

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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.

**NEW INDIA GLOBAL MEDICLAIM POLICY**  
**CUSTOMER INFORMATION SHEET**

S No	Title	Description	Policy clause No.
1.	Product Name	<b>New India Global Mediclaim Policy</b>	
2.	What am I covered for	<ul style="list-style-type: none"> <li>• By a Hospital, in respect of:               <ul style="list-style-type: none"> <li>○ Accommodation in a single private room, meals and general nursing services provided during the Insured's stay in a room, ward or section of the Hospital or in an intensive care or monitoring unit;</li> <li>○ Other Hospital services including those provided by a Hospital outpatient department, as well as expenses relating to the cast of an extra or companion's bed if the Hospital provides this service;</li> <li>○ The use of an operating room and all the services included in it.</li> </ul> </li> <li>• By a day clinic or independent welfare centre, but only if the treatment, Surgery or prescription would have been covered under this Policy if provided in a Hospital.</li> <li>• By a Doctor, in respect of examination, treatment, medical care or surgery.</li> <li>• For Doctors' visits during Hospitalization.</li> <li>• For the following medical and surgical services, treatments or prescriptions:               <ul style="list-style-type: none"> <li>○ For anaesthesia and administration of anaesthetics, provided they are performed by a qualified anaesthetist;</li> <li>○ Laboratory analysis and pathology, x-rays for diagnostic purposes, radiotherapy, radioactive isotopes, chemotherapy, electrocardiograms, echocardiography, myelograms, electroencephalograms, angiograms, computerized tomography and other similar tests and treatments required for the diagnosis and treatment of a Covered illness or Medical Procedure, when performed by a Doctor or under medical supervision;</li> <li>○ Blood transfusions, administration of plasma and serum;</li> <li>○ Expenses relating to the use of oxygen, application of intravenous solutions and injections.</li> </ul> </li> <li>• For pharmaceutical products or medicines applied by medical prescription while the Insured is hospitalized for treatment of a covered illness or medical procedure.</li> <li>• For transfers and transportation by ground or air ambulances where their use is indicated and prescribed by a Doctor and pre-approved by insurer or its designee.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 3.1(a)</li>   <li>• Clause 3.1(b)</li>   <li>• Clause 3.1(c)</li>   <li>• Clause 3.1(d)</li> <li>• Clause 3.1(e)</li>         <li>• Clause 3.1(f)</li>   <li>• Clause 3.1(g)</li>   <li>• Clause 3.1(h)</li> </ul>

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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.

		<ul style="list-style-type: none"> <li>• For services provided to a living donor during the process of removal of an organ to be transplanted to the insured, arising from: <ul style="list-style-type: none"> <li>○ Hospital services provided to the donor, including accommodation in a hospital room, ward or section, meals, general nursing services, regular services provided by hospital staff, laboratory tests and use of equipment and other hospital facilities (excluding items for personal use which are not required during the process of removal of the organ or tissue to be transplanted);</li> <li>○ For surgery and medical services for the removal of a donor's organ or tissue to be transplanted to the Insured.</li> </ul> </li> <li>• For round trip travel expenses in Business Class, inclusive of airport pick up, by scheduled service, for the Insured and one companion (and Donor where applicable), for medical treatment of a covered illness or medical procedure. (upto USD 3,000 per person per annum)</li> <li>• For the expenses of the translation services rendered and the Medical Second Opinion.</li> <li>• For the accommodation of the Insured and one companion (and Donor where applicable) when travelling outside of country for the sole purpose of receiving treatment for a covered illness or medical procedure. The lodging expenses outside the hospital will be covered for maximum period of 30 days (upto USD 330 per day) per Policy period.</li> <li>• Sum of USD 15,000 is extended for the transportation of the bodily remains to the place of burial in the country of residence, which includes minimum obligatory coffin, embalmment and administrative formalities, in the event of death whilst receiving treatment as a consequence of a covered illness or medical procedure.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 3.1(i)</li> <li>• Clause 3.1(j)</li> <li>• Clause 3.1(k)</li> <li>• Clause 3.1(l)</li> </ul>
3.	What are the major exclusions in the policy	<ul style="list-style-type: none"> <li>• No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Insured has disclosed the same in Proposal Form and We have accepted the same.</li> <li>• Any illness or conditions where the Insured had or is aware of objective evidence related to the condition, had consultations/Investigations for it, or was diagnosed with the disease which first became apparent or commenced during the first 90 days of the commencement of this Policy.</li> <li>• All illness or conditions not specifically contemplated under Clause 3, How Much We will Reimburse, of this Policy of terms and conditions.</li> <li>• Congenital Internal Anomaly and Congenital External Anomaly. However, the exclusion for Congenital Internal Anomaly shall not apply after forty eight months of commencement first</li> </ul>	Clause 4.1 to 4.31

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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>Policy, if it was unknown to You at the commencement of such Policy.</p> <ul style="list-style-type: none"> <li>• Treatments and services rendered in India.</li> <li>• Any expenses for Illness or Injury produced as a result of wars, Acts of Terrorism, seismic movements, commotions, floods, volcanic eruptions, as well as the direct or indirect consequences of nuclear reaction; as well as officially declared epidemics.</li> <li>• Illness or Injury arising from the professional practice of any sport and in the keen pursuit of air activities (not related to the transport of passengers) and sub-aqua activities, boxing, martial arts, climbing, rugby, potholing, bullfighting, motor racing including trials.</li> <li>• Healthcare required due to alcoholism, drug addiction and/or intoxicants caused by the abuse of alcohol and/or the use of psychoactive, narcotic or hallucinogenic drugs. Also excluded are the consequences and Illness arising from attempted suicide and self-harm.</li> <li>• Any medical expense incurred before the issuance of the Medical Second Opinion by a World Leading Medical Centre as per MediGuide.</li> <li>• Any expense incurred in a different Hospital from the one chosen during the process of the Medical Second Opinion, unless required by the WLMC for services as defined under Clause 1 and Clause 3.</li> <li>• All Illness or conditions caused intentionally or fraudulently or criminal imprudence by the Insured or resulting when committing a crime.</li> <li>• Acquired Immune Deficiency Syndrome (AIDS) or any disease secondary to or caused by AIDS, or resulting from any treatment for AIDS, including the disease known as Kaposi's Sarcoma.</li> <li>• Any service that is not medically necessary for the treatment of a covered Illness or medical procedure.</li> <li>• Expenses incurred in respect of confinement services, home health care or services provided in a convalescence centre or institution, hospice or old people's home, even where such services are required or necessary as a result of a covered Illness or medical procedure.</li> <li>• Prosthesis, corrective devices and medical appliances which are not required intra-operatively for the covered illness.</li> <li>• All pharmaceutical products and medicines which have not been dispensed by a licensed pharmacist or which are obtainable without a medical prescription.</li> <li>• Charges for medical attention or confinement in cases of cerebral syndrome, senility or cerebral impairment, regardless of the status of their development, unless the</li> </ul>	
--	--	---	--

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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>cerebral impairment is the result of the treatment in the WLMC.</p> <ul style="list-style-type: none"> <li>• Injury due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury and attempted suicide, Expenses incurred in the purchase or hire of wheelchairs, special beds, air conditioning appliances, air cleaners and any other non-medical equipment, unless for use during the covered hospitalization.</li> <li>• Expenses incurred by the Insured or the relatives, companions or escorts, except those expressly covered.</li> <li>• Cosmetic surgery and plastic surgery.</li> <li>• The transplant is conducted as a self-transplant with the exception of bone marrow transplants.</li> <li>• The Insured is a donor for a third-party.</li> <li>• Transplants from a dead donor.</li> <li>• Stem Cells Transplants other than bone marrow transplants.</li> <li>• Purchase of donor organs.</li> <li>• Not customary and unreasonable charges.</li> <li>• Traumatic Injury of the Aorta.</li> <li>• Traumatic Injury of the heart valves.</li> <li>• Any expenses towards annual review / check-ups.</li> </ul>	
4.	Waiting Period	<ul style="list-style-type: none"> <li>• Any Illness during the first 90 days of the commencement of this Policy.</li> <li>• Congenital Internal Anomaly during first <b>forty eight months</b> of commencement first Policy</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 4.2</li> <li>• Clause 4.4</li> </ul>
5.	Payout basis	The entire procedure under this Policy shall be Cashless	<ul style="list-style-type: none"> <li>• Clause 5.7</li> </ul>
6.	Loss Sharing	Not Applicable	
7.	Renewal Conditions	<ul style="list-style-type: none"> <li>• The company shall renew this Policy if you shall remit the requisite Premium prior to expiry of the Period of Insurance stated in the Schedule.</li> <li>• The company shall be entitled to decline renewal if: <ul style="list-style-type: none"> <li>○ Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or</li> <li>○ We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or</li> <li>○ You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, We, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.5</li> </ul>

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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.

		commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.	
8.	Renewal Benefits	Not Applicable	
9.	Cancellation	<ul style="list-style-type: none"> <li>• If Insured have fraudulently omitted any known information that may be considered relevant for the purpose of the risk assessment under the Policy, Company will have the right to cancel the Policy within the 30 days following Company's access to such information.</li> <li>• The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only provided no claim has occurred up to the date of cancellation however the company shall remain liable for any claim/ claims arising prior to such cancellation.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.4</li> </ul>
10.	Claims	<ul style="list-style-type: none"> <li>• If Insured is Diagnosed with a Covered Illness and intends to make a Claim under this Policy, he/she need to follow the following steps: <ul style="list-style-type: none"> <li>○ Insured will initiate the process of Medical Second Opinion (MSO) by Calling MediGuide</li> <li>○ Mediguide shall collect the following Documents: <ul style="list-style-type: none"> <li>▪ First consultation paper</li> <li>▪ Final Diagnosis paper</li> <li>▪ Treating doctor certification on final diagnosis</li> <li>▪ All investigation reports supporting documents</li> <li>▪ Consent Form to collect documents from various source</li> <li>▪ Any other relevant documents to ascertain eligibility of claim</li> </ul> </li> <li>○ On the basis of Insured's Medical Condition, MediGuide identifies 3 WLMCs from its Network of WLMC who specializes in treating it.</li> <li>○ Insured will choose a WLMC out of the 3 Choices given by MediGuide.</li> <li>○ Medical Reports and all other information is shared with the chosen WLMC.</li> <li>○ Within 10 working days of the receipt of all Medical information, a detailed Medical Second Opinion from the selected WLMC is delivered to the Insured.</li> <li>○ Once Insured is satisfied with the MSO received, Insured will need to follow the below process: <ul style="list-style-type: none"> <li>▪ Insured will call the designated Toll Free Number to inform MediGuide about willingness to go ahead with the claim or treatment.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.7</li> </ul>

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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.

		<ul style="list-style-type: none"> <li>▪ Mediguide will inform the New India about Insured’s willingness to go ahead with the claim and seek confirmation on claim/ treatment eligibility as per policy T&amp;C.</li> <li>▪ On receipt of confirmation from New India, MediGuide will coordinate with their International Case Coordinator, get the necessary papers for Visa and provide it to Insured.</li> <li>▪ Once Insured have received the Visa, Insured may inform the MediGuide and Insurer who will arrange the Ticketing, Hotel Stay near the Hospital, Airport Pick Up at the Destination, Admission into the Hospital, Toll Free No for translation service and provide all the documents and details to Insured.</li> <li>▪ Once Insured reaches the destination, MediGuide will arrange for the travel from the Airport to the Hotel/ Hospital as necessary.</li> <li>▪ Translation services is provided wherever required during course of Hospitalisation and MediGuide or their Local Partner will have a track of the treatment. MediGuide will be responsible to share weekly update on the case to New India.</li> </ul> <p>Once the Treatment is completed, MediGuide will arrange Insured’s travel back to the Airport from where Insured can travel back to India. Note: The entire procedure under this Policy shall be Cashless.</p> <p>Company has the right to initiate the Claims investigation process on a case to case basis as per the requirement or discrepancy noted, before providing necessary service. The list of WLMC is dynamic and may change without prior notice to the Insured. Please refer to New India’s website for the updated list of WLMCs.</p> <p><b>Timelines For The Above Process:</b> Once You inform Your willingness to take the treatment abroad and shares the MSO:</p> <ol style="list-style-type: none"> <li>1. MediGuide will immediately start looking at options of travel etc. and simultaneously inform New India along with the copy of the MSO for the confirmation of the eligibility. - Time Line 1 working Day.</li> <li>2. On receipt of the intimation that You are willing to undertake the treatment at WLMC- MediGuide will get the estimate of Treatment and documents for Visa and share it with New India and Insured simultaneously.- Time Line- 3 working day.</li> <li>3. Now You need to apply for Visa and New India to issue Guarantee of Payment.- Time Line 5 working days by New India</li> </ol>	
--	--	---	--

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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>4. On receipt of Guarantee of Payment- Mediguide would guarantee admission at the hospital. Time Line 3 Working Days.</p> <p>5. On receipt of Visa, You will inform Mediguide, who will arrange the Plane tickets and You can travel in the next available flight. - Time Line 3 working days and subject to availability of seats on the plane.</p> <p>We intend to complete the above entire process in a timeline of 10-15 working days.</p>	
11.	Steps To Be Taken If The Patient Is Not Responding To The Treatment	<p>In the event that the patient does not respond to the treatment and does not expire, Mediguide will notify New India and once it is medically justified to look at options regarding the patient Meduguide will coordinate all aspects of the repatriation, together with authorization from New India.</p> <ol style="list-style-type: none"> <li>1. Should the patient be fit to fly and able to travel home, but not on their own, the options will be explored which is the best medically justified means of travel -             <ol style="list-style-type: none"> <li>A. On a commercial airline with a medical escort - determined again in the severity of the patient's condition - a nurse escort, a doctor and nurse escort, etc.</li> <li>B. On a stretcher on a commercial airline (which are limited in availability)</li> <li>C. On an air ambulance equipped to manage the requirements of the patient.</li> </ol> </li> <li>2. Should the patient be on life support with no chance of recovery, with the recommendations of the treating doctor a meeting with the New India, Mediguide and Authorized Representative of the Patient are required urgently to weigh up options, which include switching off the equipment/keeping the patient alive, or looking at other options to get the patient back to the home country.</li> </ol> <p>Should the decision be to switch off the equipment, then full authority from the Authorized Representative is required. Mediguide will coordinate all the logistics, including the repatriation of the mortal remains, whether the Authorized Representative elect to have the remains cremated in the country of treatment, then</p>	<ul style="list-style-type: none"> <li>• Clause 5.11</li> </ul>

**(LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the Prospectus 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>have the ashes repatriated, or should the option be to repatriate the actual remains to the home town of the patient. These decisions will be made together with New India, the Authorized Representative and Mediguide.</p> <p>The charges for any of the case mentioned above will be covered in the Policy under the Sum Insured. The above entire procedure will be on cashless basis.</p>	
12.	Policy Servicing/ Grievances /Complaints	<ul style="list-style-type: none"> <li>• In the event You're having any grievance relating to the Insurance or any Claim thereunder, You may contact any of the Customer Care Cells at Regional Offices of the Company 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 Policy Document.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.10</li> </ul>
13.	Insured's Rights	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• This policy is subject to portability guidelines issued by IRDA and as amended from time to time.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.5</li> <li>• Clause 5.6</li> <li>• Clause 5.9</li> </ul>
14.	Insured's Obligations	<ul style="list-style-type: none"> <li>• This Product is available for any Person who has a Health Insurance Policy with Sum Insured of 8 lakhs and above. However, non-availability of the base Policy will not prejudice either the Claim or Renewal of this Policy.</li> <li>• If Insured have fraudulently omitted any known information that may be considered relevant for the purpose of the risk assessment under the Policy, Company will have the right to cancel the Policy within the 30 days following Company's access to such information</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.4</li> </ul>