

MANIPALCIGNA ACCIDENT SHIELD

Classic, Plus and Pro Plans
Customer Information Sheet
(Description is illustrative and not exhaustive)

Product Name	ManipalCigna Accident Shield				Refer to the following Policy Section number in the Policy Wording for more details on each cover
Title	Description				
What am I covered for	Identify your Plan	Classic		Plus	
Basic Cover This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (SI) (in ₹)	₹5 Lac to ₹25 Cr (in multiples of ₹10,000)			
	Accidental Death (AD)	100% of SI 200% of SI (If death occurs due to an Accident while travelling as a fare paying passenger on a common carrier)			D.I.1
	Permanent Total Disablement (PTD)	Not Applicable	100% of SI 200% of SI (If PTD occurs due to an Accident while travelling as a fare paying passenger on a common carrier)		D.I.2
	Permanent Partial Disablement (PPD)	Not Applicable		Up to percentage as specified in the policy wordings	D.I.3
	Funeral Expenses	If claim has been accepted in case of section D.I.1 then we will make onetime payment of ₹50,000 for Sum Insured up to ₹50 Lacs and ₹1,00,000 for Sum Insured above ₹50 Lacs			D.I.4
	Repatriation of Mortal Remains	Up to 2% of SI, subject to a maximum of ₹5 Lac. Payable on Reimbursement basis. Any claim under this Benefit shall be payable if the death of the insured person occurs outside his city of residence.			D.I.5
Optional Covers This section lists the available optional covers under your plan and the limits under each of these options	Temporary Total Disablement	Limit (Applicable for Adult Insured members): For earning member - 2% of SI or ₹1,00,000 per week or Insured Persons base weekly income at the time of claim whichever is lower (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person. Minimum absence from work shall be for 7 consecutive days. For non-earning member (Can be opted only if the earning member is part of the TTD cover) - 1% of SI or ₹50,000 per week or 50% of the weekly compensation payable for the earning member (at the time of claim) covered in the same Policy whichever is lower (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person.			D.II.1
	Burns Benefit	Injury due to accidents leading to Burns is payable as a % of SI If the Injury results in more than one of the Descriptions of Policy Wordings, then the Company will pay cumulatively maximum up to the Sum Insured			D.II.2
	Broken Bones Benefit	Not Applicable		Injury due to accidents leading to Broken Bones is payable as a % of SI If the Injury results in more than one of the Descriptions of policy wordings, then the Company will pay for the highest one up to the limits as mentioned against that particular description	D.II.3
	Coma Benefit	25% of SI subject to a maximum of ₹25 Lacs Should be in comatose state for at least 96 hours Coma resulting directly from alcohol / drug abuse or due to sickness or disease is excluded.			D.II.4
	Child Welfare Benefit	In case of Accidental Death of an Insured Person Education Benefit - 10% of the SI, subject to a maximum of ₹20 Lac (Irrespective of number of dependent child(ren)). Available for dependent children up to age 25 years, even if not insured in the policy In case of Orphan Benefit (In addition to Education Benefit) - 20% of the SI, subject a maximum of ₹40 Lac (Irrespective of number of dependent chid(ren)) Available for dependent children up to age 25 years, even if not insured in the policy. In case of any surviving parent, Orphan benefit shall not be payable.			D.II.5

Loss of Employment	Payable in case of PTD / PPD Options: 3 months salary totalling up to the following options: ₹50000 to ₹500000 (in multiples of ₹10,000) This benefit is applicable only for the salaried employees and not applicable for self-employed. Customer can select the nearest SI option(s) as per the Salary. The pay-out under this benefit is limited to the least of base monthly net income excluding overtime, bonuses, tips, commissions, any other special compensation or the Sum Insured opted under this cover. We will pay for this benefit on Lump sum basis once upon occurrence of PTD / PPD that results in loss of employment. Would be available once in a lifetime of the insured person.			D.II.6
Air Ambulance	Up to ₹10 Lacs Payable on Reimbursement basis Applicable across the World, from the point of incidence to the hospital. We will not pay for return transportation to the Insured Person's home by air ambulance			D.II.7
Accidental Hospitalization	SI options(₹) - 5 Lac, 10 Lac, 15 Lac, 20 Lac, 25 Lac, 50 Lac Applicable only within India. Room type - Any Room. ICU - Up to SI 1) Inpatient treatment 2) Ayush Expenses 3) Medically necessary Dental Treatment 4) Medically necessary Plastic surgery 5) Day care Treatment 6) Pre & Post Hospitalization (up to 30 days each) 7) Road Ambulance - Covered Up to ₹10,000 per Hospitalization (Covered within the accidental Hospitalization SI) 8) Accidental OPD (For procedures that require less than 24 hours of Hospitalization, Doctor consultation & Diagnostic Tests) - Upto 1% of SI, subject to a maximum of ₹25,000. Covered within the Accidental Hospitalization sum Insured on reimbursement basis 9) Cost of Crutches, Wheel chairs, Prosthetics & Artificial limbs - Maximum up to ₹1 Lac (Covered within the accidental Hospitalization SI) Payable as per actuals for purchase or renting of necessary Crutches, Wheel chairs, Prosthetics & Artificial limbs as recommended by the treating Doctor. Purchase or Renting to be initiated within 30 days from the time of discharge from the hospital.			D.II.8
EMI Shield	Payable in case of AD /PTD / PPD 3 EMIs totaling up to the following SI options (₹): 50000 to 5 Lac (in multiples of ₹10,000) Customer can select the nearest SI options as per the EMI at the time of policy purchase and at the time of Renewal. EMI amount under this benefit would not include any arrears due to any reasons whatsoever. The pay-out under this benefit is limited to the least of sum total of 3 EMIs due or the Sum Insured opted under this cover. We will pay for this benefit on Lump sum basis once upon the occurrence of AD /PTD / PPD			D.II.9
Loan Shield	Payable in case of AD / PTD SI Options(₹) - ₹1 Lac to ₹1 Cr (in multiples of ₹10,000) SI option(s) under this benefit can be chosen only up to the Accidental Death SI amount, subject to a maximum SI limit available under Loan Shield cover. Customers can select the nearest SI option(s) as per the outstanding loan amount at the time of policy purchase and at the time of Renewal. We will pay the only the lowest of outstanding loan amount or the SI chosen under this benefit, upon occurrence of AD / PTD.			D.II.10
Adventure Sports Cover	Not Applicable	Not Applicable	Payable in case of AD / PTD 50% of SI, subject to a maximum of ₹50 Lac Covered as per the list of specified adventure sports in Policy Wordings. This cover is available only up to 60 years of age (at New Business / Renewal)	D.II.11
Medical Repatriation	Up to 25% of SI, subject to a maximum of ₹25 Lac Applicable across the world on reimbursement basis			D.II.12

<p>What are the Major exclusions in the Policy</p> <p>This section provides a brief list of the major charges/ treatments which will not be covered under the Policy permanently.</p>	<p>Please note that this is an indicative list of exclusions; please refer the Policy wording and clauses for the complete list of exclusions.</p> <p>We shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:</p> <p>Exclusions specific to section D.II.8 "Accidental Hospitalization"</p> <ul style="list-style-type: none"> - Investigation & Evaluation - Code- Excl 04 - Rest Cure, rehabilitation and respite care- Code- Excl 05 - Cosmetic or Plastic Surgery: Code- Excl 08 - Excluded Providers: Code- Excl 11 - Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Code-Excl 12 - Unproven Treatments: Code- Excl 16 - Expenses incurred for treatment of accidental injuries which does not warrant hospitalization. - Any form of Non-Allopathic treatment (except AYUSH Treatment (In-patient Treatment)), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine. - Any expenses incurred on Domiciliary Hospitalization. - Treatment taken outside the geographical limits of India. - All expenses listed in Annexure-3 (List I) of the Policy. <p>Exclusions (applicable to all sections of the policy)</p> <ul style="list-style-type: none"> - Hazardous or Adventure sports: Code- Excl 09 - Breach of law: Code- Excl 10 - Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom. - Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane. - Death or 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 defence, rebellion, revolution, insurrection, military or usurped power. - Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease - Congenital internal or external diseases, defects or anomalies or in consequence thereof. - Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent. - Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen. - Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident; - Death or disablement caused by 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. - 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. - Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel. - Engaged or while engaging in Hazardous Activities. - Death or 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. - Chemical attack or weapons - Biological attack or weapons 	E.I and E.II
<p>Waiting Period</p> <p>This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments</p>	<p>Not Applicable</p>	
<p>Payout Basis</p> <p>This section lists the manner in which the proceeds of the Policy will be paid to you</p>	<p>All Payments under the Policy (excluding the covers Repatriation of Mortal remains, Air Ambulance Cover, Accidental Hospitalization, Medical Repatriation) will be made on benefit basis.</p>	G.I

Loss Sharing This sections lists the various circumstances under which you will bear some portion of the claim out of your pocket	Not Applicable	
Renewal Conditions This section lists the terms of renewals under the Policy	The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. iv. No loading shall apply on renewals based on individual claims experience. v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible. vi. The insured may also avail an optional cover or opt out of the optional cover (as applicable) at the time of renewal.	F.I.9
Renewal Benefits This section lists the various benefits you can avail/ accumulate every time you renew a Policy with us	Not Applicable	
Cancellation The section explains the Policy cancellation process in brief	a. Cancellations may be intimated to Us by giving 15 days' notice wherein, We shall refund the premium for the unexpired term on the short period scale as mentioned in the Policy wordings enclosed in the kit. The Premium shall only be refunded only if no claim has been made under the Policy. No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly. b. This Policy can be cancelled on grounds of misrepresentation, fraud, non-disclosure of material fact, upon giving 15 days' notice without refund of premium.	F.I.7
Claims	For Accidental Hospitalization a. Planned Hospitalization - You/the Insured Person will intimate such admission at least 3 days prior to the planned date of admission. b. Emergency Hospitalization - You /the Insured Person will intimate such admission within 48 hours of such admission. c. Wherever You have opted for a reimbursement of expenses, You may submit the following documents for reimbursement of the claim to Our branch or head office at your own expense not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of our Branch Offices or download a copy from our website www.manipalcigna.com For other benefits Notify us within 10 days of occurrence of the Event. Submit the dully filled and signed claim form along with the documents mentioned in the claim form within 30 days of occurrence of the event at any of our branches or head office.	G.I.3, G.I.4, G.I.5 & G.I.6
Policy Servicing/ Grievances/ Complaints	Policy Servicing: Email Id: www.manipalcigna.com Toll Free: 1800-102-4462 Refer Redressal of Grievance specified under the Policy. Senior Citizens may write to us at - seniorcitizensupport@manipalcigna.com Details of Grievance redressal officer - https://www.manipalcigna.com/grievance-redressal IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of Policy document.	F.I.13 G.II
Insured's Rights	a. Free Look period: Applicable only if no claim has been made under the Policy. The Free Look period shall be applicable on new policies and not on renewals b. The insured person shall be allowed a free look period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy and to return the same if not acceptable.	F.I.12
Insured's Obligations	a. Please disclose all Pre-existing disease/s or condition/s before buying a Policy. b. The Policy shall be null and void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder. (Material facts for the purpose of this Policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	F.I.1

Legal disclaimer: The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the product brochures/prospectus and Policy document. In case of any conflict between the Customer Information Sheet, Prospectus and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

For benefit illustration with indicative ages and Sum Insured, please refer Annexure to CIS - Benefit Illustration

Note

The Company may customize the CIS based on the coverages opted by the customer, in order to make the document more apt and concise to customer needs and provide relevant information to customer.