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**New India Mediclaim Policy**  
**Customer Information Sheet**

<b>S No</b>	<b>Title</b>	<b>Description</b>	<b>Policy clause No.</b>
1.	Product Name	<b>New India Mediclaim Policy</b>	Page. No 1 of Policy Document
2.	What am I covered for	<ul style="list-style-type: none"> <li>• You are covered for any Hospitalisation during the period of Insurance for any Illness or Injury admissible under the policy.</li> <li>• Hospitalisation should be for more than 24 hours except for specified / listed procedures requiring less than 24 hours Hospitalisation.</li> <li>• Sum Insured options available are Rs. 1, 2, 3, 5, 8, 10, 12 and 15 lakhs.</li> <li>• Room Rent, boarding and nursing expenses as provided by the Hospital not exceeding 1.0 % of the Sum Insured (without Cumulative Bonus) per day.</li> <li>• Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2.0 % of the Sum Insured (without Cumulative Bonus) per day.</li> <li>• Pre Hospitalisation expense incurred thirty days prior to the date of Hospitalisation.</li> <li>• Post Hospitalisation up to sixty days from the date of discharge.</li> <li>• 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)</li> <li>• 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.</li> <li>• Ayurvedic / Homeopathic / Unani Treatment up to 25% of the Sum Insured.</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 1.0</li> <li>• Clause 2.16 and Annexure I in the policy document</li> <li>• Clause 3.1 (a)</li> <li>• Clause 3.1 (b)</li> <li>• Clause 3.1 (e) and 2.35</li> <li>• Clause 3.1 (f) and 2.36</li> <li>• Clause 3.2</li> <li>• Clause 3.3</li> <li>• Clause 3.4</li> <li>• Clause 3.5</li> </ul>

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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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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:</li> </ul> <table border="1" data-bbox="451 1755 1166 1896"> <thead> <tr> <th><u>Sum Insured</u></th> <th><u>Revised Cataract Limit</u></th> </tr> </thead> <tbody> <tr> <td>Rs. 8,00,000</td> <td>Rs. 80,000</td> </tr> <tr> <td>Rs. 10,00,000</td> <td>Rs. 1,00,000</td> </tr> </tbody> </table>	<u>Sum Insured</u>	<u>Revised Cataract Limit</u>	Rs. 8,00,000	Rs. 80,000	Rs. 10,00,000	Rs. 1,00,000	<ul style="list-style-type: none"> <li>• Clause 3.6</li> <li>• Clause 3.7</li> <li>• Clause 3.10</li> <li>• Clause 3.13</li> <li>• Clause 3.14</li> <li>• Clause 3.15</li> </ul>
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		<table border="1"> <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"> <li>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.</li> <li>Congenital Internal Diseases are covered up to the Sum Insured provided the Insured has Continuous Coverage of twenty four months.</li> <li>Congenital External Diseases are covered up to 10% of Sum Insured provided the Insured has Continuous Coverage of thirty six months.</li> </ul>	Rs. 12,00,000	Rs. 1,20,000	Rs. 15,00,000	Rs. 1,50,000	<ul style="list-style-type: none"> <li>Clause 3.16</li> <li>Clause 4.4.7</li> <li>Clause 4.4.7</li> </ul>
Rs. 12,00,000	Rs. 1,20,000						
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3.	What are the major exclusions in the policy	<ul style="list-style-type: none"> <li>Injury / Illness directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon/ ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.</li> <li> <ul style="list-style-type: none"> <li>a. Circumcision unless Medically Necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an Accident</li> <li>b. Change of life/sex change or cosmetic or aesthetic treatment (except for burns/Injury) of any description such as correction of eyesight, etc.</li> <li>c. Plastic Surgery other than as may be necessitated due to an Accident or as a part of any Illness.</li> </ul> </li> <li>Vaccination and/or inoculation.</li> <li>Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.</li> <li>Dental treatment or Surgery of any kind unless necessitated by Accident and requiring Hospitalisation.</li> <li>Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, Venereal disease, intentional self-Injury and Illness or Injury caused by the use of intoxicating drugs/alcohol.</li> <li>Congenital Internal and External Disease or Defects or anomalies. However, the exclusion for Congenital <b>Internal</b> Disease or Defects or anomalies shall not apply after <b>twenty four</b> months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage. Exclusion for Congenital Internal</li> </ul>	Clause 4.4.1 to 4.4.22				

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		<p>Disease or Defects or Anomalies would not apply to a New Born Baby during the year of Birth and also subsequent renewals, if Premium is paid for such New Born Baby and the renewals are effected before or within thirty days of expiry of the Policy.</p> <p>The exclusion for Congenital <b>External</b> Disease or Defects or anomalies shall not apply after <b>thirty six</b> months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to <b>10% of the Sum Insured of the Insured Person.</b></p> <ul style="list-style-type: none"> <li>• Bodily Injury due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide, Illness arising out of non-adherence to medical advice.</li> <li>• Treatment of any Bodily Injury or Illness sustained whilst or as a result of active participation in any hazardous sports of any kind.</li> <li>• Treatment of any Injury or Illness sustained whilst or as a result of participating in any criminal act.</li> <li>• Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which confinement is required at a Hospital.</li> <li>• Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner.</li> <li>• Maternity Expenses, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.</li> <li>• Naturopathy and Siddha Treatments.</li> <li>• External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and similar related items etc., and also any medical equipment, which is subsequently used at home and outlives the use and life of the Insured Person.</li> <li>• Any expenses relating to cost of items detailed in Annexure II.</li> </ul>	
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		<ul style="list-style-type: none"> <li>• Genetic disorders and stem cell implantation/Surgery.</li> <li>• Domiciliary Hospitalisation.</li> <li>• Acupressure, acupuncture, magnetic therapies</li> <li>• Experimental or unproven treatments/ therapies.</li> <li>• Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.</li> <li>• Treatment for Age Related Macular Degeneration (ARMD) , Treatment for Sleep Apnoea Syndrome, treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and CPAD (Continuous Peritoneal Ambulatory Dialysis)</li> </ul>	
4.	Waiting Period	<ul style="list-style-type: none"> <li>• Treatment of any Pre-existing Condition / Disease, until forty eight months of Continuous Coverage of such Insured Person has elapsed.</li> <li>• Any Illness contracted by the Insured person during the first thirty days of the commencement date of this Policy. This exclusion shall not however, apply if the Insured person has Continuous Coverage for more than twelve months.</li> <li>• Unless the Insured Person has Continuous Coverage in excess of twenty four months, expenses on treatment of the following Illnesses are not payable. <ol style="list-style-type: none"> <li>1. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps</li> <li>2. Benign ear, nose, throat disorders</li> <li>3. Benign prostate hypertrophy</li> <li>4. Cataract and age related eye ailments</li> <li>5. Gastric/ Duodenal Ulcer</li> <li>6. Gout and Rheumatism</li> <li>7. Hernia of all types</li> <li>8. Hydrocele</li> <li>9. Infective Arthritis</li> <li>10. Piles, Fissures and Fistula in anus</li> <li>11. Pilonidal sinus, Sinusitis and related disorders</li> <li>12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident</li> <li>13. Skin Disorders</li> <li>14. Stone in Gall Bladder and Bile duct, excluding malignancy</li> <li>15. Stones in Urinary system</li> <li>16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus</li> <li>17. Varicose Veins and Varicose Ulcers</li> <li>18. Renal Failure</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 4.1 to 4.3 (4.3.1 - 4.3.2)</li> </ul>

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		<p>Note: Even after twenty four months of Continuous Coverage, the above Illnesses will not be covered if they arise from a Pre-existing Condition, until forty eight months of Continuous Coverage have elapsed since inception of the first policy with the company.</p> <ul style="list-style-type: none"> <li>• Unless the Insured Person has Continuous Coverage in excess of forty eight months with us, the expenses related to treatment of the following Illnesses are not payable: <ol style="list-style-type: none"> <li>1. Joint Replacement due to Degenerative Condition</li> <li>2. Age-related Osteoarthritis &amp; Osteoporosis</li> </ol> </li> </ul>	
5.	Payout basis	<ul style="list-style-type: none"> <li>• Cashless / Reimbursement for Hospitalisation claims</li> <li>• In case of Hospital Cash the amount will be paid to the Insured.</li> </ul>	
6.	Loss Sharing	<ul style="list-style-type: none"> <li>• 20% co-pay if Optional Cover IV has been opted.</li> <li>• Expenses exceeding the following: <ul style="list-style-type: none"> <li>○ Room Rent exceeding 1% of Sum Insured</li> <li>○ ICU/ICCU exceeding 2% of Sum Insured</li> <li>○ 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)</li> <li>○ Cataract exceeding 20% of Sum Insured or Rs. 50,000, whichever is less.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 3.16</li> <li>• Clause 3.1 (a)</li> <li>• Clause 3.1 (b)</li> <li>• Clause 3.2</li> <li>• Clause 3.3</li> </ul>
7.	Renewal Conditions	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The company shall be entitled to decline renewal if: <ol style="list-style-type: none"> <li>1. 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</li> <li>2. 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</li> <li>3. You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.10</li> </ul>

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		<p>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.</p>	
8.	<ul style="list-style-type: none"> <li>• Renewal Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <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"> <li>• Clause 3.6</li> <li>• Clause 3.17</li> </ul>
9.	Cancellation	<ul style="list-style-type: none"> <li>• The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by Insured by sending 15 days' notice by registered letter at the Insured's last known address and in such event the Company shall not refund any premium.</li> <li>• The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only provided no claim has occurred up to the date of cancellation</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.13</li> </ul>

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		<p>however the company shall remain liable for any claim/ claims arising prior to such cancellation.</p> <ul style="list-style-type: none"> <li>• In case of death, the refund of premium will be on pro-rata basis provided there has been no claim for that member in that policy period.</li> </ul>	
10.	Claims	<ul style="list-style-type: none"> <li>• Cashless Service: Contact the TPA or visit our Website at <a href="http://newindia.co.in/listofhospitals.aspx">http://newindia.co.in/listofhospitals.aspx</a> for the list of Hospitals where cashless facility is available.</li> <li>• Reimbursement of Claim: <ul style="list-style-type: none"> <li>○ Intimate the TPA within twenty four hours from the time of Hospitalisation.</li> <li>○ Submit the Claim Document within seven days from the date of Discharge from Hospital.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.3</li> <li>• Clause 5.5</li> </ul>
11.	Policy Servicing/ Grievances /Complaints	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.19</li> </ul>
12.	Insured's Rights	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Renewal of the Policy if You remit the Premium to Us prior to expiry of the Policy or within 30 days from expiry of Policy.</li> <li>• This policy is subject to portability guidelines issued by IRDA and as amended from time to time.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.14</li> <li>• Clause 5.10</li> <li>• Clause 5.18</li> </ul>
13.	Insured's Obligations	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.8</li> </ul>