

Edelweiss Group Janata Personal Accident Policy



Customer Information Sheet

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Refer to Policy Clause Number
1	Product Name	Edelweiss Group Janata Personal Accident Policy	
2	What am I (customer) covered for?	a. Death: Payment of 100% of the Sum Insured in event of Accidental Bodily Injury causing the death of Insured	D.(a)
		b. Accidental Benefit under Death Cover disappearance: Payment of Benefit under the Policy if Insured Member's full body cannot be located within a period of consecutive 12 months following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period	D.(b)
		C. Permanent Total Disability : Payment of the 100% of Sum Insured in case of Accidental Bodily Injury sustained to the insured causing permanent total disability	D.(c)
		Loss of sight of both eyes	100%
		Loss of, by physical separation of two entire hands or two entire foot	100%
		Loss of one entire hand and one entire foot	100%
		Loss of sight of one eye and such of loss of one entire hand or one entire foot	100%
		Complete loss of hearing of both ears and complete loss of speech	100%
		Complete loss of hearing of both ears and loss of one limb/loss of sight of one eye	100%
		Complete loss of speech and loss of one limb/loss of sight of one eye	100%
		d. Permanent Partial Disability: Payment of the 50% of Sum Insured in case of Accidental Bodily Injury sustained to the insured causing permanent partial	D.(D)
		Sight of One Eye	50%
		One hand or One foot	50%
		Loss of toes-all	20%
		Loss of Toes Great - both phalanges	5%
		Loss of Toes Great - one phalanges	2%
		Loss of Toes Other than great, if more than one toe lost, each	1%
Loss of hearing-both ears	50%		
Loss of hearing -one ear	15%		
Loss of Speech	50%		
Loss of four fingers and thumb of one hand	40%		
Loss of four fingers	35%		
Loss of thumb-both phalanges	25%		
Loss of thumb - one phalanx	10%		

Sr. No	Title	Description	Refer to Policy Clause Number
		Loss of index finger-three phalanges 10% • Two Phalanges 8% • one Phalanx 4%	
		Loss of middle finger-three phalanges 6% • Two Phalanges 4% • One phalanx 2%	
		Loss of ring finger-three phalanges 5% • Two phalanges 4% • One Phalanx 2%	
		Loss of Little finger-three phalanges 4% • Two phalanges 3% • One phalanges 2%	
		Loss of Metacarpals First or second 3% • Third , fourth or fifth 2%	
3	What are the Major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	
		a. Admission primarily for investigation & evaluation	E.(i) (a)
		b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.	E.(i) (b)
		C. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.	E.(i)(iii)
		d. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.	E.(i) (iv)
4	Waiting period	NIL	Nil
5	Payment basis	The Base Cover is on Benefit basis	D
6	Loss Sharing	Nil	
7	Renewal Conditions	Renewal of the Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. iv. No loading shall apply on renewals based on individual claims experience.	F(xii)

Sr. No	Title	Description	Refer to Policy Clause Number				
10	Cancellation	The Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.	F(X)				
		Refund Grid for Annual Policies Refund Grid for Annual Policies and Short period policies:					
		Percentage of Policy period		Refund of Premium (% of Annual Premium)			
		Up to 10% of policy period		75%			
		Up to 25% of policy period		50%			
		Up to 50% of policy period		25%			
		More than 50% of policy period		0%			
		• Refund Grid for Policies with Term longer than 1 year: -					
		Loan period		2	3	4	5+
		Policy period		2	3	4	5
		Year of cancellations		Refund of Premium (% of Total Premium)			
		1		25%	45%	57%	65%
		2		Nil	11%	26%	37%
		3		-	Nil	6%	17%
		4		-	-	Nil	4%
5	-	-	-	Nil			
10	Cancellation	Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.	F(X)				
11	Claims	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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.					
		Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.					
		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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.					
		Claims will be settled on Reimbursement basis					
		b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.					
		Sl. No.		Type of Claim	Prescribed Time limit		
		1		Accidental Death	Within thirty days of date of Death		
		2		Permanent Total Disability and Permanent Partial Disability	Within fifteen days from time of incident		
		For details on claim procedure please refer the policy document.					

Sr. No	Title	Description	Refer to Policy Clause Number
12	Policy Servicing	<p>For detailed terms and conditions, queries and grievances, please refer to our</p> <p>Website www.edelweissinsurance.com Toll Free: 1800 12000 Email ID: support@edelweissinsurance.com Company Address : Edelweiss General Insurance Company Limited 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirof Road, Kurla (West), Mumbai – 400070</p>	Nil
13	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the company through</p> <ul style="list-style-type: none"> • Website: www.edelweissinsurance.com, Link:https://www.edelweissinsurance.com/documents/20143/1081704/Service+Parameters+and+Grievance+Mechanism+15-04-21.pdf/114fd592-ad87-457a-d8c6-2e6cc6b9fd91?t=1618577820419 • Toll free: 1800120216216 / 180012000 • E-mail: grievance@edelweissinsurance.com • Courier: 5th Floor, Tower 3, Kohinoor City Mall, Kohinoor City, Kirof Road, Kurla (West), Mumbai 400 070: <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 1800120216216 and grievance@edelweissinsurance.com.</p> <p>For updated details of grievance officer, kindly refer the link..... https://www.edelweissinsurance.com/documents/20143/1081704/Service+Parameters+and+Grievance+Mechanism+15-04-21.pdf/114fd592-ad87-457a-d8c6-2e6cc6b9fd91?t=1618577820419</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>In case of any Grievance of the Complainant sent in a written communication to the Company at any of the touch points as mentioned, shall be addressed within 14 days of the receipt of the complaint</p> <ul style="list-style-type: none"> • For easy and faster response, please feel free to contact us on Call us at: 180012000 (Toll Free) or 02242312000 (Call charges applicable) Email us at: support@edelweissinsurance.com • Please feel free to contact our Grievance Cell on Call us at: 1800120216216 Email: grievance@edelweissinsurance.com Contact Details for Senior Citizens: <ul style="list-style-type: none"> • Contact number: 02242312001 • Email ID: senior.citizen@edelweissinsurance.com Address: Edelweiss General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirof Road, Kurla West, Mumbai 400070 	F(xiii)

Sr. No	Title	Description	Refer to Policy Clause Number
		<p>• The Grievance Redressal Officer Email: grievanceofficer@edelweissinsurance.com Call us at: 022 4931 4422 Address: Edelweiss General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirod Road, Kurla West, Mumbai 400070</p> <p>If you are not satisfied with the response or do not receive a response from the Company, within 14 days of your complaint, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India ('IRDAI') on the following contact details:</p> <p>IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255 Email ID: complaints@irda.gov.in Register online at: http://www.igms.irda.gov.in/</p> <p>Address for communication for complaints by fax/paper: Consumer Affairs Department Insurance Regulatory and Development Authority of India Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli Hyderabad – 500032</p> <p>In case you are not satisfied with the response provided by the company or no response is received, you may approach the Insurance Ombudsman in your region for the resolution post 30 days from the date of registration of the complaint.</p> <p>Details of the Insurance Ombudsman Offices are available on the link http://www.policyholder.gov.in/Addresses_of_Ombudsmen.aspx</p> <p>The Complainant may approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and Rule 14 of the Insurance Ombudsman Rules, 2017 ('Ombudsman Rules').</p> <p>The following complaints can be lodged with the Insurance Ombudsman:</p> <ol style="list-style-type: none"> 1. Any partial or total repudiation of claims by an insurer; 2. Any dispute in regard to premium paid or payable in terms of the policy; 3. Any dispute on the legal construction of the policies in so far as such disputes relate to claims; 4. Delay in settlement of claims; 5. Non-issue of any insurance document to customers after receipt of premium. <p>Manner in which complaint is to be made Rule 14 of the Ombudsman Rules:-</p> <ol style="list-style-type: none"> 1. Any person who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the Company complained against is located. 2. The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to the complaint. 	



Ombudsman and Addresses

Mentioned below are contact details of Ombudsman:

Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar-751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.



Office Details	Jurisdiction of Office Union Territory, District
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.