This document provides only key information about your policy.
Please refer to the policy document for detail terms and conditions.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in Next Column)	Policy Section No./ Clause No.
1)	Name of Insurance Product	Kshema Hospi DinDhan Suraksha (Retail)	Section I
2)	Policy No.	IRDAN162RPCR0022V01202526	
3)	Type of Insurance Product	Benefit Policy: You will receive a lump sum amount per day for each day of hospitalization as mentioned in your policy schedule regardless of the actual medical expenses incurred.	Section III
4)	Sum Insured	The Sum Insured is dependent on the choice of the insured. Sum Insured range will be Rs 100 – Rs 20,000 per day for 10 days/ 20 days/ 30 days/ 40 days	Policy Schedule
5)	Policy Coverage (What the policy covers?)	Base Cover If you're hospitalized in India due to disease / illness or accidental injury, we'll pay you a fixed daily cash amount for each full 24 hours of stay. Optional Cover – a. Intensive Care Unit (ICU) HospiCash b. If You are Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary Treatment of an Illness or an Injury that occurred during the Policy Period. c. Accidental HospiCash d. If You are Hospitalized due to an Injury that occurred due to Accident during the Policy Period for medically necessary treatment that occurred during the Policy Period. e. Maternity HospiCash f. Hospitalization arising from or traceable to pregnancy, childbirth including normal/ caesarean section, for a maximum of 5 days irrespective of the number of days opted under base policy. For Optional Covergaes ICU and Accidental HospiCash we will pay 2 times the Daily Cash Benefit and for Optional Cover Maternity the daily Cash limit as specified in the Policy Schedule will be payable for maximum of 5 days.	Section III
6)	Exclusions (what the policy does not cover)	a. We will not pay for claim less than 24 hours of Hospitalization. b. No Day Care Treatment shall be covered under this Benefit. c. Waiting Period (Pre Existing Disease, Specific Disease/ Medical Procedure Waiting Period, First Thirty Days Waiting Period) d. Investigation & Evaluation e. Rest Cure, Rehabilitation and Respite Care	Section IV

		f. Obesity/ Weight Control g. Change-of-Gender Treatments h. Cosmetics or Plastic Surgery i. Hazardous or Adventure Sports j. Breach of Law k. Treatments in Health Hydros, Nature clinic, spas or clinical establishments. l. Refractive error. m. Unproven Treatments n. Hospitalization required for Sterility and Infertility o. Maternity p. Circumstantial Exclusion q. Behavioural Exclusions r. Medical Exclusions *For more detail regarding exclusion please refer to the policy wordings	
7)	**Waiting Period**	1. Initial Waiting Period – 30 days. 2. Pre-Existing Waiting Period – 36 months. 3. Specific/Procedure Waiting Period – 24/36 months.	**Section IV**
8)	**Financial Limits of Coverage**	For Base Cover – Rs 100 – Rs 20,000 for 10 days / 20 days/ 30 days/ 40 days	**Policy Schedule**
9)	**Claims/Claims Procedure**	**Intimation of Claim** You shall have to give an intimation by calling Our call centre or by e-mail or by writing to Our office address along with the following details within 7 days of admission in the Hospital Claim Document Required a. Duly filled claim form b. Photo ID and Age proof c. Self attested copy of discharge card / day care summary / transfer summary d. Self attested copy of the final bill e. Self attested copy of the invoice and payment receipt. f. Self attested copy of previous consultation papers indicating history and treatment details for current ailment. g. Self attested copy of all diagnostic reports (including imaging and laboratory) along with the medical prescription & copy of invoice / bill and receipt from the diagnostic center. h. Self attested copy of MLC / FIR copy – in Accidental cases only i. Self attested copy of death summary & death certificate (in death claims only) j. Any other support requisitioned by the claims department k. KYC documents If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request. Illustration: Base Sum Insured = Rs 1000 per day for 10 days = 1000 x 10 = Rs 10,000/-	**Section VII**

Insured had taken an Add On of ICU
Insured Hospitalised for 3 days in ICU (after 2 month of policy issuance)
Day 1 = Deductible
Claim Payable = 2000 X 2 days
= 4000 days.
Balance Sum Insured remain for the Policy Year
= Rs 10,000 – Rs 4,000
= Rs 6000 /-

10) Policy Servicing — **Section VI**

Toll free / IVRS number of the insurer: Toll free No.1800 572 3013

Website / Email: Visit www.kshema.co OR customer.support@kshema.co

Details of designated company officials to be contacted in time of claim :

- Customer can call our customer services Executive @1800 572 3013 or mail to customer.support@kshema.co or directly walk-in to any of our offices and can get his/her claim registered with us.

Turn Around Time (TAT) for claims settlement:
15 Days after submission all document , No cash less service

11) Grievance Redressal and Policyholders Protection — **Section VIII**

Details of Grievance Redressal Officer of us: Chief Grievance Officer at gro@kshema.co

Bima Bharosa Portal: https://bimabharosa.irdai.gov.in/

Ombudsman: http://www.cioins.co.in/ombudsman.htm

Toll free No.1800 572 3013 or email us at customer.support@kshema.co

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	Bhubaneshwar	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 — **Section VI**

1. Free look Period
   You get 30 days from receiving your policy to review it. If you're not satisfied and haven't made any claims, you can cancel it and get a refund. The refund will be adjusted for stamp duty, medical check-up costs, and the time your coverage was active.

		2. Renewal of Policy i. Your policy can be renewed unless there's fraud, misrepresentation, or non-disclosure. ii. Claims made in earlier years won't affect renewal. iii. You must pay the renewal premium before the policy ends. iv. You get a 30-day grace period to renew without losing benefits, but coverage won't apply during this time. v. No extra charges will be added based on your past claims. 3. Migration: The right accorded to you at the time of renewal of policy, to transfer the credit gained for pre-existing conditions and time bound exclusions from this policy to another health product available with Us. 4. Portability: Means the right accorded to you to transfer the policy (including family cover) at the time of renewal with the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from us to another insurer. For Migration and Portability you can directly contact us on our toll free no. 1800 572 3013 or email us at customer.support@kshema.co or through Kshema Application. 5. Moratorium Period After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. 6. Cancellation Clause: 1. You can cancel the policy at any time during the term, by informing to Us. In case You cancel the policy, You are not required to give reasons for cancellations. 2. We can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to You. 3. We shall – a. Refund proportion premium for unexpired policy period, if the term of the policy is up to 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. 4. "In case a claim is intimated on the policy, no premium shall be refunded upon cancellation under any circumstances". 5. No refund is allowable in case of Insured Person cancel the optional cover selected during the Policy Period.	
13)	**Your Obligation**	To disclose all material information at time of filling the proposal form: You are at an obligation to disclose all material information in the Proposal form. In the event of Misrepresentation, Mis-description or Non-disclosure of any material fact by you, the Policy shall be void In case of any change / modification / addition to the already declared information the same shall be brought to the notice to us immediately Non-disclosure of material information may affect the claim settlement. **Disclosure of other material information during the policy period:** You can contact our Customer Services over phone at the Toll-free No.1800 572 3013 or write to us at customer.support@kshema.co to intimate any change to the material information affecting the policy.	**Section VI**

	Insured to specify the material information: 1. Complete personal details: Age, date of birth, occupation, address 2. Medical history: All the details that are there in the proposal form regarding critical illness and any other habit of smoking and tobacco. 3. Intermediary details 4. Claims History / Previous Insurance details: Details of any past insurance claims made by you.	

Declaration by you

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

Place:

Date:

(Your Signature)

Note:

1. You may go through the policy related documents including CIS on our website at https://kshema.co/
2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.