

# Double Suraksha

## Customer Information Sheet/Know Your Policy



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainurance.com](http://www.magmainurance.com) | E-mail: [customercare@magmainurance.com](mailto:customercare@magmainurance.com) | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Double Suraksha | Product UIN: MAGHLIP25035V012425 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say “Hi” on WhatsApp No. 7208976789 (CIS.DS.ver10.12.24)

Instruction to Insured:

1. This document provides key information about your policy. You are advised to go through your policy document and policy schedule
2. As directed by IRDAI (the Authority), insured is required to provide the acknowledgement on receiving the customer information sheet

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product	<b>Double Suraksha</b>	
2	Policy No	<b>XXXXX</b>	
3	Type of Insurance Product	Both Indemnity and Benefit	
4	Sum Insured Basis	Individual Sum Insured – <b>XXXXX</b> Floater Sum Insured - <b>XXXXX</b>	
5	Policy Coverage	Expenses in respect of Admission in Hospital as an In-patient beyond 24 hrs except for Accident Hospital Cash Benefit	2.A.1
		Sickness Hospital Cash – Admission in hospital as an In-patient care because of any illness / disease for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, Hospital Cash Amount of <b>XXXXX</b> for every 24 hours of hospitalization subject to maximum XXXX number of days.	2.A.1
		Accident Hospital Cash - Admission in hospital as an In-patient care because of any injury for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, double the Sickness Hospital Cash Amount for every 24 hours of hospitalization subject to maximum XXXX number of days.	2.A.2
		ICU Cash - Admission in an Intensive Care Unit (ICU) of hospital as an In-patient care because of any illness / disease / injury for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, double the Sickness Hospital Cash Amount for every 24 hours of hospitalization subject to maximum of 7 number of days.	2.A.3
		AYUSH Treatment - We will, cover Your Medical Expenses incurred for Inpatient Care during the Policy Period on treatment taken under AYUSH Treatment	
<b>Optional Covers</b>			

	<p>Convalescence - If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness / Injury and the continuation of such Hospitalisation is Medically Necessary for at least 5 consecutive days, then We will pay a lump sum amount of 7,000 rupees.</p>	2.B.1
	<p>Day Care Treatment - If the Insured Person requires and avails a Medically Necessary 10 listed day care Treatment, we will pay a lump sum benefit amount which is double the Sickness Hospital Cash Amount for such Day Care Treatment only for five times in a policy year provided the Insured Person is admitted in the Hospital for such Day Care Treatment for less than 24 hours.</p>	2.B.2
	<p>Childbirth Hospital - If the Insured Person (Only female insured persons are eligible) requires and avails a Medically Necessary as an In-patient in any Hospital in India for the purpose of Child Delivery, then the Company will pay one time the Sickness Hospital Cash amount for each continuous and completed period of 24 hours of Hospitalisation for 2 deliveries.</p>	2.B.3
	<p>Worldwide Hospital - If the Insured Person requires and avails a Medically Necessary as an In-patient in any Hospital outside India in an emergency, we will pay 3 times the Sickness Hospital Cash or Lumpsum Rs. 15,000 whichever is lower subject to maximum XXXX number of days for each continuous and completed period of 24 hours of Hospitalisation.</p>	2.B.4
	<p>Companion Benefit - If the Insured Person requires and avails a Medically Necessary as an In-patient in any Hospital in India, we will pay additional lumpsum of Rs.5,000 in respect of an accompanying person to take care of the Insured while he is hospitalised.</p>	2.B.5
	<p>Compassionate Benefit - If the Insured Person sustains an Injury resulting solely and directly due to an accident anywhere in the world and causes Accidental Death &amp; Permanent Total Disablement during the policy period, then we shall pay the Insured Person or his/her nominee, the amount(s) of Rs. XXXXX .</p>	2.B.6
	<p>Pre-Post Hospitalisation Expenses - We shall cover your relevant pre and post hospitalization medical expenses incurred in respect of an Injury or Illness, immediately prior to Your date of Hospitalization and immediately after Your discharge from the Hospital, then the Company will pay one time the Sickness Hospital Cash as lumpsum payment.</p>	2.B.7
	<p>Health Maintenance Benefit –          This cover helps you in getting your bill reimbursed upto the limits as per below</p>	2.B.8

		<p><b>For Sum Insured less than 5,000 per day of Sickness Hospital Cash</b>          One Vision care OPD for ophthalmologist consultation, diagnostics and treatment for maximum of 1000 Rs..          Two Orthopaedic care OPD for orthopaedic consultation, diagnostics, and treatment for maximum of 1500 Rs. for each instance.</p> <p><b>For Sum Insured equal to or more than 5,000 per day of Sickness Hospital Cash</b>          One Vision care OPD for ophthalmologist consultation, diagnostics and treatment for maximum of 1000 Rs.          Two Orthopaedic care OPD for orthopaedic consultation, diagnostics, and treatment for maximum of 1500 Rs. for each instance.          Three Physiotherapy care session for physiotherapy consultation and treatment for maximum of 1000 Rs. for each instance.</p>	
		Reduction of deductible days – This cover allows the Insured Person to reduce the deductible days to 0 days.	2.B.9
		Increase of deductible days – This cover allows the Insured Person to increase the deductible days to XXXXX.	2.B.10
		Increase in Maximum days for ICU Benefit – This cover allows the Insured Person to increase the deductible days to 15 days.	2.B.11
		Reduction of Pre-existing disease waiting period – This cover allows the Insured Person to reduce the Pre-existing disease waiting period to 24 months.	2.B.12
		Reduction of Named Ailments waiting period - This cover allows the Insured Person to reduce the Named Ailments waiting period to 12 months.	2.B.13
6	Exclusions	<p><b>Standard Exclusions</b></p> <ul style="list-style-type: none"> <li>• Investigation &amp; Evaluation (Code Excl04)</li> <li>• Rest Cure, Rehabilitation and respite Care (Code Excl05)</li> <li>• Change of Gender treatment (Code Excl07)</li> <li>• Cosmetic or Plastic Surgery (Code Excl08)</li> <li>• Hazardous or Adventure sports: (Code- Excl09)</li> <li>• Breach of law (Code Excl10)</li> <li>• Excluded Providers (Code Excl11)</li> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</li> <li>• Treatment received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing</li> </ul>	Section 3



		<p>home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13</p> <ul style="list-style-type: none"> <li>• Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14</li> <li>• Refractive Error (Code Excl15)</li> <li>• Unproven treatments (Code Excl16)</li> <li>• Sterility and Infertility (Code Excl17)</li> <li>• Maternity expenses (Code Excl18)</li> <li>• Obesity/Weight Control (Code Excl06)</li> </ul> <p><b><u>Specific Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>• Any Alternative Treatment</li> <li>• Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy. The list is available on our website <a href="http://www.magmainurance.com">www.magmainurance.com</a>.</li> <li>• Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury.</li> <li>• Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.</li> <li>• Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).</li> <li>• Treatment for any External Congenital Anomaly.</li> <li>• Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.</li> <li>• Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take</li> </ul>	
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	<p>home on leaving the Hospital, for any condition, except as included in post-hospitalization.</p> <ul style="list-style-type: none"> <li>• We will not pay for routine eye examinations, contact lenses spectacles.</li> <li>• We will not pay for hearing aids, dentures and artificial teeth.</li> <li>• Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.</li> <li>• Drugs or treatment not supported by prescription.</li> <li>• Issue of fitness certificate and fitness examinations.</li> <li>• Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.</li> <li>• External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment</li> <li>• Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and also any medical equipment which is subsequently used at home.</li> <li>• OPD treatment is not covered.</li> <li>• All preventive care, vaccination including inoculation and immunisations.</li> <li>• Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.</li> <li>• Treatment of any sexual problem including impotence (irrespective of the cause) or erectile dysfunction.</li> <li>• Treatment for any sexually transmitted disease except HIV / AIDS, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.</li> <li>• Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.</li> <li>• Any treatment received outside India.</li> <li>• Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.</li> <li>• Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.</li> <li>• X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.</li> <li>• Any treatment arising out of engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding,</li> </ul>	
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		<p>hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.</p> <ul style="list-style-type: none"> <li>• Any treatment arising out of engaging in flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.</li> <li>• The following exclusions shall be applicable in respect of the Benefit specified under <b>Compassionate Benefit</b> section.</li> </ul> <p>This Policy does not provide benefits for any death, disablement, expenses, or loss incurred as a result of any Injury attributable to the following:</p> <p>Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.</p> <ul style="list-style-type: none"> <li>• Participation in Hazardous Activities.</li> <li>• Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion, or felony.</li> <li>• Any intentional self-injury, suicide or attempted suicide, insanity, or stress.</li> <li>• Condition resulting due to any disease or infection unless arising directly and solely due to accident</li> <li>• Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted &amp; endorsed by Us.</li> <li>• Any sexually transmitted disease.</li> <li>• Related to or traceable to Pregnancy or childbirth.</li> <li>• Whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world or in any aircraft whether privately owned or chartered or operated by scheduled airlines.</li> <li>• Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel.</li> <li>• War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.</li> </ul>	
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		<ul style="list-style-type: none"> <li>Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</li> <li>Radioactive, chemical, nuclear contamination, or ionizing radiation.</li> <li>Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces.</li> <li>Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.</li> <li>Existing diseases disclosed by the Insured Person (in line with Chapter IV, Guidelines on standardization of Exclusions in Health Insurance Contracts, 2019), provided the same is applied at the underwriting and consented by You/ Insured Person.</li> </ul> <p>Note: The above is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p>	
7	Waiting Period	<ul style="list-style-type: none"> <li><b>First Thirty Days Waiting Period (Code- Excl03):</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> <li><b>Specific Waiting Periods:</b> 24 Months (not applicable for claims arising due to an accident)</li> <li><b>Pre-Existing Diseases (Code- Excl01):</b> covered after 36 Months</li> <li><b>Childbirth Hospital Cash:</b> covered after 24 Months</li> </ul>	Section 3
8	Financial limits of coverage	<ul style="list-style-type: none"> <li>Deductible Days XXXXX is to be borne by the Insured</li> </ul>	
9	Claims / Claims Procedure	<p>Notification of Claim Treatment:          We must be informed: 1) If any treatment for which a claim may be made and that treatment requires planned Hospitalisation: At least 48 hours prior to the Insured Person's admission. 2) If any treatment for which a claim may be made and that treatment requires emergency Hospitalization Within 24 hours of the Insured Person's admission to Hospital.</p> <p>Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the Insured.</p>	Section 5.3





		<p>Submission of claim: The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.</p> <p>Claim Documents:        Duly filled and signed claim form (Can be downloaded from <a href="https://www.magmainsurance.com/downloads">https://www.magmainsurance.com/downloads</a>)        Copy of Discharge Summary        Copy of Hospital bill Breakup        Cancel Cheque copy of Policyholder / Nominee (in case of death with name printed on it)        KYC (Govt approved Photo ID proof and Address proof)        Any other documents required while processing the claim.</p> <p>Compassionate Benefit:        Accident Death:</p> <ul style="list-style-type: none"> <li>• Claim form</li> <li>• Death Certificate</li> <li>• Investigation reports along with original bills</li> <li>• FIR Copy, Postmortem Copy</li> <li>• ID proof of Insured and Nominee</li> <li>• PAN card/ Form 60, CKYC form and Address proof of Nominee</li> </ul> <ul style="list-style-type: none"> <li>• Cancel Cheque copy with Name printed</li> <li>• Medical records, information and evidence from a hospital or medical practitioner or otherwise required by us shall be provided by you at your expense. (May be required in some cases)</li> </ul> <p>•</p> <p>Permanent Total Disability:</p> <ul style="list-style-type: none"> <li>• Claim form duly filled and signed</li> <li>• Pan Card copy/Aadhar card copy of Injured as well as Insured</li> <li>• Medical Certificate issued by treating doctor confirming disability</li> <li>• Photographs of showing injury.</li> <li>• Original Copy of Discharge Summary with all medical papers with X-rays Film</li> <li>• NEFT Details (cancel cheque copy)</li> </ul>	
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		<ul style="list-style-type: none"> <li>All medical bills in original along with payment proofs. If the medical expenses are borne by Insured, please provide necessary proofs such as cash vouchers, ledger sheet, etc.</li> <li>FIR COPY if any</li> <li>Duly Filled CKYC form</li> <li></li> </ul> <p>Pre Post Hospitalization Expenses: In addition to claim documents mentioned above, Pre and post Hospitalization expenses bills</p> <p>Health Maintenance Benefit:          Ophthalmologist: Consultation papers, all diagnostic reports and Treatment bills          Orthopedic: Consultation papers, All diagnostic reports and Treatment bills          Physiotherapy: Consultation papers and Treatment bills</p> <p>Address for claim documents submission:</p> <p>Family Health Plan Insurance TPA limited          Srinilaya Cyber Spazio, Ground Floor,          Road No.2,          Banjara Hills, Hyderabad,          Telangana – 500034</p> <p>Toll Free No 1800 266 3202 for Claims Assistance</p>	
10	Policy Servicing	<ul style="list-style-type: none"> <li><b>Company Officials:</b> In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at:            Email: <a href="mailto:Gro@magmainurance.com">Gro@magmainurance.com</a>            Call us at: 1800 266 3202            Address:            Equinox Business Park, Tower 3,            2nd Floor, Unit Number            1B &amp; 2B, LBS Marg,            Kurla (West),            Mumbai – 400070</li> </ul>	Section 4.1.16
11	Grievances Complaints	<p>In case of any grievance, the insured person including senior citizens may contact the Company through</p> <p>Website: <a href="http://www.magmainurance.com">www.magmainurance.com</a></p> <p>Toll free: 1800 266 3202</p>	Section 4.1.16



	<p>E –mail: <a href="mailto:Gro@magmainsurance.com">Gro@magmainsurance.com</a></p> <p>Fax: 91 033 4401 7471</p> <p>Courier: Any of Our branch offices or corporate office during business hours</p> <p>Insured person may also approach the grievance cell at any of the company’s branches with the details of grievance.</p> <p>If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:</p> <p>Equinox Business Park, Tower 3, 2nd Floor, Unit Number 1B &amp; 2B, LBS Marg, Kurla (West), Mumbai – 400070</p> <p>For updated details of grievance officer, kindly refer the link <a href="https://www.magmainsurance.com/grievance-redressal">https://www.magmainsurance.com/grievance-redressal</a>.</p> <p>If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman <a href="https://www.cioins.co.in/">https://www.cioins.co.in/</a></p> <p>The contact details of the Insurance Ombudsman offices have been provided as Annexure-I</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance management System: <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></p>	
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13	Your Obligation	<ul style="list-style-type: none"> <li>• <b>Disclosure to Information</b></li> </ul> <p>The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.          (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p> <ul style="list-style-type: none"> <li>• Please disclose all pre existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.</li> </ul>	Section 4.1.1
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail. Documents are accessible <a href="https://www.magmainurance.com/downloads">https://www.magmainurance.com/downloads</a></p>			

Declaration by the Policy holder:

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

Place

Date

Signature of the Policy Holder