

COCO SEASONAL BYTE – CUSTOMER INFORMATION SHEET

	Title	Description	Policy Clause Number
1	Product Name	COCO Seasonal Byte	
2	What am I covered for	<p>A. INDEMNITY PLAN</p> <p>This Policy covers medical necessary treatment for Specified Illness(es) provided that-</p> <ol style="list-style-type: none"> a. The Insured Person is diagnosed with the Specified Illness specifically listed and defined in this Policy; and b. Such Specified Illness is diagnosed after 15 days from the date of commencement of first Policy and being renewed thereafter within the Grace Period. <p>Specified Illness(es) means Dengue Fever; Zika Fever; Chikungunya; Malaria; Leptospirosis ; Swine Flu and Vector Borne Encephalitis, provided the same is diagnosed by the Medical Practitioner with help of laboratory investigations.</p> <p>I. INPATIENT TREATMENT</p> <ol style="list-style-type: none"> a. Inpatient Hospitalisation Covers hospitalisation expenses for period more than 24 hours. b. Pre – Hospitalisation Covers medical expenses incurred before the date of admission to the hospital upto 15 days. c. Post – Hospitalisation Covers medical expenses incurred after the date of discharge from the hospital upto 15 days. d. AYUSH Covers medical expenses incurred for in-patient hospitalisation for the treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy in a government hospital, teaching hospitals of AYUSH colleges and AYUSH hospitals recognised by a government authority. e. Road Ambulance/ Repatriation of Mortal Remains (RMR)/ Funeral Expenses Covers expenses upto the sublimit, incurred for transportation of an Insured Person by an Ambulance and also expenses incurred for repatriation of mortal remains and funeral if death occurs during hospitalisation. 	Section 2 – Scope of Cover

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		<p>II. HOME CARE TREATMENT</p> <p>Treatment at Home - Covers medical expenses incurred for necessary medical treatment taken by the Insured Person at home provided such treatment is non-emergency and is certified by treating medical practitioner.</p> <p>III. OPD TREATMENT</p> <p>OPD Consultations including AYUSH - Covers the medical expenses incurred towards the medically necessary treatment taken on Outpatient basis -</p> <p>a. Medical Practitioners Expenses Covers medical expenses incurred for the consultation service of Medical Practitioner availed by the Insured Person for Outpatient Treatment.</p> <p>b. Diagnostic Tests Covers medical expenses incurred for laboratory investigations and /or Diagnostic examinations , if recommended by the treating Medical Practitioner.</p> <p>c. Pharmacy Covers medical expenses incurred for medicines purchased from a pharmacy, if prescribed by the treating Medical Practitioner.</p> <p>B. BENEFIT PLAN</p> <p>FIXED CASH BENEFIT - We will Pay lumpsum amount, if the insured Person is diagnosed with Dengue / Malaria during the Policy Year subject to the terms, conditions and exclusions of this Policy provided that:</p> <p>a. The Insured Person is diagnosed with the Dengue / Malaria as per specified illness & defined laboratory investigations ;</p> <p>b. Such said Illness is diagnosed after 15 days from the date of commencement of first Policy and being renewed thereafter within the Grace Period.</p>	
3	<p>What are the major Exclusions in the policy:</p>	<p>We will not pay for any claims arising directly or indirectly from:</p> <ol style="list-style-type: none"> 1. Any Illness(es) which is not specified under Specified Illness. 2. Any specified illness that is not diagnosed by the Medical Practitioner. 3. Comorbid Conditions 4. Diagnosis and treatment outside India. 5. Dietary supplements without prescriptions 6. Any treatment which is not reasonable and medically necessary 	<p>Section 4 – General Exclusions</p>

		<p>7. Preventive Vaccinations 8. Diagnostic expenses not related to diagnosis 9. External Congenital anomalies 10. Unrecognized Physician</p> <p>Note: The above is an abridged wording/listing of the policy exclusions. For complete listing and wording of exclusions please refer to the policy clauses.</p>	
4	Waiting period	15 days for Specified Illness(es) from the commencement date of the Policy. This is applicable in the first year and is not applicable in subsequent renewals.	Section 3 – Waiting Period
5	Payment basis	<p>1. Indemnity Plan – Following coverages will be on reimbursement of actual expenses either by way of Cashless to the Hospital/ Network provider when a cashless facility is availed or directly to you as a reimbursement against the bills when you have paid for the expenses.</p> <ul style="list-style-type: none"> - Inpatient Treatment - Home Care Treatment - OPD Treatment <p>2. Benefit Plan – Fixed Cash Benefit will be on benefit basis i.e. lumpsum amount will be paid as covered under the policy.</p>	Section 5.4) 6i)
6	Loss Sharing	Not Applicable	
7	Renewal Conditions	<ul style="list-style-type: none"> • You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium. • We may not renew the policy if you have acted in a fraudulent manner; misrepresented or suppressed any of the material fact either at the time of taking the Policy or any time during the policy period. <ul style="list-style-type: none"> ▪ We are NOT under any obligation to send renewal notice or reminders. ▪ Grace Period of 30 days for renewing the Policy is provided under this Policy. ▪ Any revision / modification in the product will be done with the approval of the IRDAI and will be intimated to you at least three months before the changes are effected. ▪ Product Withdrawal <ul style="list-style-type: none"> - In the likelihood of this product being withdrawn in future, you will be intimated about the same 90 days prior to expiry of the policy. - You will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break. 	Section 5.3) 5) Renewal Of Policy

8	Renewal Benefits	Not Applicable	
9	Cancellation	<p>a. You may cancel this policy by giving 15 days' written notice and in such an event, We shall refund premium for the unexpired policy period as per the refund table available in the policy document provided no claim has been admitted or lodged under the policy.</p> <p>b. We may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by You by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	Section 5.2) 2) – Cancellation of Policy
10	Claims	<p>In the event of any unfortunate event be rest assured of complete assistance from us.</p> <ol style="list-style-type: none"> 1. Insured/Representative can notify or submit a claim within 7 days of occurrence of event by following way; <ul style="list-style-type: none"> • Making a call on Toll Free 1800 123 0004 OR • By sending an email to mycare@navi.com OR • Through Customer Portal on website www.naviinsurance.com OR • Using Mobile App of NAVI General Insurance OR • Directly walk-in to office or through an Intermediary 2. During Notification of Claim, information pertaining to You, Your Policy & Loss will be collected. 3. All claim documents as mentioned in the policy should be submitted to us not later than 15 days from the date of Insured Event. 4. In case any document is missing, we'll raise a request within 7 days of submission of documents by you. 5. Claim shall be settled or repudiated within 30 days of the receipt of the last necessary document/information. If your claim needs further investigation, the claim shall be settled or repudiated within 45 days of receiving the last necessary document/information. 6. <u>Payment of Interest:</u> In case of delay in payment beyond the above given timelines, two percent (2%) interest will be paid above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment. 	Section 5.4) 6) – Claim Process & Management

11	Policy Servicing / Grievances/ Complaints	<ul style="list-style-type: none"> • Call Us: Toll Free 1800 123 0004 (From 8 am to 8 pm) • Email: mycare@navi.com seniorcare@navi.com (For Senior Citizens) • Register & Track Queries: Visit our website www.naviinsurance.com to register & track your queries and complaints. • Walk in for assistance • Dispatch your letters to us at Navi General Insurance Limited 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (East), Mumbai, Maharashtra – 400 099 • Escalation – Email to - GRO@navi.com • IRDAI Contact Numbers - Toll free number - 155255 (or) 1800 4254 732 • IRDAI Email Id - complaints@irda.gov.in • Ombudsman Offices - http://www.gbic.co.in/ombudsman.html 	
12	Insured's Rights	<ul style="list-style-type: none"> ▪ Free Look Period –You have 15 days from the date of receipt of the Policy to review the terms and conditions , and to return the same if not acceptable. If you have not made any claim under the policy, you will be entitled for premium refund less any expenses incurred by Us on your medical examination, stamp duty charges and proportionate risk premium. Free look provision is not applicable on renewals or at the time of porting/migrating the policy. ▪ Renewability - You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium. ▪ Continuity - You have an option to migrate to Our other individual health insurance product(s), if available, subject to Our underwriting guidelines. Likewise, children when exiting on account of being not dependent on parents will also be given an option to migrate to our individual health insurance plans subject to our underwriting guidelines. Insured Person(s) will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator. ▪ Portability – Insured Persons covered under this Policy i.e COCO Seasonal Byte or any other similar policy from non-life insurance company shall have the right to migrate from such policy to a suitable individual health insurance policy offered by Us provided that member shall apply to port the entire policy along with all the members of the family, if any, at least 45 days but not later than 60 days before the premium renewal date of his/ her existing health policy. 	<p># 5.2) 4)</p> <p># 5.3) 5)</p> <p># 5.3) 1)</p> <p># 5.3) 3)</p>

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		<p>Insured Persons will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.</p> <ul style="list-style-type: none"> ▪ Turn Around Time <ul style="list-style-type: none"> ✚ Settlement of Claims – 30 days from submission of the last "necessary" document(s) / information. In case, the claim warrants an investigation, the same shall be completed within 30 days from the date you submit the last necessary document to us. In such cases, the settlement shall be within 45 days from the date of receipt of last necessary document. 	# 5.4) 6) i)
13	Insured's Obligations	<p>You must disclose material facts*. Non-disclosure may result in claim not being paid.</p> <p>*material facts - means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.</p>	
<p>Legal Disclaimer Note: 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.</p>			