

CUSTOMER INFORMATION SHEET

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	REFER TO POLICY CLAUSE NUMBER
1	Name of the Product/Policy	JANATA PERSONAL ACCIDENT INSURANCE POLICY UIN: IRDAN106P0001V01200506	
2	Policy Number		
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured(Basis)	Rs. Xxxxxxx (Individual)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	<p>Covers only expenses for accidental injury. Expenses in respect of</p> <ul style="list-style-type: none"> (a) If such injury shall within six calendar months of its occurrence be the sole and direct cause of the death of the Insured, the Capital Sum Insured stated in the Schedule. The amount payable under this clause shall be paid to the Assignee shown in the Schedule. (b) If such injury shall within six calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of both eyes or total and irrecoverable loss of use of two hands or two feet, or of one hand and one foot , the Capital Sum Insured stated in the Schedule hereto. (c) If such injury shall within six calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye or total and irrecoverable loss of use of one hand or one foot, fifty per cent (50%) of the Capital Sum Insured stated in the Schedule. (d) If such injury shall within six calendar months of its occurrence be the sole and direct cause of permanently totally and absolutely disabling the Insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, the Capital Sum Insured stated in the Schedule. 	Please refer policy wordings.

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6	Exclusions (what policy does not cover)	<p>We will not liable for</p> <ul style="list-style-type: none"> (1) Compensation under more than one of the Sub-clauses (a),(b),(c) or (d) stated above in respect of the same injury or disablement (2) Payment of compensation in respect of death, injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy. (3) Payment of compensation in respect of death, injury or disablement of the Insured from (a) Intentional self-injury, suicide or attempted suicide. (b) Whilst under the influence of intoxicating liquor or drug. (c) Whilst racing on wheels, hunting, big game shooting, mountaineering or whilst engaging in winter sports, skiing and ice hockey. (d) Directly or indirectly caused by insanity. (e) Arising or resulting from the Insured committing any breach of law with criminal Intent. (f) Pregnancy or childbirth. (g) Venereal disease or insanity. (h) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and / or /any mutant derivative or variation of HIV or AIDS. (4) Payment of compensation in respect of death, injury or disablement of the Insured arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, insurrection, mutiny, military or usurped power seizure, capture, arrests and restraints. (5) Payment of compensation in respect of death of or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionising radiation or contamination by radioactivity from any source whatsoever or from nuclear weapons material 	SPECIAL EXCEPTIONS OF POLICY WORDINGS.
		Renewal	GENERAL CONDITIONS:

			CLAUSE 8
7	General Conditions	<p>The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.</p> <p>Cancellation</p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall</p> <ul style="list-style-type: none"> a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. <p>We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.</p>	GENERAL CONDITIONS: CLAUSE 5

	Financial Limits of Coverage		
8	<p>i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit).</p> <p>ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)</p> <p>ii. Deductible(It is the specified amount:</p> <ul style="list-style-type: none"> • Up to which an insurance company will not pay any claim, and • Which will be deducted from total claim amount (if claim amount is more than specified amount) <p>iv. Cumulative Bonus.</p>	Not Applicable. Not Applicable. Not Applicable. Not Applicable.	
9	Claims/Claims Procedure	An event, which might become a claim under the policy, must be reported to us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. A	GENERAL CONDITION 1

		<p>written statement of the claim will be required and a claim form will be provided.</p> <p>You or Your personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease.</p> <p>All certificates, information and evidence from a Medical Attendant or otherwise required by us shall be furnished by you, your personal representative/assignee in the manner and form as we may prescribe. In such claims your legal representative, Nominee, beneficiary will allow OUR representative to carry out examination and ascertain details if and when we may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person(s). In the event of claim in respect of loss of sight and loss of speech, the Insured person(s) shall undergo at your expenses such operations or treatment as we may reasonably deem desirable.</p>	
9	Policy Servicing	<p>Call Centre Number of the Insurer 1800-103-5499</p> <p>Details of Company Official</p>	
10	Grievances/Complaints	<p>Details of:</p> <ul style="list-style-type: none"> • Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- chiefgrievanceofficer@iffcotokio.co.in • Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal MailID- support@iffcotokio.co.in Toll free Number-1800-103-5499 • Ombudsman https://www.cioins.co.in/Ombudsman 	GENERAL CONDITIONS: CLAUSE 14

11	<p>Your Obligation</p> <p>Please disclose all condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Material Information includes:</p> <ul style="list-style-type: none"> i. Any change in health condition may/may not needing an active line of treatment. <p>Any change in Demographic Details</p>	
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Declaration by Policy Holder:

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

Place:

Date:

Signature of the Policy Holder

To access your CIS, please login to your account in our website:

<https://www.iffcotokio.co.in/>

Please go through this Customer Information Sheet. In case of any query or doubt, you may contact our call center at 1800-103-5499.

In case we do not receive any communication from you within the 7 days from the date of the issuance of the policy copy, we presume that you have read the terms and conditions and are in understanding of the coverage.

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure 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.