

## MANIPALCIGNA LIFESTYLE PROTECTION - ACCIDENT CARE

### 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 Clause Number in next column)	Policy Clause Number								
1	Name of Insurance Product/Policy	<b>ManipalCigna Lifestyle protection - Accident Care - Plan A - Basic Cover</b>									
2	Policy Number	xxxxxxxx									
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li><b>Benefit</b> (Where the Insurance Policy pay fixed amount under the policy on the occurrence of a covered event)</li> </ul>									
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li><b>Individual Sum Insured</b> - Where each insured member has a separate sum insured the policy, <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;Insured Name 1&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 2&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 3&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> </tbody> </table> </li> </ul>	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxxx	<Insured Name 2>	xxxxxx	<Insured Name 3>	xxxxxx	
Insured Name	Sum Insured (in Rs)										
<Insured Name 1>	xxxxxx										
<Insured Name 2>	xxxxxx										
<Insured Name 3>	xxxxxx										
5	Policy Coverages (What the policy covers?)	<p><b>Standard Covers</b></p> <ol style="list-style-type: none"> <li><b>Accidental Death</b> - We will pay a lumpsum amount as specified in the Schedule to this Policy to the Nominee of the Insured Person in the event of the Insured's Death due to Accident. <span style="float: right;">D.I.1</span></li> <li><b>Emergency Ambulance Cover</b> - We will pay a lumpsum amount for expenses incurred on an Ambulance following an emergency due to an Accident as specified in the Schedule to the Policy. <span style="float: right;">D.I.4</span></li> <li><b>Funeral Expenses</b> - If a claim has been accepted for an Insured Person for (1) as specified above, then We will pay a lumpsum amount as specified in the Schedule to the Policy. <span style="float: right;">D.I.7</span></li> </ol> <p><b>Optional Covers (Available only if opted)</b></p> <ol style="list-style-type: none"> <li><b>Temporary Total Disablement</b> - We will pay lesser of 1% of the opted Sum Insured or ₹25,000 per week (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person. <span style="float: right;">D.II.1</span></li> <li><b>Burns Benefit</b> - We will pay a lumpsum amount as per the Grid provided in the policy in the event of the Insured Person suffering from Burns due to an Accident. <span style="float: right;">D.II.2</span></li> <li><b>Broken Bones Benefit</b> - We will pay a lumpsum amount as per the grid provided in the policy in the event of the Insured Person suffering from Broken Bones due to an Accident. <span style="float: right;">D.II.3</span></li> </ol>									

		<p><b>4. Coma Benefit</b> - We will pay a lumpsum amount of 25% of the opted Sum Insured to the Nominee of the Insured Person in the event of the Insured suffering from a Coma due to an Accident.</p> <p><b>Add on cover (Rider) (Available only if opted)</b>  <b>This section lists the Add on cover available under your plan</b></p> <p><b>1. ManipalCigna Health 360 Add-on Cover (UIN: MCIHLIA23023V012223):</b></p> <p><b>a. ManipalCigna Health 360-OPD:</b></p> <ul style="list-style-type: none"> <li>• <b>Package 1:</b> Get coverage for doctor consultations on cashless basis within the OPD Sum Insured.</li> <li>• <b>Package 2:</b> Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured.</li> <li>• <b>Package 3:</b> Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.</li> </ul>	<p>D.II.4</p> <p>Add on policy wordings</p>
<p>6</p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<ol style="list-style-type: none"> <li>1. Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.</li> <li>2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured in respect of Standard Covers. This would not apply to payments made under Optional Covers, Emergency Ambulance Cover, Orphan Benefit Loss of Employment, Funeral Expenses, Education fund of the Policy.</li> <li>3. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.</li> <li>4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.</li> <li>5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.</li> <li>6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease</li> <li>7. Congenital internal or external diseases, defects or anomalies or in consequence thereof.</li> <li>8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Bacterial infections (except pyogenic infection which occurs through an cut or wound due to Accident).</li> </ol>	<p>E.I.1 to E.I.20</p>

	<ol style="list-style-type: none"> <li>9. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.</li> <li>10. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Hernia.</li> <li>11. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.</li> <li>12. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.</li> <li>13. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.</li> <li>14. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.</li> <li>15. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;</li> <li>16. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.</li> <li>17. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.</li> </ol>	
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<p><b>7</b></p>	<p><b>Waiting Period</b>  a. Time period during which specified disease / treatment are not covered.  b. It is counted from the beginning of the policy coverage.</p>	<p><b>Not Applicable</b></p>	

<p>8</p>	<p><b>Financial limits of coverage</b></p> <ul style="list-style-type: none"> <li>• Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit)</li> <li>• Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder/insured).</li> <li>• Deductible (It is specified amount:             <ul style="list-style-type: none"> <li>- up to which and insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> </ul> <p>Any other limit (as applicable)</p> <ul style="list-style-type: none"> <li>- up to which and insurance</li> </ul>	<ol style="list-style-type: none"> <li>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable</li> <li>2. In case of claim, this policy requires you to share the following sub limits: Expense exceeding Sub-limits -             <ul style="list-style-type: none"> <li>- Room/ICU Charges - Not Applicable</li> <li>- For the following specified disease - Not Applicable</li> </ul> </li> <li>3. Co-Payment - Not Applicable</li> <li>4. Deductible - Not Applicable</li> </ol>	
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<p>9</p>	<p><b>Claims/Claims procedure</b></p>	<p>Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization:</p> <p>Customer can intimate claim by submitting documents on our portal by visiting on <a href="https://www.manipalcigna.com/claims/raise-a-claim">https://www.manipalcigna.com/claims/raise-a-claim</a> or send scanned copy through their advisors or dispatch hardcopy at our head-office or branch</p> <p>Once the documents are submitted or received claim number is generated.</p> <p>Further as per our decision customer is intimated and claim is settled.</p> <p>Customers are required to upload or submit following documents</p> <ul style="list-style-type: none"> <li>• Photo Identity Proof –             <ol style="list-style-type: none"> <li>1. Voter ID, Passport,</li> <li>2. PAN Card,</li> <li>3. Driving License,</li> <li>4. Ration Card,</li> <li>5. Aadhar Card,</li> <li>6. or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law</li> </ol> </li> <li>• Duly completed and signed claim form in original as prescribed by us on - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> <li>• Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;</li> <li>• Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital,</li> <li>• Cancel Cheque/Legal Heir certificate whichever is applicable.</li> </ul> <p>Web links for the followings:</p> <ol style="list-style-type: none"> <li>i. Network hospital details - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>ii. Helpline Number - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></li> <li>iii. Hospital which are blacklisted or from where no claims will be accepted by insurer-<a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>iv. Link for downloading claim form - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> </ol>	<p>G.I</p>
<p>10</p>	<p><b>Policy Servicing</b></p>	<p>For hassle free policy servicing customer can manage their policy by clicking on-<a href="https://eservicing.manipalcigna.com/login">https://eservicing.manipalcigna.com/login</a> or Download myManipalCigna App from Playstore or appstore</p>	

<p>11</p>	<p><b>Grievances/ Complaints</b></p>	<p><b><u>Level 1</u></b>  <b>Health Relationship Managers</b>          Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM.          Email us at - <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>          For Senior Citizen Assistance - <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b><u>LEVEL 2</u></b>  <b>Grievance Redressal Officer</b>          Call us on 022-71781389 between 10 am to 6 Pm (Monday to Friday)          Email us at - <a href="mailto:complaints@manipalcigna.com">complaints@manipalcigna.com</a></p> <p><b><u>LEVEL 3</u></b>  <b>Chief Grievance Redressal</b>          Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday)          Email us at - <a href="mailto:Complaince@manipalcigna.com">Complaince@manipalcigna.com</a>          For Senior Citizen Assistance - <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b><u>LEVEL 4</u></b>  <b>Approach Ombudsman</b>          The office Name and address details applicable for your state can be obtained from - <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p><b>Courier:</b> Any of Our Branch office or corporate office during business hours.          Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at,          'The Grievance Cell,          ManipalCigna Health Insurance Company Limited,          Techweb center 2nd Floor New Link Rd,          Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102,          India          or</p>	<p>F.I.23</p>
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12	<p><b>Things to remember</b></p>	<p><b>Free Look Cancellations:</b> A period of 30 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can request for cancellation writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from the registered email id with us.</li> <li>OR</li> <li>- Customer can also visit any MCHI Branch and give a written request</li> </ul> <p><b>Policy Renewal:</b> The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single and Annual premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Accident /condition that occurred during the Grace Period and the period between the date of expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover. Renewals beyond 70 years will be limited to a Sum Insured of maximum 10 Lac and coverage will be limited to Accidental Death &amp; Permanent Total Disability.</p> <p><b>Revival Period:</b> For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for Monthly premium payment mode the revival period shall be 15 days from the due date of next instalment.</p>	<p>F.I.11</p> <p>F.II.11</p>



		<p><b>Change in Sum Insured:</b> Alterations like increase/decrease in Sum Insured or change in plan, addition / deletion of Insured Persons, will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.</p>	F.II.11 g
13	<b>Your Obligations</b>	<p><b>Duty of Disclosure</b></p> <p>a. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder.</p> <p>b. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. (“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> <ul style="list-style-type: none"> <li>• <b>Material Change:</b> The Policy shall be null and void and We shall have no liability to make any payment of claims and the premium paid shall be forfeited to Us in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You/Insured Person or any one acting on their behalf or non-cooperation by You/Insured Person, under this Policy.</li> </ul>	F.I.1  F.II.1

**Declaration by the Policy Holder:**

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of Policyholder)

- Note:
- i. Insured/policyholder can get the product related document at <https://eservicing.manipalcigna.com/document-vault>
  - ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).