

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	Group Accident Protect		
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)	<ul style="list-style-type: none"> Individual Sum Insured - Where each member has a separate sum insured under the policy Sum Insured – INR XXXX		
5	Policy Coverage (What the policy covers?)	Expenses in respect of		
		Accidental Death	We will pay the Sum Insured if the Insured Person dies solely and directly due to an Injury sustained in an Accident.	Policy Wordings. Section A - Benefit 1
		Permanent Total Disablement (PTD)	We will pay the Sum Insured if the Insured Person suffers Permanent Total Disablement, solely and directly due to an Accident.	Policy Wordings. Section A - Benefit 2
		Permanent Partial Disablement (PPD)	We will pay the percentage of the Sum Insured as specified if the Insured Person suffers Permanent Partial Disablement, solely and directly due to an Accident.	Policy Wordings. Section A - Benefit 3
Temporary Total Disablement (TTD)	We will pay the weekly benefit if the Insured Person sustains an Injury in an Accident and it completely incapacitates him/her from engaging in any employment/ occupation.	Policy Wordings. Section A - Benefit 4		

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Carriage of Dead Body	We will reimburse the costs incurred for transporting the Insured Person's body from the place of death to the place of residence.	Policy Wordings. Section B - Cover 1
		Funeral Expenses	We will reimburse the costs incurred for the funeral Expenses of the Insured Person.	Policy Wordings Section B - Cover 2
		Accidental Medical Expenses Extension	We will reimburse the Medical Expenses incurred by the Insured Person following the Accident.	Policy Wordings Section B - Cover 3
		Purchase of Blood	We will reimburse the actual expenses incurred in purchasing blood through a Hospital or blood bank for the purpose of the Insured Person's medical or surgical treatment.	Policy Wordings. Section B - Cover 4
		Transportation of imported medicine	We will reimburse the actual expenses incurred on freight charges for importing medicines to India.	Policy Wordings. Section B - Cover 5
		Compassionate Visit	We will reimburse the costs of to and fro economy class ticket for one of the Insured Person's Immediate Relatives to travel from their place of residence to the location of the Insured Person.	Policy Wordings. Section B - Cover 6
		Disappearance Benefit	We will pay the amount in the event of an Accident an Insured Person disappears and is legally declared dead.	Policy Wordings. Section B - Cover 7
		Modification of Residence / Vehicle	We will reimburse the expenses incurred to allow for improvements to be carried out in the Insured Person's residence and/or vehicle.	Policy Wordings. Section B - Cover 8
		Cost of Support Items	We will reimburse Reasonable and Customary Charges for the purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs, etc.	Policy Wordings. Section B - Cover 9
		Common Carrier	We will pay the amount up to the limit specified in case of the Accidental death or Permanent Total Disablement while travelling in a Common Carrier.	Policy Wordings. Section B - Cover 10
		Children Education Grant	We will pay the amount towards Insured Person's Dependent child's education who is under the Age of 25	Policy Wordings. Section B - Cover 11

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
			and unmarried as on the date of Accident.	
		Marriage expenses for Children	We will pay the amount in respect of the Insured Person's Dependent child under the age of 25 and unmarried as on the date of Accident.	Policy Wordings. Section B - Cover 12
		Sports Activity	We will pay the amount if an Insured Person suffers from an Accidental Injury resulting in Accidental Death or Permanent Total Disablement while engaged in a Professional Sport(s).	Policy Wordings. Section B - Cover 13
		Widowhood Cover	We will pay the amount If an Insured Person's Spouse suffers an Accident during the Policy Period and this is the sole and direct cause of the Spouse's death.	Policy Wordings. Section B - Cover 14
		Ambulance Charges	We will reimburse charges incurred towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital.	Policy Wordings. Section C - Benefit 1
		Accidental Hospital Daily Cash Benefit	We will pay the Hospital Cash Benefit each and every completed day of the Insured Person's Hospitalisation as specified.	Policy Wordings. Section C - Benefit 2
		Accidental Hospitalisation (Inpatient)	We shall reimburse the amount towards the Medical Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained.	Policy Wordings. Section C - Benefit 3
		OPD Treatment	We shall reimburse the amount towards the OPD expenses incurred in respect of a medical treatment or Surgery for the Injury sustained.	Policy Wordings. Section C - Benefit 4
		Accidental Dental Expenses	We will reimburse the amount if the Insured Person suffers Dental Injury or damage to his natural teeth and/or gums due to an Accident.	Policy Wordings. Section C - Benefit 5
		Convalescence Benefit	We will pay the Convalescence Benefit if the Insured Person is hospitalised, for at least 10 days, provided that the hospitalisation occurs within 7 days of the occurrence of the Accident.	Policy Wordings. Section C - Benefit 6
		Burns	We will pay the amount specified if an	Policy Wordings.

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
			Insured Person sustains burns directly due to an Accident.	Section C - Benefit 7
	Broken Bones		We will pay the amount specified if an Insured Person sustains Broken Bones directly due to an Accident.	Policy Wordings. Section C - Benefit 8
	Coma		We will pay a weekly benefit for as long as the Insured Person remains Comatose if an Insured Person is Comatose due to an Accident.	Policy Wordings. Section C - Benefit 9
	Domestic travel for medical treatment		We will reimburse the amount specified, if an Insured Person is travelling 150 kms or more from his/her residential address to a nearby place for undergoing an Inpatient treatment.	Policy Wordings. Section C - Benefit 10
	Loss of Employment due to Accident		We will pay the amount specified, if the Insured Person is terminated, dismissed from employment due to an injury sustained during an Accident.	Policy Wordings. Section C - Benefit 11
	On Duty Cover		Benefits / covers under the policy will be restricted to any event occurred in office or during official visit, training, etc. or any event occurred in educational institutions, during attending class, in school premises etc.	Policy Wordings. Section C - Benefit 12
	Legal Expenses		If an Insured Person gets in to any legal litigations due to any involvement in an Accident, then we will reimburse the legal/court expenses borne by the Insured Person.	Policy Wordings. Section C - Benefit 13
6	Exclusions (What the policy does not cover)	<p>We shall not be liable to make any payment under Section A, Section B and Section C 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 Hospitalisation 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.</p> <p>ii) Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any war like activities, including use of military force by any sovereign nation to achieve economic, geographic,</p>		Policy Wordings Section D - Permanent Exclusions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities 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. [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.</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) 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>v) Any Medical Expenses not incurred in a Hospital and Day Care Centre.</p> <p>vi) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation of Insured Person.</p> <p>a) from intentional self-injury, suicide or attempted suicide.</p> <p>b) whilst under the influence of intoxicating liquor or drugs.</p> <p>c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling 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.</p> <p>d) directly or indirectly caused by venereal disease.</p>	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>e) arising or resulting from the Insured Person committing any breach of law.</p> <p>vii) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), 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>viii) Payment of compensation in respect of Injury, disease, illness, Hospitalisation 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) Nuclear weapon materials.</p> <p>xi) Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalisation 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>a) For the purpose of this exclusion "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or</p>	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.</p> <p>b) "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.</p> <p>c) "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.</p>	
7	<p>Waiting period</p> <p>Time period during which specified diseases/ treatments are not covered</p> <p>It is counted from the beginning of the policy coverage</p>	Not Applicable.	
8	Financial limits of coverage	Not Applicable.	
9	Claims/Claims Procedure	<p>On the occurrence or discovery of any Injury that may give rise to a Claim under this Policy, We shall intimated within 10 days from the date of occurrence of such Accident, provided the following necessary information and documentation in respect of the Claims is within 30 days of the Insured Person's occurred Injury:</p> <p>a) Policy Number.</p> <p>b) Name of the Policyholder.</p> <p>c) Name of the Insured Person in whose relation the Claim is being lodged.</p> <p>d) Nature of Accident.</p> <p>e) Name and address of the attending Medical Practitioner and Hospital.(if Admission has taken place)</p> <p>f) Date of Admission if applicable.</p>	<p>Policy Wordings Section E -Claims Process.</p>

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>Any other information, documentation as requested by Us.</p> <p>Turn Around Time (TAT) for claims Settlement</p> <p>I. TAT for preauthorization of cashless facility - Not Applicable.</p> <p>ii. TAT for cashless final bill authorization -Not Applicable.</p> <p>Please find the details/ web link for following -</p> <p>i. Network Hospital details – Not Applicable</p> <p>ii. Helpline Number – 1800 266 4545</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer - https://www.zurichkotak.com/docs/default-source/footer-docs/delisted-hospital-list.pdf</p> <p>iv. Downloading/ getting Claim form – https://www.zurichkotak.com/customer-support/downloads</p>	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials-</p> <p>E-mail: care@zurichkotak.com</p> <p>Link: https://www.zurichkotak.com/customer-support/grievance-redressal-process</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 seniorcitizen@zurichkotak.com</p>	Policy Wordings 8-General Terms and Condition 8.24
11	Grievances/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> • https://www.zurichkotak.com/customer-support/grievance-redressal-process • www.cioins.co.in/ombudsman • The details of the Insurance Ombudsman is 	Policy Wordings 8-General Terms and Condition 8.24

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		available at Annexure I of the Policy wordings.	
12	Things to Remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 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 care@zurichkotak.com for Free look cancellation</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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 a fresh only for enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums 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 the policy contract.</p>	<p>Policy Wordings 8-General Terms and Condition 8.14</p> <p>Policy Wordings 8-General Terms and Condition 8.15</p> <p>Policy Wordings 8-General Terms and Condition 8.12</p> <p>NA</p>
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>	<p>Policy Wordings 8-General Terms and Condition 8.2 - Disclosure of Information</p>

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.