ZURICH kotak
General Insurance

Zurich Kotak General Insurance Company (India) Limited
(Formerly known as Kotak Mahindra General Insurance Company Limited)
Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. Maharashtra, India.

ZK - 24-25/v1

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY

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	Health Assure		
2	Policy number	XXXX		
3	Type of Insurance Product/ Policy	**Both Indemnity and Benefit** - 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)	• **Individual Sum Insured** - Where each member has a separate sum insured under the policy or • **Floater Sum Insured** – Where all members under the policy have a single sum insured limit which may be utilized by any or all members • Sum insured - INRXXX		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		Policy Wordings – Part II,I. Base Covers - 1
		In-patient Treatment	Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours	
		Pre- Medical hospitalisation Medical Expenses	Expenses covered before date of hospitalisation upto number of days specified in PolicySchedule	Policy Wordings – Part II, I. Base Covers - 2
		Post-hospitalisation Medical Expenses	Medical Expenses after discharge from the hospital Upto Number of Days specified in policy Schedule	Policy Wordings – Part II, I. Base Covers - 3
		Day Care Treatment	Covered up to the limit of opted Sum Insured where the Hospital admission is less than 24 hours	Policy Wordings – Part II, I. Base Covers - 4
		Domiciliary Hospitalisation	Covered up to the limit specified where the treatment is taken at home	Policy Wordings – Part II, I. Base Covers - 5
		Emergency Ambulance	Covers expenses incurred on availing ambulance services	Policy Wordings – Part II, I. Base Covers - 6

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Donor Expenses	Covered up to the limit specified towards the donor for harvesting the organ	Policy Wordings – Part II, I. Base Covers - 7
		AYUSH Treatment	Medical Expenses covered for treatment given under Ayurveda, Yoga and Naturopathy ,Unani, Sidha and Homeopathy systems.	Policy Wordings – Part II, I. Base Covers - 8
		Air Ambulance	Covers expenses for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest hospital	Policy Wordings – Part II, II. Optional Covers - 1
		Hospital Daily Cash Benefit	Provides Daily Cash Amount for specified days for each and every completed day of Hospitalisation	Policy Wordings – Part II, II. Optional Covers - 2
		ICU Daily Cash Benefit	Provides Daily Cash Amount for specified days for each and every completed day of Hospitalisation in an ICU	Policy Wordings – Part II, II. Optional Covers - 3
		Convalescence Benefit	Pays for a specified amount if the Insured Person is admitted in Hospital for a specified minimum period	Policy Wordings – Part II, II. Optional Covers - 4
		Cover for non-Medical Expenses	Reimburse the expenses incurred Non-towards generally excluded items such as non-medical items like toiletries, cosmetics, personal comfort or convenience items, etc.	Policy Wordings – Part II, II. Optional Covers - 5
		Maternity Benefit	Cover for Medical Expenses incurred for the delivery of the Insured Person's child (including caesarian section) or the Medically Necessary and lawful medical termination of pregnancy	Policy Wordings – Part II, II. Optional Covers - 6
		New Born Baby Cover	Medical Expenses incurred on the Hospitalisation of the Insured Person's New Born Baby will be covered	Policy Wordings – Part II, II. Optional Covers - 7
		Pre and Post Natal Care	Policy will reimburse the Pre- and post-natal Hospitalis Natal Careation and OPD Expenses	Policy Wordings – Part II, II. Optional Covers - 8
		Cumulative Bonus	Cumulative Bonus will be provided by increase in the Sum Insured provided no claims have been made in the expiring Policy Year	Policy Wordings – Part II, II. Optional Covers - 9
		Wellness Program	Insured can avail wellness services upto the limits/ frequency specified in the Policy Schedule/Certificate of Insurance	Policy Wordings – Part II, II. Optional Covers - 10

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Floater Cover	Policy will cover the members of the Policyholder on a Family Floater Sum Insured basis	Policy Wordings – Part II, II. Optional Covers - 11
		Corporate Buffer	Corporate Buffer as per limits specified in the Policy Schedule/Certificate of Insurance during the Policy period will be provided	Policy Wordings – Part II, II. Optional Covers - 12
		Room Rent Capping with proportionate deduction	We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital after applying proportionate deduction	Policy Wordings – Part II, II. Optional Covers - 13
		Room Rent Capping without proportionate deduction	We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital without applying proportionate deduction	Policy Wordings – Part II, II. Optional Covers - 14
		Deductible	Company will indemnify the Medical Expenses incurred in Excess of the Deductible for the listed Benefits	Policy Wordings – Part II, II. Optional Covers - 15
		Co-payment	Company will pay only the defined limit of the admissible claim amount and the balance will be borne by the Insured Person	Policy Wordings – Part II, II. Optional Covers - 16
		Disease-wise sublimit	Apply sub-limits as specified in the Policy Schedule/ Certificate of Insurance to the treatment/ surgery as listed	Policy Wordings – Part II, II. Optional Covers - 17
7	Prime- Rider UIN- ZUKHLGA25064 V012425	Unlimited Reset Benefit	We shall provide for a Reset (reinstate) of the base Sum Insured, unlimited times during the Policy Year up to the limits and in accordance with the variations and applicability as specified in the Policy Schedule or Certificate of Insurance of the Policy.	Policy Wordings - Part 1 Cover A.
		Loyalty Bonus	We will increase the Sum Insured by a specified percentage subject to the maximum limit at the end of the Policy Year in accordance with variations specified in the Policy Schedule or Certificate of Insurance and provided the Policy is renewed with Us.	Policy Wordings - Part 1 Cover B.

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Inflation Protect	We will protect the Sum Insured against rising inflation by linking the Sum Insured in the Base Plan with a specified percentage or Consumer Price Index (CPI) as specified in the Policy Schedule or Certificate of Insurance.	Policy Wordings - Part 1 Cover C.
		Reduction in PED waiting period	the applicable Pre-existing disease waiting period in the base policy will be reduced to the opted waiting period as specified in the Policy Schedule or Certificate of Insurance of the Policy.	Policy Wordings - Part 1 Cover D.
		Well-being Benefits	We will provide any or all of the listed services up to the limits/frequency as specified in the Policy Schedule or Certificate of Insurance through the Network Provider or Vendor tie-up.	Policy Wordings - Part 1 Cover E.
		Annual Health Check-up	We will provide coverage for an Annual Health Check-up as prescribed in the Policy Schedule or Certificate of Insurance.	Policy Wordings - Part 1 Cover F.
		Air Ambulance +,	we will indemnify the Reasonable and Customary Charges for Air Ambulance transportation upto the limit specified in Policy schedule/certificate of Insurance for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of the Illness /Accident to the nearest hospital.	Policy Wordings - Part 1 Cover G.
		Emergency Ambulance +	We shall indemnify the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule/ Certificate of Insurance towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital for treatment of an Illness or Injury following an Emergency.	Policy Wordings - Part 1 Cover H.
		Maternity Cover & its complications	We shall indemnify the Medical expenses incurred up to the Maternity Sum Insured during the Policy Period with sub-sections mentioned in Policy Schedule or Certificate of Insurance.	Policy Wordings - Part 1 Cover I.

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		New born Baby Cover +	We shall indemnify the Medical Expenses incurred towards In-patient Hospitalization of the New- Born Baby during the Policy Period up to the limits as specified in the Policy Schedule or Certificate of Insurance.	Policy Wordings - Part 1 Cover J.
		Daily Cash for Accompanying Insured Child	We will pay the Daily cash amount specified in the Policy Schedule or an Certificate of Insurance for each and every completed day of Insured Person's hospitalization during the Policy period	Policy Wordings - Part 1 Cover K.
		Compassionate Visit	We shall indemnify the costs of a return journey undertaken by air/ rail/ road (to and fro) for one of the Insured Person's Immediate Relative to travel from the place of the Immediate Relative's residence to the Hospital where the Insured Person is hospitalized up to the limit, in case Hospitalization of the Insured Person extends beyond number of consecutive days as specified in the Policy Schedule	Policy Wordings - Part 1 Cover L.
		Double cover	We will provide an additional 100% of Base Sum Insured as Double Cover, which can be utilized for claims incurred under the Base Policy, for the particular Policy Year.	Policy Wordings - Part 1 Cover M.
		Cash Bag	You will receive an amount equal to the a percentage specified in the Policy Schedule or Certificate of Insurance of the premium to be paid on the 1st renewal, with a specified percentage on each renewal starting from the 2nd renewal onwards for each claim-free year.	Policy Wordings - Part 1 Cover N.
		Chronic Care	We shall indemnify the Medical Expenses incurred related to an admissible Hospitalization of the Insured Person under Base policy section of In-Patient Hospitalization/ Treatment due to the chronic condition(s) listed in policy schedule/ certificate of Insurance from Day 31st of coverage start date.	Policy Wordings - Part 1 Cover O.

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Durable Medical Equipment Cover	We shall reimburse the expenses towards the cost of buying or renting any of listed Durable Medical Equipment up to the overall limit specified in the Policy Schedule or Certificate of Insurance.	Policy Wordings - Part 1 Cover P.
		Value Added Services	We will provide You any or all of the below mentioned services as specified in the Policy Schedule/Certificate of Insurance through the Network Provider or Vendor tie-up subject to applicable regulations A. Healthy Pregnancy Program B. Health Assistance Service	Policy Wordings - Part 1 Cover q.
		Day Care Treatment +	We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period	Policy Wordings - Part 1 Cover R.
		Personal Accident Cover	a. Accidental Death If the Insured Person suffers an Injury due to an Accident that results in the death of the Insured Person, We will pay 100% of the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance b. Permanent Total Disablement (PTD) If the Insured Person suffers an Injury due to an Accident that results in the permanent total disablement of the Insured Person of the nature as specified below, We will pay 100% of the Sum Insured as specified in the Policy Schedule or Certificate of Insurance. c. Permanent Partial Disablement (PPD) If the Insured Person suffers an Injury due to an Accident that that results in the permanent partial disablement of the Insured Person of the nature as specified in the table, then We will pay the percentage of the Sum Insured as specified in the table.	Policy Wordings - Part 1 Cover S.

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		d. Temporary Total Disablement (TTD) If the Insured Person suffers an Injury due to an Accident that disables the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the weekly amount as specified in the Policy Schedule or Certificate of Insurance for the duration that the temporary total disablement	
6	Exclusions (What the policy does not cover)Waiting period	a) Investigation & Evaluation (Code-Excl04) b) Rest Cure, rehabilitation and respite care (Code – Excl05) c) Obesity/ Weight Control (Code – Excl06) d) Change-of- Gender treatments (Code – Excl07) e) Cosmetic or plastic Surgery (Code – Excl08) f) Hazardous or Adventure sports: (Code- Excl09) g) Breach of law (Code – Excl10) h) Excluded Providers: (Code- Excl11) i) Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof j) Code- Excl13 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. k) Code- Excl14 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. l) Refractive Error (Code- Excl15) m) Unproven Treatments (Code – Excl16) n) Sterility and Infertility (Code- Excl17) o) Maternity (Code- Excl18) p) Costs of routine medical, eye or ear examinations preventive health checkups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;	Policy Wordings – Part II III. Exclusions 5. Permanent Exclusions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		q) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively; r) Expenses incurred on all dental treatment unless necessitated due to an Accident s) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services; t) Any Acupressure, acupuncture, magnetic and such other therapies; u) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident; v) Vaccination or inoculation of any kind, unless it is post animal bite;	
		w) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise); x) Treatment relating to Congenital external Anomalies; y) Any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition z) Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose; aa) Any treatment taken outside India; bb) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council; cc) Non- allopathic treatment; unless covered under 'AYUSH treatment' dd) Any consequential or indirect loss arising out of or related to Hospitalization; ee) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority;	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		ff) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel; gg) All non-medical expenses listed in Annexure III (List I) of the Policy. hh) Any OPD treatment will not be covered ii) Medical supplies including elastic stockings, diabetic test strips, and similar products. jj) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. kk) Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), and Hyperbaric Oxygen Therapy will not be covered unless it forms a part of In-Patient Treatment or part of discharge advice ll) Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions	
7	Waiting period Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage	**Initial Waiting Period:** 30 days for all illnesses not applicable in case of renewal or accidents (or as specified)	Policy Wordings. Part II, III. Exclusions – 2
		Specific Waiting Period (not applicable for claims arising due to an accident): 12 months (or as specified) for below list of list of specific diseases/procedures (a) Cataract (b) Benign Prostatic Hypertrophy; (c) Myomectomy, Hysterectomy unless because of malignancy; (d) All types of Hernia, Hydrocele; (e) Fissures and/or Fistula in anus, haemorrhoids/ piles; (f) Arthritis, gout, rheumatism and spinal disorders; (g) Joint replacements unless due to Accident; (h) Sinusitis and related disorders; (i) Stones in the urinary and biliary systems; (j) Dilatation and curettage, Endometriosis; (k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant; (l) Dialysis required for chronic renal failure; (m) Tonsillitis, adenoids and sinuses; (n) Gastric and duodenal erosions and ulcers; (o) Deviated nasal septum; (p) Varicose Veins/ Varicose Ulcers.	Policy Wordings. Part II, III. Exclusions – 3

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Pre-existing diseases – Covered after 12/24/36 months/30 days/ Covered from day one (as specified)		Policy Wordings. Part II, III. Exclusions - 1
		Maternity Benefit Waiting Period – Covered after 9 months from the first policy start date/ (or as specified)		Policy Wordings. Part II, III. Exclusions - 4
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:		
i.	Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	Room Rent Capping without proportionate deduction	We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital without applying proportionate deduction	Policy Wordings – Part II, II. Optional Covers – 13
		Room Rent Capping with proportionate deduction	We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital after applying proportionate deduction	Policy Wordings – Part II, II. Optional Covers – 14
		Disease-wise sublimit	Apply sub-limits as specified in the Policy Schedule/ Certificate of Insurance to the treatment/ surgery as listed	Policy Wordings – Part II, II. Optional Covers – 17
ii.	Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)			
iii.	Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)	Company will indemnify the Medical Expenses incurred in Excess of the Deductible for the listed Benefits		Policy Wordings – Part II, II. Optional Covers – 15
iv.	Any other limit (as applicable)			

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
9	Claims/ Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. 1. Cashless Cashless Facility is only available at a Network Provider. The complete list of Network Providers is available on Our website or can be obtained from Our call centre. (a) Pre-authorization for Planned Hospitalization: At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that planned Hospitalisation. (b) Pre-authorization for Emergency Care: If the Insured Person has been admitted into Hospital for Emergency Care, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that Emergency Care within 24 hours of commencement of Hospitalisation.	Policy Wordings Part II - 4,5,6
		2. Reimbursement We shall be given written notice of the Claim for reimbursement along with the following details at least within 30 days of the Insured Person's discharge from Hospital: (i) The Policy Number; (ii) Name of the Policyholder; (iii) Name and address of the Insured Person in respect of whom the request is being made; (iv) Nature of Illness or Injury and the treatment/surgery taken; (v) Name and address of the attending Medical Practitioner; (vi) Hospital where treatment/surgery was taken; (vii) Date of Admission and date of discharge; (viii) Approximate claim amount (if available) (ix) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.	
		3. Pre-Hospitalisation Medical Expenses And Post-Hospitalisation Medical Expenses (a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		(b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan.	
		Turn Around Time (TAT) for claims Settlement i. TAT for preauthorization of cashless facility - within 1 hours from receipt of complete documents ii. TAT for cashless final bill authorization - within 3 hours Please find the details/ web link for following - i. Network Hospital details – www.zurichkotak.com ii. Helpline Number – 1800 266 4545 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer - https://www. zurichkotak.com/network-locator/cashless-hospitals Downloading/ getting Claim form www.zurichkotak.com	
10	Policy Servicing	Call centre number – 1800 266 4545 Details of Company officials- E-mail: care@zurichkotak.com Link: https://www. zurichkotak.com/customer-support/grievance-redressal-process For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@zurichkotak.com.	Policy Wordings - Part III - Standard General Terms and Clauses - 16
11	Grievances/ Complaints	Details of - Grievance redressal officer: Contact details: Toll free number: 1800 266 4545 Email: grievanceofficer@zurichkotak.com - Insurance company grievance portal/ Department: Contact details: Toll free number: 1800 266 4545 Email: grievanceofficer@zurichkotak.com - Ombudsman: The details of the Insurance Ombudsman is available at: • https://www.zurichkotak.com/customer-support/grievance-redressal-process • www.cioins.co.in/ombudsman • The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings	Policy Wordings - Part III - Standard General Terms and Clauses - 16

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
12	Things to Remember	**Free Look cancellation:** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@zurichkotak.com for Free look cancellation	Policy Wordings – Part III – Standard General Terms and Clauses 6
		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.	Policy Wordings – Part III – Standard General Terms and Clauses 10
		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@zurichkotak.com **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 enhanced portion of the sum insured.***	Policy Wordings – Part III – Standard General Terms and Clauses 8,9
		Moratorium Period: After completion of Sixty continuous months under the policy no look back to be applied. The period of Sixty Continuous Months is called as moratorium period. The moratorium would be applicable for sum insured of first policy and subsequently completion of Sixty continuous months would be applicable from date of enhancement of sum insured only on enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusion specified in policy contract.	Policy Wordings – Part III – Standard General Terms and Clauses 14
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 - 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. (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)	Policy Wordings 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.kotakgeneral.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.

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