

## **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 and Unique Identification Number (UIN)	IndusInd Nippon Life Accidental Total and Permanent Disability Plus Rider	Part A of Base Policy Clause 1.2
2	Policy / Quotation number	Quotation number: Same as Base Policy	Part A of Base Policy Clause 1.2
3	Type of Insurance Policy	Pure Risk	Not Applicable
4	Basic Policy details	Instalment Premium (in Rs): <<1 <sup>st</sup> year Instalment Premium (with GST)>>	Part A of Base Policy Clause 1.2
		Mode of premium payment: <<Mode>>	
		Rider Sum Assured (in Rs): <<Rider Sum Assured>>	
		Rider Premium Payment Term (in Years): <<Premium Payment Term>>	
		Rider Policy Term (in Years): <<Policy Term>>	
		In case of any change to the Sum Assured / Premium after submission of the proposal, the details as mentioned in the Base Policy Schedule would be applicable.	
5	Policy Coverage / Benefits Payable	<p><b><u>Accidental Total and Permanent Disability Benefit:</u></b></p> <p>In the event of an Accidental Total and Permanent Disability of the Life Assured within the Rider Policy Term, the Rider Sum Assured will be payable to the Claimant in lump sum, provided the Rider is in-force as on the date of Accident and disability occurs within 180 days from the date of Accident.</p> <p>Kindly refer to the Rider Policy Document for the detailed conditions under which the Rider Sum Assured shall be payable.</p> <p><b><u>Maturity Benefit:</u></b></p> <p>There is no Maturity Benefit under this Rider.</p> <p><b><u>Exit Benefit:</u></b></p> <p>Exit Benefit applicable under this Rider is mentioned in the table below:</p>	Part C (Clause 3.1.1)
			Part C (Clause 3.1.2)
			Part D (Clause 4.2)

<table border="1"> <thead> <tr> <th colspan="2">Payment</th><th colspan="2"></th></tr> </thead> <tbody> <tr> <td>Limited Pay</td><td>Exit Value shall be payable if at least 3 full year's rider premiums have been paid</td><td>75% multiplied by Total rider Premiums Paid multiplied ((Rider Policy Term minus Rider Premium Payment Term) divided by Rider Policy Term multiplied by (Outstanding Rider Policy Term divided by Rider Policy Term))</td><td></td></tr> <tr> <td>Regular Pay</td><td>No Benefit payable</td><td>No Benefit payable</td><td></td></tr> </tbody> </table>				Payment				Limited Pay	Exit Value shall be payable if at least 3 full year's rider premiums have been paid	75% multiplied by Total rider Premiums Paid multiplied ((Rider Policy Term minus Rider Premium Payment Term) divided by Rider Policy Term multiplied by (Outstanding Rider Policy Term divided by Rider Policy Term))		Regular Pay	No Benefit payable	No Benefit payable	
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Regular Pay	No Benefit payable	No Benefit payable													
Further, the Exit Benefit shall be payable as per the terms and conditions mentioned in the Rider Policy Document.															
6	Exclusions (events where insurance coverage is not payable), if any.	<p>The accidental total and permanent disability benefit is not payable if total and permanent disability occurs after 180 days of the occurrence of the accident. The accidental total and permanent disability benefit is not payable if total and permanent disability occurs within 180 days of the occurrence of the accident and provided the disability does not persist continuously for 180 days from the date of the accident. The Company will not pay any accidental total and permanent disability claim which results directly or indirectly from any one or more of the following:</p> <ol style="list-style-type: none"> <li>1. Disability occurs as a result of any Pre-existing condition or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease / critical illness / disability: <ul style="list-style-type: none"> <li>a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement; or</li> <li>b. For which medical advice or treatment was recommended by, or received from, a Physician within 36 months Prior to the effective date of the policy issued by the insurer or its reinstatement.</li> </ul> </li> <li>2. Disablement occurs as a result of Accident where the Accident had happened before or after the coverage period.</li> <li>3. Disablement occurs as a result of Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.</li> </ol>	Part F (Clause 6.7)												

	<p>4 Certification of disability is provided by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.</p> <p>5 Disablement arising out of or attributable to 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), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.</p> <p>6 Disability occurs as a result of Congenital external diseases, defects or anomalies or in consequence thereof.</p> <p>7 Disablement caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)</p> <p>8 Disability occurs as a result of Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</p> <p>9 Disablement occurs as a result of treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>10 Disablement occurs as a result of policyholder being under the influence or abuse of drugs, alcohol, narcotics or psychotropic substance not prescribed by a registered medical practitioner.</p> <p>11 Disablement occurs as a result of participation of 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>12 Disablement occurs as a result of Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.</p> <p>13 Disablement occurs as a result of working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.</p> <p>14 Disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p>
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7	Waiting period	Not Applicable	Not Applicable
8	Grace Period	The Grace Period will be same as applicable for the Base Policy.	Part C (Clause 3.2.2)
9	Free Look Period	30 days	Part D (Clause 4.1)
10	Lapse, paid-up and revival of the Policy	<p><b>Lapse:</b> Rider coverage shall lapse if due premiums are not received before expiry of grace period. No rider benefit shall be payable in lapsed status</p> <p><b>Paid-up benefits:</b> No Benefit Paid up Benefit is payable under this policy</p> <p><b>Revival:</b> The Rider can be revived during the Revival Period subject to the Terms and Conditions applicable under the Base Policy and provided the Base Policy is In-force or it has been revived. Revival will be subject to Company's Board approved Underwriting Policy. For further details on Revival clause, kindly refer the Rider Policy Document</p>	Part C (Clause 3.2.3)  Part C (Clause 3.2.3)  Part D (Clause 4.3)
11	Policy Loan	Not Applicable	Not Applicable
12	Claims / Claims Procedure	<ul style="list-style-type: none"> <li>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.</li> <li>Claim Procedure -           <p>To intimate a claim please submit the required documents at your nearest INLIC Branch office</p> <p>OR</p> <p>You can send the documents via courier to:</p> <p>The Claims Department IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited) Office no. 701 &amp; 702, 7th floor Silver Metropolis, Off Western Express Highway Goregaon East, Mumbai – 400063</p> </li> </ul>	PART F (Clause 6.2 & 6.3)

		<p>OR</p> <p>You can email us the scanned copies of duly filled claims forms and other mandatory documents at <a href="mailto:claims@indusindnipponlife.com">claims@indusindnipponlife.com</a></p> <p>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)</p> <ul style="list-style-type: none"> <li>Link for downloading claim form and list of documents required: Click on <a href="https://www.indusindnipponlife.com/claims">https://www.indusindnipponlife.com/claims</a> to know the documents required and to download claim forms</li> </ul>	
13	Policy Servicing	<ul style="list-style-type: none"> <li>Turn Around Time (TAT)– 7 days from request received date</li> <li>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: <a href="mailto:rnlife.customerservice@relianceada.com">rnlife.customerservice@relianceada.com</a> or Chat with us on WhatsApp number (+91) 7208852700</li> <li>Link for downloading forms: Click on <a href="https://www.indusindnipponlife.com/downloads">https://www.indusindnipponlife.com/downloads</a> &gt; Select Policy Servicing Request forms</li> </ul>	Part G of Base Policy
14	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:</p> <p>Step 1: contact Our Service Branch Manager, who is also the Local Grievance Redressal Officer at Your nearest branch.</p> <p>Step 2: Write to Head of Customer Care at <a href="mailto:customerservice@indusindnipponlife.com">customerservice@indusindnipponlife.com</a></p> <p>Step 3: Write to Our Grievance Redressal Officer at <a href="mailto:gro@indusindnipponlife.com">gro@indusindnipponlife.com</a></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:</p> <p>IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 Bima Bharosa TOLL FREE NO: 1800 4254 732 Email ID: <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a> You can also register Your complaint online at <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></p>	Part G of Base Policy Clause 7.3 & 7.4

	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 <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a> or our website <a href="https://www.indusindnipponlife.com/">https://www.indusindnipponlife.com/</a>	
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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 [www.indusindnipponlife.com/downloads](https://www.indusindnipponlife.com/downloads) for accessing product related documents.