

## CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY- Corona Kavach

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	Corona Kavach	
2	Policy Number	XXXX <<Dynamic field to be derived from system>>	
3	Type of Insurance Product/Policy	<input checked="" type="checkbox"/> Indemnity (Where insured losses are covered up to the Sum Insured under the policy.)	
4	Sum Insured (Basis) (Along with the amount)	<input type="checkbox"/> Individual Sum Insured- Where each member has a separate sum insured under the policy) OR <input checked="" type="checkbox"/> Floater Sum Insured – Where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<b>Expenses in respect of:</b>	
		Covid Hospitalization Cover: Medical Expenses incurred on hospitalization for Covid for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	D Base Cover
		Ambulance charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization	D Base Cover
		Home Care treatment expenses: Cost of treatment incurred by the insured person on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	D Base Cover
		AYUSH Coverage: Medical Expenses incurred on hospitalization for Covid under AYUSH treatment	D Base Cover
		Hospital Daily Cash: Fixed benefit of 0.5% of SI for each 24 hours of hospitalisation for maximum of 15 days.	D Optional Cover

6	<b>Exclusions</b> (What the policy does not cover)	<b>Standard Exclusions</b> <ol style="list-style-type: none"> <li>Investigation &amp; Evaluation (Code- Excl04)</li> <li>Rest Cure, Rehabilitation and respite Care (Code- Excl05)</li> <li>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 - Excl14)</li> </ol> <b>Specific Exclusions</b> <ol style="list-style-type: none"> <li>Unproven treatments (Code - Excl16)</li> <li>Any claim in relation to Covid where it has been diagnosed prior to Policy Start date.</li> <li>Any expenses incurred on Day Care treatment and OPD treatment</li> <li>Diagnostics/ Treatment taken outside the geographical limits of India</li> <li>Testing done at a Diagnostic center which is not authorized by the Government shall not be recognized under this Policy</li> </ol> <p>All covers under this Policy Shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.</p>	E. Exclusions
7	<b>Waiting Period</b>	<b>First Fifteen Days Waiting Period</b> Expenses related to treatment of Covid within 15 days from the policy commencement date shall be excluded.	D Waiting Period
8	<b>Financial limits of coverage</b>	<ol style="list-style-type: none"> <li><b>Sub-limit</b> (it is pre-defined limit, and We will not pay any amount in excess of this limit) Hospital Daily Cash: 0.5% of Sum Insured per day, subject to maximum of 15 days in a policy period for every insured member Home care treatment: Maximum up to 14 days per incident</li> </ol>	D. Benefits  D. Base Cover
9	<b>Claims/ Claims Procedures</b>	<b>For cashless service:</b> <ul style="list-style-type: none"> <li>The standard claim form (Part A and Part B) and the cashless pre-authorisation request form are available in our website <a href="http://www.magma-hdi.co.in">www.magma-hdi.co.in</a> for ready reference. The same may be also obtained from any of our offices on request.</li> <li>Toll Free No- 1800 266 3202</li> </ul>	F. Claim Procedure

		<ul style="list-style-type: none"> <li>The updated Network Hospital List may be obtained at our website <a href="http://www.magma-hdi.co.in">www.magma-hdi.co.in</a> and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.</li> <li>The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.</li> </ul>	
		<p><b>For Reimbursement of Claim:</b></p> <ul style="list-style-type: none"> <li>Notice of claim: Please contact us at least 72 hours before admission in case of planned hospitalization. For emergency hospitalization, kindly contact us within 24 hours of admission to Hospital</li> <li>Submission of claim: The insured shall submit all the required claim documents as mentioned in Policy document not later than 30 days from the date of discharge.</li> <li>Reimbursement claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document</li> </ul>	F. Claim Procedure
10	<b>Policy Servicing</b>	<p>Call us at: 1800 266 3202</p> <p>Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at <a href="http://www.magma-hdi.co.in">www.magma-hdi.co.in</a></p>	
11	<b>Grievances/ Complaints</b>	<p><b>Company Officials:</b> In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at: Email: <a href="mailto:Gro@magma-hdi.co.in">Gro@magma-hdi.co.in</a></p> <p>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/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</p>	F. Redressal of Grievances
12	<b>Things to remember</b>	<p><b>Automatic change in Coverage under the policy:</b> The coverage for the Insured Person(s) shall automatically terminate in the case of demise of the Insured Person. However, the cover shall continue for</p>	

		the remaining Insured Persons till the end of Policy Period.	
<b>13</b>	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	F.i. Disclosure of Information
<b><u>Declaration by the Policy Holder</u></b>			
<input type="checkbox"/> <u>I have read and confirm having noted the details.</u>			
<u>Place:</u>			
<u>Date:</u>		<u>(Signature of the Policyholder)</u>	
<u>Note:</u> In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.			