

COCO HOSPICASH – NAVI GENERAL INSURANCE

CUSTOMER INFORMATION SHEET

	Title	Description	Policy Clause Number
1	Product Name	COCO HOSPICASH – NAVI GENERAL INSURANCE	(herein called as COCO HospiCash)
2	What am I covered for	<p>Daily Benefit Amount for each continuous and completed period of 24 hours of Hospitalisation due to illness / injury for the following benefits, as per plan opted and as per the total number of hospitalisation days opted.</p> <p>A. <u>SICKNESS HOSPITAL CASH</u> - Payment of Daily Benefit Amount for each day spent by You in the Hospital due to sickness / illness which is medically necessary and recommended by Medical Practitioner.</p> <ol style="list-style-type: none"> Normal Room = Daily Benefit Amount X No. of days hospitalised. ICU Room – Twice the Daily Benefit Amount X No. of days hospitalised. <p>B. <u>ACCIDENT HOSPITAL CASH</u> - Payment of Daily Benefit Amount for each day spent by You in Hospital due to accidental injuries which is medically necessary and recommended by Medical Practitioner.</p> <ol style="list-style-type: none"> Normal Room = Daily Benefit Amount X No. of days hospitalised. ICU Room = Twice the Daily Benefit Amount X No. of days hospitalised. <p>C. <u>DAY CARE PROCEDURE CASH</u> - Payment of Daily Benefit Amount if You undertake any of the 393 listed day care procedures in a Hospital or day care centre which is medically necessary and recommended by Medical Practitioner.</p> <p>D. <u>CONVALESCENCE BENEFIT</u> - If You are continuously hospitalised for more than 10 days towards medically necessary treatment, then lumpsum amount as mentioned in policy schedule shall be paid.</p> <p>E. <u>MATERNITY BENEFIT</u> - You shall get Daily Benefit Amount upto the number of days hospitalised for child birth subject to the nine months waiting period.</p> <p>F. <u>ACCOMMODATION BENEFIT</u> - Applicable if hospitalisation is for more than 3 days. Daily Benefit Amount shall be given for number of days hospitalised towards Parent/Companion accommodation upto a maximum of 10 days per policy Year.</p>	Section 2 – Coverage

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		<p>G. <u>ACCIDENTAL DOUBLE CASH</u> - If the claim becomes admissible under section – Accident Hospital Cash benefit then an additional amount equivalent to the amount paid in said section will be given.</p> <p>H. <u>ACCIDENTAL DEATH BENEFIT</u> – Sum Insured shall be paid If You suffer an Injury directly due to an Accident that occurs during the Policy Period, resulting in the death within twelve (12) months of the occurrence of the Accident.</p> <p>I. <u>INTERNATIONAL EMERGENCY BENEFIT</u> – Payment of twice the Daily Benefit Amount for number of days hospitalised (irrespective of normal room / ICU) outside India.</p> <p>J. <u>DELETION / REDUCTION OF WAITING PERIOD FOR PRE-EXISTING DISEASE / CONDITION</u> – Option is available to get your 48 months Pre-existing Disease / Conditions waiting period modified as per your needs. You have an option either to –</p> <ul style="list-style-type: none"> ➤ Delete the Waiting Period – If you have opted for this, 48 months waiting period for “Pre-existing Disease / Conditions” stands deleted for all Insured Persons covered under this Policy. ➤ Reduce the Waiting Period - If you opted for this, 48 months Waiting Period for “Pre-existing Disease / Conditions” stands reduced to the duration as opted by You (i.e 36 / 24 / 12 months) for all Insured Persons covered under this Policy. <p>K. <u>DELETION OF WAITING PERIOD FOR NAMED AILMENTS</u> = If you have opted for this, 12 months waiting period for “Named Ailments” stands deleted for all Insured Persons covered under this Policy.</p> <p>L. <u>DELETION OF INITIAL WAITING PERIOD</u> – If you have opted for this, 30 days waiting period stands deleted a for all Insured Persons covered under this Policy.</p> <p>M. <u>DEDUCTIBLE</u> - If You have opted for this cover then all your hospitalisation claims under this Policy shall be subject to the Deductible (days) as opted by you for all Insured Persons covered under this Policy.</p> <p>Note – This shall not apply on any claim admissible under Day Care Procedure Cash.</p> <p>N. <u>FRANCHISE</u> - If You opt for this cover then all your hospitalisation claims under this Policy shall be subject to</p>	
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		<p>the Franchise (days) as opted by You for all Insured Persons covered under this Policy.</p> <p>Note – This shall not apply on any claim admissible under Day Care Procedure Cash.</p>	
3	What are the major Exclusions in the policy:	<p>We will not pay for any claims arising directly or indirectly from:</p> <ol style="list-style-type: none"> 1. Breach of law 2. Chemical & Nuclear Exposure 3. War 4. Alcohol and drug abuse 5. Birth control expenses and Reproductive treatment 6. Cosmetic surgery 7. Circumcision 8. Dental Treatment or Surgery 9. Dangerous Acts (Adventure/Professional Sports/Defense Operation) 10. Experimental treatment 11. External Congenital Conditions 12. Gender Identity/Sexual Dysfunction 13. Non – Allopathy Treatment 14. Self-inflicted injuries or attempted suicide <p>Note: The above is an abridged wording/listing of the policy exclusions. For complete listing and wording of exclusions please refer to the policy clauses.</p>	Section 4 – Exclusions
4	Waiting period	<p>Initial waiting period: 30 days (Applicable for the hospitalisation due to any illness except in case of accident . This shall not be applicable on renewals).</p> <p>Specific Waiting period</p> <ol style="list-style-type: none"> a. Waiting period for Named Ailments – 12 months b. Waiting period for Named Mental Illnesses – 24 months c. Waiting Period for Pre-existing Disease / Conditions – 48 months d. Waiting Period for Internal Congenital Conditions - 48 months e. Waiting Period for Maternity Benefit – 9 months 	Section 3 – Waiting Period
5	Payment basis	Benefit Basis	Section 2 – Coverage
6	Loss Sharing	Not Applicable	
7	Renewal Conditions	<ul style="list-style-type: none"> • You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium. • We may not renew the policy if you have acted in a fraudulent manner; misrepresented or suppressed any of the material fact either at the time of taking the Policy or any time during the policy period. 	Section 5.3.3 - Renewal Terms

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		<ul style="list-style-type: none"> ▪ We are NOT under any obligation to send renewal notice or reminders. ▪ Grace Period of 30 days for renewing the Policy is provided under this Policy. ▪ Any revision / modification in the product will be done with the approval of the IRDAI and will be intimated to you at least 90 days prior to the effective date of modification or revision coming into effect. ▪ <u>Product Withdrawal</u> <ul style="list-style-type: none"> - The product may be withdrawn subject to prior approval of IRDAI. Such information shall be communicated to policyholders at least ninety (90) days prior to the date from which such withdrawal shall come into effect. - In such case, you will get onetime option to renew the existing policy within 90 days of withdrawal of the product or migrate to modified product or other suitable Individual Health Policy with us subject to Migration norms in vogue. - If you choose to renew the existing policy, you will be migrated to modified product or other suitable Individual Health Insurance Policy at the time of next renewal. - However, if you do not respond to Our intimation in case of such withdrawal, the Policy will be withdrawn on the renewal date. - If your renewal falls after 90 days of withdrawal of product, you will require to migrate to modified product or other suitable Individual Health Insurance Policy. - If you migrate to the similar Health Insurance product available with Us, you will be entitled for the accrued waiting period for Pre-existing disease so that the total waiting period for pre-existing disease does not exceed the waiting period applicable in the withdrawn product. - 	<p>Section – 5.2.10 – Revision & Modification of Product</p> <p>Section 5.2.14 – Withdrawal of Product</p>
8	Renewal Benefits	Not Applicable	
9	Cancellation	<p>Cancellation by You – You may cancel this Policy any time during the Policy period by giving Us 15 days’ notice in writing. Your premium shall be refunded as per the refund table available in the policy document provided no claim has been made or is payable under this Policy.</p> <p>Cancellation by Us - We may cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, non-cooperation by You or anyone acting on Your behalf.</p> <p>Cancellations done on the ground of misrepresentation, fraud, non-disclosure of material facts, will be given 15 days written notice. Such cancellations are from the date of inception of the policy or the renewal date (as the case may be) without refund of any premium.</p>	Section 5.2.2 – Cancellation of Policy

		Cancellations done on ground of non-cooperation, shall be entitled to get refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation provided no claim has been paid or is payable under the policy.	
10	Claims	<p>In the event of any unfortunate event be rest assured of complete assistance from us.</p> <ol style="list-style-type: none"> 1. Insured/Representative can notify or submit a claim within 7 days of occurrence of event by following way; <ul style="list-style-type: none"> • Making a call on Toll Free 1800 123 0004 OR • By sending an email to mycare@dhflinsurance.com OR • Through Customer Portal on website www.dhflinsurance.com OR • Using Mobile App of Navi General Insurance OR • Directly walk-in to office or through an Intermediary 2. During Notification of Claim, information pertaining to You, Your Policy & Loss will be collected. 3. All claim documents as mentioned in the policy should be submitted to us not later than 15 days from the date of Insured Event. 4. In case any document is missing, we'll raise a request within 5 days of submission of documents by you. 5. Claim shall be settled or repudiated within 30 days of the receipt of the last necessary document/information. If your claim needs further investigation, the claim shall be settled or repudiated within 45 days of receiving the last necessary document/information. 6. <u>Payment of Interest:</u> In case of delay in payment beyond the above given timelines, two percent (2%) interest will be paid above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment. 	Section 5.4.5 – Claim Process & Management
11	Policy Servicing / Grievances/ Complaints	<ul style="list-style-type: none"> • <u>Call Us:</u> Toll Free 1800 123 0004 (From 8 am to 8 pm) • <u>Email:</u> mycare@navi.com seniorcare@navi.com (For Senior Citizens) • <u>Register & Track Queries:</u> Visit our website www.naviinsurance.com to register & track your queries and complaints. • Walk in for assistance • <u>Dispatch your letters to us at –</u> Navi General Insurance Limited Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, 	

		<p>Next to Hyatt Regency, Andheri (E), Mumbai - 400 099</p> <ul style="list-style-type: none"> Escalation – Email to - GRO@navi.com IRDAI Contact Numbers - Toll free number - 155255 (or) 1800 4254 732 IRDAI Email Id - complaints@irda.gov.in Ombudsman Offices - http://www.gbic.co.in/ombudsman.html 	
12	Insured's Rights	<ul style="list-style-type: none"> ▪ Free Look Period – You have 15 days from the date of receipt of the Policy to review the terms and conditions. In case the terms of the policy are not acceptable, you have an option to cancel the policy provided you have not made any claim under the policy. Premium paid for the policy will be refunded in your account within 15 days from your request of policy cancellation. Your premium refund will be subject to deduction of stamp duty charges and proportionate risk premium. Free look provision is not applicable for renewal policies. ▪ Renewability - You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium. ▪ Continuity - You have an option to migrate to Our other individual health insurance product(s), if available, subject to Our underwriting guidelines. Likewise, children when exiting on account of being not dependent on parents will also be given an option to migrate to our individual health insurance plans subject to our underwriting guidelines. Insured Person(s) will be entitled for accrued continuity benefits as per prevailing portability and migration guidelines issued by the regulator. ▪ Turn Around Time <ul style="list-style-type: none"> ✚ Settlement of Claims – 30 days from submission of the last "necessary" document(s) / information. In case, the claim warrants an investigation, the same shall be completed within 30 days from the date you submit the last necessary document to us. In such cases, the settlement shall be within 45 days from the date of receipt of last necessary document. 	<p># 5.2.4</p> <p># 5.3.3</p> <p># 5.3.1</p> <p># 5.4.5.6</p>
13	Insured's Obligations	<p>You must disclose material facts*. Non-disclosure may result in claim not being paid.</p> <p>*material facts - means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.</p>	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and 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.</p>			