

Customer Information Sheet my: Credit - Personal Accident (Group)

The information mentioned below is illustrative and not exhaustive.

Sr No	TITLE	DESCRIPTION	Policy Clause Number										
1	Product Name	my: Credit - Personal Accident (Group)											
2	What am I covered for:	<ol style="list-style-type: none"> 1. Credit Shield 2. Accident Shield 2.2 Optional Covers <ol style="list-style-type: none"> a) Permanent Total Disability b) Permanent Partial Disability 3. my:Health Active <ul style="list-style-type: none"> • Health Couch • Wellness services 	Section A Section B										
3	What are the major exclusions in the policy:	<p>We will not make any payment for any claim in respect of any Insured Person for, caused by, arising from or attributable to any of the following</p> <ol style="list-style-type: none"> i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies. ii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. <p>This is an indicative list, for comprehensive list please refer policy wordings</p>	Section C										
4	Waiting Periods	There are no waiting periods under the Policy	NA										
5	Payment Basis	The claim payment under this policy shall be on the benefit basis.	NA										
6	Loss Sharing	Not applicable											
7	Premium Payment Option	<p>You have option to pay premium in total at the commencement of policy or in instalments as below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Options</th> <th>Installment Premium Option</th> </tr> </thead> <tbody> <tr> <td>Option 1</td> <td>Yearly</td> </tr> <tr> <td>Option 2</td> <td>Half Yearly</td> </tr> <tr> <td>Option 3</td> <td>Quarterly</td> </tr> <tr> <td>Option 4</td> <td>Monthly</td> </tr> </tbody> </table>	Options	Installment Premium Option	Option 1	Yearly	Option 2	Half Yearly	Option 3	Quarterly	Option 4	Monthly	Section F 7
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8	Renewal Conditions	The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the Policy Period/ Coverage Period .	Section F 8
9	Renewal Benefits	Not applicable	
10	Cancellation	<p>i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.</p> <p>For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium as per the grid specified in the Policy Wording.</p> <p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	Section F 9
11	How to Claim	<p>Kindly contact Us for claim intimation on</p> <p>Service No. 022-62346234 / 0120-62346234 Email :healthclaims@hdfcergo.com</p> <p>You must submit a duly filled claim form along with specified documents under the policy within 30 days from date of event. Any additional information requested must be submitted within 15 days of our request</p>	Section E
12	Policy Servicing / Grievance / Complaints	<p>In case of any grievance the insured person may contact the company through:</p> <ul style="list-style-type: none"> • Website: www.hdfcergo.com • Toll free: 022 6234 6234 / 0120 6234 6234 • Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234 • E-mail: care@hdfcergo.com <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at cgo@hdfcergo.com</p>	
13	Insured's Rights	<ul style="list-style-type: none"> • Free Look Period applicable for 15 days 	Section F
14	Insured's Obligations	<ul style="list-style-type: none"> • Disclosure of all material information sought to be declared on proposal form. 	

Legal Disclaimer Note: The information must be read in conjunction with the product prospectus and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail.