

Kshema Group Personal Accident Policy

Customer Information Sheet

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

| Sl No | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy / Clause Number |
|-------|--|---|------------------------|
| 1) | Name of Insurance Product/Policy | Kshema Group Personal Accident Policy | Section I |
| 2) | Policy number COI number | As per the annexure. | NA |
| 3) | Type of Insurance Product/ Policy | Benefit Basis | |
| 4) | Sum Insured | The minimum Sum Insured available is Rs. 5,000 and maximum limit is Rs. 1,00,00,000 (in multiples of 1,000) Individual Sum Insured - Where each member has a Separate Sum Insured under the policy, or Sum Insured shall be as Opted and the same will be mentioned in your Policy Schedule | Section III |
| 5) | Policy Coverage (What the policy covers?) | 1. Accidental Death 2. Permanent Total Disability 3. Permanent Partial Disability 4. Temporary Total disablement Basic Cover: We cover 1. Accidental Death as a basic cover. Optional covers: All the other covers, i.e. 2. Permanent Total Disability 3. Permanent Partial Disability 4. Temporary Total disablement are optional covers. | Section III |
| 6) | Exclusions (what the policy does not cover) | Exclusions: 1. Natural Death 2. Any PED. 3. Suicide or Attempted Suicide, Intentional Self Injury. 4. Act of foreign enemies, War like Operations. 5. Congenital disease, defects or anomalies. | Section IV |

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|-----|-------------------------------------|---|-------------|
| | | <ol style="list-style-type: none"> 6. Congenital disease, defects or anomalies. 7. Bacterial infections. 8. Medical or Surgical treatments. 9. Any change of Occupation after inception of the policy without intimation to us. 10. Death or Disablement arising from Breach of law. 11. Death or Disablement caused due to Drug, Alcohol. 12. Death or Disablement due to Pregnancy. 13. Death or Disablement due to participation in any flying activity. 14. Adventurous Sports / Hazardous activity. 15. Involved in Naval / Military Operations. 16. Working in Under Ground mines, tunneling or explosives. 17. Any claim arising after twelve calender months from the date of the accidents. 18. Animal bite / Snake bite / Peril of the sea. 19. Death or Disablement arising from Ionizing radiation. <p>Please refer the Policy Documents for detail exclusions.</p> | |
| 7) | Waiting period | NA | NA |
| 8) | Financial limits of coverage | <ol style="list-style-type: none"> a. Accidental Death - 100 % of Sum Insured shall be payable. b. Permanent Total Disability - % as mentioned in the table of benefits. c. Permanent Partial Disability - % as mentioned in the table of benefits d. Temporary Total Disability - % as mentioned in the table of benefits | Section III |
| 9) | Claims/Claims Procedures | <p>For any assistance on Claims or registering a claim, You can call Our call center or by e-mail or by writing to Our office address or alternatively</p> <p>You can also reach out to your Master Policyholder.</p> <p>For information on documents required to process claims, please refer to the policy document 'Claim Process'.</p> | Section VI |
| 10) | Policy Servicing | <p>Call Center Number: 1800 572 3013 Or email Us at customer.support@kshema.co or through Kshema Application Information about Us</p> <p>Kshema General Insurance Ltd.</p> <p>Address: #413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad – 500 016, Telangana, India T: +91 040 2340 9918 E: info@kshema.co www.kshema.co.</p> | |
| 11) | Grievances / Complaints | <p>If You have any query or grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address your grievance as follows:</p> <ol style="list-style-type: none"> 1. For resolution of any query, You may contact the Policy issuing office by writing to Us at Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016. or email Us at customer.support@kshema.co or through Kshema Application or call us at 1800 572 3013 (toll-free) 2. If You are not satisfied with the resolution provided, You may escalate to our E-mail grievance.cell@kshema.co or gro@kshema.co or call us at 1800 570 2998 (toll-free) or can write to us at Grievance Redressal Office, Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016 or at the sub section "Grievance Redressal" on our website www.kshema.co. | Section VII |

3. If you are not satisfied with the resolution provided by us, you have the option to approach the Insurance Ombudsman for grievance redressal at <https://www.cioins.co.in>. Alternatively, you may also contact the Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal at <https://bimabharosa.irdai.gov.in> or via the IRDAI Grievance Call Centre (IGCC) at toll-free numbers 1800 4254 732 / 155255.

Contact details of Insurance Ombudsman Offices in India:

| S.No | State name | City | Phone number | Mail ID |
|------|----------------|-------------|--|------------------------------|
| 1 | Gujarat | Ahmedabad | 079 - 25501201/02 | oio.ahmedabad@cioins.co.in |
| 2 | Karnataka | Bengaluru | 080 - 26652048 / 26652049 | oio.bengaluru@cioins.co.in |
| 3 | Madhya Pradesh | Bhopal | 0755 - 2769201 / 2769202 / 2769203 | oio.bhopal@cioins.co.in |
| 4 | Orissa | Bhubaneswar | 0674 - 2596461 / 2596455/2596429/2596003 | oio.bhubaneswar@cioins.co.in |
| 5 | | Chandigarh | 0172-2706468 | oio.chandigarh@cioins.co.in |
| 6 | Tamil Nadu | Chennai | 044 - 24333668 / 24333678 | oio.chennai@cioins.co.in |
| 7 | | Delhi | 011 - 46013992/23213504/23232481 | oio.delhi@cioins.co.in |
| 8 | Assam | Guwahati | 0361 - 2632204 / 2602205 / 2631307 | oio.guwahati@cioins.co.in |
| 9 | Telangana | Hyderabad | 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 | oio.hyderabad@cioins.co.in |
| 10 | Rajasthan | Jaipur | 0141- 2740363 | oio.jaipur@cioins.co.in |
| 11 | Kerala | Kochi | 0484 - 2358759 | oio.ernakulam@cioins.co.in |
| 12 | West Bengal | Kolkata | 033 - 22124339 / 22124341 | oio.kolkata@cioins.co.in |
| 13 | Uttar Pradesh | Lucknow | 0522 - 4002082 / 3500613 | oio.lucknow@cioins.co.in |
| 14 | Maharashtra | Mumbai | 022 - 69038800/27/29/31/32/33 | oio.mumbai@cioins.co.in |
| 15 | Uttar Pradesh | Noida | 0120-4027589 | oio.noida@cioins.co.in |
| 16 | Bihar | Patna | 0612-2547068 | oio.patna@cioins.co.in |
| 17 | Maharashtra | Pune | 020-24471175 | oio.pune@cioins.co.in |
| 18 | Maharashtra | Thane | 022-20812868/69 | oio.thane@cioins.co.in |

12) Things to remember

- Policy renewal:** Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.
- Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.
- Disclosure of information:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.
- Nomination:** You are required at the inception of the policy and at the time of renewal to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Nomination can be changed any time during the term of the policy. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, We will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of Our liability under the policy.

Section V

13) Your Obligations

Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.

Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.

Section V

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

Declaration by the Policyholder.

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

Place: Hyderabad

Date:

(Signature of the Policyholder)