

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 Rakshak Smart (140N075V04)	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/Monthly as opted by you. Mode of premium payment- This refers to the frequency of your premium payment (e.g. Monthly, Semi-Annual or Annual) 	Part A - Policy Schedule
		Sum Assured on Death –This is the amount considered for the determination of benefits payable on death	Part C – Benefits payable on Death
(Sum Assured on Maturity – This is same as Maturity Benefit mentioned under the plan	Part C- Benefits Payable On Maturity
		 Premium payment Term - This is the period for which you are required to pay the premium to enjoy the full benefits of the policy Policy Term - This is the period for which you will enjoy the policy benefits. However, You will enjoy the Maturity Benefit during the payout period, which is after the Policy Term. 	Part A - Policy Schedule



5	Policy Coverage/benefit s payable	 Benefits payable on maturity – Guaranteed income for a period of 5 years (Monthly or annual) from the maturity date + Saving Booster lumpsum with final Guaranteed Income Instalment Survival Benefits excluding that payable on Maturity – Not Applicable 	Part C- Specific Terms and Condition s		
		Benefits payable on death – Sum Assured on death + Annual Guaranteed Additions accrued till date of death			
		Surrender benefits - This is the amount you will receive in case if you want to terminate your policy (contract) before its Maturity Date	Part D- Section 2		
		 Options to policyholders for availing benefits— You have the option to receive the Maturity Benefit along with Savings Booster in a lumpsum Other benefits/options payable- Not Applicable Lock-in period for Linked insurance policy – Not Applicable 	Part C- Section 1(b)		
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.	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	Part F- Section 1 Not Applicable		
10	Waiting /lien Period, if any	Number of Days – Not Applicable			
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	Part C- Section 3		



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		policy status remains valid during the grace period.						
12	Free Look Period	If you disagree with the Terms & conditions of the						
12	Free Look Periou	Policy you can return your Policy within 30 days of						
		date of receipt of the Policy Document with	Part D-					
		•	Section 4					
		complete refund of paid premium (less applicable deductions, if any)						
13	Lapse, paid-up	Lapse- If you discontinue the payment of						
	and revival of the	premiums before your Policy has acquired a						
	Policy	Surrender Value, your Policy will lapse at the end						
	,	of the grace period and no benefits shall be paid	×					
		under a lapsed policy.	Part C-					
		Paid Up- If the Policy has acquired a Surrender	Section 4					
		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.						
		Revival – If your Policy is in Lapsed or Paid-Up						
		state you can revive your Policy i.e. pay all the due	Part D-					
		unpaid premiums within five years from the date	Section 1					
		of first unpaid Premium to enjoy the full benefits	30001011					
		under your policy.						
14	Policy Loan, if	Once Surrender Value becomes payable under						
	applicable	your policy, you will be eligible for Policy Loan	Section 3					
15	Claims /Claims	subject to maximum of 75% of surrender value						
15	Claims/Claims Procedure	Turn Around Time (TAT) for claims settlement and brief procedure						
	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						
	XU							
	of the insurer							
		 For claim related queries in respect of any 	Part F Section 4					
		Insured member please contact our branch						
		or call us on 1860 500 7070 (Local charges						
	apply) or 011 4818 7070 or write to us on							
		Email: contactus@pramericalife.in						
		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:						
1		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				
		Discharge summary and all other past hospital records	S			
		6. Completed Last Medical Attendant's				
		Report				
		Additional documents if death is due to Unnatural cause				
		Copy of First Information Report and Final				
		Police Investigation Report				
		2. Copy of Post-Mortem Report				
16	Policy Servicing	Turn Around Time (TAT)				
	Toney Servicing					
		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 				
	$\times O'$	Decision on Policy Revival after receipt of all	Part D			
		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 (local charges apply) or 011				
		48187070 or write to us at				
		contactus@pramericalife.in				
		Link for downloading applicable forms and list				
		of documents required including bank account				
		details.				



		Link for applicable forms	
		https://www.pramericalife.in/Downloads/ServiceForm	
		<u>s</u>	
		List of Documents : As per the servicing form and the	
		KYC proof.	
17	Grievances	Grievance Redressal Officer,	
	/Complaints	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	
		THOU	
		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:	Part G
		Insurance Regulatory and Development	
		Authority of India	
		Policyholder's protection & Grievance Redressal	
		Department (PPGR)	
		Sy. No. 115/1	
		Financial District	
		Nanakramguda, Gachibowli	
		Hyderabad – 500032	
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		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 whose	
		territorial jurisdiction the branch or office of the	
		insurer complained against or the residential	
		misurer complained against of 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—
- (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: 022-022 -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.

Declaration by the Policyholder

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Place:	(Signature of the Policyholder)
Date:	