

# Saral Suraksha Bima - Care Health Insurance

**Customer Information Sheet**

## Customer information sheet

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

Title	Description (Please refer to the applicable Policy Clause number in next column)	Policy Clause Number
<b>Name of the Insurance Product /Policy</b>	<b>Saral Suraksha Bima</b>	
<b>Policy Number</b>		
<b>Type of the Insurance Product /Policy</b>	Both Indemnity and Benefit	
<b>Sum Insured (Basis) (Along with amount)</b>	- <b>Individual Sum Insured</b> : Maximum up to 6 Persons ( each member has a separate sum insured under the policy).  - <b>Sum Insured</b> : 2.5L-10Cr	
<b>Policy Coverage</b> (What the policy covers?) (Policy Clause Number/s)	<b>Expenses in respect of :</b> <b>BASE BENEFITS</b> <b>1. Death</b> : Coverage of 100 % Sum Insured , upon Insured Person's death <b>2. Permanent Total Disablement (PTD):</b> Coverage of 100 % Sum Insured, If Insured Person suffers Permanent Total Disablement due to an Accident. <b>3. Permanent Partial Disablement (PPD):</b> Coverage of Specified Sum Insured, If Insured Person suffers Permanent Partial Disablement due to an Accident.	4.1
	<b>OPTIONAL BENEFITS</b> <b>1. Temporary Total Disablement:</b> Coverage of specified Sum Insured for specified weeks, If Insured Person suffers Temporary Total Disablement, directly due to an Accident and is unable to perform any employment / Occupation which he/she was able to perform earlier at the time of the Accident. <b>2. Hospitalization Expenses due to Accident:</b> Medical expenses incurred for hospitalization arising due to accident covered up to 10 % of Sum insured. <b>3. Education Grant:</b> One-time educational grant of 10% of Sum insured (per child) for all dependent children, Covered in case Insured Person's claim is admissible towards Death or Permanent Total Disability.	4.2
	<b>Cumulative Bonus:</b> 5% of Sum Insured per year, maximum up to 50% of Sum Insured. Reducing on claim at same rate as it was accrued.	5
<b>Exclusions</b> (What the policy does not cover )	The Company shall not be liable to make any payments under this policy in respect of :  (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalization of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.  (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.	

	<p>[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]</p> <p>d. arising or resulting from the Insured Person committing any breach of law with criminal intent.</p> <p>(iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <p>A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.</p> <p>B. Nuclear weapons material</p> <p>C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>D. Nuclear, chemical and biological terrorism</p> <p>(v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.</p> <p>Exclusions specific to Optional Benefit "Hospitalization Expenses due to Accident"</p> <p>The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of :</p> <p>i. Investigation &amp; Evaluation</p> <p>ii. 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</p> <p>iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</p> <p>iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</p> <p>v. Treatment taken outside the geographical limits of India.</p> <p>vi. All expenses listed in Annexure-B (List I) of the Policy.</p> <p><b>Note:</b> Any other exclusion as specified in the Policy Schedule.</p>	
<p><b>Waiting Period</b></p> <p>- Time period during which specified diseases/treatments are not covered</p> <p>- It is counted from the beginning of the policy coverage.</p>	<p>Not Applicable</p>	

<p><b>Financial limits of coverage</b></p> <p><b>i. sub-limit</b> (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p><b>ii. Co-payment</b> (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p><b>iii. Deductible</b> (It is a specified amount :</p> <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim , and</li> <li>- which will be deducted from total claim amount is more than the specified amount)</li> </ul>	<p>Not Applicable</p>	
<p><b>Claims/ Claims Procedure</b></p>	<p>Details of procedure can be followed as follows :</p> <p><b>Claim Settlement</b> - The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.</p> <p><b>Claim intimation</b> - Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. If any treatment for which claim can be made is to be taken and that treatment requires Emergency Hospitalization, the company shall be informed within 24 hours of the admission of the insured person in Hospital.</p> <p><b>Turn Around Time (TAT)</b> for claims settlement :</p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 1 hours</li> <li>ii. TAT for cashless final bill authorization : 3 hours</li> </ul> <p>Web link (<a href="https://www.careinsurance.com/rhicl/claim/login">https://www.careinsurance.com/rhicl/claim/login</a> ) for following :</p> <ul style="list-style-type: none"> <li>i. Network hospital details</li> <li>ii. Helpline number</li> <li>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer</li> <li>iv. Downloading/getting cla0im form</li> </ul>	<p>7.3</p> <p>7.1</p>
<p><b>Policy Servicing</b></p>	<ul style="list-style-type: none"> <li>i. Call center number of the insurer - whatsapp number: 8860402452</li> <li>ii. Details of Company officials - Customer Service Care Health Insurance Limited , Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector– 43, Gurugram – 122009</li> </ul>	<p>10</p>
<p><b>Grievances/ Complaints</b></p>	<p>In case of any grievance the Insured Person may contact the Company through Website/link: <a href="https://www.careinsurance.com/customer-grievance-redressal.html">https://www.careinsurance.com/customer-grievance-redressal.html</a>  Mobile App : Care Health- Customer App  Toll free (whatsapp number): 8860402452  Courier: Any of Company's Branch Office or corporate office</p>	<p>10</p>

	<p>If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.</p> <p><a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p>Grievance may also be lodged at IRDAI integrated Grievance Management System - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	
<b>Things to remember</b>	<p><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.</p> <p>For free look cancellation process reach us:</p> <ul style="list-style-type: none"> <li>- Care Health- Customer App</li> <li>- WhatsApp number – 8860402452</li> <li>- Self Help Portal - <a href="https://www.careinsurance.com/self-help-portal.html">https://www.careinsurance.com/self-help-portal.html</a></li> <li>- Submit Your Queries/ Requests - <a href="https://www.careinsurance.com/contact-us.html">https://www.careinsurance.com/contact-us.html</a></li> </ul>	8.18
	<p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of the policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	8.13
<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Disclosure of Information -The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p>	8.1

- i. For the product terms and conditions and other documents, including CIS , please refer the web link: <https://www.careinsurance.com/rhicl/login/register>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail please refer the Policy Schedule for the applicable benefits.



**Care Health Insurance Limited**

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43,  
Gurugram-122009 (Haryana)

CIN: U66000DL2007PLC161503 UIN: CHIPAIP21610V012021

IRDAI Registration Number - 148

**REACH US @**



Care Health-  
Customer App



WhatsApp  
**8860402452**

Self Help Portal:

[www.careinsurance.com/self-help-portal.html](http://www.careinsurance.com/self-help-portal.html)

Submit Your Queries/Requests:

[www.careinsurance.com/contact-us.html](http://www.careinsurance.com/contact-us.html)