

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy		
2	Policy number		
3	Type of Insurance Product / Policy		
4	Sum Insured (Basis) (Along with amount)		
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)		

6	Exclusions (What the policy does not cover)		
7	Waiting period <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 		
8	Financial limits of coverage <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>iii. Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>		

9	Claims / Claims Procedure		
10	Policy Servicing		
11	Grievances/Complaints		

12	Things to remember		
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13	Your Obligations		
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Declaration by the Policy Holder:

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

The insurance Agent/Intermediary has explained Product Features and Suitability clearly and in a language understandable to me.

Place:

Date: (Signature of the Policy Holder)