

Customer Information Sheet: POS - Aviva Dhan Suraksha

This document serves as a comprehensive summary of the policy you have purchased with us.

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of the Insurance Product and Unique Identification Number (UIN)	POS - Aviva Dhan Suraksha UIN:122N132V03	Part A
2	Policy Number	As mentioned in the Policy Schedule	Part A
3	Type of Insurance Product / Policy	Non-Linked	Part A
4	Basic Policy details	Instalment Premium <<Instalment Premium>> Mode of premium payment (e.g. Monthly, Quarterly, Half Yearly or Yearly) <<Mode of premium payment>> Sum Assured on Death <<Sum Assured on death>> Sum Assured on Maturity Not Applicable Premium Payment Term <<Premium payment Term>> Policy Term <<Policy Term>>	Part A
5	Policy Coverage / benefits payable	Benefits payable on maturity 1.5 times of one Annualized Premium & A lump sum amount equal to seven (7) times of one Annualized Premium	Part C Clause 6.1



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

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
5	Policy Coverage / benefits payable	<p>Benefits payable on death (provided that all due regular premiums have been received) (Pay Higher of) Ten times of the Annualized Premium; or 105% of Total Premiums Paid as on the date of Insured Event; or Maturity Sum Assured; or Sum Assured, an absolute amount.</p> <p>Survival Benefits excluding that payable on maturity Not Applicable</p>	Clause 7
		<p>Surrender Benefits Surrender Value, which will be the higher of the Guaranteed Surrender Value (GSV) or the Special Surrender Value (SSV)</p> <p>Options to policyholders for availing benefits, if any, covered under the policy Not Applicable</p> <p>Other benefits/options payable, specific to the policy, if any Not Applicable</p> <p>Lock-inperiod for Linked Insurance products Not Applicable</p>	Part D Clause 4.1
6	Options available (in case of Linked Insurance Products)	<p>Partial Withdrawal Not Applicable</p> <p>Top-up Provision Not Applicable</p> <p>Switches Not Applicable</p> <p>Settlement option Not Applicable</p>	
7	Option available (in case of Annuity product)	Not Applicable	
8	Riders opted, if any	Not Applicable	
9	Exclusions (events where insurance coverage is not payable), if any	If the Insured commits suicide, for any reason whatsoever, within twelve (12) months of the Risk Commencement Date or from the date of Revival of the Policy, the Nominee/ beneficiary shall be entitled to the Fund Value, as available on the date of intimation of the Insured Event.	Part F Clause 10
10	Waiting / lien Period, if any	Not Applicable	

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11	Grace period	30 Days	Part C Clause 8
12	Free Look Period	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.	Part D Clause 3
13	Lapse, paid-up and revival of the Policy	If the first policy year premium has not been received then the policy shall be lapsed and if the first year policy premium has been received provided policy has completed first policy year, the policy shall be converted into paid up with reduced benefits. A lapsed/paid up policy can be revived within revival period of 5 years.	Part D Clause 1&2
14	Policy Loan, if applicable	Applicable	Part D Clause 5
15	Claims / Claims Procedure	<p>i. Claim Procedure: Detail claim procedure can be checked from https://www.avivaindia.com/claims-process-0</p> <p>ii. Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> a. Death claim, except in cases warranting investigation - Within 15 days from the date of intimation of claim. b. Death claim warranting investigation - Within 45 days from the date of intimation of claim. c. Surrender, Partial Withdrawal - Within 7 days of receipt of request. d. Maturity Benefits, Survival Benefits, Annuity Payouts, Income Benefits etc. - On due date. <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: Death/rider claim forms can be downloaded from https://www.avivaindia.com/form-and-resource-help-desk</p>	Part F Clause 1

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16	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 Clause 1.1
17	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 Clause 1.2

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: