

NAVI HEALTH ACCIDENT – POLICY SCHEDULE

Policyholder's Name and Address

Policy No –
Plan - <<Name>>
Policy Type - << Individual / Family >>
Policy Period – / Hrs. on MM-DD-YYYY To –
Midnight of MM-DD-YYYY
Product UIN -

Insurance Agent / Intermediary Details	
Insurance Agent / Intermediary Name -	
Insurance Agent / Intermediary Code -	Insurance Agent / Intermediary Contact No. -
Point of Sale Person Name -	Point of Sale Person PAN/Aadhar No -

Insured Person(s) Details								
Member Id	Insured Person	Date of Birth	Sum Insured (₹)*	Cumulative Bonus (₹)	Nominee Name **	Relationship with Insured	Appointee Name	Relationship with Minor

* Sum Insured is on Yearly basis and is not cumulative.

** The nominee must be an immediate relative of the Insured Person.

Premium Details	Amount in (₹)
Premium	
Loading	
Discount	
Total Premium	
SGST @ << >>	
UTGST @ << >>	
CGST @ << >>	
IGST @ <<>>	
Total Premium (With GST)	

Coverage details: <<In case of Individual Policy>>

	Coverages	Sum Insured/ Limits
1	Accidental Death Accidental Death (Public Transport)	₹ ₹
2	Accidental Permanent Total Disability	₹
3	Accidental Permanent Partial Disability	₹
4	Accidental Temporary Total Disability	1% of Sum Insured or 25,000/- whichever is less.
5	Common Injuries	₹
6	Child Tuition Benefit	₹
7	Repatriation of Mortal Remains & Funeral Expenses	₹
8	Physiotherapy	₹
9	Emergency Evacuation (a) Road Ambulance (b) Air Ambulance	₹ << >> per claim ₹ << >> per claim
10	Trauma Counselling	₹
11	Lifestyle Support	₹
12	Orphan Benefit	₹
13	Daily Hospital Cash	Per Day - ₹
14	Skill development	₹
15	Mobility Aids Allowance	₹
16	Accidental Medical Expenses Reimbursement	₹
17	Adventure Sports Accidental Death Accidental Permanent Total Disability Accidental Permanent Partial Disability Accidental Temporary Total Disability Common Injuries Accidental Medical Expenses Reimbursement	₹ ₹ ₹ ₹ ₹ ₹

Navi Health Accident | UIN: NAVPAIP22058V032122

Navi General Insurance Limited

Registered Office: AMR Tech Park, Ground Floor, No. 23 & 24, Hosur Road, Bommanahalli, Bengaluru-560 068, Karnataka

Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com

CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

<<In case of Family Policy>>

	Coverages	Member 1 <Policyholder>	Member 2 <Spouse>	Member 3 <Child >	Member 4 <Child >
1	Accidental Death Accidental Death (Public Transport)	₹ ₹	₹ ₹	₹ ₹	₹ ₹
2	Accidental Permanent Total Disability	₹	₹	₹	₹
3	Accidental Permanent Partial Disability	₹	₹	₹	₹
4	Accidental Temporary Total Disability	1% of Sum Insured or 25,000/- whichever is less.	1% of Sum Insured or 25,000/- whichever is less.	Not Applicable	Not Applicable
5	Common Injuries	₹	₹	₹	₹
6	Child Tuition Benefit	₹	₹	₹	₹
7	Repatriation of Mortal Remains & Funeral Expenses	₹	₹	₹	₹
8	Physiotherapy	₹	₹	₹	₹
9	Emergency Evacuation (a) Road Ambulance (b) Air Ambulance	₹ << >> per claim ₹ << >> per claim	₹ << >> per claim ₹ << >> per claim	₹ << >> per claim ₹ << >> per claim	₹ << >> per claim ₹ << >> per claim
10	Trauma Counselling	₹	₹	₹	₹
11	Lifestyle Support	₹	₹	₹	₹
12	Orphan Benefit	₹	₹	₹	₹
13	Daily Hospital Cash	Per Day - ₹	Per Day - ₹	Per Day - ₹	Per Day - ₹
14	Skill development	₹	₹	₹	₹
15	Mobility Aids Allowance	₹	₹	₹	₹
16	Accidental Medical Expenses Reimbursement	₹	₹	₹	₹
17	Adventure Sports • Accidental Death • Accidental Permanent Total Disability • Accidental Permanent Partial Disability • Accidental Temporary Total Disability • Common Injuries • Accidental Medical Expenses Reimbursement	₹ ₹ ₹ ₹ ₹ ₹	₹ ₹ ₹ ₹ ₹ ₹	₹ ₹ ₹ ₹ ₹ ₹	₹ ₹ ₹ ₹ ₹ ₹

WAIVER OF EXCLUSIONS SPECIFIC TO THE POLICY

<Exclusion # 3.3.1>
 <Exclusion # 3.3.2>
 <Exclusion # 3.3.3>
 <Exclusion # 3.3.4>

Place:
Date:

**For Navi General Insurance Limited
 Authorized Signatory**

Date of Signature of Proposal		Policy Servicing Office	
Receipt Number		Stamp Duty of ₹ <<0.50>>paid vide defaced No. <<0006287620201718>> dated <<07/03/2018>>	
GST Details			
Customer GSTIN Number		HSN Number	9971
Place of Supply		State Code	

Claim Service Office

Name of Organisation	<<NAVI GI>>
Address	
Contact Number	
E-mail	
Website	
Toll Free Number	

IMPORTANT NOTE

This Schedule, Policy terms and conditions and Endorsement shall be read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document is not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, only after written request is made to the Company and Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. Our policy wordings, grievance redressal procedure and details about ombudsman is also available on our website. Please note that any misrepresentation, non-disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non-consideration of claim, if any.