

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the Prospectus and Policy Document. In case of any conflict between the CIS and the Policy Document the terms and conditions mentioned in the Policy Document shall prevail.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	NEW INDIA ASHA KIRAN POLICY	PAGE1
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	Section 3
4	Sum Insured Basis	Floater Sum insured.	
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	2.19
		Pre-hospitalisation - 30 days	2.37 and 3.1(e)
		Post-Hospitalisation –Treatment within 60 days from date of discharge	2.38 & 3.1(f)
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	Annexure 1
		Proportionate Deduction on the Associate Medical Expenses.	3.1(g)
		Coverage for AYUSH Treatment is up to 100% of the Sum Insured.	3.3
		Hospital Cash 0.1% of the Sum Insured per day max upto 1% of S.I	3.4
		<u>Critical care Benefit</u>	3.5
		<u>Ambulance charges</u>	3.6
		<u>Congenital Internal Disease</u>	3.8
		<u>Congenital External Disease.</u>	3.8
		Specific coverages	3.10(a) to 3.10(e)
		Coverage for 12 Modern treatments or procedures	3.11.1 to 3.11.12
		Personal Accident (applicable to proposer and spouse).	3.13
6	Exclusion (What Policy does not cover)	Standard Exclusions and Specific Exclusion (including but not limited to the following) Investigation & Evaluation, Rest Cure, Weight Control, Change-Of-Gender Treatments, Cosmetic Surgery, Unproven Treatments, Sterility And Infertility, Treatment and/or services taken outside the India, Vaccination, Cost of braces, equipment or external prosthetic	4.4.1 to 4.4.32

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		devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, Dental treatment unless arising out of accident and requiring impatient treatment Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.14.12 etc...	
7	Waiting period	Initial Waiting period: First 30 days from date of Inception(not applicable renewal or accidents)	4.3
		Pre-existing Diseases (Code- Excl01)-36 Months	4.1
		Specific waiting period (Code- Excl02)- 90 days , 24 and 36 months for listed illnesses (not applicable for renewals and accident)	4.2
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	Up to 1 % & 2% of the Sum Insured per day for Room rent and ICU respectively	3.1(a) & (b)
		LIMIT ON PAYMENT FOR CATARACT Up to 10% of the Sum Insured or Rs. 50,000, whichever is less	3.2
	ii. Co-Payment	Where the Insured Person is treated in a Hospital situated outside the Area of Coverage (Zone) as stated in the Schedule, our liability will be: <ul style="list-style-type: none"> • 80% of the admissible claim amount, • Sum Insured. Whichever is less. 	3.12
	iii. Deductible/. Any Other limit as applicable	Not applicable	
9	Claims/Claim Procedure	Cashless Service and Reimbursement -Available <ol style="list-style-type: none"> i. Network hospital details -Available on website and on policy schedule ii. Helpline number: 1800-209-1415 iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request 	

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10	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ Policy Issuing Office :.....	
11	Grievances/Complaints	Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances Senior citizens may write to – Seniorcitizencare.ho@newindia.co.in For Ombudsman’s contact details	5.14 Annexure III
12	Things Remember to	Free look cancellation:	5.6
		Policy Renewal:	5.11
		Enhancement of Sum insured	5.25
		Moratorium period:5 Years	5.8
		Grace Period:	2.17
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	5.4

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.