

**MANIPALCIGNA ACCIDENT SHIELD**

**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 Accident Shield - Plus</b>									
2	Policy Number	xxxxxxxx									
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li><b>Both indemnity and Benefit</b> (where the policy has elements of both)  <b>Indemnity</b> - Where insured losses are covered up to Sum Insured under the policy  <b>Benefit</b> - Where the Insurance Policy pays a 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,</li> </ul> <table border="1"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td>&lt;Insured Name 1&gt;</td> <td>xxxxxx</td> </tr> <tr> <td>&lt;Insured Name 2&gt;</td> <td>xxxxxx</td> </tr> <tr> <td>&lt;Insured Name 3&gt;</td> <td>xxxxxx</td> </tr> </tbody> </table>	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxxx	<Insured Name 2>	xxxxxx	<Insured Name 3>	xxxxxx	
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<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> -            100% of SI            200% of SI (If death occurs due to an Accident while travelling as a fare paying passenger on a common carrier)</li> <li><b>Permanent Total Disablement</b> -            100% of SI            200% of SI (If PTD occurs due to an Accident while travelling as a fare paying passenger on a common carrier).</li> <li><b>Funeral Expenses</b> -            If claim has been accepted in case of section D.I.1 then we will make onetime payment of ₹50,000 for Sum Insured up to ₹50 Lacs and ₹1,00,000 for Sum Insured above ₹50 Lacs.</li> <li><b>Repatriation of Mortal Remains</b> -            Up to 2% of SI, subject to a maximum of ₹5 Lac. Payable on Reimbursement basis. Any claim under this Benefit shall be payable if the death of the insured person occurs outside his city of residence.</li> </ol>	<p>D.I.1</p> <p>D.I.2</p> <p>D.I.4</p> <p>D.I.5</p>								

	<p><b>Optional Covers (Available only if opted)</b></p> <p><b>1. Temporary Total Disablement -</b></p> <ul style="list-style-type: none"> <li>- Limit (Applicable for Adult Insured members):</li> <li>- For earning member - 2% of SI or ₹1,00,000 per week or Insured Persons base weekly income at the time of claim whichever is lower (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person.</li> <li>- Minimum absence from work shall be for 7 consecutive days.</li> <li>- For non-earning member (Can be opted only if the earning member is part of the TTD cover) - 1% of SI or ₹50,000 per week or 50% of the weekly compensation payable for the earning member (at the time of claim) covered in the same Policy whichever is lower (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person.</li> </ul> <p><b>2. Burns Benefit -</b></p> <ul style="list-style-type: none"> <li>- Injury due to accidents leading to Burns is payable as a % of SI.</li> <li>- If the Injury results in more than one of the Descriptions of Policy Wordings, then the Company will pay cumulatively maximum up to the Sum Insured.</li> </ul> <p><b>3. Coma Benefit -</b></p> <ul style="list-style-type: none"> <li>- 25% of SI subject to a maximum of ₹25 Lacs.</li> <li>- Should be in comatose state for at least 96 hours.</li> <li>- Coma resulting directly from alcohol / drug abuse or due to sickness or disease is excluded.</li> </ul> <p><b>4. Child Welfare Benefit -</b></p> <ul style="list-style-type: none"> <li>- In case of Accidental Death of an Insured Person</li> <li>- <b>Education Benefit</b> - 10% of the SI, subject to a maximum of ₹20 Lac (Irrespective of number of dependent child(ren)). Available for dependent children up to age 25 years, even if not insured in the policy</li> <li>- In case of <b>Orphan Benefit</b> (In addition to Education Benefit) - 20% of the SI, subject a maximum of ₹40 Lac (Irrespective of number of dependent child(ren))</li> <li>- Available for dependent children up to age 25 years, even if not insured in the policy.</li> <li>- In case of any surviving parent, Orphan benefit shall not be payable.</li> </ul> <p><b>5. Loss of Employment -</b></p> <ul style="list-style-type: none"> <li>- Payable in case of PTD / PPD</li> <li>- Options: 3 months salary totalling up to the following options: ₹50000 to ₹500000 (in multiples of ₹10,000)</li> <li>- This benefit is applicable only for the salaried employees and not applicable for self-employed.</li> <li>- Customer can select the nearest SI option(s) as per the Salary.</li> <li>- The pay-out under this benefit is limited to the least of base monthly net income excluding overtime, bonuses, tips, commissions, any other special compensation or the Sum Insured opted under this cover.</li> <li>- We will pay for this benefit on Lump sum basis once upon occurrence of PTD / PPD that results in loss of employment.</li> </ul>	<p>D.II.1</p> <p>D.II.2</p> <p>D.II.4</p> <p>D.II.5</p> <p>D.II.6</p>
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<p>6</p>	<p><b>Exclusions (What the policy does not cover)</b></p>	<p><b>a. Exclusions specific to section D.II.8 “Accidental Hospitalization”</b></p> <ul style="list-style-type: none"> <li>a. Investigation &amp; Evaluation - Code - Excl 04</li> <li>b. Rest Cure, rehabilitation and respite care - Code - Excl 05</li> <li>c. Cosmetic or Plastic Surgery: Code - Excl 08</li> <li>d. Excluded Providers: Code - Excl 11</li> <li>e. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl 12</li> <li>f. 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. Code - Excl13</li> <li>g. 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. Code - Excl 14</li> <li>h. Unproven Treatments: Code - Excl 16</li> <li>i. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</li> <li>j. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body.</li> <li>k. Any form of Non-Allopathic treatment (except AYUSH Treatment (In-patient Treatment)), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.</li> <li>l. Any expenses incurred on Domiciliary Hospitalization.</li> <li>m. Treatment taken outside the geographical limits of India.</li> <li>n. All expenses listed in Annexure-3 (List I) of the Policy.</li> </ul> <p><b>b. Exclusions (applicable to all sections of the policy)</b></p> <ul style="list-style-type: none"> <li>a. Hazardous or Adventure sports: Code - Excl 09</li> <li>b. Breach of law: Code - Excl 10</li> <li>c. Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.</li> <li>d. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.</li> </ul>	<p>E.I</p> <p>E.II</p>

- e. 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.
- f. 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 defence, rebellion, revolution, insurrection, military or usurped power.
- g. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
- h. Congenital internal or external diseases, defects or anomalies or in consequence thereof.
- i. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Bacterial infections (except pyogenic infection which occurs through an cut or wound due to Accident).
- j. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- k. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Hernia.
- l. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymph tropic 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.
- m. 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.
- n. 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.
- o. 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.
- p. 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;
- q. 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.

		<ul style="list-style-type: none"> <li>r. 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> <li>s. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel.</li> <li>t. Engaged or while engaging in Hazardous Activities.</li> <li>u. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. <ul style="list-style-type: none"> <li>- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</li> <li>- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</li> </ul> </li> </ul>	
7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>a. Time period during which specified disease / treatment are not covered.</li> <li>b. It is counted from the beginning of the policy coverage.</li> </ul>	<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> <li>• Any other limit (as applicable)             <ul style="list-style-type: none"> <li>- up to which and insurance</li> </ul> </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: Expenses exceeding Sub-limits - In case of Accidental Hospitalisation             <ul style="list-style-type: none"> <li>- Room Charges – Any Room</li> <li>- ICU Charges – Up to SI</li> <li>- For the following specified diseases – Not Applicable</li> </ul> </li> <li>3. Co-Payment - Not Applicable</li> <li>4. Deductible - Not Applicable</li> </ol>	<p>D.II.8</p>
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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>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour</li> <li>ii. TAT for cashless final bill authorization - within 3 hours</li> </ol> <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>LEVEL 1</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>LEVEL 2</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>LEVEL 3</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>LEVEL 4</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  Email - <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>.  For updated details of grievance officer, kindly refer link - <a href="https://www.manipalcigna.com/grievance-redressal">https://www.manipalcigna.com/grievance-redressal</a> If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of Ombudsman offices attached as Annexure I to this Policy document. Grievance may also be lodged at IRDAI complaints management system - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> <p>You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint</p>	<p>F.I.13</p>
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<p>12</p>	<p><b>Things to remember</b></p>	<p><b>Free Look Cancellations:</b> The Free Look period shall be applicable on new individual health insurance policies and not on renewals or Ported/Migrated policies. The insured person shall be allowed a free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable. Free look is applicable only, if the insured has not made any claim or opted for any benefit during the Free Look Period.</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. OR</li> <li>- Customer can also visit any MCHI Branch and give a written request</li> </ul>	<p>F.I.12</p>
		<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 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.</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.II.13</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>	<p>F.II.13 g</p>

13	<b>Your Obligations</b>	<p><b>Disclosure of Information</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> Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. It is a condition precedent to the Company's liability under the Policy that the Policyholder or the Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may in its discretion adjust the scope of cover and / or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy.</li> </ul>	<p>F.I.1</p> <p>F.II.2</p>
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**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).