CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S. No	Title	Description	Policy Clause Number
1	Name of Insurance Product / Policy	PNB MetLife Accidental Death Benefit Rider Plus (UIN: 117B020V03)	
2	Policy Number		
3	Type of Insurance Product / Policy	Fixed Benefit Plan	
4	Sum Insured	Individual Rider Sum Assured of Rs.< <rider sa="">></rider>	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	3.2
6	Exclusions	Suicide Exclusion	3.3
0	EXCIUSIONS	 Suicide Exclusion Self-inflicted injury: Intentional self-inflicted injury. Any condition that is pre-existing at the time of inception of the rider policy Pre-existing Disease means any condition, ailment, injury or disease: That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition. War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not. Taking part in any naval, military or air force operation during peace time. Committing an assault, a criminal offence, an illegal activity or any breach of law with criminal intent. 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. Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance 	3.3

		 with the lawful directions and prescription of a registered medical practitioner. Participation by the insured person in any flying activity, except as a bonafide, fare paying passenger or pilot and cabin crew of a commercially licensed airline. During first 48 months of the rider policy, all infections and diseases except gynogenic infection which shall occur with and through an accidental wound shall not be covered. 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. These exclusions are in addition to the exclusions listed in the Base Policy, if any. 	
7	Waiting period	Not Applicable	
8	Financial limits of Coverage	No sub limits. Sum Assured mentioned above payable on occurrence of event described in "Policy Coverage" section	1.3.2
9	Claims / Claims	Submission of claim to company along with supporting	4.4
10	Procedure Policy Servicing	All notices and communications in respect of this Policy shall be addressed to us at the following address: 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	Welcom e Letter 5.1 6.11
11	Grievances/Com	Customer Service No 1800 425 6969 (Toll-free) For any complaint/grievance, approach any of our following	7.1
	plaints	touch points: Call 1800-425-69-69 (Toll free) Email at Indiaservice@pnbmetlife.co.in Write to Customer Service Department, 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Online through Our website www.pnbmetlife.com Our nearest PNB MetLife branch across the country In case not satisfied with the resolution provided by the above touch points, or have not received any response within 10 days, You may escalate as per process described in policy document.	
		Ombudsman Details: Please refer to https://www.cioins.co.in/Ombudsman for a list of updated Insurance Ombudsman	
12	Things you need to know	Free look Provision: If you have any objections to the terms and conditions of your Policy, you may cancel the Policy by giving a written notice to us within 15 days (30 days in case Distance Marketing or electronic policies) from the date of receiving your Policy, stating the reasons	Welcom e Letter 4.1 3.5.2 4.2

		for your objection and you will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and the expenses incurred on medical examination (if any).	4.5
		Grace Period: 30 days from the due date for yearly, half-yearly and quarterly frequencies and 15 days for monthly frequency	
		Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.	
		Procedure for Revival of the Rider: Lapsed policy may be revived within a period of 5 years in accordance with the terms of the base Policy.	
		Termination of the Rider: The Rider shall be terminated on the occurrence of the events as mentioned in the policy document	
13	Your / Insured's Obligations	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.	4.4

Note: Customer Information Sheet contains brief information about the key features of the Product. The same shall not be construed as terms and conditions of the Policy or part thereof. For detailed terms and conditions governing the Policy, please read all parts of the Policy document. In case of any conflict between the information given in the Customer Information Sheet and the terms and conditions of the policy, the terms and conditions of the Policy shall prevail.

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

Place:

Date:

(Signature of the Policy Holder)