

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. no.	Title	Description in Simple Words <i>(Please refer to applicable Certificate of Insurance Clause Number in next column)</i>	Certificate of Insurance (COI) Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	<b>Max Life Group Credit Life Premier Plan UIN- 104N095V03</b>	Cover letter
2.	COI Number	<COI Number>	COI Schedule
3.	Type of Insurance Policy	A Non-Linked Non-Participating Group Pure Risk Life Insurance Plan	Cover letter
4.	Basic Policy details	<ul style="list-style-type: none"> <li>• <b>Instalment Premium:</b> Not Applicable</li> <li>• <b>Mode of Premium payment:</b> single premium</li> <li>• <b>Sum Assured on Death:</b> The benefit which is payable on death of Member, as stated in the Policy/ Certificate of Insurance</li> <li>• <b>Sum Assured on Maturity:</b> &lt;Not Applicable&gt;</li> <li>• <b>Policy Term:</b> &lt;add Policy term&gt;</li> <li>• <b>Premium Payment Term:</b> &lt;add PPT&gt;</li> </ul>	COI Schedule
5.	Policy Coverage/benefits payable	<ul style="list-style-type: none"> <li>• <b>Benefits payable on Maturity:</b> <ul style="list-style-type: none"> <li>➤ There is no Maturity Benefit under this Policy.</li> </ul> </li> <li>• <b>Benefits payable on Death:</b> <p>If the Insurance cover is in force, then, upon death of the Insured Member during the period of coverage, We shall pay following death benefits to the Claimant:</p> <p>i. Level Cover (applicable to interest only loan): If the Certificate of Insurance specifies that Level Cover option is in force, We will pay the Sum Assured on Death specified in the Certificate of Insurance, which remains level throughout the Period of Coverage. If the Certificate of Insurance also specifies that a Moratorium Period has been opted for by the Member, then:</p> </li> </ul>	<p>Clause 2.1.3</p> <p>Clause 2.1.1</p>

		<p>a) We will pay the Sum Assured on Death specified in the Certificate of Insurance if the Member has opted to make interest payments during the Moratorium Period.</p> <p>b) We will pay the Sum Assured on Death outstanding as per the schedule of Sum Assured on Death specified in the Certificate of Insurance if the Member has opted not to make interest payments during the Moratorium Period.</p> <p>ii. Decreasing Cover:  If the Certificate of Insurance specifies that Decreasing Cover option is selected, then the Sum Assured on Death payable by Us shall be the Sum Assured on Death outstanding as per the schedule of Sum Assured on Death specified in the Certificate of Insurance, irrespective of the actual loan outstanding on the date of death of such Member. If the Certificate of Insurance also specifies that a Moratorium Period has been opted for by the Member, then:</p> <p>a) We will pay the Sum Assured on Death outstanding as per the schedule of Sum Assured on Death specified in the Certificate of Insurance which will be calculated depending on the Moratorium Period option selected by the Member and specified in the Certificate of Insurance.</p> <p><b>Joint Life Cover:</b>  If the Certificate of Insurance specifies that 2 Members are joint borrowers on the same loan from Master Policy and Joint Life Cover is in force, then on the death of any such Member, We will pay the applicable Death Benefit in accordance with the terms of the Policy and the cover on the other Member shall immediately and automatically cease. If both joint borrowers die simultaneously, the claim will be considered in favor of the Nominee(s) of the older of the two Members. However, if the claim on the older Member gets repudiated, then the claim in favour of the Nominee(s) on the other Member will be considered</p> <p><b>Accelerated Total and Permanent Disability (caused due to Accident) Benefit Cover:</b></p> <p>Member(s) employed in services with any military, air force, naval, police, paramilitary or similar organization including service in the armed forces shall not be eligible for the Accelerated Total and Permanent Disability (caused due to Accident) Benefit Cover. In the event of Accelerated Total Permanent Disability of the Member, solely and directly due to an Accident which occurs during the Period of Coverage while the cover is in force, We will pay the Sum Assured on Death outstanding as per the schedule of Sum Assured on Death specified in the Certificate of Insurance and coverage for the Member under the Policy shall immediately and automatically terminate. In the event of Accelerated Total Permanent Disability of the Member, solely and directly due</p>	<p>Clause 2.1.2</p>
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		<p>to an Accident which occurs during the Period of Coverage while the cover is in force, We will pay the Sum Assured on Death outstanding as per the schedule of Sum Assured on Death specified in the Certificate of Insurance and coverage for the Member under the Policy shall immediately and automatically terminate. We shall not be liable to make any payment under this benefit if the Total Permanent Disability is caused by, due or aggravated directly or indirectly, wholly or partly by any of the following:</p> <ol style="list-style-type: none"> <li>i. Accident prior to the Date of Commencement of Risk;</li> <li>ii. Suicide or attempted suicide or intentional self-inflicted injury, by the Member, whether sane or not at that time;</li> <li>iii. The Member being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Medical Practitioner;</li> <li>iv. War, invasion, hostilities (whether war is declared or not), civil war, rebellion, terrorist activity, revolution or taking part in a riot or civil commotion, strike or industrial action;</li> <li>v. Participation by the Member in a criminal or unlawful act with criminal intent or committing any breach of law including involvement in any fight or affray;</li> <li>vi. Treatment for injury or illness caused by avocations/ activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger;</li> <li>vii. Any underwater or subterranean operation or activity;</li> <li>viii. Racing of any kind other than on foot;</li> <li>ix. Participation by the Member in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided the Member does not, at the time, have any duty on board such aircraft;</li> <li>x. Any accident leading to disability which occurred due to Member being a physically handicap; or</li> <li>xi. Nuclear reaction, radioactive or chemical contamination due to nuclear accident.</li> </ol> <ul style="list-style-type: none"> <li>• <b>Survival Benefits excluding that payable on maturity:</b> <ul style="list-style-type: none"> <li>➤ No survival benefits are payable under the Policy</li> </ul> </li> <li>• <b>Surrender Benefits:</b></li> </ul> <p>If a Member surrenders the cover under the Certificate of Insurance due to foreclosure of loan, prepayment of loan or any other reason, then We will pay the Surrender Value which is calculated as follows and the Member's cover under the Policy shall cease immediately:</p>	<p>Clause 2.1.3</p> <p>Clause 3.1.1</p>
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		<p>Surrender Value = 70% of the Premium received in respect of that Member * Term Factor * SA Factor, where, Term Factor = Unexpired Period of Coverage in months (ignoring days) divided by original Period of Coverage (in months) SA Factor = Outstanding Sum Assured on Death as per Certificate of Insurance divided by Maximum Sum Assured on Death until the date of surrender as per Certificate of Insurance</p> <p><b>Options to policyholders for availing benefits, if any, covered under the policy.</b></p> <ul style="list-style-type: none"> <li>➤ This is not applicable.</li> <li>• <b>Other benefits/options payable, specific to the policy, if any:</b></li> <li>➤ This is not applicable.</li> </ul>	
6.	Options available (in case of Linked Insurance Products)	<ul style="list-style-type: none"> <li>• <b>Partial Withdrawal:</b></li> <li>➤ This is not applicable.</li> <li>• <b>Top-up Provision:</b></li> <li>➤ This not applicable.</li> <li>• <b>Switches:</b></li> <li>➤ This is not applicable</li> <li>• <b>Premium Redirection:</b></li> <li>➤ This is not applicable.</li> <li>• <b>Settlement Option:</b></li> <li>➤ This is not applicable.</li> <li>• <b>Any other option</b></li> <li>➤ This is not applicable.</li> </ul>	
7.	Option available (in case of Annuity product)	<ul style="list-style-type: none"> <li>• <b>Type of immediate annuity, for example Life annuity with Return of Purchase price etc.</b></li> <li>➤ It is not applicable</li> </ul>	

		<ul style="list-style-type: none"> <li>• <b>Proportion of annuity amount guaranteed for variable pay-out option.</b> <ul style="list-style-type: none"> <li>➤ Not Applicable</li> </ul> </li> <li>• <b>Any other option</b> <ul style="list-style-type: none"> <li>➤ Not Applicable</li> </ul> </li> </ul>	
8.	Riders opted, if any	<ul style="list-style-type: none"> <li>• <b>Summary of coverage</b> <ul style="list-style-type: none"> <li>➤ Max Life Group Critical Illness Secure (Accelerated benefit) Rider (UIN: 104B032V03): This rider provides benefit upon diagnosis of any of the critical illnesses covered.</li> </ul> </li> </ul>	
9.	Exclusions (events where insurance coverage is not payable), if any.	<p><b>Brief list of the applicable exclusions, if any:</b></p> <ul style="list-style-type: none"> <li>• <b>Suicide Exclusion</b></li> </ul> <p>If the Member commits suicide, within 12 (Twelve) months from the Date of Commencement of Risk, all risks and benefits under the Certificate of Insurance in respect of such Member will automatically cease and no benefits will be payable. In such an event, the Nominee or beneficiary shall be entitled to 100% of the Premium paid (inclusive of extra premium, if any, but excluding taxes) till the date of death or the surrender value applicable as on the date of death, whichever is higher, provided the policy is in force</p>	Clause 4.5
10.	Waiting /lien Period, if any	<b>Number of Days</b> Not Applicable	
11.	Grace period	<b>Number of Days:</b> Not Applicable	
12.	Free Look Period	<b>Number of days:</b> 30 days beginning from the date of receipt of the Policy	Clause 1.13
13.	Lapse, paid-up and revival of the Policy	Not Applicable	
14.	Policy Loan, if applicable	Not Applicable	
15.	Claims/Claims Procedure	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT) for claims settlement:</b> 30 days after receipt of entire documents or completion of investigation, if any, whichever is later.</li> <li>• <b>Brief procedure</b></li> </ul> <p>Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay</p>	Clause 4.2

is proved to be for reasons beyond the control of the Claimant.

Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim.

- **Helpline number**

- 1860-120-5577 (Call charges apply) or 0124- 4219090

- **Contact Details of the Insurer:**

- Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - [www.maxlifeinsurance.com](http://www.maxlifeinsurance.com)

- **Link for downloading claim form and list of documents required including bank account details:**

- <https://www.maxlifeinsurance.com/downloads>

- We will require the following documents in case of claim under this Policy regarding the death of the Life Insured:

**Documents for death claims**

- Claimant's statement in the prescribed form;
- original Certificate of Insurance;
- original/ attested copy of death certificate issued by the local/municipal authority;
- identity proof of the Member and the Nominee(s) bearing their photographs and signatures
- copy of bank passbook / cancelled cheque of the Claimant with name and account number printed

**Additional documents in case of death due to medical reason:-**

- attending physician's statement and hospital treatment certificate (if any);
- discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;

		<p><b>Additional documents in case of Accidental Death/Murder/Suicide cases and any unnatural death:-</b></p> <ol style="list-style-type: none"> <li>i. a copy of police complaint/ first information report</li> <li>ii. a copy of duly certified post mortem report-autopsy/viscera report and a copy of the final police investigation report /charge sheet</li> </ol> <p><b>Additional documents in case of death in foreign country:-</b></p> <ol style="list-style-type: none"> <li>i. body transfer certificate / embassy documents / post-mortem report whichever applicable</li> <li>ii. Copy of passport</li> </ol> <p><b>Documents for Accelerated Total and Permanent Disability (caused due to Accident) Benefit Cover:</b></p> <ol style="list-style-type: none"> <li>i. Claimant's statement in the prescribed form;</li> <li>ii. attending physician's statement and hospital treatment certificate, if any;</li> <li>iii. all medical records / hospital records;</li> <li>iv. a copy of police complaint/ first information report;</li> <li>v. a copy of duly certified medico legal certificate;</li> <li>vi. identity proof of the Claimant including photograph and signature; and</li> <li>vii. copy of bank passbook / cancelled cheque of the Claimant / Life assured with name and account number printed</li> <li>viii. any other documents or information required by Us for assessing and approving the claim request.</li> </ol>	
16.	Policy Servicing	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT): up to 15 days</b></li> <li>• <b>Helpline number</b></li> <li>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</li> <li>• <b>Contact Details of the Insurer:</b></li> <li>➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a></li> <li>• <b>Link for downloading applicable forms and list of documents required including bank account details:</b></li> <li>➤ <a href="https://www.maxlifeinsurance.com/downloads">https://www.maxlifeinsurance.com/downloads</a></li> </ul>	

		<p>➤ We will require the following documents in case of policy servicing under this Policy regarding the death of the Life Insured:</p> <ul style="list-style-type: none"> <li>• Application in the prescribed form;</li> <li>• original Policy document (if any);</li> <li>• identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures);</li> <li>• NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook;</li> <li>• any other documents or information required by Us for assessing and approving the claim request.</li> </ul>	
17.	Grievances /Complaints	<ul style="list-style-type: none"> <li>• <b>Contact Details of Grievance Redressal Officer of the insurer:</b></li> <li>➤ Grievance Redressal Officer, Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India</li> <li>• <b>Link for registering the grievance with the insurer's portal</b></li> <li>➤ <a href="https://www.maxlifeinsurance.com/customer-service/grievance-redressal">https://www.maxlifeinsurance.com/customer-service/grievance-redressal</a></li> <li>• <b>Contact details of Ombudsman</b></li> <li>➤ Refer Annexure A for the Ombudsman details</li> </ul>	Clause 5

Declaration by the Member

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

Place:

(Signature of the Member)

Date:

**Note:**

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.maxlifeinsurance.com/group-insurance-plans/credit-life-premier>
- ii. In case of any conflict between the terms contained in this document and COI, the terms and conditions mentioned in the COI shall prevail. However, in case of any



conflict between the terms contained in the COI and policy contract, the terms and conditions mentioned in the policy contract shall prevail.

- iii. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

## Annexure A: List of Insurance Ombudsman

**AHMEDABAD** - Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: [bimalokpal.ahmedabad@cioins.co.in](mailto:bimalokpal.ahmedabad@cioins.co.in). (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

**BENGALURU** - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in). (State of Karnataka)

**BHOPAL**- Office of the Insurance Ombudsman, , 1<sup>st</sup> Floor, Jeevan Shikha, 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) (States of Madhya Pradesh and Chhattisgarh.)

**BHUBANESHWAR** - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) (State of Odisha.)

**CHANDIGARH** - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

**CHENNAI**- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

**DELHI**- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

**KOCHI**- Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

**GUWAHATI** - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: [bimalokpal.guwahati@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

**HYDERABAD** - Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

**JAIPUR**- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) (State of Rajasthan)

**KOLKATA** - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7<sup>th</sup> Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

**LUCKNOW**- Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

**MUMBAI** - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

**NOIDA** - Office of the Insurance Ombudsman, 4<sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddha Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

**PATNA** - Office of the Insurance Ombudsman, 2<sup>nd</sup> floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) (State of Bihar, Jharkhand.)

**PUNE** - Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)