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New India Cancer Guard
Customer Information Sheet

S No	Title	Description	Policy clause No.
1.	Product Name	New India Cancer Guard	Page. No 1 of Policy Document
2.	What am I covered for	<ul style="list-style-type: none"> • The policy shall cover treatment for Cancer taken as Inpatient or Outpatient or Day Care. Following Conventional and Advanced Treatment shall be covered in the Policy: <ul style="list-style-type: none"> ○ Chemotherapy ○ Radiotherapy ○ Organ transplant, as part of Cancer treatment ○ Onco-surgery (Surgeries for excision of cancerous tissue or removal of organs/ tissues) ○ Proton Treatment ○ Personalised & Targeted therapy ○ Hormonal Therapy or Endocrine manipulation ○ Immunotherapy including immunology agents ○ Stem cell transplantation ○ Bone marrow transplantation • Room Rent, boarding and nursing expenses, <ul style="list-style-type: none"> ○ For Sum Insured for 5, 10 and 15 Lakhs - Single AC room ○ For Sum Insured for 25 and 50 Lakhs - Deluxe room • Intensive Care Unit (ICU) expenses, as actuals • Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees • Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Prosthetic devices implanted during Surgery, Relevant Laboratory / Diagnostic test, X-Ray and other medical expenses related to the treatment of Cancer • Pre-Hospitalization Medical expenses, up to 30 days • Post-Hospitalization Medical expenses, up to 60 days • Ambulance services not exceeding Rs. 3,000 per Hospitalization • Medical Expenses for Organ Transplant, as part of Cancer treatment • Medical Expenses incurred for the reconstruction of affected body part to restore your essential physical functioning as a direct result of Cancer Surgery. • Medical Expenses incurred on follow up check-up shall be payable up to Rs. 10,000 once in a Period of Insurance. • Second Opinion for Surgery, the expenses incurred towards consultation with another Medical Practitioner to seek advice on the Surgery shall be payable up to Rs. 5,000 for Sum Insured of 	<ul style="list-style-type: none"> • Clause 3.0 • Clause 3.1(a) • Clause 3.1(b) • Clause 3.1(c) • Clause 3.1(d) • Clause 3.1(e) • Clause 3.1(f) • Clause 3.2 • Clause 3.3 • Clause 3.4 • Clause 3.5 • Clause 3.6

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		<p>Rs. 5, 10 & 15 Lakhs and up to Rs. 10,000 for Sum Insured of Rs. 25 & 50 Lakhs .</p> <ul style="list-style-type: none"> • Cancer Care Benefit: If during the Period of Insurance any Insured Person is first time diagnosed for Cancer and is in Stage IV (based on TNM classification) or advanced metastatic cancer , 50% of the Sum Insured would be paid as Critical Care Benefit in addition to the admissible claim amount 	<ul style="list-style-type: none"> • Clause 3.7
3.	What are the major exclusions in the policy	<ol style="list-style-type: none"> 1. Any Treatment other than for Cancer. 2. Pre-Existing Condition for Cancer for which Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment prior to the first policy issued by Us (as mentioned in the Schedule). 3. Cancer diagnosed/contracted by the Insured person during the first ninety days of the commencement date of first Policy. Any treatment directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon / ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel. 4. Plastic Surgery, cosmetic, aesthetic treatment. 5. Cost of external prosthetic devices, non-durable implants, external medical equipment. 6. Dental treatment or Surgery of any kind unless necessitated due to treatment of Cancer.aposi Sarcoma. 7. Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of Cancer for which confinement is required at a Hospital. 8. Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner. 9. Non Allopathic treatment. 10. Any expenses relating to cost of items detailed in Annexure II. 11. Unproven/Experimental Treatment and pharmacological regimens. 12. Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital. 13. Treatment including investigation / diagnostic services availed outside India. 14. Rest Cure, Rehabilitation and Respite care. 15. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ul style="list-style-type: none"> • Custodial care either at home or in a Hospital / nursing facility for personal care either by skilled nurses or assistants or unskilled persons. 	<ul style="list-style-type: none"> • Clause 4.1 to 4.19

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		<ul style="list-style-type: none"> Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs. <p>16. Specified healthcare providers</p> <ul style="list-style-type: none"> Treatment rendered by a Medical Practitioner, which is outside his discipline or the discipline for which he is licensed. Treatments rendered by a Medical Practitioner, who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover. Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments that are not supported by treating doctor's prescription. Charges related to a Hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing. Any non-medical expenses mentioned on our website and or attached with this policy. 	
4.	Waiting Period	<ul style="list-style-type: none"> Cancer diagnosed / contracted by the Insured person during the first ninety days of the commencement date of this Policy. 	<ul style="list-style-type: none"> Clause 4.3
5.	Payout basis	<ul style="list-style-type: none"> Cashless / Reimbursement 	
6.	Loss Sharing	<ul style="list-style-type: none"> Room Rent exceeding the charges of <ul style="list-style-type: none"> Single AC room for Sum Insured for 5, 10 and 15 Lakhs Deluxe room For Sum Insured for 25 and 50 Lakhs Expenses relating to Hospitalization will be considered in proportion to the eligible room rent stated in the Policy or actual whichever is less. 	<ul style="list-style-type: none"> Clause 3.1(a) Clause 3.1
7.	Renewal Conditions	<ul style="list-style-type: none"> We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule. The Renewal is subject to the rates & terms prevalent at the time of Renewal. Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	<ul style="list-style-type: none"> Clause 5.8
8.	Renewal Benefits	<ul style="list-style-type: none"> The Sum Insured under Policy shall be increased by 10% at each renewal in respect of each claim free year of Insurance, subject to maximum of 50%. If a claim is made in any particular year; the cumulative bonus accrued shall be reduced at the same rate at which it is accrued. Yes. You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted subject to the underwriting guidelines. Before granting such request for enhancement of Sum Insured, We have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. 	<ul style="list-style-type: none"> Clause 3.8 Clause 5.9

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		<p>Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner.</p> <p>Enhancement of Sum Insured shall be allowed based on the following table:</p> <table border="1"> <tr> <td>Age<=50 years</td> <td>Enhancement up to Sum Insured of 50 Lakhs</td> </tr> <tr> <td>Age 51-55 Years</td> <td>Enhancement up to Sum Insured of 15 Lakhs</td> </tr> <tr> <td>Age 56-60 Years</td> <td>Enhancement up to Sum Insured of 10 Lakhs</td> </tr> </table> <p>Enhancement of Sum Insured will not be considered for:</p> <ol style="list-style-type: none"> 1) Insured Persons over 60 years of age. 2) Insured Person who diagnosed for Cancer (including Cancer survivors). <p>In respect of any increase in Sum Insured, exclusion 4.1, 4.2 and 4.3 would apply to the additional Sum Insured from the date of such increase.</p>	Age<=50 years	Enhancement up to Sum Insured of 50 Lakhs	Age 51-55 Years	Enhancement up to Sum Insured of 15 Lakhs	Age 56-60 Years	Enhancement up to Sum Insured of 10 Lakhs	
Age<=50 years	Enhancement up to Sum Insured of 50 Lakhs								
Age 51-55 Years	Enhancement up to Sum Insured of 15 Lakhs								
Age 56-60 Years	Enhancement up to Sum Insured of 10 Lakhs								
9.	Cancellation	<ul style="list-style-type: none"> • The policy shall be null and void, and no benefits shall be payable in case of Fraud, misrepresentation, misdescription or nondisclosure of any material fact / particular. Premium paid shall also stand forfeited. • You may also at any time cancel this Policy. We shall allow refund of premium, if no claim has been made or paid under the Policy, at short period rate. Please see the policy terms and conditions. 	<ul style="list-style-type: none"> • Clause 5.10 						
10.	Claims	<ul style="list-style-type: none"> • You must send all communications and papers regarding a claim to the TPA at the address shown in the Schedule. • Intimate TPA in writing on detection of Cancer immediately or forty-eight hours before Hospitalization. • Intimate within twenty-four hours from the time of Hospitalization in case of Hospitalization due to Medical emergency. Submit the Claim Document within fifteen days from the date of Discharge from Hospital • Cashless Service: Contact the TPA or visit our Website at https://www.newindia.co.in/portal/readMore/HospitalsList for the list of Hospitals where cashless facility is available. 	<ul style="list-style-type: none"> • Clause 5.4 • Clause 5.5 						
11.	Policy Servicing/ Grievances /Complaints	<ul style="list-style-type: none"> • In the event of Your having any grievance relating to the Insurance or any Claim thereunder, you may contact us at any of our Branches/Regional offices or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact detail of the office of the Insurance Ombudsman is provided in the Annexure III of Policy Document. • IRDAI/ (IGMS/Call Centre): For complaint registration – login at https://igms.irda.gov.in/loginph.aspx • Senior Citizens may write to seniorcitizencare.ho@newindia.co.in 	<ul style="list-style-type: none"> • Clause 5.16 						
12.	Insured's Rights	<ul style="list-style-type: none"> • You will be allowed a period of fifteen days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable. 	<ul style="list-style-type: none"> • Clause 5.11 • Clause 5.8 						

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		<ul style="list-style-type: none"> • Renewal of the Policy if You remit the Premium to Us prior to expiry of the Policy or within 30 days from expiry of Policy. • This policy is subject to portability guidelines issued by IRDAI and as amended from time to time. Subject to the above Portability will be allowed only from any other Critical Illness or similar Cancer product offered by Us or other companies. Porting will not be allowed from any other product. Migration will be not be allowed from any of our other products to this product • We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last ‘necessary’ document. • In the case of delay in the payment of a claim, We shall be liable to pay interest 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 Insurer, We 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, We shall settle the claim within 45 days from the date of receipt of last necessary document. • In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. 	<ul style="list-style-type: none"> • Clause 5.15
13.	Insured’s Obligations	<ul style="list-style-type: none"> • The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, mis-description or nondisclosure of any material fact / particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf. 	<ul style="list-style-type: none"> • Clause 5.10