

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	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. Conventional and Advanced Treatment shall be covered in the Policy:	Section 3.0
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days.	3.1(e) & 2.27
		Post-Hospitalisation (treatment after discharge from Hospital) within 60 days.	3.1(f) & 2.28
		Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees, Operating theatre charges , Cost of Pharmacy and Consumables etc	3.1(c) & (d)
		Ambulance services Up to Rs. 3,000	3.2
		Medical Expenses for Organ Transplant , as part of Cancer treatment	3.4
		Reconstruction of affected body part due to cancer	3.5
		Follow up check-up -up to Rs. 10,000	3.6
		Second Opinion for Surgery: 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.	3.7
Cancer Care Benefit: 50% of the Sum Insured	3.8		
6	Exclusion (What Policy does not cover)	Specific Exclusions (Including but not limited to the following) <ul style="list-style-type: none"> • Any Treatment other than for Cancer. • Cancer diagnosed/contracted by the Insured person during the first ninety days of the commencement date of first Policy. • Dental treatment or Surgery of any kind unless 	4.1 to 4.18

		necessitated due to treatment of Cancer <ul style="list-style-type: none"> • Kaposi Sarcoma. Investigation & Evaluation, Rest Cure, Weight Control, Change-Of-Gender Treatments, Cosmetic Surgery, Unproven Treatments, Treatment and/or services taken outside the India, Vaccination, Cost of braces, equipment or external prosthetic devices, Dental treatment unless arising out of accident and requiring inpatient treatment, Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization	
7	Waiting period	Cancer diagnosed / contracted by the Insured person during the first ninety (90) days of the commencement date of this Policy.	Section 1 & 4.3
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sublimit	Room Rent exceeding the charges of i. Single AC room for Sum Insured for 5, 10 and 15 Lakhs ii. Deluxe room for Sum Insured for 25 and 50 Lakhs	3.1(a)
		ICU – Actuals	3.1 (b)
		Expenses relating to Hospitalization will be considered in proportion to the eligible room rent stated in the Policy or actual whichever is less	3.1
	ii. Co payment iii. Deductible iv. Any Other Limits as applicable	Not Applicable	
9	Claims/Claim Procedure	Cashless Service and Reimbursement-Available 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-b047-3c7784c6528/Claim_Form.pdf?guest=true iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request.	5.20
10	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ Policy Issuing Office:.....	5.14

11	Grievances/Complaints	<p>Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances</p> <p>Senior citizens may write to – Seniorcitizencare.ho@newindia.co.in</p> <p>For Ombudsman's contact details</p>	5.14 Annexure III
12	Things to Remember	<p>Renewal Conditions</p> <p>Grace period</p> <p>Renewal benefit</p> <p>Sum insured Enhancement</p> <p>Cancellation</p> <p>Free Look Period</p> <p>Migration</p> <p>Portability</p> <p>Moratorium Period: 5 Year</p> <p>Grace Period</p>	<p>5.11</p> <p>2.10</p> <p>3.9</p> <p>5.23</p> <p>5.1</p> <p>5.6</p> <p>5.15</p> <p>5.8</p> <p>2.10</p>
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	2.9

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.

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

