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**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<b>TERTIARY CARE INSURANCE - INDIVIDUAL</b>	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	<b>3.0</b>
4	Sum Insured Basis	Individual Sum insured. Member name A – Sum insured name B – Sum insured	
5	Policy Coverage (What Policy Covers?)	<b>Expense in respect of:</b>	
		Admission in hospital beyond 24 hours for listed illnesses	<b>2.13</b>
		<b>Congenital Internal and External Diseases</b>	<b>3.i</b>
		<b>AYUSH-</b> Up to 100% of Sum Insured.	<b>3.j</b>
		<b>COVERAGE FOR 7 MODERN TREATMENTS</b>	<b>3.h.1 to 3. h.7</b>
6	Waiting period	<b>Standard and Specific Exclusions (Including but not limited to the following)</b> 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 devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, Dental treatment unless arising out of accident and requiring inpatient treatment ,Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.h.7 etc..	<b>4.2</b>
7	Waiting period	<b>Initial Waiting period:</b> First 30 days of all illness(not applicable in case of continuous renewal or accidents)	<b>4.2</b>
		<b>PRE-EXISTING DISEASES</b> (Code- Excl01)-36 Months	<b>4.1</b>
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures	

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	<b>Sub-limit/ Co-Payment/ Deductible/ Any Other limit as applicable</b>	<b>Not Applicable</b>	
9	Claims/Claim Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claims including pre and post hospitalisation.</p> <p>Cashless Service and Reimbursement-Available</p> <ul style="list-style-type: none"> <li>i. Network hospital details-Available on website and on policy schedule</li> <li>ii. Helpline number: 1800-209-1415</li> <li>iii. Downloading the claim form-  <a href="https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true">https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?quest=true</a> </li> <li>iv. Pre-authorisation -Within 1 hour of request  Final Authorization for Discharge from the Hospital within 3 hours of hospital request.</li> </ul>	
10	Policy Servicing	<p>Call center number of the insurer-1800-209-1415</p> <p>Company Officials- <a href="https://www.newindia.co.in/">https://www.newindia.co.in/</a></p> <p><b>Policy Issuing Office:.....</b></p>	
11	Grievances/Complaints	<p>Details of GRO:  <a href="https://www.newindia.co.in/portal/readMore/Grievances">https://www.newindia.co.in/portal/readMore/Grievances</a></p> <p><b>For Ombudsman's</b> contact details</p>	<b>Annexure IV</b>
12	Things to Remember	<b>Free look cancellation:</b>	<b>5.5</b>
		<b>Policy Renewal:</b>	<b>5.4</b>
		<b>Migration and Portability:</b>	<b>5.6</b>
		<b>Moratorium period:</b> 5 years.	<b>5.8</b>
		<b>Grace Period:</b>	<b>2.11</b>
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	<b>5.1</b>

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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.