

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

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER	
1	Name of Insurance Product/ Policy	Accident Care – XXXX Plan		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	<b>Both Indemnity and Benefit</b> - Indemnity (Where insured losses are covered up to the Sum Insured under the policy) - Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)		
4	Sum Insured (Basis)	<ul style="list-style-type: none"> <li>• <b>Individual Sum Insured</b> - Where each member has a separate sum insured under the policy</li> </ul> <b>Sum Insured – INR XXXX</b>		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		Death resulting from Accident	Policy will pay a lump sum amount in the event of the Insured's Death due to Accident.	Policy Wordings. – 2.1
		Permanent Total Disablement (PTD)	Policy will pay a lump sum amount in the event of Permanent Total Disablement of the Insured Person due to an Accident.	Policy Wordings. – 2.2
		Permanent Partial Disablement (PPD)	Policy will pay a lump sum amount as per the disability grid provided in the Policy Wordings in the event of Permanent Partial Disablement of the Insured Person due to an Accident.	Policy Wordings. – 2.3
		Temporary Total Disablement (TTD)	We will pay a weekly benefit as in case an Insured Person meets with an Accident that incapacitates the Insured Person from engaging in any employment or occupation	Policy Wordings. – 2.4
Carriage of Dead Body	Covers the costs incurred for transporting the Insured Person's body from the place of death to place of residence upon claim being admitted under Section A: Benefit 1	Policy Wordings. – 3.1		

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		Permanent Total Disablement Improvement Benefit	Covers the costs incurred for improvements carried out in the Insured Person's residence due to Permanent Total Disablement and claim being admitted under Section A: Benefit 2	Policy Wordings. – 3.2
		Permanent Partial Disablement Improvement Benefit	Covers the costs incurred for improvements carried out in the Insured Person's residence due to Permanent Partial Disablement and claim being admitted under Section A: Benefit 3	Policy Wordings. – 3.3
		Children's Education Grant	Covers education expenses of the Insured Person's dependent if claim is admitted under Section A: Benefit 1 or 2	Policy Wordings. – 3.4
		Ambulance Charges	Covers expenses incurred on transport of an Insured Person in an Ambulance following an Accident	Policy Wordings. – 3.5
		Funeral Expenses	Covers the costs incurred towards this benefit upon claim being admitted under Section A: Benefit 1	Policy Wordings. – 3.6
		Accidental Hospital Daily Cash Benefit	Policy will a fixed per day allowance as in case of an Insured person's hospitalization following an Accident	Policy Wordings. – 4.1
		Accidental Hospitalization Expenses Reimbursement	Covers expenses incurred on the Insured Person's hospitalization for treatment of an Injury in case of an Insured person's hospitalization following an Accident	Policy Wordings. – 4.2
		Convalescence Benefit	Policy will pay a specified amount in case of an Insured person's hospitalization following an Accident.	Policy Wordings. – 4.3
6.	Exclusions (What the policy does not cover)	<p>We shall not be liable to make any payment under Section A, Extensions under Section A and Section B of this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below:</p> <p>i) Any Hospitalization consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, except where such condition arises directly as a consequence of an accident during the policy period.</p> <p>ii) Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities</p>		Policy Wordings. – 5

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		<p>or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft</p> <p>iii) Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self-injury, dissipation, (which expression shall cover also general debility, “run down” conditions and “general overhaul”), venereal disease, intemperance, use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them</p> <p>iv) Dental treatment, eye treatment and plastic surgery unless necessitated as a consequence of an Injury</p> <p>v) Any Injury present prior to the commencement of Policy Period, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any illness, complication or ailment arising out of or connected to such Injury</p> <p>vi) Any Medical Expenses not incurred in a Hospital or Day Care Centre</p> <p>vii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person</p> <ol style="list-style-type: none"> <li>a. from intentional self-injury, suicide or attempted suicide;</li> <li>b. whilst under the influence of intoxicating liquor or drugs;</li> <li>c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world, or engaging in any kind of adventure sports for personal gratification. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single engine or multiengine;]</li> <li>d. directly or indirectly caused by venereal disease</li> <li>e. arising or resulting from the Insured Person committing any breach of law with criminal intent.</li> </ol>	

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		<p>viii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.</p> <p>ix) Arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission or nuclear fusion</p> <p>x) Directly or indirectly caused by or contributed by/ or arising from Nuclear weapon materials</p> <p>xi) Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss</p> <p>xii) All non-medical expenses listed in Annexure II (List I) of the Policy</p>	
7.	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	NotApplicable	
8	Financial limits of coverage	NotApplicable	

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9	Claims/ Claims Procedure	<p>On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, Company shall be given the intimation within 10 days and provided the necessary information and documentation in respect of the Claims within 30 days, of the Insured Person's Injury occurring</p> <p><b>Turn Around Time (TAT) for claims Settlement</b></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility - Not Applicable</li> <li>ii. TAT for cashless final bill authorization - Not Applicable</li> </ul> <p>Please find the details/ web link for following -</p> <ul style="list-style-type: none"> <li>i. Network Hospital details – Not Applicable</li> <li>ii. Helpline Number – 1800 266 4545</li> <li>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer - <a href="https://www.zurichkotak.com/docs/default-source/footer-docs/delisted-hospital-list.pdf">https://www.zurichkotak.com/docs/default-source/footer-docs/delisted-hospital-list.pdf</a></li> </ul> <p>Downloading/ getting Claim form <a href="https://www.zurichkotak.com/customer-support/downloads">https://www.zurichkotak.com/customer-support/downloads</a></p>	Policy Wordings - 7
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials- E-mail: <a href="mailto:care@zurichkotak.com">care@zurichkotak.com</a></p> <p>Link: <a href="https://www.zurichkotak.com/customer-support/grievance-redressal-process">https://www.zurichkotak.com/customer-support/grievance-redressal-process</a></p> <p>For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at <a href="mailto:seniorcitizen@zurichkotak.com">seniorcitizen@zurichkotak.com</a>.</p>	Policy Wordings - Part III - General Terms and Conditions 22
11	Grievances/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> <li>- Grievance redressal officer: Contact details: Toll free number: 1800 266 4545 Email: <a href="mailto:grievanceofficer@zurichkotak.com">grievanceofficer@zurichkotak.com</a></li> <li>- Insurance company grievance portal/ Department: Contact details: Toll free number: 1800 266 4545 Email: <a href="mailto:grievanceofficer@zurichkotak.com">grievanceofficer@zurichkotak.com</a></li> </ul>	Policy Wordings - Part III - General Terms and Conditions 22

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		<p>Ombudsman: The details of the Insurance Ombudsman is available at:</p> <ul style="list-style-type: none"> <li>- <a href="https://www.zurichkotak.com/customersupport/grievance-redressal-process">https://www.zurichkotak.com/customersupport/grievance-redressal-process</a></li> <li>- <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a></li> <li>- The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings</li> </ul>	
12	Things to Remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at <a href="mailto:care@zurichkotak.com">care@zurichkotak.com</a></p> <p><b>Policy Renewal:</b> 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><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at <a href="mailto:care@zurichkotak.com">care@zurichkotak.com</a></p> <p><b>Change in Sum Insured:</b> 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 <b>only for enhanced portion of the sum insured</b></p>	<p>Policy Wordings - Part III - General Terms and Conditions 10</p> <p>Policy Wordings - Part III - General Terms and Conditions 15</p> <p>Policy Wordings - Part III - General Terms and Conditions 16</p> <p>Policy Wordings - Part III - General Terms and Conditions 15 (viii)</p>
		<p><b>Moratorium Period :</b>After completion of five continuous years under the policy no look back to be applied. The period of five years is called as moratorium period. The moratorium would be applicable for sum insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sum insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in policy contract.</p>	<p>Policy Wording Part III - Standard General Terms and Clauses – 24</p>

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13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period - The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.</p> <p>(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p>	Policy Wording Part III - Standard General Terms and Clauses – 1 - Disclosure of Information

**Declaration by the Policy Holder**

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

**Place**

**Date**

**Signature of the Policy Holder**

**Note:**

i. Please visit <https://www.zurichkotak.com/documents/customer-support/downloads> for product related documents including CIS

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