# Customer Information Sheet: Aviva Signature Investment Plan

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)** | **Aviva Signature Investment Plan**<br>UIN:122L144V02 | Part A |
| 2 | **Policy Number** | As mentioned in the Policy Schedule | Part A |
| 3 | **Type of Insurance Product / Policy** | Linked | Part A |
| 4 | **Basic Policy Details** | **Instalment Premium**<br><<Instalment Premium>><br>**Mode of Premium Payment (e.g. Monthly, Quarterly, half yearly or Yearly)**<br><<Mode of premium payment>><br>**Sum Assured on Death**<br><<Sum Assured on death>><br>**Sum Assured on Maturity**<br>Not Applicable<br>**Premium Payment Term**<br><<Premium payment Term>><br>**Policy Term**<br><<Policy Term>> | Part A |
| 5 | **Policy Coverage / Benefits Payable** | **Benefits Payable on Maturity**<br>Fund Value of units pertaining to Premium and Fund Value pertaining to Top-Up premium, (if any) plus Percentage of the Mortality Charges and Policy Administration Charges deducted during the Policy Term as specified in the Schedule. | Part C |

**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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|---|---|---|---|
| 5 | **Policy Coverage / benefits payable** | **Benefits payable on death (provided that all due regular premiums have been received)**<br>Refer Part C, Clause 1<br>**Survival Benefits excluding that payable on maturity**<br>Not Applicable | Part C |
| | | **Surrender Benefits**<br>Fund Value as on date of surrender subject to other conditions as specified in the Policy Document.<br>**Options to policyholders for availing benefits, if any, covered under the policy**<br>Not Applicable<br>**Other benefits/options payable, specific to the policy, if any**<br>Not Applicable | Part D |
| | | **Lock-in period for Linked Insurance products**<br>Not Applicable | Part B |
| 6 | **Options available (in case of Linked Insurance Products)** | **Partial Withdrawal**<br>Applicable<br>**Top–up Provision**<br>Applicable<br>**Switches**<br>Applicable<br>**Settlement Option**<br>Not Applicable | Part D |
| 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 |
| 10 | **Waiting / Lien Period, if any** | Not Applicable | |

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| 11 | **Grace Period** | Grace Period of fifteen (15) days where the Policyholder pays the Premium on monthly basis and thirty (30) days in all other cases. | Part C |
| 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<br>Clause 1 |
| 13 | **Lapse, Paid-up and Revival of the Policy** | Refer Clause 4 of Part D | Part D |
| 14 | **Policy Loan, if Applicable** | Not Applicable | |
| 15 | **Claims / Claims Procedure** | **i. Claim Procedure:**<br>Detail claim procedure can be checked from<br>**https://www.avivaindia.com/claims-process-0**<br>**ii. Turn Around Time (TAT) for claims settlement:**<br>a. Death claim, except in cases warranting investigation - Within 15 days from the date of intimation of claim.<br>b. Death claim warranting investigation - Within 45 days from the date of intimation of claim.<br>c. Surrender, Partial Withdrawal - Within 7 days of receipt of request.<br>d. Maturity Benefits, Survival Benefits, Annuity Payouts, Income Benefits etc. - On due date.<br>**iii. Helpline number:**<br>1800-103-77-66<br>**iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer:**<br>NA for us<br>**v. Downloading / getting claim form:**<br>Death/rider claim forms can be downloaded from<br>**https://www.avivaindia.com/form-and-resource-help-desk** | Part F<br>Clause 1 |
| 16 | **Policy Servicing** | a. Call at 1800-103-7766 / 1800-180-2266 or<br>E-mail: **customerservices@avivaindia.com**<br>b. Contact Grievance Redressal Officer (GRO) at<br>i. Head Office; or<br>ii. Call at 0-124-2709046, or<br>iii. Email: **complaints@avivaindia.com** | Part G<br>Clause 1 |

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|---|---|---|---|
| 16 | **Policy Servicing** | c. IRDA of India Grievance Call Centre (IGCC) TOLL FREE NO:155255 or 1800 4254732<br>Email ID: **complaints@irdai.gov.in**<br>You can also register Your complaint online at **http://www.igms.irdai.gov.in**<br><br>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**<br><br>e. Insurance Ombudsman<br>The address of the Insurance Ombudsman are attached herewith and may also be obtained from the following link on the internet.<br>Link - **https://www.cioins.co.in/ombudsman** | Part G Clause 1 |
| 17 | **Grievances /Complaints** | 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<br><br>b. Call at 0124-2709046; or<br><br>c. email: **gro@avivaindia.com**<br><br>d. Our Website **www.avivaindia.com** or IRDAI's website **www.irdai.gov.in** for update contact details of the Insurance Ombudsman | Part G Clause 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:**