CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your Terms and Conditions and the Policy Schedule in the Policy Document.

SL. NO.	Title	Description in Simple Words (Please refer to applicable policy clause number in the next column)	Policy Clause Number
1	Name of the Insurance Product and Unique Identification Number (UIN)	Pramerica Life Smart Assure (140N042V06)	Part A - Policy Schedule
2	Policy Number	As mentioned in Policy Schedule	Part A - Policy Schedule
3	Type of Insurance Policy	Non Linked other than pure risk and pension	-
4	Basic Policy details	• **Instalment Premium** - This is the amount of Premium paid per frequency i.e. Annual/Semi Annual /Quarterly/monthly as opted by you. • **Mode of premium payment** - This refers to the frequency of your premium payment (e.g. Monthly, Semi Annually, Quarterly or Yearly) • **Sum Assured on death** – It is the amount payable in case of death of the Life Insured according to the terms and conditions of this Policy and is 7 times or 11 times Annualized Premium as applicable basis the age at entry. • **Sum Assured on Maturity** –It is the amount payable to you at the end of Policy Term in accordance with the terms and conditions of the policy. • **Premium payment Term** -This is the period for which you are required to pay the premium to avail the full benefits of the policy. • **Policy Term** - This is the period during which you will avail the policy benefits.	Part A - Policy Schedule

Customer Information Sheet

5	Policy Coverage/benefits payable	• **Benefits payable on maturity** - This is the amount payable to you at the end of Policy Term which is equal to: Maturity Sum Assured plus the Maturity Additions. Where, the Maturity Additions will accrue to the Policy, at the end of the respective Policy Years subject to the Policy being in force for full benefits. • **Benefits payable on death** –This is the amount payable on Death which is equal to Death Sum Assured plus Accrued Maturity Additions, if any • **Survival Benefits excluding that payable on maturity** – Not Applicable	Part C- Section one Part C- Section one
		• **Surrender benefits** -This is the amount you will receive in case if you want to terminate your policy (contract) before its Maturity Date and is less than the actual benefit amount. Its recommended to continue the policy to reap its full benefits and purpose.	Part D- Section Two
		• **Options to policyholders for availing benefits** - Not Applicable • **Other Benefits/options payable** –Not Applicable • **Lock-in period for Linked insurance policy** - Not Applicable	Not Applicable
6	Options available (in case of Linked Insurance Products)	• **Partial Withdrawal** - Not Applicable • **Top –up Provision** - Not Applicable • **Switches** - Not Applicable • **Settlement option** - Not Applicable • **Any other option** - Not Applicable	Not Applicable
7	Option available(in case of Annuity product)	• **Type of immediate annuity**- Not Applicable • **Proportion of annuity amount guaranteed for variable pay-out option** – Not Applicable • **Any other option** - Not Applicable	Not Applicable
8	Riders opted, if any	Not Applicable	Not Applicable
9	Exclusions (events where insurance coverage is not payable), if any.	**Brief list of the applicable exclusions, if any** At inception of the Policy - Suicide within 12 months from the date of commencement of risk Revival of the Policy - Suicide within 12 months from the date of revival. For other exclusions, please refer to the Policy Document.	Part F- Section One
10	Waiting /lien Period, if any	A period of 90 days from the Date of Commencement of Risk during which no Death Benefit shall be payable.	Part C- Section One

Customer Information Sheet

11	Grace period	This refers to a period of 15 days for monthly premium payment mode or 30 days for non-monthly modes to pay your due premium. The policy status remains valid during the grace period	Part C-Section Four
12	Free Look Period	If you disagree with any of the Terms & conditions of the Policy, you have option to return your Policy within 30 days of date of receipt of the Policy Document and the Company shall give a complete refund of paid premium (less applicable deductions, if any)	Part D-Section Four
13	Lapse, paid-up and revival of the Policy	**Lapse** - If you discontinue the payment of premiums before your Policy has acquired a Surrender Value, your Policy will lapse at the end of the grace period and no benefits shall be paid under a lapsed policy. **Paid Up** - If the Policy has acquired a Surrender Value and no future premiums are paid, you may choose to continue your Policy on Reduced Paid-up basis. In that case, your policy benefits shall be proportionately reduced.	Part D-Section One
		Revival – If your Policy is in Lapsed or Paid-Up state you can revive your Policy i.e. pay all the due unpaid premiums within five years from the date of first unpaid Premium to enjoy the full benefits under your policy.	Part D-Section One
14	Policy Loan, if applicable	When your policy acquires a Surrender Value, you will be eligible for Policy Loan subject to maximum of 80% of surrender value	Part D-Section Three
15	Claims/Claims Procedure	**Turn Around Time (TAT) for claims settlement and brief procedure** • Death Claim Settlement without Investigation from the date of intimation of claim -15 days • Death Claim Settlement with Investigation from the date of intimation of claim -45 days **Helpline/Call Centre number and Contact details of the insurer** • For claim related queries in respect of any Insured member please contact our branch or call us on 1860 500 7070 0124 469 7070 (Local charges apply) or write to us on Email: contactus@pramericalife.in	Part F Section Four

Customer Information Sheet

		• Link for downloading claim form and list of documents required including bank account details. Link for downloading claim form: https://pramericalife.in/claims/claimforms List of Documents: **Basic documentation if death is due to medical reasons or natural:** 1. The Company's Death Claim Form duly completed 2. Policy Document (not necessary in case of dematerialized policy document) 3. Death Certificate 4. Claimant's Identity proof, Address proof and banking details 5. Discharge summary and all other past hospital records 6. Completed Last Medical Attendant's Report **Additional documents if death is due to Un-natural cause** 1. Copy of First Information Report and Final Police Investigation Report 2. Copy of Post-Mortem Report 1.	
16	Policy Servicing	**Turn Around Time (TAT)** Free Look Cancellation & Refund from the date of receipt of request:7 days **Policy Servicing (from the date of receipt of request for the service specified):7 days** • Change of Address (KYC Norms to be complied) • Registration /Change of Nomination, Assignment. • Alteration in ORIGINAL POLICY CONDITIONS (where applicable) • Policy Loan • Unit / Index Linked Insurance Policy Switch, Top-up, and other related Services • Decision on Policy Revival after receipt of all requirements • Surrender or partial withdrawal of Policy **Helpline/Call Centre number and Contact details of the insurer** • If you wish to discuss any aspect of your Policy or if you have any query or complaint please contact us at 1860 500 7070 or 0124 469 7070 (local charges apply) or write to us at contactus@pramericalife.in	Part D

Customer Information Sheet

		• **Link for downloading applicable forms and list of documents required including bank account details.** Link for applicable forms https://www.pramericalife.in/Downloads/ServiceForms • List of Documents : As per the servicing form and the KYC proof.	
17	Grievances /Complaints	Grievance Redressal Officer, Pramerica Life Insurance Ltd., 7th and 8th Floor, Tower 2, Capital Business Park, Sector 48, Gurugram-122018 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Website: https://pramericalife.in/customer-services/grievance-redressal Office hours 9.30 am to 6.30 pm from Monday to Friday IRDAI- Grievance Redressal Cell: If after contacting the Company, the Policyholders query or concern is not resolved satisfactorily or within timelines the Grievance Redressal Cell of the IRDAI may be contacted. Bima Bharosa Toll Free number – 155255 or 1800-425-4732 Email Id- complaints@irdai.gov.in Website: https://bimabharosa.irdai.gov.in Complaints against Life Insurance Companies: Insurance Regulatory and Development Authority of India Policyholder's protection & Grievance Redressal Department (PPGR) Sy. No. 115/1 Financial District Nanakramguda, Gachibowli Hyderabad – 500032 Insurance Ombudsman: The office of the Insurance Ombudsman has been established by the Government of India for the redressal of any grievance in respect of life insurance policies. Any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within	Part G

Customer Information Sheet

		whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located. The complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman. You may approach the Insurance Ombudsman if your grievance pertains to any of the following: a. Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999 b. Any partial or total repudiation of claims c. Disputes over premium paid or payable in terms of insurance policy d. Misrepresentation of policy terms and conditions e. Legal construction of insurance policies in so far as the dispute relates to claim f.Policy servicing related grievances against insurers and their agents and intermediaries g. Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer h. Non-issuance of insurance policy after receipt of premium i. Any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) No complaint to the Insurance Ombudsman shall lie unless (a) The complainant makes a written representation to the insurer named in the complaint and—	

Customer Information Sheet

		(i) Either the insurer had rejected the complaint, or (ii) The complainant had not received any reply within a period of one month after the insurer received his representation, or (iii) The complainant is not satisfied with the reply given to him by the insurer (b) The complaint is made within one year— (i) After the order of the insurer rejecting the representation is received, or (ii) After receipt of decision of the insurer which is not to the satisfaction of the complainant, or (iii) After expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant. The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet. Link https://www.cioins.co.in/ombudsman Council for Insurance Ombudsmen: (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, S.V Road , Santacruz (West), Mumbai – 400054. Tel no: 022-69038800/69038812 Email id: inscoun@cioins.co.in Website: www.cioins.co.in	

You can also access the Customer Information sheet through this link: https://www.pramericalife.in/Downloads/Download

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

Customer Information Sheet

Declaration by the Policyholder

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

Place: (Signature of the Policyholder)

Date: