

पालिसी अनुसूची/ Policy Schedule- National Mediclaim Policy

पॉलिसी नंबर/ Policy Number:
36040048248560000001

व्यवसाय स्रोत/Business Source: 360400



जारीकर्ता कागदित/Issuing Office

कार्यालय कोड /Office Code: 360400
कार्यालय पता /Office Address: DELHI
BUSINESS OFFICE IX 302, N N Mall,
Sector 3, Rohini, New Delhi, - 110085.

राज्य कोड/State Code: 7, Delhi

जीएसटीआइन/GSTIN: 07AACN9967E1Z5

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number: 0

विक्रय चैनल विवरण/Sales Channel Details:

विक्रय चैनल कोड /Sales Channel Code:
9000140679

नाम /Name: Mr Jeetu Chaudhary संपर्क संख्या
/Contact Number: 9810934981
सह दलाल कोड / Co Broker Code:

UIN: NICLIP24004V072324

कस्टमर केयर टॉल फ्री नंबर/Customer Care Toll Free
Number: 1800 345 0330

ईमेल/email: customer.support@nic.co.in

ग्राहक का नाम /Customer Name: ABHISHEK KUMAR

पता/ Address: C/O G TECH WEB MARKETING PVT LTD, A-19-A,
3RD FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE 2, DELHI,
आवास/City: NEW DELHI, ज़िला/District: NEW DELHI, राज्य/State: DELHI,
पिन/PIN: 110064.

फ़ोन/Cell: 7011514981

ग्राहक आईडी /Customer ID:
9572424804

पैन /PAN:

आधार /AADHAR:

फ़ोन /Phone: 7011514981

ई-मेल /E-Mail: Jeetuneerajdeepi@gmail.com

पॉलिसी: 03/06/2024 के 07:34 से 02/06/2025 की मध्य रात्रि तक प्रभावी /Policy Effective from 07:34 hours, on 03/06/2024 to
midnight of 02/06/2025

प्रीमियम/ Premium	₹3,717.00	कवर नोट संख्या और तिथि / Cover Note Number and Date	लागू नहीं /NA
Less: Digital Discount	₹ 0.00		
Total Premium	₹ 3,717.00		
सीजीएसटी/CGST	₹ 335.00		
एसजीएसटी/स्टॉटीजीएसटी / SGST/UTGST	₹ 335.00	प्रस्ताव संख्या और तिथि/ Proposal Number and Date	24060336040060000001 दिनांक/Dt. 03/06/2024
आईजीएसटी/IGST	₹ 0.00		
कम: जीएसटी_टीडीएस / Less: GST_TDS	₹ 0.00		
जमूरी योग्य योग्य स्टाम्प ड्यूटी /Recoverable Stamp Duty	₹ 0.00	रसीद संख्या और तिथि/ Receipt Number and Date	36040081248000003850008220991,360400 81248000003810008220989 दिनांक/Dt. 03/06/2024, 31/05/2024
कुल राशि /Total Amount	₹ 4,387.00	पिछली पालिसी संख्या और समाप्ति तिथि Previous Policy Number and Expiry Date	लागू नहीं /NA

(रुपय/Rupees Four Thousand Three Hundred Eighty Seven केवल/Only.)

*करकी सहिती Government
Subsidy: ₹ 0.00

बीमित व्यक्ति का विवरण/ Details of Insured Persons

क्र.सं./S.No	बीमित व्यक्ति का नाम/ Name of the Insured Person	जन्म-तिथि/ आयु / Date of Birth Age	संबंध/ पेशा/ Relation- Occupation	लिंग/ Gender	बीमा राशि (₹.) सीबीयाशी/ Sum Insured(') CB Amount(') 0	Home Care Treatment NA
1	MR ABHISHEK KUMAR	16/11/1991 32	Self-Company Employee	Male	200000 0	NA

पहले से मौजूद रोग/ अपवर्जन/Pre-
existing Diseases/Exclusions

NA

प्रमाण-पत्र /Certificate- National Mediclaim Policy

पॉलिसी नंबर /Policy Number:

36040048248560000001

जारीकर्ता कार्यालय/Issuing Office

कार्यालय कोड /Office Code: 360400

कार्यालय पता /Office Address: DELHI

BUSINESS OFFICE IX 302, N N Mall,
Sector 3, Rohini, New Delhi, - 110085.

राज्य कोड/State Code: 7, Delhi

जीएसटीएसटी/GSTIN: 07AACN9967E1Z5

संपर्क संख्या/Contact Number:

मोबाइल नंबर/Mobile Number: 0

ब्यासाय स्रोत /Business Source: 360400

विक्रय चैनल विवरण/ Sales Channel Details

विक्रय चैनल कोड/ Sales Channel Code:

9000140679

नाम/ Name: Mr Jeetu Chaudhary

संपर्क संख्या/Contact Number: 9810934981

सह दलाल कोड /Co Broker Code:

UIN: NICHIP24004V072324

कर्सरम केयर टॉल फ्री नंबर/Customer Care Toll Free

Number: 1800 345 0330

ईमेल/email: customer.support@nic.co.in

ग्राहक का नाम/Customer Name: ABHISHEK KUMAR

ग्राहक आईडी/Customer ID:

9572424804

पैन/PAN:

पता/Address: C/O G TECH WEB MARKETING PVT LTD, A-19-A,
3RD FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE 2, DELHI,

फोन/Phone:

शहर/City: NEW DELHI, जिला/District: राज्य/State: DELHI, पिन

ई-मेल/ E-Mail: Jeetuneerajdeepi@gmail.com

/PIN: 110064 सेल/Cell: 7011514981

पॉलिसी: 07:34hours, on 03/06/2024 से प्रारंभी 02/06/2025 की मध्य तक/Policy Effective from: 07:34hours, on 03/06/2024 to midnight of
02/06/2025

प्रीमियम प्रमाण-पत्र/ Premium Certificate

(आपकर (संशोधन) अधिनियम, 1986 के तहत 80 द्वारा की कठोरी के प्रयोजन के लिए)

(For the purpose of deduction u/s 80 d of Income Tax (amendment) Act, 1986)

यह प्रमाणित किया जाता है कि ABHISHEK KUMAR ने रूपये ₹.4387 Four Thousand Three Hundred Eighty Seven केवल दस्तावेज संख्या N/A दिनांकित N/A के द्वारा 03/06/2024 से 02/06/2025 की अवधि के लिए पॉलिसी संख्या 36040048248560000001 के माध्यम से अस्पताल में भर्ती वीमा हेतु प्रीमियम का भुगतान किया है। प्रीमियम /Premium ₹.3,717.00 सीजीएसटी/CGST ₹.335.00, एसजीएसटी/SGST ₹.335.00, आईजीएसटी/IGST ₹.0.00, रसीद संख्या के द्वारा भुगतान प्राप्त /Payment received vide receipt no.360400812480000003850008220991,360400812480000003810008220989 दिनांकित/ dated 03/06/2024.

This is to certify that ABHISHEK KUMAR has paid ₹.4,387.00 Rupees Four Thousand Three Hundred Eighty Seven Only towards premium for Hospitalisation Insurance vide Policy no.36040048248560000001 for the period from 03/06/2024 to 02/06/2025 by Instrument number N/A dated N/A. Premium ₹.3,717.00, CGST ₹.335.00, SGST ₹.335.00, IGST ₹.0.00. Payment received vide receipt no.360400812480000003850008220991,360400812480000003810008220989 dated 03/06/2024.

कृते नेशनल इंश्योरेस कंपनी लिमिटेड/

For National Insurance Company Limited

नेशनल इंश्योरेस कंपनी लिमिटेड/
National Insurance Company Limited
नेशनल इंश्योरेस कंपनी लिमिटेड/
National Insurance Company Limited

विधिवत रूप से अधिकृत प्राप्तिकरण/

Duly Constituted Authority

टैक्स इनवॉयस/TAX INVOICE

इनबॉयस ८ तिथ/Invoice Date: 03/06/2024

आपूर्तिकर्ता का विवरण/Details of Supplier:

Details of Supplier:
नेशनल इंश्योरेन्स कंपनी लिमिटेड/National Insurance Company Limited.,
DEHLI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi, - 110085
ग्राम State : 7, Delhi
ग्राम/स्थान संख्या/ग्रामांक
GSTIN No : 07AACN9967E1Z5

प्राप्तकर्ता का विवरण/Details Of Receiver - अप्रृश्यता

NAME OF Receiver: ABHISHEK KUMAR
C/O G TECH WEB MARKETING PVT LTD, A-19-A, 3RD FLOOR, MAYAPURI INDUSTRIAL AREA, PHASE 2, DELHI
NEW DELHI.
NEW DELHI.
DELHI.
110064

मापूर्ति का स्थान/Place Of
Supply State : Delhi
कार्य कोड/State Code : 7
वैधानिक संख्या/GSTIN No. : NA

सेवा कोड/SAC Code	सेवा का विवरण/ Description of Service	कुल/Total(₹)	छूट/ Discount	टैक्स योग्य/ मूल्य/ Taxable Value(₹)	सीजीएसटी की राशि/ CGST	एसजीएसटी/यूटीजीएसटी/ /SGST/UTGST	बाईजीएसटी/IGST	Kerala Flood Cess राशि/ Amount(₹)
997133	Accident and health insurance services	3,717	0%	3,717	9%	335	9%	0
	TOTAL	3,717		3,717		335	0%	0

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कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड/
For and on behalf of National Insurance Company
Limited

अधिकृत हस्ताक्षरात्मक / Authorized Signatory

National Mediclaim Policy
 Customer Information Sheet

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

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause No.				
1.	Name of Insurance Product	National Mediclaim Policy					
2.	Policy No.	36040048248560000001					
3.	Type of Insurance Product	Indemnity					
4.	Sum Insured	<table border="1"> <tr> <th>Name of the Insured Person</th> <th>Sum Insured</th> </tr> <tr> <td>MR ABHISHEK KUMAR</td> <td>200000</td> </tr> </table>	Name of the Insured Person	Sum Insured	MR ABHISHEK KUMAR	200000	
Name of the Insured Person	Sum Insured						
MR ABHISHEK KUMAR	200000						
5.	Policy Coverage (what the policy covers?)	<p>Expenses in respect of:</p> <ul style="list-style-type: none"> a. Admission in Hospital beyond 24 hrs b. Pre-hospitalisation (treatment prior to admission in hospital) of 45 days c. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge d. Modern Treatment (12 in Number) e. Procedures requiring less than 24 hours of hospitalization (day care). f. Ayurveda and Homeopathy g. HIV/ AIDS Treatment h. Mental Illness Treatment i. Organ Donor's Medical Expenses j. Ambulance Charges k. Morbid Obesity Treatment l. Correction of Refractive Error (equal to or more than 7.5 dioptres) <p>Other Benefit: Reinstatement of Basic Sum Insured (available to Basic SI of 6L and above)</p> <p>Good Health Incentive:</p> <ul style="list-style-type: none"> m. Cumulative Bonus (CB) n. Preventive Health Check Up 	3 3.7 3.8 3.5 3.9.1 3.9.2 3.9.3 3.9.4 3.9.5 3.9.6 3.9.7 3.9.8 3.10.1 3.11 3.11.1 3.11.2				
6.	Exclusions (what the policy does not cover)	<p>STANDARD EXCLUSIONS</p> <ul style="list-style-type: none"> a. Pre-Existing Diseases (Excl 01) b. Specified disease/procedure waiting period (Excl 02) c. First 30 days waiting period (Excl 03) d. Investigation& Evaluation (Excl 04) e. Rest Cure, Rehabilitation and Respite Care (Excl 05) f. Obesity/ Weight Control (Excl 06) g. Change-of-Gender Treatments (Excl 07) h. Cosmetic or Plastic Surgery (Excl 08) i. Hazardous or Adventure Sports (Excl 09) j. Breach of Law (Excl 10) k. Excluded Providers (Excl 11) l. Drug/Alcohol Abuse (Excl 12) m. Non Medical Admissions (Excl 13) n. Vitamins, Tonics (Excl 14) o. Refractive Error (Excl 15) p. Unproven Treatments (Excl 16) q. Birth control, Sterility and Infertility (Excl 17) r. Maternity (Excl 18) <p>SPECIFIC EXCLUSIONS</p> <ul style="list-style-type: none"> a. Hormone Replacement Therapy b. General Debility, Congenital External Anomaly c. Self Inflicted Injury d. Stem Cell Surgery e. Circumcision f. Vaccination or Inoculation. g. Massages, Steam Bath, Alternative Treatment (Other than Ayurveda and Homeopathy) h. Dental treatment i. Domiciliary Hospitalization & Out Patient Department (OPD) treatment j. Stay in Hospital which is not Medically Necessary. k. Spectacles, Contact Lens, Hearing Aid, Cochlear Implants l. Non Prescription Drug m. Treatment not Related to Disease for which Claim is Made n. Equipments 	4.1 4.2 4.3 4.4 4.5 4.6 4.7 4.8 4.9 4.10 4.11 4.12 4.13 4.14 4.15 4.16 4.17 4.18 5.1 5.2 5.3 5.4 5.5 5.6 5.7 5.8 5.9 5.10 5.11 5.12 5.13 5.14 5.15 5.16 5.17				

		<ul style="list-style-type: none"> o. Items of personal comfort p. Service charge/ registration fee q. Home visit charges r. War s. Radioactivity t. Treatment taken outside the geographical limits of India u. Permanently Excluded Diseases 	5.18 5.19 5.20 5.21 3.9.4 3.9.5										
		Exclusions in Mental Illness Cover Exclusions in Organ Donor's Medical Expenses											
7.	Waiting period	<ul style="list-style-type: none"> a. Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) b. Specific waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> o. Ninety (90) Days for 3 diseases/procedures/conditions o. One (1) year for 5 diseases/procedures o. Two (2) years for 20 diseases/procedures o. Four (4) years for 4 diseases/procedures c. Pre-Existing Diseases: Covered after forty eight (48) months 	4.3 4.2 4.1										
8	Financial limits of coverage i. Sub-limit <i>(It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</i> ii. Co-payment <i>(It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</i> iii. Deductible iv. Any other limit	<p>Coverage shall be subject to the following Sub Limits: (SI here means basic sum insured and cumulative bonus, if any).</p> <ul style="list-style-type: none"> i. Room Charges - Up to 25% of SI (Any One Illness) <ul style="list-style-type: none"> a. Room Rent - Up to 1% of SI, subject to max of INR 10,000 per day b. ICU charges - Up to 2% of SI subject to max of INR 20,000 per day ii. Medical Practitioner's Fees - Up to 25% of SI (Any One Illness) iii. Other Expenses - Up to 50% of SI (Any One Illness). iv. Hemodialysis, Chemotherapy, Radiotherapy - Up to 50% of SI or the PPN Package Rate v. Modern Treatments (12 in number) - Up to 25% of SI vi. Treatment necessitated due to participation as a non-professional in hazardous or adventure sports - Up to 25% of SI vii. Ambulance Charges - 1% of SI subject to maximum of INR 2,000 in a Policy Period <p>Optional Copayment The Insured may opt for Optional Co-payment, with discount in premium. Insured may choose either of the two Co-payment options:</p> <ul style="list-style-type: none"> i. 20% Co-payment on each admissible claim under the Policy, with a 15% discount in total premium. ii. 15% Co-payment on each admissible claim under the Policy, with a 10% discount in total premium. 	3.1 3.1.i 3.1.ii 3.2 3.3 3.4 3.5 3.6 3.9.6 6.17.7										
9.	Claims/ Claim Procedure	<p>Not applicable</p> <p>Not applicable</p> <p>For Cashless Service</p> <p>i. Notification of claim to be provided as per table below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Notification of claim for Cashless facility</th> <th style="text-align: left; padding: 2px;">TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">In the event of planned hospitalisation</td> <td style="padding: 2px;">At least seventy two (72) hours prior to the Insured Person's admission to Network Provider</td> </tr> <tr> <td style="padding: 2px;">In the event of emergency hospitalisation</td> <td style="padding: 2px;">Within twenty four (24) hours of the Insured Person's admission to Network Provider</td> </tr> </tbody> </table> <p>Cashless facility for treatment in network hospitals can be availed, if TPA service is opted.</p> <p>iii. Treatment may be taken in a network provider and is subject to pre authorization by the TPA. Booklet containing list of network provider shall be provided by the TPA. Updated list of network provider is available on website of the Company and the TPA mentioned in the schedule.</p> <p>iv. Cashless request form available with the network provider and TPA shall be completed and sent to the TPA for authorization.</p> <p>v. The TPA upon getting cashless request form and related medical information from the insured person/ network provider shall issue pre-authorization letter to the hospital after verification.</p> <p>vi. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>vii. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>viii. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the TPA for processing.</p> <p>For Reimbursement of Claim</p> <p>i. Notification of claim to be provided as per table below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Notification of claim for Reimbursement</th> <th style="text-align: left; padding: 2px;">Company/TPA must be informed:</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">In the event of planned hospitalisation</td> <td style="padding: 2px;">At least seventy two (72) hours prior to the Insured Person's admission to Hospital</td> </tr> </tbody> </table>	Notification of claim for Cashless facility	TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Network Provider	In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider	Notification of claim for Reimbursement	Company/TPA must be informed:	In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital	6.17.1 6.17.2
Notification of claim for Cashless facility	TPA must be informed:												
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In the event of emergency hospitalisation	Within twenty four (24) hours of the Insured Person's admission to Network Provider												
Notification of claim for Reimbursement	Company/TPA must be informed:												
In the event of planned hospitalisation	At least seventy two (72) hours prior to the Insured Person's admission to Hospital												

		<p>In the event of emergency hospitalisation Within twenty four (24) hours of the Insured Person's admission to Hospital</p> <p>For reimbursement of claims the insured person may submit the necessary documents to TPA (if claim is processed by TPA)/Company (if claim is processed by the Company) within the prescribed time limit.</p> <table border="1"> <thead> <tr> <th>Type of claim</th><th>Time limit for submission of documents to Company/TPA</th></tr> </thead> <tbody> <tr> <td>Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges</td><td>Within thirty (30) days of date of discharge from Hospital</td></tr> <tr> <td>Reimbursement of post hospitalisation expenses</td><td>Within thirty (30) days from completion of Post Hospitalisation treatment</td></tr> <tr> <td>Reimbursement of Preventive Health Check-Up expenses</td><td>At least forty five (45) days before the expiry of the fifth Policy Period</td></tr> </tbody> </table>	Type of claim	Time limit for submission of documents to Company/TPA	Reimbursement of hospitalization, pre hospitalisation expenses and ambulance charges	Within thirty (30) days of date of discharge from Hospital	Reimbursement of post hospitalisation expenses	Within thirty (30) days from completion of Post Hospitalisation treatment	Reimbursement of Preventive Health Check-Up expenses	At least forty five (45) days before the expiry of the fifth Policy Period	6.17.1
Type of claim	Time limit for submission of documents to Company/TPA										
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Reimbursement of post hospitalisation expenses	Within thirty (30) days from completion of Post Hospitalisation treatment										
Reimbursement of Preventive Health Check-Up expenses	At least forty five (45) days before the expiry of the fifth Policy Period										
		<p>Claim Settlement</p> <ol style="list-style-type: none"> 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. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim 	6.17.3								
		<p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> TAT for preauthorization of cashless facility – 2 hours from the time last necessary document is received by TPA TAT for cashless final bill authorization – 2 hours from the time discharge bill is received by TPA <p>Network Hospital Details: https://nationalinsurance.nic.co.in/en/health-insurance/city-wise-list-ppn-hospitals</p> <p>Helpline Number: 1800 345 0330</p> <p>Downloading Claim form: https://nationalinsurance.nic.co.in/en/health-insurance</p>	6.3								
10	Policy Servicing	<p><u>Toll free:</u> 1800 345 0330</p> <p><u>Phone:</u> 0</p>									
11.	Grievances/ Complaints	<p><u>Post:</u> DELHI BUSINESS OFFICE IX 302, N N Mall, Sector 3, Rohini, New Delhi, - 110085</p> <p><u>In case of any grievance the insured person may contact the company through Website:</u> https://nationalinsurance.nic.co.in/en/grievance</p> <p><u>Toll free:</u> 1800 345 0330</p> <p><u>E-mail:</u> customer.relations@nic.co.in</p> <p><u>Phone :</u> (033) 6811 0000</p> <p><u>Post:</u> CRM Dept., National Insurance Co. Ltd., Premises No. 18-0374, Plot no. CBD-81, Rajarhat, New Town, Kolkata - 700156</p> <p>Insurance Ombudsman – As per Appendix III attached to Policy.</p>	7								
12	Things to Remember	<p>Free Look Period</p> <p>You may cancel the insurance policy if you don't want it, within 15 days from the beginning of the policy. (Not applicable on renewals)</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <p>Policy Renewal</p> <p>Except fraud, moral hazard or misrepresentation or noncooperation renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability:</p> <ul style="list-style-type: none"> The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability <p>Change in Basic Sum Insured:</p>	<p>6.13</p> <p>6.9</p> <p>6.7</p> <p>6.8</p>								

		<p>i. Basic Sum insured can be enhanced only at the time of renewal.</p> <p>ii. For the incremental portion of the Basic Sum Insured, the Waiting Periods shall apply. Coverage on enhanced Basic Sum insured shall be available after the completion of Waiting Periods.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	6.23
13	Your Obligations	<ul style="list-style-type: none"> • Please disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may affect the claim settlement. • 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>"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	6.11
			6.1

Legal Disclaimer

The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Insurance is the Subject matter of Solicitation