

SARAL SURAKSHA BIMA, MANIPALCIGNA

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 (Please refer to applicable Clause Number in next column) | Policy Clause Number | | | | | | | | |
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| 1 | Name of Insurance Product/Policy | Saral Suraksha Bima, ManipalCigna | | | | | | | | | |
| 2 | Policy Number | xxxxxxxx | | | | | | | | | |
| 3 | Type of Insurance Product/Policy | <ul style="list-style-type: none"> Benefit (Where the Insurance Policy pay fixed amount under the policy on the occurrence of a covered event) | | | | | | | | | |
| 4 | Sum Insured (Basis) (Along with amount) | <ul style="list-style-type: none"> Individual Sum Insured (Where each insured member has a separate sum insured the policy), <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><Insured Name 1></td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;"><Insured Name 2></td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;"><Insured Name 3></td> <td style="text-align: center;">xxxxxx</td> </tr> </tbody> </table> | Insured Name | Sum Insured (in Rs) | <Insured Name 1> | xxxxxx | <Insured Name 2> | xxxxxx | <Insured Name 3> | xxxxxx | |
| Insured Name | Sum Insured (in Rs) | | | | | | | | | | |
| <Insured Name 1> | xxxxxx | | | | | | | | | | |
| <Insured Name 2> | xxxxxx | | | | | | | | | | |
| <Insured Name 3> | xxxxxx | | | | | | | | | | |
| 5 | Policy Coverages (What the policy covers?) | <p>Base Covers</p> <p>a. Accidental Death We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period.</p> <p>b. Permanent Total Disablement We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period.</p> <p>c. Permanent Partial Disablement We shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period.</p> <p>d. Cumulative Bonus Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued. The cumulative bonus is applicable only in respect of base covers.</p> | <p style="text-align: right;">D.I.1</p> <p style="text-align: right;">D.I.2</p> <p style="text-align: right;">D.I.3</p> <p style="text-align: right;">D.III</p> | | | | | | | | |

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| | | <p>2. Optional Covers(Available only if opted):</p> <p>a. Temporary Total Disablement If You sustains an Injury in an Accident during the Policy Period and which completely incapacitates the You from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work</p> <p>b. Hospitalisation Expenses due to Accident We shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.</p> <p>c. Education Grant Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, We shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured.</p> | <p>D.II.1</p> <p>D.II.2</p> <p>D.II.3</p> |
| <p>6</p> | <p>Exclusions (What the policy does not cover)</p> | <p>Exclusions (applicable to all sections of the policy)</p> <p>1. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>2. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person</p> <p>a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;</p> <p>b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.</p> <p>c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]</p> <p>d. arising or resulting from the Insured Person committing any breach of law with criminal intent.</p> | <p>E.I.1</p> |

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| | | <p>3. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>4. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <p>A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.</p> <p>B. Nuclear weapons material</p> <p>C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>D. Nuclear, chemical and biological terrorism</p> <p>5. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.</p> <p>Exclusions specific to section "Hospitalisation Expenses due to Accident"</p> <p>1. Investigation & Evaluation (Code- Excl04)</p> <p>2. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)</p> <p>3. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</p> <p>4. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</p> <p>5. Treatment taken outside the geographical limits of India.</p> <p>6. All expenses listed in Annexure-B (List I) of the Policy.</p> | E.I.2 |
| 7 | <p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage. | Not Applicable | |

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| <p>8</p> | <p>Financial limits of coverage</p> <ul style="list-style-type: none"> • Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit) • Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder/insured). • Deductible (It is specified amount: <ul style="list-style-type: none"> - up to which and insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than specified amount) • Any other limit (as applicable) <ul style="list-style-type: none"> - up to which and insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than specified amount) | <ol style="list-style-type: none"> 1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable 2. In case of claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits: <ul style="list-style-type: none"> - Room/ICU Charges – Not Applicable - For the following specified diseases – Not Applicable 3. Co-Payment – Not Applicable 4. Deductible – Not Applicable | |
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| <p>9</p> | <p>Claims/Claims procedure</p> | <p>Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization: Customer can intimate claim by submitting documents on our portal by visiting on https://www.manipalcigna.com/claims/raise-a-claim or send scanned copy through their advisors or dispatch hardcopy at our head-office or branch Once the documents are submitted or received claim number is generated Further as per our decision customer is intimated and claim is settled Customers are required to upload or submit following documents</p> <ul style="list-style-type: none"> • Photo Identity Proof – <ol style="list-style-type: none"> 1. Voter ID, Passport, 2. PAN Card, 3. Driving License, 4. Ration Card, 5. Aadhar Card, 6. or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law • Duly completed and signed claim form in original as prescribed by us on https://www.manipalcigna.com/downloads/claims • Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station; • Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital. • Cancel cheque/ Legal Heir certificate as applicable. <p>For Cashless if Hospitalization expenses due to Accident: All the documents to be sent to Mediassist TPA on customercare@manipalcigna.com or upload the documents on Medibuddy App.</p> <p>To know the process for our cashless and reimbursement claims visit https://www.manipalcigna.com/claims</p> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> i. TAT for pre-authorization of cashless facility – within 4 hours from the last complete document. ii. TAT for cashless final bill settlement – within 4 hours from the last complete document <p>Web links for the followings:</p> <ol style="list-style-type: none"> i. Network hospital details - https://www.manipalcigna.com/locate-us ii. Helpline Number - https://www.manipalcigna.com/claims iii. Hospital which are blacklisted or from where no claims will be accepted by insurer - https://www.manipalcigna.com/locate-us iv. Link for downloading claim form- https://www.manipalcigna.com/downloads/claims | <p>G.1 & G.2</p> |
| <p>10</p> | <p>Policy Servicing</p> | <p>For hassle free policy servicing customer can manage their policy by clicking on-https://eservicing.manipalcigna.com/login or Download myManipalCigna App from Playstore or appstore</p> | |

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| <p>11</p> | <p>Grievances/ Complaints</p> | <p>LEVEL 1 Health Relationship Managers Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM. Email us at - headcustomercare@manipalcigna.com For Senior Citizen Assistance - Seniorcitizensupport@ManipalCigna.com</p> <p>LEVEL 2 Senior Manager - Grievance Cell Call us on 022-61703600 between 10 am to 6 Pm (Monday to Friday) Email us at - complaints@manipalcigna.com</p> <p>LEVEL 3 Grievance Redressal Officer Call us on 022-61703603 between 10 am to 6 Pm (Monday to Friday) Email us at - GRO@manipalcigna.com For Senior Citizen Assistance - Seniorcitizensupport@ManipalCigna.com</p> <p>LEVEL 4 Approach Ombudsman If the channels above have still not met your expectations, you may approach the insurance ombudsman, the office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman</p> <p>Note: You may also approach the Insurance ombudsman if your complaint is open for more than 30 days at any of the above levels.</p> | <p>F.I.14</p> |
| <p>12</p> | <p>Things to remember</p> | <p>Free Look Cancellations: The Free Look Period will be applicable on the new policy and not on renewals. The insured will be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period.</p> <p>To avail:</p> <ul style="list-style-type: none"> - Customer can request for cancellation writing to - customercare@manipalcigna.com from the registered email id with us. OR - Customer can also visit any MCHI Branch and give a written request <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> | <p>F.I.13</p> <p>F.I.10</p> |

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| 13 | Your Obligations | <ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • Disclosure of Information: The policy shall be 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. (Explanation: "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 |
| | | <ul style="list-style-type: none"> • Material Change: The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium. | F.II.1 |

Declaration by the Policy Holder:

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

Place: _____

Date: _____

(Signature of Policyholder)

Note:

- i. Insured/policyholder can get the product related document at <https://eservicing.manipalcigna.com/document-vault>
- ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).