

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your Certificate of Insurance (COI).

SL. NO.	Title	Description in Simple Words (Please refer to applicable section in Certificate of Insurance)	Policy/COI Clause Number														
1	Name of the Insurance Product/Policy	Pramerica Life Group Health Kawach (140N061V02)	Page 1 of COI														
2	Policy Number	As mentioned in Certificate of Insurance	Page 1 of COI														
3	Type of Insurance Policy	Benefit	Page 1 of COI														
4	Sum Insured (Basis) (Along with amount)	Individual Sum Insured Amount as Mentioned in Certificate of Insurance	Page 2 of COI														
5	Policy Coverage/benefits payable	<ul style="list-style-type: none">• Cover options available: Fixed Sum assured• Coverage options available (refer COI for coverage(s) opted by you):<ul style="list-style-type: none">○ Accidental death cover○ Critical Illness cover○ Accidental death plus accidental permanent total or partial disability cover○ Accidental death plus Critical illness cover○ Accidental death plus Accidental permanent and total or partial disability plus Critical illness	Page 2 under Benefit Details of COI														
6	Exclusions	<ul style="list-style-type: none">• Exclusions applicable to Critical Illness Benefit: As specified in Certificate of Insurance• Exclusions applicable to ADB and ATPD Benefits: As specified in Certificate of Insurance	Page 6 under Exclusions of COI														
7	Waiting period	Period of 90 days (or such other period specified in the Policy for a particular disease/condition) from the Coverage Commencement Date or Revival Date.	Page 5 of COI														
8	Financial limits of coverage	<table><thead><tr><th>Insured Events</th><th>% of Coverage Sum Insured</th></tr></thead><tbody><tr><td>Loss of speech and loss of hearing in both ears</td><td>50%</td></tr><tr><td>Loss of hearing in both ears</td><td>25%</td></tr><tr><td>Loss of speech</td><td>25%</td></tr><tr><td>Loss of use of one hand</td><td>25%</td></tr><tr><td>Loss of use of one foot</td><td>25%</td></tr><tr><td>Loss of sight in one eye</td><td>25%</td></tr></tbody></table>	Insured Events	% of Coverage Sum Insured	Loss of speech and loss of hearing in both ears	50%	Loss of hearing in both ears	25%	Loss of speech	25%	Loss of use of one hand	25%	Loss of use of one foot	25%	Loss of sight in one eye	25%	Page 5 of COI
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9	Claims/Claims Procedure	<p>For claim related queries in respect of any Insured Member please contact our sales representative or call us on 1860 500 7070.</p> <p>Claims TATs -</p> <ul style="list-style-type: none">• Claim Settlement without Investigation (Health) – 30 Days• Claim Settlement with Investigation (Health) -															

		<ul style="list-style-type: none"> ○ Investigation to be completed– 30 Days ○ Claim Settlement thereafter - 45 Days from the last necessary documents <p>Death Claim- https://www.pramericalife.in/UserFiles/File/Health%20Claim.pdf</p> <p>Critical Illness claim – https://www.pramericalife.in/UserFiles/File/Hindi/Critical%20Illness%20Claim%20Form-Hindi.pdf</p> <p>Health Claim – https://www.pramericalife.in/UserFiles/File/Health%20Claim.pdf</p> <p>List of Documents : As mentioned in the claim form</p>	
10	Policy Servicing	<p>The Company may be contacted at:</p> <p>Customer Service Help Line 1860 500 7070 / 011 48187070 (Local charges apply) (9.30 am to 6.30 pm from Monday to Saturday)</p> <p>Email: Group.Services@pramericalife.in</p> <p>Email for Senior Citizen: seniorcitizen@pramericalife.in</p> <p>Website: www.pramericalife.in</p>	Page 7 of COI
11	Grievances and complaints	<p>Grievance Redressal Officer, Pramerica Life Insurance Ltd., 4th Floor, Building No. 9 B, Cyber City, DLF City Phase III, Gurgaon– 122002 GRO Contact Number: 0124 – 4697069 Email – gro@pramericalife.in Office hours 9.30 am to 6.30 pm from Monday to Friday</p> <p>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</p> <p>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</p> <p>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.</p>	Page 6 of COI

	<p>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 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.</p> <p>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.</p> <p>You may approach the Insurance Ombudsman if your grievance pertains to any of the following:</p> <ol style="list-style-type: none"> Delay in settlement of claim beyond the time specified in the regulations, framed under the Insurance Regulatory and Development Authority of India Act, 1999 Any partial or total repudiation of claims Disputes over premium paid or payable in terms of insurance policy Misrepresentation of policy terms and conditions Legal construction of insurance policies in so far as the dispute relates to claim Policy servicing related grievances against insurers and their agents and intermediaries Issuance of Life insurance policy, which is not in conformity with the proposal form submitted by the proposer Non-issuance of insurance policy after receipt of premium 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) <p>No complaint to the Insurance Ombudsman shall lie unless</p> <p>(a) The complainant makes a written representation to the insurer named in the complaint and—</p> <ol style="list-style-type: none"> Either the insurer had rejected the complaint, or The complainant had not received any reply within a period of one month after the insurer received his representation, or The complainant is not satisfied with the reply given to him by the insurer <p>(b) The complaint is made within one year—</p> <ol style="list-style-type: none"> After the order of the insurer rejecting the representation is received, or 	
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12	Things to remember	<p>Free Look Cancellation - If you disagree with the Terms & conditions of the contract may request for cancellation of the COI stating the reasons for objection within 30 days from the receipt of the COI with complete refund of paid premium (less applicable deduction)</p> <p>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.</p> <p>Portability - When your policy is due for renewal, you may port your policy to another insurer.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, 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</p> <p>Moratorium Period – Not Applicable</p>	Page 6 of COI
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. (Disclosure of other material information during the policy period.)	

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Declaration by the Policyholder/Member

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

Place: _____ (Signature / Name of the Policyholder/ Member)
Date: _____