

Individual Personal Accident Policy

Customer Information Sheet/Know Your Policy



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

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/ Policy	Individual Personal Accident Policy	
2	Policy Number	XXXX	
3	Type of Insurance Product/Policy	☒ Both Indemnity and Benefit	
4	Sum Insured (Basis) (Along with the amount)	☒ Individual Sum Insured- Where each member has a separate sum insured under the policy)	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Benefit in respect of: XXXX ☐ Basic Cover - covers against Death only OR For accidents resulting in Death or Permanent Total disablement, this policy will pay a compensation equivalent to the full Sum Insured ☐ Wider Cover - covers against Death, Permanent Total Disablement & Permanent Partial Disablement. OR For accidents resulting in Death or Permanent Total disablement, this policy will pay a compensation equivalent to the full Sum Insured For Permanent Partial Disablement the compensation will depend on the nature of injury and corresponding percentage of Capital Sum Insured as detailed in the 'Table of Benefit' ☐ Comprehensive Cover - covers against Death, Permanent Total Disablement Permanent Partial Disablement & Temporary Total Disablement For accidents resulting in Death or Permanent Total disablement, this policy will pay a compensation equivalent to the full Sum Insured For Permanent Partial Disablement the compensation will depend on the nature of injury and corresponding percentage of Capital Sum Insured as detailed in the 'Table of Benefit'. In respect of Temporary Total Disablement, we will	Coverage

		provide compensation at 1% of Capital Sum Insured or Rs 5000/- whichever is less per week for a maximum period of 104 weeks.	
		Transportation cost for carriage of dead body to Home including funeral charges- XX	Extra benefits under the policy
		Cost of Clothing damaged in the Accident as described above and liability for disablement is admitted by Us payable as per actual expense maximum up to Rs. 1000.	Extra benefits under the policy
		Ambulance charges for transportation of Insured person to Hospital following Accident payable as per actual expense maximum up to Rs.1000.	Extra benefits under the policy
		Education Fund: In the event of death, permanent total disablement of the first Insured Person, We will approve compensation towards Education Fund for the first two dependent children continuing their studies, up to the age of 23 years. - XX	Extra benefits under the policy
		Optional Covers	
		Medical Expenses Extension: Covers the medical expenses incurred by you towards medical expenses as a result of an accident resulting in the bodily injury, death or disablement. Maximum payment is restricted up to 10% of Capital Sum Insured or 40% of Personal Accident Claim or actual medical expenses whichever is less.	Optional Covers. A)
		Hospital Confinement Allowance: Daily allowance of Rs 500/- per day to the actual number of days or 30 days, whichever is minimum, if the insured person(s) is hospitalized as a result of an accident resulting in the bodily injury, death or disablement.	Optional Covers. B)
6	Exclusions (What the policy does not cover)	1. Natural Death 2. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement. 3. Any payment in case of more than one claim under this policy during any one period of Insurance by which our liability in that period would exceed CSI 4. Payment of compensation in respect of death or injury as a consequence of/resulting from a) Committing or attempting suicide, intentional self-injury.	What we exclude

		b) Whilst under the influence of intoxicants like liquor and drugs. c) Drug addiction or alcoholism. d) Whilst engaged in any adventurous sports and/or hazardous activities. e) Committing any breach of law with criminal intent. f) War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, 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. g) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self - sustaining process of nuclear fission. h) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component. 5. Consequential loss of any kind and/or any legal liability. 6. Pregnancy including child birth, miscarriage, abortion or complication arising there from. 7. Participation in any naval, military or air force operations. 8. Curative treatments or interventions 9. Venereal or sexually transmitted diseases. 10. HIV and or related illness	
7	Claims/ Claims Procedures	Upon happening of any accident and/or injury which may give rise to a claim under this policy - You need to give us a notice to our call centre immediately and also intimate in writing to our policy issuing office - The claim form is available in our website www.magmainsurance.com for ready reference. The same may be also obtained from any of our offices on request. - Toll Free No- 1800 266 3202	General conditions: 3. Claim Procedure

		- On receipt of intimation from you regarding a claim under the policy, we are entitled to carry out examination and ascertain details and in the event of death get the postmortem examination done in respect of deceased person. - Claim will be settled latest within one month from the date of submission of all the relevant documents/ information/ clarification by the Insured	
8	Policy Servicing	Call us at: 1800 266 3202 Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at www.magmainsurance.com	
9	Grievances/Complaints	Company Officials: In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at: Email: Gro@magmainsurance.com Call us at: 1800 266 3202 IRDAI (IGMS/Call Centre): Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday) Ombudsman: In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I of the Policy document	General conditions: 15. Grievance Redressal Annexure I
10	Things to remember	Free Look Cancellation: 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 Policy Renewal: Except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided	General conditions: 11. Free-look Period:

		the policy not withdrawn. Change in Occupation: In case Your occupation (as declared in the proposal form) is changed during the currency of the policy resulting in higher Risk Classification, We will collect additional premium on pro-rata basis for the unexpired period by passing an endorsement to this effect. However, if any such change is resulting in lower Risk Classification, We will make refund of premium to You for the unexpired period subject to the condition that there is no claim reported prior to any such change of classification.	10. Renewal Terms 12. Change in Occupation:
11	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other Material Information during the policy period. "Material facts" for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable Us to take informed decision in the context of underwriting the risk. Please notify Us in writing of any material change in the risk on account of change in the nature of occupation or business.	General Conditions: 2. Mis-description:

Declaration by the Policy Holder

☐ I have read and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

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