

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 Health Care		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	<p>Both Indemnity and Benefit</p> <p>Indemnity (Where insured losses are covered up to the Sum Insured under the policy)</p> <p>Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)</p>		
4	Sum Insured (Basis)	<ul style="list-style-type: none"> 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 <p>Sum Insured – INRXXX</p>		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		In-patient Treatment	Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours.	Policy Wordings - Part II, I. Base Covers - 1
		Pre-Hospitalizati on Medical Expenses	Medical Expenses covered for specified number of days before date of hospitalisation.	Policy Wordings - Part II, I. Base Covers - 2
		Post-Hospitalizati on Medical Expenses	Medical Expenses covered for specified number of days after discharge from the hospital.	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 Hospitalisati on	Covered up to the limit specified where the treatment is taken at home.	Policy Wordings - Part II, I. Base Covers - 5

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		Emergency Ambulance	Covers expenses incurred on availing ambulance services.	Policy Wordings - Part II, I. Base Covers - 6
		Donor Expenses	Covered up to the limit specified towards the donor for harvesting the organ.	Policy Wordings - Part II, I. Base Covers - 7
		Alternative Treatment (AYUSH)	Medical Expenses covered for treatment given under Ayurveda, Yoga and Naturopathy ,Unani, Sidha and Homeopathy systems.	Policy Wordings - Part II, I. Base Covers - 8
		Critical Illness Recuperation Benefit	Provides daily allowance for a specified number of days towards Recuperation Expenses.	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
		Home Nursing	Pays for the expenses incurred for medical care services of a qualified nurse at the residence of the Insured Person.	Policy Wordings-Part II, II. Optional Covers - 4
		Convalescence Benefit	Pays for a specified amount if the Insured Person is admitted in Hospital for a minimum period of 10 consecutive days.	Policy Wordings-Part II, II. Optional Covers – 5
		Family Transportation Benefit	Reimburse expenses incurred in transporting one Immediate Family Member from the Insured Person's residence to the Hospital.	Policy Wordings-Part II, II. Optional Covers – 6
		Accompanying Person's Expenses	Provides daily allowance for specified days for each and every completed day of the Insured Person's Hospitalisation towards expenses incurred on one accompanying person.	Policy Wordings-Part II, II. Optional Covers - 7
		Cost of Prescribed External Medical Aid	Reimburse the reasonable costs incurred for procuring External Aids and Appliances.	Policy Wordings-Part II, II. Optional Covers – 8
		Travel expenses for Treatment	Reimburse the travel expenses of the Insured Person when he is travelling from his/ her residential address to a nearby place for undergoing an In-patient treatment	Policy Wordings-Part II, II. Optional Covers – 9

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		Cover for Non-Medical Expenses	Reimburse the expenses incurred towards generally excluded items such as nonmedical items like toiletries, cosmetics, personal comfort or convenience items, etc.	Policy Wordings-Part II, II. Optional Covers – 10
		OPD Expenses	Reimburse the reasonable and customary charges towards out-patient medical expenses.	Policy Wordings-Part II, II. Optional Covers – 11
		OPD Dental Treatment	Medical expenses incurred towards dental treatment including any emergency treatment.	Policy Wordings-Part II, II. Optional Covers – 12
		OPD Vision Treatment	Medical expenses incurred related to Vision tests/consultations/treatments/prescriptions.	Policy Wordings-Part II, II. Optional Covers – 13
		Second E-Opinion Cover	Facilitate the Insured person for availing a Second E-Opinion on his / her medical condition.	Policy Wordings-Part II, II. Optional Covers – 14
		Mortal Remains/ Funeral Expenses	Reimburse the costs incurred for transportation of the mortal remains of the Insured Person from Hospital to his/her current place of residence.	Policy Wordings-Part II, II. Optional Covers – 15
		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 - 16
		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 – 17
		Pre and Post Natal Care	Policy will reimburse the Pre- and post-natal Hospitalisation and OPD Expenses.	Policy Wordings-Part II, II. Optional Covers – 18
		Surgical Contraception (Sterilisation and Vasectomy)	Policy will pay charges upto the limit specified for implanted /injected contraceptives.	Policy Wordings-Part II, II. Optional Covers – 19
		External Congenital Disease Cover	Policy will pay charges upto the limit specified in respect of External Congenital Diseases.	Policy Wordings-Part II, II. Optional Covers – 20
		Hospitalisation Cover only for Accidents	Policy will pay over and above the Basic Sum Insured in case of Hospitalisation due to Accidents.	Policy Wordings-Part II, II. Optional Covers – 21

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	Hospitalisation Cover only for Critical Illness	Policy will pay over and above the Basic Sum Insured in case of Hospitalisation due to Critical Illness as defined.	Policy Wordings-Part II, II. Optional Covers – 22
	Medical Advancement Surgery Cover	Policy will pay charges upto the limit specified for In-patient/ Day Care treatment for medical advancement surgery	Policy Wordings-Part II, II. Optional Covers – 23
	Infertility treatment	Policy will pay charges upto the limit specified for In-patient/ Day Care treatment in respect of any infertility treatment.	Policy Wordings-Part II, II. Optional Covers – 24
	Sports Activity Cover	Policy will pay up to the limit specified for expenses due to an Accident/ Injury sustained while engaged in a professional sport.	Policy Wordings-Part II, II. Optional Covers – 25
	Vaccination Expenses	Policy will cover the Reasonable and Customary Charges in relation to vaccination expenses of an Insured Person.	Policy Wordings-Part II, II. Optional Covers – 26
	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 - 27
	Floater Cover	Policy will cover the members of the Policyholder on a Family Floater Sum Insured basis.	Policy Wordings-Part II, II. Optional Covers – 28
	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 – 29
	Pre-existing Disease Waiting Period Waiver	Claim related to pre-existing diseases will be covered from inception of the Policy or as per specifically opted waiting period.	Policy Wordings-Part II, II. Optional Covers – 30
	30 days Waiting Period Waiver	Coverage under the Policy will commence from day one of the Policy period without any waiting period.	Policy Wordings-Part II, II. Optional Covers – 31
	Specified disease/ procedure Waiting Period Waiver	Treatment in respect of specified diseases, illness, and injury shall stand covered from day one of the Policy.	Policy Wordings-Part II, II. Optional Covers – 32

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		9 Months Maternity Waiting Period Waiver	Coverage under the Policy for Maternity claims will commence from day one of the Policy period.	Policy Wordings-Part II, II. Optional Covers – 33
		Room Rent Capping	Company will pay for the room rent charges as per the limits set out for Normal and ICU room category and also based on the location of the hospital.	Policy Wordings-Part II, II. Optional Covers – 34
		Deductible	Company will indemnify the Medical Expenses incurred in Excess of the Deductible for the listed Benefits.	Policy Wordings-Part II, II. Optional Covers – 35
		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 – 36
		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 – 37
		Domiciliary Hospitalisation Exclusion Cover	Excludes Domiciliary Hospitalisation from the Basic Covers.	Policy Wordings-Part II, II. Optional Covers – 38
		Donor Expenses Exclusion Cover	Excludes Donor Expenses Cover from the Basic Covers.	Policy Wordings-Part II, II. Optional Covers – 39
6	Exclusions (What the policy does not cover)	<ul style="list-style-type: none"> 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 		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
		<p>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.</p> <p>k. Code- Excl14</p> <p>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.</p> <p>l. Refractive Error (Code- Excl15)</p> <p>m. Unproven Treatments (Code – Excl16)</p> <p>n. Sterility and Infertility (Code- Excl17)</p> <p>o. Maternity (Code- Excl18)</p> <p>p. Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;</p> <p>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;</p> <p>r. Expenses incurred on all dental treatment unless necessitated due to an Accident;</p> <p>s. Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;</p> <p>t. Any acupressure, acupuncture, magnetic and such other therapies;</p> <p>u. Circumcision unless necessary for treatment of an illness or necessitated due to an Accident;</p> <p>v. Vaccination or inoculation of any kind, unless it is post animal bite;</p> <p>w. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise);</p> <p>x. Treatment relating to Congenital external Anomalies;</p> <p>y. any treatment related to sleep disorder or sleep apnoea syndrome, general debility,</p>	

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		<p>convalescence, run-down condition</p> <p>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;</p> <p>aa. Any treatment taken outside India;</p> <p>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;</p> <p>cc. Non- allopathic treatment; unless covered under Alternative treatment (AYUSH)</p> <p>dd. Any consequential or indirect loss arising out of or related to Hospitalization;</p> <p>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 nationalisation or requisition of or damage by or under the order of any government or public local authority;</p> <p>ff. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by 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;</p> <p>gg. All non-medical expenses listed in Annexure III (List I) of the Policy.</p> <p>hh. Any OPD treatment will not be covered</p> <p>ii. Medical supplies including elastic stockings, diabetic test strips, and similar products.</p> <p>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.</p> <p>kk. Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy will not be covered unless it forms a part of in-patient treatment in case of hospitalisation or part of discharge advice upto the Post hospitalisation period as specified in the policy Schedule/ Certificate of Insurance.</p>	

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		<p>II. Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions</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>	<p>Initial Waiting Period: 30 days for all illnesses not applicable in case of renewal or accidents (or Covered from day one as specified in the Policy Schedule)</p> <hr/> <p>Specific Waiting Periods (not applicable for claims arising due to an accident): 12 months (or Covered from day one as specified in the Policy Schedule) for below list of list of specific diseases / procedures</p> <ul style="list-style-type: none"> (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. <hr/> <p>Pre-existing diseases – Covered after 12/24/36 months/ Covered from day one as specified in the Policy Schedule</p> <hr/> <p>Maternity Waiting Period - Covered after 9 months from the first policy start date/ Covered from day one as specified in the Policy Schedule</p>	<p>Policy Wordings. Part II, III. Exclusions – 2</p> <hr/> <p>Policy Wordings. Part II, III. Exclusions – 3</p> <hr/> <p>Policy Wordings. Part II, III. Exclusions – 1</p> <hr/> <p>Policy Wordings. Part II, III. Exclusions – 4</p>
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:	

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	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	Company will pay for the room rent charges as per the limits set out for Normal and ICU room category and also based on the location of the hospital.	Policy Wordings-Part II, II. Optional Covers – 34
		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 – 37
	ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder/ insured)	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 – 36
	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 – 35
	iv. Any other limit (as applicable)			
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>1. Cashless</p> <p>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.</p> <p>(a) Pre-authorization for Planned Hospitalization:</p> <p>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.</p>		Policy Wordings-Part II, IV

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		<p>(b) Pre-authorization for Emergency Care:</p> <p>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.</p> <p>2. Reimbursement</p> <p>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:</p> <ul style="list-style-type: none"> (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. <p>3. Pre-Hospitalisation Medical Expenses And Post-Hospitalisation Medical Expenses</p> <ul style="list-style-type: none"> (a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital (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. 	
		<p>Turn Around Time (TAT) for claims Settlement</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - within 1 hour from receipt of complete documents ii. TAT for cashless final bill authorization - within 3 hours <p>Please find the details/ web link for following -</p> <ul style="list-style-type: none"> 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. 	

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		<p>zurichkotak.com/network-locator/ cashless-hospitals</p> <p>vi. Downloading/ getting Claim form - Downloading/ getting Claim form http://www.zurichkotak.com/documents/customersupport/downloads</p>	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials- E-mail: care@zurichkotak.com 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 - Part III - Standard General Terms and Clauses - 16
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 available at Annexure I of the Policy wordings 	Policy Wordings Part III - Standard General Terms and Clauses - 15
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</p>	<p>Policy Wordings – Part III – Standard General Terms and Clauses 8</p> <p>Policy Wordings – Part III – Standard General Terms and Clauses 9</p>

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		<p>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>Policy Wordings – Part III – Standard General Terms and Clauses 7</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 afresh 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. 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 Wordings – Part III – Standard General Terms and Clauses 13</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 Part III - Standard General Terms and Clauses – 1 - 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.