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New India Mediclaim Policy **Customer Information Sheet**

S No	Title	Description	Policy clause No.
1.	Product Name	New India Mediclaim Policy	Page. No 1 of Policy Document
2.	What am I covered for	<ul style="list-style-type: none"> You are covered for any Hospitalisation during the period of Insurance for any Illness or Injury admissible under the policy. Hospitalisation should be for more than 24 hours except for specified / listed procedures requiring less than 24 hours Hospitalisation. Sum Insured options available are Rs. 1, 2, 3, 5, 8, 10, 12 and 15 lakhs. Room Rent, boarding and nursing expenses as provided by the Hospital not exceeding 1.0 % of the Sum Insured (without Cumulative Bonus) per day. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2.0 % of the Sum Insured (without Cumulative Bonus) per day. Pre Hospitalisation expense incurred thirty days prior to the date of Hospitalisation. Post Hospitalisation up to sixty days from the date of discharge. Proportionate deduction on the other expenses incurred at the Hospital, with the exception of cost of medicines, if Room Rent / ICU / ICCU charges exceeds the aforesaid limit. (Waived if No proportionate deduction option is Opted) Cataract: Our liability for any claim of Cataract shall not exceed 20% of Sum Insured subject to a maximum of Rs. 50,000. The said limit shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit. Ayurvedic / Homeopathic / Unani Treatment up to 25% of the Sum Insured. Hospital cash will be paid at the rate of 0.1% per day maximum up to 1% of Sum Insured for any one Illness. This benefit will reduce the Sum Insured. This benefit is payable only if the Hospitalisation is for more than 24 	<ul style="list-style-type: none"> Clause 1.0 Clause 2.16 and Annexure I in the policy document Clause 3.1 (a) Clause 3.1 (b) Clause 3.1 (e) and 2.35 Clause 3.1 (f) and 2.36 Clause 3.2 Clause 3.3 Clause 3.4 Clause 3.5

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	<p>hours. This benefit is applicable only if the Sum Insured of the Insured Person is more than or equal to three lakhs.</p> <ul style="list-style-type: none">• Health Check-up: Cost of health check-up shall be reimbursed to the Insured person after every block of three Claim Free Years. Such payment shall be restricted to Rs. 5000 or 1% of average Sum Insured of proceeding three years whichever is less.• Expenses incurred towards Ambulance service will be paid subject to cap 1% of Sum Insured. Payment under this benefit will reduce the Sum Insured. Ambulance charges will be paid once for Any One Illness for each Insured.• Reinstatement of Sum Insured: This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 5 lakhs. After exhausting the Sum Insured as mentioned in the Schedule, the Sum Insured shall stand restored for the remaining Policy Period for non-related illness.• Optional Cover I: No proportionate deduction- This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 2 lakhs. On payment of additional premium, proportionate deduction clause shall stand deleted.• Optional Cover II: Maternity Expenses- This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 5 lakhs. On payment of additional premium, Maternity Expenses up to 10% of the average Sum Insured shall be payable after waiting period of thirty six months. The said limit shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.• Optional Cover III: Revision in cataract Limit- This benefit is applicable only if the Sum Insured of the Insured person is more than or equal to Rs. 8 lakhs. On payment of additional premium, additional limit shall be as follows:	<ul style="list-style-type: none">• Clause 3.6• Clause 3.7• Clause 3.10• Clause 3.13• Clause 3.14• Clause 3.15
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<u>Sum Insured</u>	<u>Revised Cataract Limit</u>
Rs. 8,00,000	Rs. 80,000
Rs. 10,00,000	Rs. 1,00,000

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		<table><tr><td>Rs. 12,00,000</td><td>Rs. 1,20,000</td></tr><tr><td>Rs. 15,00,000</td><td>Rs. 1,50,000</td></tr></table> <ul style="list-style-type: none">Optional Cover IV: Voluntary Co-Pay If the Insured person opts for voluntary co-pay of 20%, a discount of 15% shall be of given on the premium payable for the Insured Person.Optional Cover V: Non-Medical Items (Consumables) - On payment of additional Premium items listed in Annexure II (List 1) of the policy clause shall become payable up to Rs. 15,000/- in a policy period. This Optional Cover is available for Sum Insured of 8 L & above. Once this optional cover is opted and a claim has been admitted under the policy, You cannot opt out of this optional cover.Congenital Internal Diseases are covered up to the Sum Insured provided the Insured has Continuous Coverage of twenty four months.Congenital External Diseases are covered up to 10% of Sum Insured provided the Insured has Continuous Coverage of thirty six months.	Rs. 12,00,000	Rs. 1,20,000	Rs. 15,00,000	Rs. 1,50,000	<ul style="list-style-type: none">Clause 3.16Clause 3.17Clause 3.21Clause 3.21
Rs. 12,00,000	Rs. 1,20,000						
Rs. 15,00,000	Rs. 1,50,000						
3.	What are the major exclusions in the policy	<ul style="list-style-type: none">INVESTIGATION & EVALUATION (Code- Excl04)<ul style="list-style-type: none">a. Expenses related to any admission primarily for diagnostics and evaluation purposes.b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatmentREST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:<ul style="list-style-type: none">a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.OBESITY/ WEIGHT CONTROL (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:<ul style="list-style-type: none">a. Surgery to be conducted is upon the advice of the	<ul style="list-style-type: none">Clause 4.4.1 to 4.4.30				

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		<p>Doctor</p> <ul style="list-style-type: none"> b. The surgery/Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI); <ul style="list-style-type: none"> 1. greater than or equal to 40 or 2. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes <ul style="list-style-type: none"> • CHANGE-OF-GENDER TREATMENTS (Code- Excl07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. • COSMETIC OR PLASTIC SURGERY (Code- Excl08): 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. • HAZARDOUS OR ADVENTURE SPORTS (Code- Excl09): 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. • BREACH OF LAW (Code- Excl10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. • EXCLUDED PROVIDERS (Code-Excl11): Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically 	
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		<p>excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <ul style="list-style-type: none"> • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) • Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- Excl14) • REFRACTIVE ERROR (Code- Excl15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. • UNPROVEN TREATMENTS (Code- Excl16): Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. • STERILITY AND INFERTILITY (Code- Excl17) Expenses related to sterility and infertility. This includes: <ul style="list-style-type: none"> a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization • MATERNITY EXPENSES (Code - Excl18) <ul style="list-style-type: none"> a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean 	
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		<p>sections incurred during hospitalization) except ectopic pregnancy;</p> <p>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p style="text-align: center;"><u>SPECIFIC EXCLUSIONS</u></p> <ul style="list-style-type: none"> • Acupressure, acupuncture, magnetic therapies. • Any expenses incurred on Domiciliary Hospitalization. • Service charges, Surcharges, Luxury Tax, Admission fees, Registration fees, Record Charges and Telephone Charges levied by the Hospital. • Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide. • Circumcision unless Medically Necessary or as may be necessitated due to an Accident. • Convalescence and General debility. • Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants. • External Medical / Non-medical equipment used for diagnosis and/or treatment including CPAP/BIPAP, Oxygen Concentrator, Infusion pump , Ambulatory devices (walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads) and sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and equipment, which is subsequently used at home and outlives the use and life of the Insured Person. • Naturopathy and Siddha Treatments. • Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: <ul style="list-style-type: none"> a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion 	
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		<p>material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.</p> <p>b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</p> <p>c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p> <ul style="list-style-type: none"> • Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.20.12 • Expenses incurred for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. • Treatment and/or services taken outside the geographical limits of India • Vaccination and/or inoculation <p>War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p>	
4.	Waiting Period	<ul style="list-style-type: none"> • PRE-EXISTING DISEASES (Code- Excl01) <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.</p> <p>c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance)</p> 	<ul style="list-style-type: none"> • Clause 4.1 to 4.3

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		<p>Regulations then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p> <ul style="list-style-type: none"> • SPECIFIC WAITING PERIOD (Code- Excl02) <ul style="list-style-type: none"> a. Expenses related to the treatment of the following listed conditions, surgeries / treatments shall be excluded until the expiry of Ninety Days / 24 / 36/ 48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply. d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage. <p>(i) 90 Days Waiting Period</p> <ol style="list-style-type: none"> 1. Diabetes Mellitus 2. Hypertension 3. Cardiac Conditions <p>(ii) 24 Months waiting period</p> <ol style="list-style-type: none"> 1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 2. Benign ear, nose, throat disorders 3. Benign prostate hypertrophy 4. Cataract and age related eye ailments 5. Gastric/ Duodenal Ulcer 	
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		<ol style="list-style-type: none"> 6. Gout and Rheumatism 7. Hernia of all types 8. Hydrocele 9. Non Infective Arthritis 10. Piles, Fissures and Fistula in anus 11. Pilonidal sinus, Sinusitis and related disorders 12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 13. Skin Disorders 14. Stone in Gall Bladder and Bile duct, excluding malignancy 15. Stones in Urinary system 16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus 17. Varicose Veins and Varicose Ulcers 18. Renal Failure 19. Puberty and Menopause related Disorders 20. Internal Congenital Diseases <p>(iii) 36 Months waiting period</p> <ol style="list-style-type: none"> 1. Congenital External Disease <p>(iv) 48 Months waiting period</p> <ol style="list-style-type: none"> 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 3. Treatment of Mental Illness 4. Age Related Macular Degeneration (ARMD) 5. Genetic diseases or disorders <ul style="list-style-type: none"> • FIRST THIRTY DAYS WAITING PERIOD (Code- Excl03) <ol style="list-style-type: none"> a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. <p>The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p> 	
5.	Payout basis	<ul style="list-style-type: none"> • Cashless / Reimbursement for Hospitalisation claims • In case of Hospital Cash the amount will be paid to the Insured. 	
6.	Loss Sharing	<ul style="list-style-type: none"> • 20% co-pay if Optional Cover IV has been opted. 	<ul style="list-style-type: none"> • Clause 3.16

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		<ul style="list-style-type: none"> Expenses exceeding the following: <ul style="list-style-type: none"> Room Rent exceeding 1% of Sum Insured ICU/ICCU exceeding 2% of Sum Insured Proportionate deduction on the other expenses incurred at the Hospital, with the exception of cost of medicines, if Room Rent / ICU / ICCU charges exceeds the aforesaid limit. (Waived if No proportionate deduction option is Opted) Cataract exceeding 20% of Sum Insured or Rs. 50,000, whichever is less. 	<ul style="list-style-type: none"> Clause 3.1 (a) Clause 3.1 (b) Clause 3.2 Clause 3.3
7.	Renewal Conditions	<ul style="list-style-type: none"> The company shall renew this Policy if you shall remit the requisite Premium prior to expiry of the Period of Insurance stated in the Schedule. The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the Grace Period. No loading shall apply on renewals based on individual claims experience. Insured may approach the nearby operating office for depositing the renewal premium or can renew the policy online. The company shall be entitled to decline renewal if: <ul style="list-style-type: none"> Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or 	<ul style="list-style-type: none"> Clause 5.11

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		<ul style="list-style-type: none">You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, We, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.					
8.	<ul style="list-style-type: none">Renewal Benefits	<ul style="list-style-type: none">After every block of three claim free years, the members covered in this policy are entitled for Health Check-up Benefit. Cost of health check-up shall be reimbursed to the Insured person after every block of three Claim Free Years. Such payment shall be restricted to Rs. 5000 or 1% of average Sum Insured of proceeding three years whichever is less.The Sum Insured under Policy shall be increased by 25% 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 may be reduced at the same rate at which it is accrued. <p>Cumulative bonus will be lost if policy is not renewed before or within 30 days from the date of expiry. In case sum insured under the policy is reduced at the time of renewal, the applicable Cumulative Bonus shall also be reduced in proportion to the sum insured.</p> <p>In case the insured is having more than one policy, the Cumulative Bonus shall be reduced from the policy/policies in which claim is made irrespective of number of policies.</p>	<ul style="list-style-type: none">Clause 3.6Clause 3.18				
9.	Cancellation	<ul style="list-style-type: none">The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period at Our short period rate detailed below. <table><tr><th>Period On Risk</th><th>Rate of Premium To Be Charged (Retained By The Insurer)</th></tr><tr><td>Up to one month</td><td>1/4th of the annual rate</td></tr></table>	Period On Risk	Rate of Premium To Be Charged (Retained By The Insurer)	Up to one month	1/4th of the annual rate	<ul style="list-style-type: none">Clause 5.1
Period On Risk	Rate of Premium To Be Charged (Retained By The Insurer)						
Up to one month	1/4th of the annual rate						

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		<table><tr><td>Up to three months</td><td>1/2 of the annual rate</td></tr><tr><td>Up to six months</td><td>3/4th of the annual rate</td></tr><tr><td>Exceeding six months</td><td>Full annual rate</td></tr></table> <p>In the event of death of insured in the middle of policy year/during the course of policy period, the premium for the unexpired policy period shall be refunded proportionately.</p> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.</p> <ul style="list-style-type: none">The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.	Up to three months	1/2 of the annual rate	Up to six months	3/4th of the annual rate	Exceeding six months	Full annual rate	
Up to three months	1/2 of the annual rate								
Up to six months	3/4th of the annual rate								
Exceeding six months	Full annual rate								
10.	Claims	<ul style="list-style-type: none">Cashless Service: Contact the TPA or visit our Website at http://newindia.co.in/listofhospitals.aspx for the list of Hospitals where cashless facility is available.Reimbursement of Claim:<ul style="list-style-type: none">Intimate the TPA within twenty four hours from the time of Hospitalisation.Submit the Claim Document within 15 days from the date of Discharge from Hospital.	<ul style="list-style-type: none">Clause 5.20 and 5.21						
11.	Policy Servicing/ Grievances /Complaints	<ul style="list-style-type: none">In the event of Your having any grievance relating to the Insurance or any Claim thereunder, You may contact any of the Customer Care Cells at Regional Offices of the Company 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.	<ul style="list-style-type: none">Clause 5.14						
12.	Insured's Rights	<ul style="list-style-type: none">You will be allowed a period of fifteen days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.Renewal of the Policy if You remit the Premium to Us	<ul style="list-style-type: none">Clause 5.6Clause 5.11						

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		<p>prior to expiry of the Policy or within 30 days from expiry of Policy.</p> <ul style="list-style-type: none">• This policy is subject to portability guidelines issued by IRDA and as amended from time to time.	<ul style="list-style-type: none">• Clause 5.15
13.	Insured's Obligations	<ul style="list-style-type: none">• The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, misdescription 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	<ul style="list-style-type: none">• Clause 5.1