

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your Rider. You are also advised to go through your Rider Contract.

SI No	Title	Description (Please refer to applicable Rider Clause Number in next column)	Rider Clause Number
1	Name of Insurance Product / Rider UIN	Max Life Accidental Death and Dismemberment Rider (A Non-Linked Non-Participating Individual Pure Risk Health Insurance Rider)	Preamble
2	Policy number	[Add Policy number]	Schedule
3	Type of Insurance Product / Rider	Benefit Rider	Preamble
4	Rider Sum Insured (Along with amount)	Rider Sum Assured - [Add sum assured]	Schedule
5	Rider Coverage (What does the Rider covers?) (Rider Clause Number/s)	<p>Subject to the terms and condition of the Rider, the following benefits will be paid, in addition to the benefits of the base Policy:</p> <p>i. Accidental Death Benefit:</p> <p>Rider Sum Assured is payable, if the Life Insured dies due to an Accident (and independent from any other physical or mental illness) within 180 days of the Accident and before expiry of Rider Term, provided that the Accident occurred when the Rider and the base Policy were in force.</p> <p>ii. Accidental Dismemberment Benefit:</p> <p>Rider Sum Assured is payable, if the Life Insured suffers one or more of the following impairments due to an Injury (and independent from all other causes) within 180 days of the Accident and before expiry of Rider Term provided that the Accident occurred when the Rider and the base Policy were in force</p>	Clause 2 (Benefits) of Part C

6	<p>Exclusions</p> <p>(what the Rider does not cover)</p>	<p>The following exclusions are applicable to the benefits payable under the Rider:</p> <ol style="list-style-type: none"> 1. Suicide Exclusion: Total Premium Paid, Underwriting Extra Premiums and loadings for modal premiums paid, if any received by Us under this Rider will be returned if the death of the Life Insured is directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by suicide or attempted suicide by the Life Insured, whether sane or insane within 12 (Twelve) months from the Date of Commencement of Risk under Rider or the date of revival of the Rider. 2. Other Exclusions: No payment shall be made under this Rider if the Injury/death of the Life Insured is directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by any of the following: <ul style="list-style-type: none"> • The Life Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Medical Practitioner; • Injuries resulting from war (declared or un-declared), invasion, civil war, riots, revolution or any warlike operations; • Participation by the Life Insured in a criminal or unlawful act with criminal intent; • Service in military / para military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict; • Participation by the Life Insured in any flying activity other than as a bona fide passenger (whether paying or not), pilots or cabin crew in a licensed scheduled aircraft; • Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping; or • The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature. 	<p>Clause 5 (Exclusions applicable to Rider) under Part D</p>
7	<p>Waiting period</p>	<p>NA</p>	<p>NA</p>

<p>8</p>	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insure).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>We will pay the Rider Sum Assured if the Life Insured dies due to an Accident (and independent from any other physical or mental illness) or suffers one or more impairments due to an Injury (and independent from all other causes) within 180 days of the Accident and before expiry of Rider Term provided that the Accident occurred when this Rider and the base Policy were in force.</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p>	<p>Clause 2.1 and 2.2. of Part C</p>
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9	Claims/Claims Procedure	<ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement: 30 days after receipt of entire documents or completion of investigations, if any, whichever is later and brief procedure. • Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant. ➤ Please note that all death claims will be payable to the nominee/legal heir of the Policyholder. ➤ Claim forms as required by us must be completed and furnished to us, at the Claimant’s expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim. • Helpline number ➤ 1860-120-5577 (Call charges apply) or 0124- 4219090 • Contact Details of the Insurer: ➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - www.maxlifeinsurance.com • Link for downloading claim form and list of documents required including bank account details: ➤ https://www.maxlifeinsurance.com/downloads <p>We must be notified in writing in respect of a claim for benefits under the Rider preferably within 90 days from the date of the death by an Accident or dismemberment of the Life Insured.</p> <ul style="list-style-type: none"> • For processing a claim request, following documents are required: <ul style="list-style-type: none"> ▪ Claimant’s statement in the prescribed form (death claim application form -form A); ▪ original Rider document; ▪ a copy of police complaint/ first information report (only in the case of death by accident or unnatural death or suicidal death of the Life Insured); ▪ a copy of duly certified post mortem report, autopsy and a copy of the final police investigation report /charge sheet along with viscera/ histopathology report (wherever applicable) (only in the case of death by accident or unnatural death or suicidal death of the Life Insured); ▪ original/ attested copy of death certificate issued by the local/municipal authority authority (only in the case of death of the Life Insured). ▪ discharge summary / indoor case papers in case death happened due to medical reasons in a hospital; ▪ medical booklet / CGHS card details in case of defence and central government employees; 	Clause 3 (Claim Procedure)- Part F
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10	Policy Servicing	<p>Helpline No. – 1860 120 5577 or (0124) 4219090 Email: service.helpdesk@maxlifeinsurance.com</p> <p>Contact Details of the Insurer:</p> <p>Chief Customer Officer Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - www.maxlifeinsurance.com</p>	
11	Grievances/ Complaints	<p>Grievance Redressal Officer Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram, 122015, Haryana, India Helpline No. – 1860 120 5577 or (0124) 4219090 Email: manager.services@maxlifeinsurance.com;</p> <p>Link for details of Grievance Redressal Officer or registering the grievance with the insurer's portal</p> <p>https://www.maxlifeinsurance.com/customer-service/grievance-redressal</p>	<p>Clause 1.2 (Dispute Redressal process under policy) – Part G</p>
12	Things To remember	<p>Free Look cancellation: You may cancel the Rider if you do not want it or otherwise, within 30 days beginning from the date of receipt of Rider document.</p> <p>You may cancel it by returning the Rider document with a written request made stating the reasons for such disagreement, provided no claim has been made under the rider, to us within the free look cancellation period. We will cancel the rider and will refund only the premiums received by us after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.</p> <p>Rider renewal: The Rider will be renewed in accordance with the terms of the base Policy.</p>	<p>Clause 7 of Part D</p> <p>Clause 3.2 (Premium) – Part C</p>

13	Your Obligations	<ul style="list-style-type: none"> • The Rider will lapse and no benefit is payable under the Rider, if Rider premium is not received by end of Grace Period or the base Policy lapses or goes into non-forfeiture mode. • Fraud, misstatement and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. • Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. • Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time 	<p>Clause 4 of Part C (Lapsation of Rider)</p> <p>Clause 5 of Part F</p> <p>Clause 6 of Part F</p> <p>Clause 7 of Part F</p>
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Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

1. For the rider related documents including the Customer Information sheet please refer to <https://www.maxlifeinsurance.com>
2. In case of any conflict, the terms and conditions mentioned in the Rider document/certificate of insurance shall prevail.
3. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

Annexure A: List of Insurance Ombudsman

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: bimalokpal.bengaluru@cioins.co.in. (State of Karnataka)

BHOPAL- Office of the Insurance Ombudsman, 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: bimalokpal.bhopal@cioins.co.in (States of Madhya Pradesh and Chhattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: bimalokpal.bhubaneswar@cioins.co.in (State of Odisha.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: bimalokpal.chandigarh@cioins.co.in [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

CHENNAI- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

KOCHI- Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: bimalokpal.ernakulam@cioins.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

GUWAHATI - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: bimalokpal.guwahati@cioins.co.in (States of 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 Email: bimalokpal.hyderabad@cioins.co.in (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

JAIPUR- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: bimalokpal.jaipur@cioins.co.in (State of Rajasthan)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building, Annexe, 7th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: bimalokpal.kolkata@cioins.co.in (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW- Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in (Following 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 400054. Tel : 022- 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, 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 Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 2nd floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : bimalokpal.patna@cioins.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)