (limited to sixty days), submit all claim documents within fifteen (15) days after completion of such treatment • Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency 	Policy Clause 5.20
		<p>Provide the details/Web link of the following</p> <p>i. Network hospital details- https://www.newindia.co.in/portal/readMore/HospitalList</p>	Policy clause 5.14
		<p>ii. Helpline number: 1800-209-1415</p>	Policy clause 5.14
		<p>iii. Hospitals which are blacklisted or from where no claims will be accepted by the insurer- Not applicable</p>	
		<p>iv. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true</p>	

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		<p>v. Pre-authorisation approval/rejections:</p> <ul style="list-style-type: none"> • Within 2 hours from the time of admission. • Within 1 hour of receipt of request for enhancement. • Within 1 hour of receipt of final bill for discharge. • Within 1 hour from the receipt of response to queries. • Within 24 hours if confirmation of policy is required. <p>No pre-authorisation will be done in the absence of beneficiary photo ID and other valid ID proof as defined</p>	
10	Policy Servicing	<p>In the event of Your having any grievance relating to the Insurance or any Claim thereunder, you may contact us at any of our Branches/Regional offices or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact detail of the office of the Insurance Ombudsman is provided in the Annexure III of Policy Document.</p> <p>IRDAI/ (IGMS/Call Centre): For complaint registration –login at https://igms.irda.gov.in/loginph.aspx</p> <p>Senior Citizens may write to seniorcitizencare.ho@newindia.co.in</p> <p>Policy Issuing Office: -</p>	Policy Clause 5.14
11	Grievances/Complaints	<p>Details of</p> <p>Grievance redressal officer of the company: https://www.newindia.co.in/portal/readMore/Grievances</p> <p>Insurance company grievance portal/department: Not applicable</p> <p>Toll free number: 1800-209-1415</p> <p>Ombudsman’s contact details.</p>	<p>Policy clause 5.14</p> <p>Annexure III</p>

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12	Things to Remember	<p>Renewal Conditions</p> <ul style="list-style-type: none"> We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule. The Renewal is subject to the rates & terms prevalent at the time of Renewal. <p>Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.</p> <p>Renewal Benefits</p> <ul style="list-style-type: none"> The Sum Insured under Policy shall be increased by 10% at each renewal in respect of each claim free year of Insurance, subject to maximum of 50%. If a claim is made in any particular year; the cumulative bonus accrued shall be reduced at the same rate at which it is accrued. <p>•Sum Insured Enhancement You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted subject to the underwriting guidelines. Before granting such request for enhancement of Sum Insured, We have the right to have You examined by a Medical Practitioner authorized by Us or the TPA.</p> <p>Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner. Enhancement of Sum Insured shall be allowed based on the following table:</p> <p>Enhancement of Sum Insured will not be considered for:</p> <ul style="list-style-type: none"> i Insured Persons over 60 years of age. ii Insured Person who diagnosed for Cancer (including Cancer survivors). iii In respect of any increase in Sum Insured, exclusion 4.2 and 4.3 would apply to the additional Sum Insured from the date of such increase. 	<p>Policy clause 5.11</p> <p>Policy clause 2.10</p> <p>Policy clause 3.9</p> <p>Policy Clause 5.23</p>
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		<p>Moratorium Period 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, mis-representation except on grounds of established fraud. This period of sixty continuous months is called as Moratorium period.</p> <p>Please refer policy documents for more information.</p> <p>POLICY YEAR means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule</p> <p>POLICY TERM means the tenure of the policy, which can be 1 Year or 2 Years or 3 Years</p> <p>GRACE PERIOD</p> <p>The specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage is not available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases</p>	<p>Policy Clause 5.8</p> <p>Policy clause 2.50 &</p> <p>Policy clause 2.51</p> <p>Policy clause 2.10</p>
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13	Your Obligation	The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, mis-description or nondisclosure of any material fact / particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf.	Policy clause 2.9
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Declaration by the Policy Holder:

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

Place:

Date: _____ (Signature of the Policy Holder)

Note:

- i. Web-link where the product related documents including the Customer information sheet are available on <https://www.newindia.co.in/health/all-products>
- ii. In case of any conflict, the terms and condition mentioned in the policy document shall prevail.