

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<b>NEW INDIA TOP-UP MEDICLAIM</b>	
2	Policy Number		
3	Type of Insurance Product/Policy	<b>Indemnity</b>	<b>3.1</b>
4	Sum Insured Basis	Individual/Floater Sum insured.  If Floater then – Print Floater sum insured If Individual then member wise sum insured	
5	Policy Coverage Policy (What Policy Covers?)	<b>Expense in respect of:</b>	
		Admission in hospital beyond 24 hours	<b>2.16</b>
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	<b>Annexure 1</b>
		<b>Medical Expenses for Organ Transplant:</b>	<b>3.3</b>
		<b>Coverage for AYUSH Treatment:</b> up to 100% of the Sum Insured	<b>3.5</b>
		<b>Ambulance charges:</b> Maximum up to Rs. 5,000 for Rs. 5,00,000 Threshold and Rs. 8,000 for Rs. 8,00,000 Threshold.	<b>3.7</b>
		<b>SPECIFIC COVERAGES:</b>	<b>3.9(a) to 3.9(g)</b>
		<b>Coverage for 12 Modern treatments</b>	<b>3.10.1 to 3.10.12</b>
6	Exclusion Policy (What Policy does not cover)	<b>Standard Exclusions and Specific Exclusion (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 3.10.12 etc...	<b>4.4 to 4.35</b>

7	Waiting period	<b>Initial Waiting period:</b> First 30 days from date of inception (not applicable for Accidents & renewals)	<b>4.3</b>
		<b>PRE-EXISTING DISEASES</b> (Code- Excl01)-36 Months	<b>4.1</b>
		<b>Specific Waiting period-</b> 90 days , 24 and 36 months for listed illnesses ( not applicable for renewals and accident )	<b>4.2.</b>
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures	<b>3.1(a) to 3.1(e)</b>
	<b>i. Sub-limit</b>	Room rent actually incurred subject to a cap of Rs. 5,000 per day for Rs. 5,00,000 Threshold and Rs. 8,000 per day for Rs. 8,00,000 Threshold.	<b>2.36 and 3.1.(a)</b>
		Intensive Care Unit (ICU) actually incurred subject to a cap of Rs. 10,000 per day for Rs. 5,00,000 Threshold and Rs. 16,000 per day for Rs. 8,00,000 Threshold.	<b>3.1.(b) &amp; 2.21</b>
		Coverage for Cataract: Maximum 50000/-Rs each eye	<b>3.4</b>
		Associate Medical Expenses	<b>3.1(c)</b>
		Cost of Pharmacy and Consumables	<b>3.1(d)</b>
	<b>ii .Co-pay/Deductible Any Other limit as applicable</b>	Not applicable	
9	Claims/Claim Procedure	<b>Cashless Service and Reimbursement-</b> Available  i. Network hospital details -Available on website and on policy schedule ii. Helpline number: 1800-209-1415 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> iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request	
10	Policy Servicing	Call center number of the insurer-1800-209-1415  Company Officials- <a href="https://www.newindia.co.in/">https://www.newindia.co.in/</a>  <b>Policy Issuing Office :.....</b>	

11	Grievances/Complaints	Details of GRO: <a href="https://www.newindia.co.in/portal/readMore/Grievances">https://www.newindia.co.in/portal/readMore/Grievances</a> Senior citizens may write to– <a href="mailto:Seniorcitizencare.ho@newindia.co.in">Seniorcitizencare.ho@newindia.co.in</a> <b>For Ombudsman's contact details</b>	5.7  <b>Annexure IV</b>
12	Things to Remember	<b>Free look cancellation:</b>  <b>Policy Renewal</b>  <b>Migration</b>  <b>Portability</b>  <b>Moratorium period : 5 years</b>	5.5  5.3  5.8  5.8  5.9
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	

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.