

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description	Policy clause number																												
1	Name of Insurance Product / Policy	IndusInd Nippon Life Critical Illness Plus Rider UIN: 121A019V02	Part A of Base Policy Clause 1.2																												
2	Policy number	Quotation number: Same as Base Policy For policy number, please refer to the Policy Schedule of the Base Policy.	Part A of Base Policy Clause 1.2																												
3	Type of Insurance Product / Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	Not Applicable																												
4	Sum Assured	<<Rider Sum Assured>>	Part A of Base Policy Clause 1.2																												
5	Policy Coverage	<p>The IndusInd Nippon Life Critical Illness Plus Rider provides a lumpsum benefit, which is payable, if the Life Assured survives for a period of 30 days following Diagnosis of any one of the covered 25 critical illnesses with fulfilment of covered critical illness definition, subject to the Rider Benefit being In-force i.e. all due premiums under the rider benefit have been paid. A Waiting Period of 90 days from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term, will be applicable. No Benefits shall be payable on Diagnosis of the covered critical illnesses during this Waiting Period.</p> <p>If the Diagnosis is made within the Rider Policy Term and the Survival Period crosses the end point of Rider Policy Term, a valid claim arising as a result of such a Diagnosis shall not be denied</p> <p>The benefit under this rider will cease after a claim under this rider is paid or at the end of the Rider Term, whichever is earlier.</p> <p>The list of critical illnesses covered under the rider are as below:-</p> <table border="1"> <tr> <td>1</td><td>Cancer of specified severity</td><td>14</td><td>Benign Brain Tumour</td></tr> <tr> <td>2</td><td>Open chest CABG</td><td>15</td><td>Motor Neuron disease with permanent symptoms</td></tr> <tr> <td>3</td><td>Myocardial Infarction (first heart attack of specific severity)</td><td>16</td><td>End Stage Lung Failure</td></tr> <tr> <td>4</td><td>Stroke resulting in permanent symptoms</td><td>17</td><td>End Stage Liver Failure</td></tr> <tr> <td>5</td><td>Kidney failure requiring regular dialysis</td><td>18</td><td>Aplastic Anaemia</td></tr> <tr> <td>6</td><td>Major Surgery of Aorta</td><td>19</td><td>Systemic Lupus Erythematosus with Lupus Nephritis</td></tr> <tr> <td>7</td><td>Open heart replacement or repair of heart valves</td><td>20</td><td>Alzheimer's disease (before age 61)</td></tr> </table>	1	Cancer of specified severity	14	Benign Brain Tumour	2	Open chest CABG	15	Motor Neuron disease with permanent symptoms	3	Myocardial Infarction (first heart attack of specific severity)	16	End Stage Lung Failure	4	Stroke resulting in permanent symptoms	17	End Stage Liver Failure	5	Kidney failure requiring regular dialysis	18	Aplastic Anaemia	6	Major Surgery of Aorta	19	Systemic Lupus Erythematosus with Lupus Nephritis	7	Open heart replacement or repair of heart valves	20	Alzheimer's disease (before age 61)	PART C (Clause 3.1.1)
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6	Exclusions	<p>We shall not be liable to make any payment under this Policy towards a covered Critical Illness resulting from or in respect of any of the following:</p> <ol style="list-style-type: none">Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;Pre-existing Disease means any condition, ailment, injury or disease:<ol style="list-style-type: none">that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Company; or its reinstatement; orfor which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy issued by the Company or its reinstatement.Any Critical Illness caused due to treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,Any Critical Illness caused due to intentional self-injury, suicide or attempted suicideAny Critical Illness, caused by foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel.Congenital External Anomalies or any complications or conditions therefrom including any developmental conditions of the Insured.Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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.	<p>PART F (Clause 6.6)</p> <p>A comprehensive list of definitions of each of the covered critical illness and the relevant exclusions are covered in Appendix A</p>																						

		<p>12. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.</p> <p>13. Any Critical Illness, caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p>14. Any Critical Illness, caused by any unproven treatment, service 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.</p> <p>15. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.</p> <p>16. Any Critical Illness, caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.</p> <p>17. Any Critical Illness, caused due to cosmetic or plastic surgery or any treatment to change the 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.</p> <p>18. Any Critical Illness, caused due to surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> a) Surgery to be conducted is upon the advice of the Doctor 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 Type 2 Diabetes <p>19. Any Critical Illness, caused due to treatments received in health spas, 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 reason.</p> <p>20. Any Critical Illness, caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>21. In the event of the death of the Insured Person within the stipulated survival period as set out above.</p> <p>22. Any Critical Illness, caused by Birth Control, sterility and infertility. This includes:</p> <ul style="list-style-type: none"> a) Any type of contraception, sterilization b) Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, 	
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		ICS c) Gestational Surrogacy d) Reversal of sterilization	
7	Waiting period	A Waiting Period of 90 days from the date of commencement of rider risk and from the date of revival for every subsequent revival during the Rider Policy Term, will be applicable. No Benefits shall be payable on Diagnosis of the covered critical illnesses during this Waiting Period.	PART C (Clause 3.1.1)
8	Financial Limits of Coverage	As per the Sum Assured mentioned in Row 4	Not Applicable
9	Claims/Claims Procedure	<ul style="list-style-type: none"> Turn Around Time (TAT) for claims settlement – 15 days from the date of receipt of request in case of claims not requiring investigation and 45 days from the date of receipt of request in case of claims requiring investigation. Claim Procedure - To intimate a claim please submit the required documents at your nearest INLIC Branch office OR You can send the documents via courier to: The Claims Department IndusInd Nippon Life Insurance Company Limited The Claims Department Office no. 701 & 702, 7th floor Silver Metropolis, Off Western Express Highway Goregaon East, Mumbai – 400063 OR You can email us the scanned copies of duly filled claims forms and other mandatory documents at claims@indusindnipponlife.com Helpline no: For any assistance on claim, call us on our Toll-Free helpline number 1800 102 3330 (Monday to Saturday, from 8:00 AM to 8:00 PM, excluding public holidays) Link for downloading claim form and list of documents required: Click on https://www.indusindnipponlife.com/claims to know the documents required and to download claim forms 	PART F (Clause 6.2)
10	Policy Servicing	<ul style="list-style-type: none"> Turn Around Time (TAT)– 7 days from request received date Contact Details: Call Us between 8am to 8pm, Monday to Saturday (except business holiday), on Our Toll-Free Call Centre Number 1800 102 1010 or Email Us at: customerservice@indusindnipponlife.com or Chat with us on WhatsApp number (+91) 7208852700 Link for downloading forms: Click on https://www.indusindnipponlife.com/downloads > Select Policy Servicing Request forms 	Part G of the base product policy document

11	Grievances/ Complaints	<p>If You are dissatisfied with any of our services, please feel free to contact Us through any of the mode mentioned above under Policy Servicing.</p> <p>If your complaint is unresolved, you can escalate in the following manner: Step 1: contact Our Service Branch Manager, who is also the Local Grievance Redressal Officer at Your nearest branch. Step 2: Write to Head of Customer Care at headcustomercare@indusindnipponlife.com Step 3: Write to Our Grievance Redressal Officer at gro@indusindnipponlife.com</p> <p>Where the complaint is unresolved or the redressal is unsatisfactory, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details: IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 Bima Bharosa TOLL FREE NO: 1800 4254 732 Email ID: complaints@irdai.gov.in You can also register Your complaint online at https://bimabharosa.irdai.gov.in</p> <p>While we expect to satisfactorily resolve your grievances, you may also at any time approach the Insurance Ombudsman. For contact details, contact number and email of the relevant Ombudsman office, kindly refer the policy document or the website https://www.cioins.co.in/ombudsman or our website https://www.indusindnipponlife.com/</p>	PART G of the base product policy document
12	Things to remember	<ul style="list-style-type: none"> • Free Look Cancellation You are provided with free look period of 30 days beginning from the date of receipt of Policy Document, whether received electronically or otherwise, to review the terms and conditions stipulated in the Policy Document. In the event You disagree to any of the Policy terms or conditions, or otherwise and have not made any claim, You shall have the option to return the Policy to the Company for cancellation, stating the reasons for the same. You are requested to take appropriate acknowledgement of Your request letter and return of Policy. Irrespective of the reasons mentioned, the Company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses incurred by the Company on Your medical examination, if any, and stamp duty charges. Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free look Period will be from the date of the email informing Policy credit in IR. Any request received by the Company for Free look cancellation of the Policy shall be processed and premium refunded within 7 days of receipt of the request. • Policy Renewal Not Applicable • Migration & Portability Not Applicable 	PART D (Clause 4.1)

		<ul style="list-style-type: none"> • Change in Rider Sum Assured Not Applicable • Moratorium Period Not Applicable 	
13	Your Obligations	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • Additionally, please ensure you have disclosed any major health related issues, your occupation and income. 	

Declaration by the Policy Holder:

I have read the above and confirm having noted the details. I am aware that on request I can avail the CIS in local language.

Place:

Date: _____ (Signature of the Policyholder)

Please Note:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Kindly visit <https://www.indusindnipponlife.com/downloads> for accessing product related documents.