

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. NO	TITLE	DESCRIPTION	Policy clause number
1.	Name of the Insurance Product / Policy	PRADHAN MANTRI SURAKSHA BIMA YOJANA	
2.	Policy Number	<<Policy Number/Certificate of Insurance Number>>	
3.	Type of Insurance Product / Policy	Benefit	
4.	Sum Insured (Basis)	Individual Sum Insured	

5.	Policy Coverage (What the Policy covers?)	<p>The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance.</p> <p>Base Covers: As opted & mentioned in the Policy Schedule</p> <p>Inclusion of Covers Endorsements (Additional Covers): As opted & mentioned in the Policy Schedule</p>	Section 2: Benefits
----	--	---	----------------------------

6.	Exclusions	<p>SPECIFIC EXCLUSIONS</p> <ol style="list-style-type: none"> 1. Compensation under more than one of the sub-clauses (1), (2), (3) in respect of same injury or disablement of the Insured Person. In the event of a claim which may aggravate to increased disability/ death within 12 calendar months of the occurrence then our liability will be limited to higher of the two and in any event not exceeding the Capital Sum Insured. 2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person. 3. Payment of compensation in respect of 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. 4. Payment of compensation in respect of death, injury or disablement of the Insured arising or resulting from the insured committing any breach of the law with criminal intent. 5. Any claim of Insured Person arising from: a. suicide or attempted suicide b. wilful self-inflicted illness or injury except injury in self-defence or to save life; or 6. Being 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 7. Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or 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, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all kings, princes and people of whatsoever nation, condition or quality. 8. 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 ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material. 9. Participation in winter sports*, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or potholing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any 	
----	-------------------	--	--

		bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained.	
7.	Waiting Period	Please refer to point no. 4	
8.	Financial Limits of Coverage Deductible (It is a specified amount: 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 the specified amount) Sub limit (it is a pre-defined limit and the Insurance Company will not pay any amount in excess of this limit)	Please refer to point no. 4	

9.	Claims/ Claim Procedure	<p>CLAIM PROCEDURE:</p> <p>a) NOTICE OF CLAIM/LOSS: Upon the happening of any event which may give rise to a claim under this policy the Insured shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the Insured should within seven days after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claims.</p> <p>b) CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish the Insured with such forms as may be required for filing proofs of loss.</p> <p>c) TIME FOR FILING CLAIM FORMS AND EVIDENCE: Completed claim forms and written evidence of loss must be furnished to the Company within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured can satisfy the Company that it was not reasonably possible to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.</p> <p>EXAMINATION: The Insured or someone claiming on behalf of the Insured shall provide the Company with all documentation, medical records and information which may be requested to establish the circumstances of the claim, its quantum or the Company liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:</p> <table border="1" data-bbox="431 1140 1235 1877"> <thead> <tr> <th data-bbox="431 1140 836 1178">Death Claims</th> <th data-bbox="836 1140 1235 1178">Disability Claims</th> </tr> </thead> <tbody> <tr> <td data-bbox="431 1178 836 1577"> 1. Claim Form 2. Original Death Certificate 3. Original/Attested Post Mortem Report, if conducted. 4. Attested copy of FIR, Spot Panchanama & Police Inquest Report, where applicable. </td> <td data-bbox="836 1178 1235 1577"> 1. Claim Form 2. Attending Doctor's Report 3. Original Disability Certificate from the Doctor 4. Complete medical records including Investigation/ Lab reports (X- Ray, MRI etc.) </td> </tr> <tr> <td data-bbox="431 1577 836 1877"> 5. Complete medical records including Death Summary in case of Hospitalization. 6. Any other document requested by the Company in view of claim 7. KYC Documents </td> <td data-bbox="836 1577 1235 1877"> 5. FIR, Police report, where applicable 6. Any other document requested by the company in view of claim 7. KYC Documents. </td> </tr> </tbody> </table>	Death Claims	Disability Claims	1. Claim Form 2. Original Death Certificate 3. Original/Attested Post Mortem Report, if conducted. 4. Attested copy of FIR, Spot Panchanama & Police Inquest Report, where applicable.	1. Claim Form 2. Attending Doctor's Report 3. Original Disability Certificate from the Doctor 4. Complete medical records including Investigation/ Lab reports (X- Ray, MRI etc.)	5. Complete medical records including Death Summary in case of Hospitalization. 6. Any other document requested by the Company in view of claim 7. KYC Documents	5. FIR, Police report, where applicable 6. Any other document requested by the company in view of claim 7. KYC Documents.	
Death Claims	Disability Claims								
1. Claim Form 2. Original Death Certificate 3. Original/Attested Post Mortem Report, if conducted. 4. Attested copy of FIR, Spot Panchanama & Police Inquest Report, where applicable.	1. Claim Form 2. Attending Doctor's Report 3. Original Disability Certificate from the Doctor 4. Complete medical records including Investigation/ Lab reports (X- Ray, MRI etc.)								
5. Complete medical records including Death Summary in case of Hospitalization. 6. Any other document requested by the Company in view of claim 7. KYC Documents	5. FIR, Police report, where applicable 6. Any other document requested by the company in view of claim 7. KYC Documents.								

10.	Policy Servicing	<p>For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact Us through:</p> <ul style="list-style-type: none"> • Website : www.tataaig.com • Toll Free No.: 1800 266 7780/ For Senior Citizens: 1800 22 9966 • Courier: Accident & Health Claims Department (Tata AIG Personal Accident & Loss of Job policy) Tata AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 	
11.	Grievance /Complaints	<p>Website: www.tataaig.com Call us 24X 7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com Write to us at: Customer Support, Tata AIG General Insurance Company Limited 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Visit the Servicing Branch mentioned in the policy document</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/</p>	
12.	Things to Remember	<ul style="list-style-type: none"> • Free Look Period • The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records and shall allow The Company or its representative(s) to inspect such records. 	
13.	Your obligations	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of mis-representation, misdescription or non-disclosure of any material fact by the Policyholder	