

# Group Accident Suraksha

## Customer Information Sheet



This document provides key information about your policy. You are advised to go through your policy document.

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/ Policy	Group Accident Suraksha	
2	Policy Number	XXXX <<Dynamic field to be derived from system>>	
3	Type of Insurance Product/Policy	Both Indemnity and Benefit	
4	Sum Insured (Basis)	Sum Insured per family- XXX	
5	Policy Coverage	<b>Family Definition</b>	
		<b>Base Covers:</b>	Section 2. A
		Accidental Death	XX
		Permanent total Disablement (PTD)	XX
		Permanent Partial Disablement (PPD)	XX
		Temporary Total Disablement (TTD)	XX
		<b>Extension covers</b>	<b>Limits</b>
6	Special Conditions	1.Terrorism is covered in the policy except for that arising out of Nuclear, Radio-active, Biological, Biochemical and/ or Chemical means which is outside the scope of policy 2.The Insured shall give immediate notice to the Insurer of any changes in business or in occupation of any of the Insured Person 3. Limit of liability for Any one Accident &/or event limit is INR XXX	Limits as defined in the Policy Schedule.

7	<b>Exclusions</b>	<b>Permanent Exclusions:</b> 1. Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse. 2. Participation in Adventure Sports. 3. Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion or felony. 4. Any intentional self-injury, suicide or attempted suicide, insanity or stress. 5. Condition resulting due to any disease or infection unless arising directly and solely due to accident. 6. Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us. 7. Any sexually transmitted disease. 8. Related to or traceable to Pregnancy or childbirth. 9. 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 in any aircraft whether privately owned or chartered or operated by scheduled airlines. 10. Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel. 11. War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalization or requisition by or under the order of any government or public authority.	Section 3
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		<p>12. Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</p> <p>13. Radioactive, chemical, nuclear contamination or ionizing radiation.</p> <p>14. Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces.</p> <p><b>Specific Exclusions:</b></p>	
7	<b>Claims/ Claims Procedures</b>	<ul style="list-style-type: none"> <li>Please submit the claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with relevant claim documents not later than 30 days from the date of discharge from the Hospital.</li> <li>We may also ask for any additional documents which may be necessary to establish validity of claim on case-to-case basis.</li> <li>Claims under this Policy shall be settled or rejected, as the case may be, within 15 days.</li> </ul>	Section 4
8	<b>Policy Servicing</b>	<p>Address: Any of Our branch offices or corporate office during business hours. List of branch offices is available at <a href="http://www.magmainurance.com">www.magmainurance.com</a> OR</p> <p>Call us at: 1800 266 3202</p>	
9	<b>Grievances/ Complaints</b>	<p><b>Company Officials:</b> In case You are aggrieved in any way then You may contact Us at: Email: <a href="mailto:gro@magmainurance.com">gro@magmainurance.com</a> Call us at: 1800 266 3202</p> <p><b>IRDAI (IGMS/Call Centre):</b> Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday)</p> <p><b>Ombudsman:</b> In case You are not satisfied with Our decision/ resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I of the Policy document.</p>	<p>Redressal of Grievance</p> <p>Annexure</p>
10	<b>Things to remember</b>	<p><b>Moratorium Period:</b> After completion of sixty continuous months of coverage in health insurance policy, no policy and claim shall be</p>	Section 5. 7

		contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. <b>Free Look Cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. For process related to Free Look Call us at: 1800 266 3202 <b>Policy Renewal:</b> Except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	Section 5. 14
<b>11</b>	<b>Your Obligations</b>	Please disclose claim history of the group for previous insurance years if any. Incorrect disclosure may lead to policy cancellation or affect claim settlement.	Section 5. 3

Note: In case of any conflict, the terms and conditions mentioned in the Policy Document shall prevail.

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)