Janata Personal Accident

Customer Information Sheet

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**	**Janata Personal Accident Policy**	
2	**Policy Number**	**XXXX** *<<Dynamic field to be derived from system>>*	
3	**Type of Insurance Product/Policy**	• ☒ Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.)	
4	**Sum Insured (Basis)** (Along with the amount)	☒Individual Sum Insured- Where each member has a separate sum insured under the policy) OR ☐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)	**Benefit in respect of:**	
		Accidental Death: If the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in death of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, a lump sum amount equal to Rs. XXX	Section 2 2.1
		Permanent total Disablement (PTD): If the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in PTD, of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/ her nominee as the case may be, the lump sum amount as per below table: | Nature of Disablement	Percentage of Limit
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Loss of sight of both eyes	100% of SI
Loss of two entire hands	100% of SI		Section 2 2.2

		Loss of two entire feet	100% of SI	
		Loss of one entire hand and one entire foot	100% of SI	
		Loss of one eye and one entire hand OR Loss of one eye and one entire foot	100% of SI	
		Loss of one entire hand or of one entire foot	50% of SI	
		Loss of sight of one eye	50% of SI	
		If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100% of SI	
6	**Exclusions** (What the policy does not cover)	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	Section 3

		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 nationalisation or requisition by or under the order of any government or public authority. 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. Claim due to Chemical or Biological agents 13. Radioactive, chemical, nuclear contamination or ionizing radiation 14. Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces. 15. Bodily Injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism 16. Any pre-existing disability	
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 • On receipt of intimation from you regarding a claim under the policy, we are entitled to carry	Section 4

		out examination and ascertain details and in the event of death get the post mortem examination done in respect of deceased person. • Claim will be settled latest within 15 days	
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	Section 5 17
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.	Section 5 17 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 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	Section 5.7 Section 5.14 Section 5.3

		premium to You for the unexpired period subject to the condition that there is no claim reported prior to any such change of classification. **Moratorium Period:** After completion of sixty continuous months of coverage in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud.	Section 5.15
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	Section 5.3

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Declaration by the Policy Holder

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☐ 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.