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**PERSONAL ACCIDENT INDIVIDUAL POLICY**

**Customer Information Sheet**

**This document provides only key information about your policy. Please refer to the policy document For detailed terms and conditions.**

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy/ clause No																							
1	Product Name	PERSONAL ACCIDENT INDIVIDUAL POLICY	Policy schedule																							
2	Unique Identification Number(UIN) allotted by IRDAI	UIN No. IRDAN190P0002201314	Policy schedule																							
3	Structure	Fixed Benefit	Policy schedule																							
4	Interests Insured	Accidental Death and bodily injury Inbuilt covers with sublimits – a) Expenses of Carriage of Dead Body b) Education Grant	Policy schedule																							
5	Sum Insured and Policy Coverage	<p><b>Sum Insured :</b></p> <ul style="list-style-type: none"> <li>The capital S.I. shall be fixed at the commencement of the policy.</li> <li>No change in the C.S.I is permissible during the currency of the policy.</li> <li>The total sum Insured should not exceed 120 months of gainful income.</li> <li>Sum Insured for Table A should not exceed insured’s 24 months gainful income.</li> </ul> <p><b>Premium Rates (per lakhs) :</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Table</th> <th colspan="3">Risk group</th> </tr> <tr> <th>I(Low)</th> <th>II(Medium)</th> <th>III(High)</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>45</td> <td>60</td> <td>90</td> </tr> <tr> <td>C</td> <td>70</td> <td>90</td> <td>130</td> </tr> <tr> <td>B</td> <td>100</td> <td>125</td> <td>175</td> </tr> <tr> <td>A</td> <td>150</td> <td>200</td> <td>300</td> </tr> </tbody> </table> <p><b>Minimum Premium – Rs. 50 + GST + Applicable Stamp Fee</b></p>	Table	Risk group			I(Low)	II(Medium)	III(High)	D	45	60	90	C	70	90	130	B	100	125	175	A	150	200	300	Policy schedule- Section I to XII
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6	Add-on Cover	Medical Expenses	Policy schedule
7	Loss Participation	Not Applicable	Policy schedule - excess
8	Exclusions	<p>The Company shall not be liable under this Policy for :</p> <ol style="list-style-type: none"> <li>1. Compensation under more than one of the foregoing Sub-Clauses in respect of the same period of disablement.</li> <li>2. Any other payment after a claim under one of the SubClauses (a), (b) or (d) has been admitted and become payable. This would not apply to payments made under <b>medical expenses</b> extension, education grant and expenses for carriage of dead body.</li> <li>3. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the sum payable under sub-clauses (a) of this Policy. This would not apply to payments made under <b>medical expenses</b> extension, education grant and expenses for carriage of dead body.</li> <li>4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.</li> <li>5. Payment of compensation in respect of Death, Injury or Disablement of the Insured (a) from intentional selfinjury, suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, (d) directly or indirectly caused by venereal disease/s, AIDS or insanity, (e) arising or resulting from the insured committing any breach of law with criminal intent.</li> </ol> <p>List of other exclusions are available in the policy clause.</p>	Policy schedule Exclusions

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9	Special Conditions and Warranties (if any)	As per the policy clause	Policy schedule - Warranty and Conditions
10.	Admissibility of Claim	<p>Documents to be submitted at the time of a claim along with policy copy.</p> <ol style="list-style-type: none"> <li>1. Duly completed claim form</li> <li>2. Report of attending Doctor either as a separate document or on the reverse of claim form if provision is made thereof</li> <li>3. Investigation reports like laboratory test, X-rays and reports essential for confirmation of the injury,</li> <li>4. Police reports, wherever necessary</li> <li>5. Medical bill corresponding to doctor's prescription where medical extension is granted.</li> </ol> <p>In case of fatal accident cases the following additional documents need to be submitted wherever necessary/applicable.</p> <ol style="list-style-type: none"> <li>a. Death certificate</li> <li>b. Post-mortem report</li> <li>c. Coroner's report</li> <li>d. Inquest report</li> </ol>	Policy schedule
11.	Policy Servicing – Claim Intimation and Processing	<p>The policy holder has to report any incident which may lead to claim immediately to the insurer.</p> <p>For claim intimation, the Policy holder may contact us at 1800 209 1415 or write to us at <a href="mailto:customercare.ho@newindia.co.in">customercare.ho@newindia.co.in</a> or contact nearest New India Assurance office/policy issuing office.</p> <p>The payment of claims is dependent on Insured's providing all necessary information. Upon learning of any circumstances likely to give rise to a claim, Insured must provide all relevant documents including receipts, bills, if any, and other records in support of Insured's claim.</p> <p>Website-<a href="https://www.newindia.co.in">https://www.newindia.co.in</a></p>	



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12.	Grievance and Protection Redressal Policyholders	<p>In case of any grievance the insured person may contact the company through Website: <a href="https://www.newindia.co.in/portal/readMore/Grievances">https://www.newindia.co.in/portal/readMore/Grievances</a> Toll free: 1800-209-1415</p> <p>Visit the Servicing Branch mentioned in the policy Document Insurance Ombudsman If You are still not satisfied with the redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Details of the offices of the Insurance Ombudsman are available at IRDAI website <a href="http://www.irdai.gov.in">www.irdai.gov.in</a> or General Insurance Council website <a href="https://www.ciains.co.in/ombudsman">https://www.ciains.co.in/ombudsman</a> or on company website <a href="http://www.newindia.co.in">www.newindia.co.in</a>.</p>	
		<p>Grievance may also be lodged at IRDAI Integrated Grievance Management System (<a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>)</p>	
13.	Obligations of the Policyholder	<ul style="list-style-type: none"> <li>• To disclose all information correctly sought by the insurer at time of filling the proposal form</li> <li>• In case of any change/modification/addition to the already declared information the same shall be brought to the notice of the Insurer immediately Nondisclosure of material information may affect the claim settlement.</li> </ul>	

Declaration by the Policyholder

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

Place:

Date:

(Signature/Thumb Impression of the Policyholder)

**Note:**

- Policy holder to duly acknowledge/sign the CIS and return the same to the insurer.