

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 Group Term Assurance Plus Plan 121N104V02	Part A (Forwarding Letter)
2	Policy / Quotation number	Quotation/Member number: << Quotation/Member no.>> For Policy number, please refer to the Policy Schedule.	Part A
3	Type of Insurance Policy	A non-linked, non participating, group term insurance plan.	Not Applicable
4	Basic Policy details	Master Master Policyholder Name: << >> Instalment Premium (in Rs.): << Premium>> Sum Assured (in Rs): <<10,000>> Annual Renewal Date of the Master Policy << DD/MM/YY >> Policy Period : Annually Renewable	Part A (Clause 1.1)
5	Policy Coverage / Benefits Payable	<u>Death Benefit:</u> On death of the Insured Member/Employee during the policy term, the applicable Sum Assured is payable to the Claimant, provided the Master Policy is in force and all due premiums have been paid. .	Part C (Clause 3.1.1)

6	Options available	<p><u>Continuation Option:</u></p> <p>In case of surrender of the group policy by the Master Policyholder, a Continuation Option is available to the individual members of the group for the remaining Policy Term.</p> <p>On such surrender, the members have an option to continue the policy as an individual policy and INLIC shall continue to be responsible to serve such members till their coverage is terminated.</p>	Part C (Clause 3.1.3)
7	Rider opted	<p><<No rider opted under the policy>> if no rider opted <<</p> <p>The following riders have been opted</p> <ol style="list-style-type: none"> 1. <<Name of the rider>> - <<Base Sum Assured is Rs.____>> 2. <<Name of the rider>> - <<Base Sum Assured is Rs.____>> <p>>> If rider opted under the policy.</p>	Part C (Clause 3.2.4)
8	Exclusions (events where insurance coverage is not payable), if any.	<p><u>Suicide Exclusion:</u></p> <p>In case of compulsory employer-employee groups, no suicide exclusion would be applicable</p> <p>In case of other than compulsory employer –employee group, if the insured member whether sane or insane, commits suicide within 12 months from the date of joining the insurance scheme, 80% of the received premiums with respect to the member will be paid</p>	Part F (Clause 6.3)
9	Grace Period	There is a grace period of 30 days for Quarterly and Half-yearly mode, and 15 days for monthly mode during the Policy Term, from the due date of first unpaid premium.	Part F (Clause 6.4)
10	Free Look Period	30 days	Part D (Clause 4.1)
11	Lapse, paid-up and revival of the Policy	<p><u>Policy Lapsation:</u></p> <p>The policy shall lapse, if any amount that the Master Policyholder owes us under this policy is not paid within the grace period.</p> <p><u>Revival or Reinstatement of the Policy:</u></p> <p>Revival or reinstatement shall be allowed within the period of one year during the Policy Term as per the Board approved underwriting policy of INLIC</p>	<p>Part D (Clause 4.4)</p> <p>Part D (Clause 4.5)</p>
14	Claims / Claims Procedure	<p><u>Turn Around Time (TAT) for claims settlement:</u></p> <p>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.</p> <p><u>Claim Procedure -</u></p>	Part F (Clause 6.2)

		<p>In the event of a claim arising under this Policy, the master policyholder shall intimate to the company in writing and provide documents mentioned in policy documents to enable the Company to process the claim.. Please refer to the Policy Document for further details.</p> <p>To intimate a claim please submit the required 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 groupclaims@indusindnipponlife.com</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> <p>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</p>	
14	Policy Servicing	<p>Turn Around Time (TAT) : up to 7 days</p> <p>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</p> <p>Email Us at: groupservice@indusindnipponlife.com or Chat with us on WhatsApp number (+91) 7208852700</p> <p>Details of the Insurer:</p> <p>IndusInd Nippon Life Insurance Company Limited (Formerly Reliance Nippon Life Insurance Company Limited), Unit Nos. 401B, 402, 403 & 404, 4th Floor, Inspire-BKC, G Block, BKC Main Road, Bandra Kurla Complex, Bandra East, Mumbai– 400051 OR IndusInd Nippon Life Insurance Company Limited 7th Floor, Silver Metropolis, Off Western Express Highway, Goregaon East, Mumbai - 400063. Website - www.indusindnipponlife.com</p>	Part G
16	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>	Part G (Clause 7.3 & 7.4)

		<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 headcustomercare@indusindnipponlife.com</p> <p>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:</p> <p>IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255</p> <p>Bima Bharosa TOLL FREE NO: 1800 4254 732</p> <p>Email ID: complaints@irdai.gov.in</p> <p>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>	
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Declaration by the Policy Holder/Member:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder/Member)

Please Note:

The Master Policy Holder shall ensure that the Customer Information Sheet (CIS) is distributed/shared with all members of the Group Policy and shall provide the insurer with an acknowledgment of the same.

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