

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product and Unique Identification Number (UIN)	PNB MetLife Linked Accidental Death Benefit Rider (UIN: 117A024V01)	-
2	Policy Number	<<PolicyNumberfromLA>>	-
3	Type of Insurance Product / Policy	Individual, Non-Linked, Non-Participating, Pure Risk, Health Insurance Rider	-
4	Sum Insured	Individual Rider Sum Assured of Rs. <<Rider SA>>	1.3.2
5	Policy Coverage	Death Benefit - Upon the Death of the Insured due to an Accident happening within the Policy Term, the Rider Sum Assured is paid to the Nominee. Maturity Benefit – Not Applicable	3.3.2 -
6	Exclusions	<ul style="list-style-type: none"> • Exclusions Applicable 	6.7.1
7	Waiting period	Not Applicable	-
8	Survival Period	Not Applicable	-
9	Financial limits of Coverage	No sub limits. Sum Assured mentioned above payable on occurrence of event described in “Policy Coverage” section above.	1.3.2
10	Claims / Claims Procedure	<ul style="list-style-type: none"> i. Turn Around Time (TAT) for claims settlement and brief procedure – <ul style="list-style-type: none"> a) 15 days from the date of intimation of claim, for cases not warranting investigation. b) 45 days from the date of intimation of claim for the cases warranting investigation. ii. Helpline/Call Centre number - 1800 425 6969 (Toll-free) iii. Contact details of the insurer - 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. iv. Link for downloading claim form and list of documents required including bank account details. https://www.pnbmetlife.com/downloads/claims-forms/english.html 	6.3
11	Policy Servicing	<p>All notices and communications in respect of this Policy shall be addressed to us at the following address:</p> <p>PNB MetLife India Insurance Co. Ltd, Unit No. 101, First Floor, Techniplex I, Techniplex Complex, Off Veer Savarkar Flyover, S.V. Road, Goregaon (West), Mumbai – 400 062, Maharashtra</p> <p>Customer Service No.- 1800 425 6969 (Toll-free)</p>	6.6.8
12	Grievances/Complaints	<p>For any complaint/grievance, approach any of our following touch points:</p> <ul style="list-style-type: none"> 1. Call 1800-425-69-69 (Toll free) or 080-26502244 2. Email at Indiaservice@pnbmetlife.co.in 3. Write to 	7.1

		<p align="center">Customer Service Department, 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062.</p> <p>In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, you may, write to our Grievance Redressal Officer at gro@pnbmetlife.co.in</p> <ul style="list-style-type: none"> • Link for registering the grievance with the insurer’s portal: https://www.pnbmetlife.com/grievance-cell/grievance-redressal.html <p>Ombudsman Details: Please refer to https://www.cioins.co.in/Ombudsman for a list of updated Insurance Ombudsman</p>	
13	Things you need to know	<p>Free look Provision: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Grace Period: 30 days from the due date for yearly, half-yearly and quarterly frequencies and 15 days for monthly frequency</p> <p>Lapse: If installment premiums are not paid within grace period then the policy will lapse. The rider Policy will acquire unexpired risk premium value. No benefits payable under lapse status.</p> <p>Policy Renewal: Except on grounds of fraud, moral hazard or misstatement or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Procedure for Revival of the Rider: Lapsed or paid-up policy can be revived within a period of 3 years from the date of first unpaid premium by paying all outstanding premium along with interest, if any</p> <p>Termination of the Rider: The Rider shall be terminated on the occurrence of the events as mentioned in the policy document.</p>	<p align="right">4.1</p> <p align="right">3.3.2</p> <p align="right">4.2</p> <p align="right">-</p> <p align="right">4.3</p> <p align="right">4.5</p>
14	Your / Insured’s Obligations	<p>Please provide correct information in the proposal form and disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p>	-

Declaration by the Policyholder

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

Place:

Date:

(Signature of the Policyholder)

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.