

Customer Information Sheet: Aviva Smart Vitals

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

| Sl. No. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|---------|--|---|-----------------------|
| 1 | Name of the Insurance Product/ Policy | Aviva Smart Vitals UIN:122N159V02 | Part A |
| 2 | Policy Number | <<Policy Number>> | Part A |
| 3 | Type of Insurance Product / Policy | Fixed Benefit | Part A |
| 4 | Sum Insured | Individual Base Sum Insured <<Base Sum Insured>> | Part A |
| 5 | Policy Coverage | The Benefit under the Policy will be paid, depending upon the stage and severity of the covered 49 procedures/ conditions/illness. The covered 49 illnesses are defined in the Policy Document under Part B.2 | Part C Section 1 |
| 6 | Exclusions | <p>1. Pre-existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:</p> <p>a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or</p> <p>b. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.</p> <p>2. General Exclusions:</p> <p>a. Any sickness-related condition manifesting itself within 90 days from the policy commencement date or its latest revival/reinstatement date, whichever is later.</p> <p>b. If the insured dies within 15 days of the diagnosis of the covered Critical Illness</p> <p>c. Intentional self-inflicted injury, suicide or attempted suicide</p> | Part C Section 1.3 |



Aviva Life Insurance Company India Limited
 401-A, 4th Floor, Block A, DLF Cyber Park, Sector-20,
 NH-8, Gurugram, Haryana-122 016
www.avivaindia.com



Customer Service Helpline Number
 1800-103-77-66 (Toll Free)
 0124-270-9046



Email
customerservices@avivaindia.com

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| | | <p>d. For any medical conditions suffered by the Life Insured or any medical procedure undergone by the Life Insured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a registered medical practitioner.</p> <p>e. Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not;</p> <p>f. Hazardous Activities mean any sport or pursuit or hobby, which is potentially dangerous to the Insured Member whether he is trained or not;</p> <p>g. Participation by the insured person in a criminal or unlawful act with criminal intent;</p> <p>h. For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature;</p> <p>i. For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time;</p> <p>j. For any medical condition or any medical procedure arising from participation by the insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognized airline on regular routes and on a scheduled timetable.</p> <p>k. Any External Congenital Anomaly which is not as a consequence of Genetic disorder</p> | |
| 7 | <p>Waiting Period (Time Period during which specified diseases/ treatments are not covered)</p> | <p>A waiting period of 90 days will be applicable from the Risk Commencement Date / Revival of this Plan, whichever is later. In case of happening and/or reporting of the claim event during the waiting period, the policy shall be terminated immediately without any benefit.</p> | <p>Part C Section 4</p> |

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| 8 | <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/insured).</p> <p>iii. Deductible (It is a specified amount upto 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>Sub-limit: Not Applicable</p> <p>Co-payment: Not Applicable</p> <p>Deductible: Not Applicable</p> <p>Any other limit: Not Applicable</p> | |
| 9 | <p>Claims / Claims Procedure</p> | <p>i. Claim Procedure: Detail claim procedure can be checked from https://www.avivaindia.com/claims-process-0</p> <p>ii. Turnaround Time(TAT) for claim Settlement: 15 days from submission of claim.</p> <p>iii. Helpline number: 1800-103-77-66</p> <p>iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer: NA for us</p> <p>v. Downloading / getting claim form: Claim forms can be downloaded from https://www.avivaindia.com/form-and-resource-help-desk</p> | <p>Part F Section 1</p> |

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| 10 | Policy Servicing | <p>a. Call at 1800-103-7766 / 1800-180-2266 or E-mail: customerservices@avivaindia.com</p> <p>b. Contact Grievance Redressal Officer (GRO) at i. Head Office; or ii. Call at 0-124-2709046, or iii. Email: complaints@avivaindia.com</p> <p>c. IRDA of India Grievance Call Centre (IGCC) TOLL FREE NO:155255 or 1800 4254732 Email ID: complaints@irdai.gov.in You can also register Your complaint online at http://www.igms.irdai.gov.in</p> <p>d. Office of the Governing Body of Insurance Council 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz (W), MUMBAI -400021. Tel:- 022-26106245/ 022-26106980, Fax:- 022-26106949, E mail: inscouncil@gmail.com</p> <p>e. Insurance Ombudsman The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet. Link - https://www.cioins.co.in/ombudsman</p> | Part G |
| 11 | Grievances /Complaints | <p>a. Head Office Aviva Life Insurance Company India Limited, 401-A, 4th Floor, Block-A, DLF Cyber Park, Sector-20, NH-8, Gurugram, Haryana-122016 or</p> <p>b. Call at 0124-2709046; or</p> <p>c. email: gro@avivaindia.com</p> <p>d. Our Website www.avivaindia.com or IRDAI's website www.irdai.gov.in for update contact details of the Insurance Ombudsman</p> | Part G |
| 12 | Things to remember | <p>Free Look Cancellation: You have an option to return this Policy for cancellation at any time within the first thirty (30) days of receipt of this Policy, if You disagree with this Policy. You can return this Policy by submitting to Us the original Policy Document and a written request stating the reasons for the return. Once We receive these documents, We will refund premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination and stamp duty charges.</p> <p>Further, in case the Company (Insurer) has given any electronic gadget to track the number of steps of the</p> | Part D Section 4 |

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| | | Insured, the same item shall be returned by the Policyholder to the Company on cancellation of the policy during the free look period. | |
| 12 | Things to remember | <p>Survival Period: Survival Period means a period of Fifteen (15) days after the date of first diagnosis of the covered Critical Illness, that the Life Insured must survive to become eligible for the benefit payment under the Insured Event. This means that the Life Insured must survive for at least 15 days from the date of diagnosis of Critical Illness as covered under this plan. There will be no claim admissible during Survival Period.</p> <p>Policy Lapse & Revival: If the due regular premium is not paid before the expiry of the Grace Period, then the policy will immediately & automatically Lapse at the end of Grace Period without acquiring any benefit and the risk cover will cease immediately. Policy shall not acquire any Surrender Value or paid-up value. If the Policy has lapsed then You may give Us written notice along with all the due Premiums, including applicable taxes and applicable interest amount, to revive the Policy during the Revival Period (period of 5 years from the date of first unpaid premium) and provide Us with all information or documentation We request. The Company reserves the right to obtain additional information before reviving the Policy and also has the right to decline revival of the Policy or impose extra mortality ratings as per the board approved underwriting policy of the Company.</p> <p>Cancellation: Fraud, misrepresentation and forfeiture shall be dealt with in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time.</p> | <p>Part C Section 5</p> <p>Part D Section 1</p> <p>Part F Section 9</p> |
| 13 | Your Obligations | <ol style="list-style-type: none"> 1. Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. 2. Disclosure of Material Information during the policy period such as change in occupation. 3. Please read all the Terms & Conditions in conjunction with the Policy Document of this Product. | |



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

Declaration by the Policyholder

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

Place:

Signature of the Policyholder

Date: