Loan Guard

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**	**Loan Guard**			
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)**	**XXXX**			
		Sum Insured Basis		<Fixed SI/ Reducing SI>	
5	**Policy Coverage** (What the policy covers?) (Policy Clause Number/s)	Section I: Critical Illness & Infectious Diseases	I.A. Critical Illness: Plan- Sum Insured	Fixed	SECTION I: CRITICAL ILLNESS & INFECTIOUS DISEASES
			I.A Critical Illness- Plan	25 Critical Illness on benefit basis for the policy period. Family Definition – Borrower Only. Age Band – 18 Years to 60 Years	
			I.B. Infectious Diseases- Coverage type		
			I.B. Infectious Diseases- Set 1 (Vector borne diseases)		
			I.B. Infectious Diseases- Set 2 (Water borne diseases)		
			I.B. Infectious Diseases- Set 3 (HIV infection)		

			I.B. Infectious Diseases- Set 4 (Covid Infection)		
			I.B. Infectious Diseases- Set 5 (Other infections)		
		Section II: Personal Accident	Sum Insured	Fixed	SECTION II: PERSONAL ACCIDENT
		Section III: EMI cover	Coverage- Max EMIs		SECTION III: EMI COVER
			Initial Waiting period		
			Specific Disease Waiting period		
			Pre-Existing Disease Waiting period		
		Section IV: Hospicash	Per day amount		SECTION IV: HOSPICASH
			Max no. of days		
			Initial Waiting period		
			Specific Disease Waiting period		
			Pre-Existing Disease Waiting period		
		Section V: Loss of Job	Sum Insured		SECTION V: LOSS OF JOB
		Section VI: Fire & Allied Perils – Dwelling & Household content	Sum Insured for Home building		SECTION VI: FIRE & ALLIED PERILS – DWELLING & HOUSEHOLD CONTENT
			Sum Insured Home Content cover		
			Loss of rent and Rent for Alternate accommodation		
		Section VII:	Sum Insured		SECTION VII:

	Business Interruption			BUSINESS INTERRUPTION
	Optional Covers	With Section I.A Critical Illness)		Optional Covers With Section I.A Critical Illness)
		Survival Period		
		With Section II (Personal Accident)		Optional Covers With Section II (Personal Accident)
		Permanent Partial Disablement (PPD) Cover		
		Funeral Cover		
		Emergency Road Ambulance Cover		
		Double Benefit		
		Education Benefit		
		With Section III (EMI Cover)		Optional Covers With Section III (EMI Cover
		Maternity EMI Cover		
		With Section IV (Hospicash)		
		Maternity Hospicash		
		with Section VI (Fire & Allied Perils)		Optional Covers with Section VI (Fire & Allied Perils)
		Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)		
		Personal Accident		
	Special Conditions			See Policy

			Schedule
	Policy Deductible		See Policy Schedule
	Assignment		See Policy Schedule
6	**Exclusions** (What the policy does not cover)	GENERAL EXCLUSIONS: 1.arising or resulting from the Insured person committing any breach of the law with criminal intent. 2.due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism, Riots, Strike, Malicious Acts etc. 3.directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission 4.directly or indirectly caused by or contributed to by or arising from nuclear weapon materials. 5.directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs. 6.arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide. 7.any sexually transmitted diseases. 8.any consequential or indirect loss or expenses arising out of or related to any Insured Event, which have not been defined under the scope of coverage 9.arising out of or resulting directly or indirectly	PART - III Standard Terms and Conditions: 25. GENERAL EXCLUSIONS APPLICABLE TO THE POLICY

		due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, Miscarriage and its consequences, tests and treatment relating to infertility and in-vitro fertilization. 10.arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations. 11.arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage. Please refer to Policy Schedule for specific exclusions and Policy wordings for exclusions applicable to each section.	
7	**Claims/ Claims Procedures**	**Upon happening of first diagnosis of the Illness or date of surgical procedure or date of occurrence of the covered event or accidental death or disability 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 within thirty (30) days. • The claim form is available on 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 • Claim will be settled within 15 days.	Claims settlement process applicable to each section
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.	PART - III Standard Terms and Conditions: 26. 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 the policy not withdrawn.	PART - III Standard Terms and Conditions: 17. Free Look Period 12. Renewal
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	PART - III Standard Terms and Conditions: 1. Incontestability

		risk. Please notify Us in writing of any material change in the risk.	and Duty of Disclosure:

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.