

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.	Title	Description in Simple Words	Policy
NO.	NO. (Please refer to applicable policy clause number in		Clause
		next column)	Number
1	Name of the	Pramerica Life Smart Wealth+ (140L041V03)	
	Insurance		Part- A
	Product and		Policy
	Unique Identification		Schedule
	Number (UIN)		
2	Policy Number	As mentioned in the policy schedule	Part- A
_	Toney Number	7.5 mentioned in the policy solledule	Policy
			Schedule
3	Type of	Linked	
	Insurance		-
	Policy		
4	Basic Policy	•Instalment Premium- This is the amount of Premium	
	details	paid per frequency i.e. every year/half-	
		year/quarter/month as opted by you.	
		•Mode of premium payment- This refers to the	
		frequency of your premium payment (e.g. Monthly,	
		Quarterly, half yearly or Yearly)	
		•Sum Assured on Death- This is same as Sum Assured	
		under your policy which is 5/7/10 times of your	Part- A
		Annualized Premium and is considered for the	Policy
		determination of Death Benefit.	Schedule
		Comp A served on Bactorites Net Applicable	
	XV	•Sum Assured on Maturity— Not Applicable	
	, 60	Premium payment Term— This is the period for which	
		you are required to pay the premium to enjoy the full	
		benefits of the policy.	
		benefits of the policy.	
		Policy Term- This is the period during which you will	
		enjoy the benefits promised under the policy	
5	Policy	Benefits payable on maturity— This is the amount	
	Coverage/ben	payable to you at the end of the Policy Term which is	Dort C
	efits payable	the Fund Value of your policy at the time of maturity.	Part C –
			Section
			One(b)



7	Option available(in case of	 you like under Premium Redirection option. Type of immediate annuity- Not Applicable Proportion of annuity amount guaranteed for variable pay-out option. – Not Applicable 	Not Applicable
		Premium Re-direction: You have an option to redirect your premium into different funds and proportions as	Part E –
		• Fund Conservation Option- You have an option to systematically switch the units in your account to debt fund towards the end of your policy.	Part D – Section Five
	(20)	Settlement option— This allows you to receive your maturity value spread over a period of five years.	Part D – Section Four
	~	Switches – This refers to moving your investments between available funds in your policy.	Part D – Section Three
6	Options available (in case of Linked Insurance Products)	 Partial Withdrawal – This allows you to take out a limited amount of money from your policy for your needs. Partial Withdrawals can be made only after completion of lock-in-period (i.e. 5 years). Top –up Provision- Not Applicable 	Part D – Section Two
		•Lock-in period for Linked Insurance products— This refer to a period of first 5 policy years where you cannot make any withdrawal out of the policy.	Part C– Section Two
		•Other benefits/options payable- Persistency Units: At the end of 10th, 15th and 20th Policy Year the Persistency Units equal to 1% of the average of Fund Value depending on your premium amount will be added to your unit account.	Part C – Section One (c)
		Options to policyholders for availing benefits- Settlement option— This allows you to receive your maturity value spread over a period of five years.	Part D – Section Four
		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 Six
		 Benefits payable on death—This is the amount payable on death which is higher of Sum Assured or Fund Value or 105% of total Premiums paid till date of death. Survival Benefits excluding that payable on maturity—Not Applicable 	Part C – Section One(a)

	Annuity product)	•Any other option 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 C – Section One (a)
10	Waiting /lien Period, if any	Not Applicable Not Appli	
11	Grace period	This refers to an additional period of 15 days for monthly premium payment mode or 30 days for premium payment mode other than monthly to make the payment of your due premium if in case you fail to make the payment timely.	Part C – Section Two
12	Free Look Period	If you disagree with the Terms & conditions of the Policy, you can return your policy within 30 days of date of receipt of the Policy Document with complete refund of non-allocated premium plus fund value as on the date of cancellation (less applicable deductions, if any)	
13	Lapse, paid-up and revival of the Policy	Paid Up – After 5 years, if in case all due premiums are not received, then the Sum Assured under the policy shall be reduced proportionately. This might result in reduced death benefit.	Part C – Section Two
	NO _N	Revival – This refers to payment of all due premiums within a period of 3 years from the last unpaid premium to enjoy the full benefits under your policy.	Part D – Section One
14	Policy Loan, if applicable	Not Applicable	Not Applicable
15	Claims/Claims Procedure	Turn Around Time (TAT) for claims settlement and brief procedure • Death Claim Settlement without Investigation (Life) from the date of receipt of all relevant papers and clarifications-30 days • Death Claim Settlement with Investigation (Life)-120 days Helpline/Call Centre number and Contact details of the insurer	Part F, Section - Two



		 For claim related queries in respect of any Insured Member please contact our sales representative 	
		or call us on 1860 500 7070 or 011 4818 7070	
		(Local charges apply) 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://www.pramericalife.in/UserFiles/File/Individual	
		Death Claim Form English.pdf List of Documents:	
		A. Basic documentation if death is due to natural	
		Cause	
		The Company's claim form duly completed	
		2. Policy Document	
		3. Life Insured's date of birth if the Company has not	
		admitted the age of the Life Insured	
		4. Death certificate	
		B. Basic documentation if death is due to Un-	
		natural cause	
		 The Company's claim form duly completed. Policy Document 	
		3. Date of birth of the Life Insured if the Company	
		has not admitted the age of the Life Insured	
		4. Death certificate	
		5. Copies of the First Information Report and the	
		Final Investigation Report	
		Copy of the post-mortem report	
16	Policy	Turn Around Time (TAT)	
	Servicing	Customer initiated payout request: within 15 days	
		Request for Free look: 7 days	
		Non payout service request: within 15 days	
		Halpling /Call Cantra number and Contact details of	
		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	Part D
		our toll free number 1860 500 7070 or 011 48187070	
		(local charges apply) or write to us at	
		contactus@pramericalife.in	
		The factor of th	
		Link for downloading applicable forms and list of documents required including bank account details.	
		documents required including pank account details.	
<u> </u>	<u> </u>		



		Link for applicable forms	
		https://www.pramericalife.in/Downloads/ServiceForms	
	• List of Documents : As per the servicing form and the		
		KYC proof.	
17	Grievances Grievance Redressal Officer,		
17	/Complaints	Pramerica Life Insurance Ltd.,	
	Complaints	1 · · · · · · · · · · · · · · · · · · ·	
		4th Floor, Building No. 9 B, Cyber City,	
		DLF City Phase III, Gurgaon– 122002 GRO Contact Number: 0124 – 4697069	
		Email – gro@pramericalife.in	X
		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	Part G
		India	
		Policyholder's protection & Grievance Redressal	
	Department (PPGR)		
Sy. No. 115/1		Sy. No. 115/1	
		Financial District	
		Nanakramguda, Gachibowli	
	$\times O'$	Hyderabad – 500032	
	.60	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 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: 022-69038800/69038812.

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

Declaration by the Policyholder

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

Place:	(Signature of the Policyholder)
Date:	