

Annexure – A

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Corona Kavach Policy	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Both Indemnity and Benefit <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy <p>Individual Sum Insured is available under the Policy. <<Sum Insured Options 0.5L/1L/1.5L/2L/2.5L/3L/3.5L/4L/4.5L/5Lakh>></p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Coverage</p> <p>Covid Hospitalization expenses- medical expenses incurred for Hospitalization of the Insured Person during the Policy year for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for, Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging</p>	<p>D 1 to 5</p> <p>D.2.</p>

	<p>modalities, PPE Kit, gloves, mask and such similar other expenses. .</p> <p>Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization.</p> <p>Home Care treatment expenses- Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:</p> <ul style="list-style-type: none"> a) The Medical practitioner advises the Insured person to undergo treatment at home. b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment. c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website. e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services. <p>In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID -19,</p> <ul style="list-style-type: none"> a. Diagnostic tests undergone at home or at diagnostics centre b. Medicines prescribed in writing c. Consultation charges of the medical practitioner d. Nursing charges related to medical staff e. Medical procedures limited to parenteral administration of medicines f. Cost Pulse Oximeter, Oxygen cylinder and Nebulizer <p>Pre-Hospitalization- The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date</p>	
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		<p>of admissible hospitalization/home care treatment covered under the policy.</p> <p>Post-Hospitalization- The company shall indemnify post hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.</p> <p>AYUSH Coverage- The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid-19 on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital. Covered expenses shall be as specified under Covid-19 Hospitalization Expenses (Section 4.1).</p> <p>Add-On Covers</p> <p><<Hospital Daily Cash - The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Hospitalization.>></p>	
6	Exclusions (What the policy does not cover)	<p>1.Standard Exclusions</p> <p>a. Waiting Period</p> <p>1. First Fifteen Days Waiting Period: Expenses related to the treatment of Covid within 15 days from the first policy commencement date shall be excluded.</p> <p>b. Exclusions:</p> <p>The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code- Excl05) <p>2.Specific Exclusions</p> <p>3.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 Home care treatment.</p> <p>4. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments,</p>	E 1 to 10

		<p>procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.</p> <p>5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.</p> <p>6. Any expenses incurred on Day Care treatment and OPD treatment</p> <p>7. Diagnosis /Treatment outside the geographical limits of India</p> <p>8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy</p> <p>9. Any expenses incurred in respect of inoculations, vaccinations or other preventive treatment.</p> <p>10. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<p>Initial Waiting Period:</p> <p>Expenses related to the treatment of Covid within 15 days from the first policy commencement date shall be excluded.</p>	E.1.a.1.
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member</p> <p>Home Care Treatment: Maximum up to 14 days per incident</p> <p>*There is no Co-payment under policy *There is no Deductible applicable under policy</p>	D.2.1

	claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)		
9	Claims/Claims Procedures	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>1. Procedure for Cashless claims:</p> <p>Cashless Process</p> <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.</p> <p>Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.</p> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo</p> <p>Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy</p>	G.1.

Terms & Conditions and the same will be communicated to Insured and Hospital within 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

Cashless Anywhere

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at healthserve@universalsompo.com

2. Reimbursement Process

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,
 Health Claims Management Office,
 1st Floor C-56- A/13,
 Block- C Sector- 62,
 Noida,

Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim

Claim Documents submission checklist:

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or

		<p>updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.</p> <p>The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.</p> <p>3. Notification of Claim</p> <p>Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.</p> <p>i Within 24 hours from the date of emergency hospitalization required</p> <p>ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Provide the details/web link for following:</p> <p>i. Network Hospital details: Available on website: www.universalsompo.com.</p> <p>ii. Helpline Number: Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.</p> <p>iv. Downloading/getting claim form: Available on website: www.universalsompo.com.</p>	
10	Policy Servicing	<p>1.Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>2.E-mailAddress: contactus@universalsompo.com.</p> <p>3.Address for postal communication:</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Thane- Belapur Road, Airoli, Navi Mumbai-400708</p> <p>Note: Please include Your Policy number for any communication with us.</p>	F.11

11	Grievances/ Complaints	<p>Grievances:</p> <p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:</p> <p>Step 1: Contact Us</p> <p>Write us at: Customer Service Universal Sampo Insurance Co. Ltd Unit No: 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra-400708</p> <p>E- mail Address: Contactus@universalsompo.com</p> <p>For more details:</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p> <p>Step 2: Grievance Cell</p> <p>If the resolution you received does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.</p> <p>Customer Service Universal Sampo Insurance Co. Ltd Unit No: 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra-400708</p> <p>E- mail Address: grievance @universalsompo.com</p> <p>For more details:www.universalsompo.com</p> <p>Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.</p> <ul style="list-style-type: none"> • We will acknowledge receipt of your concern Immediately • Seek and obtain further details, if any, from the complainant (permitted only once) Within one week • Within 2 weeks of receiving your grievance, we will respond to you with the best solution. 	F.11
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- We shall regard the complaint as closed incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sampo Insurance Co. Ltd
Unit No: 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra-400708

E- mail Address:gro@universalsompo.com

For More details: www.universalsompo.com

Company's Grievance Redressal Officer

For updated details of grievance officer, kindly refer the link <https://www.universalsompo.com/resource-grievance-redressal>

Step 4: Insurance Ombudsman

Bima Bharosa Portal Link:

<https://bimabharosa.irdai.gov.in/>

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

		<p>The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:</p> <p>https://www.cioins.co.in/Ombudsman.</p> <p>Note: Grievance may also be lodged at IRDAI- https://bimabharosa.irdai.gov.in/.</p> <p>Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Policy wordings under Annexure B section</p>	
12	Things to remember	<p>1. Automatic change in Coverage under the policy: The coverage for the Insured Person(s) shall automatically terminate: In the case of demise of the insured person. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.</p> <p>2. Endorsements (Changes in Policy)</p> <p>i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.</p> <p>ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.</p> <p>3. Records to be maintained: The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within</p>	F.1.8

		<p>reasonable time limit and within the time limit specified in the Policy.</p> <p>4. Notice & Communication:</p> <p>i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.</p> <p>ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.</p> <p>iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.</p> <p>5. Free Look Period</p> <p>You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <p>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</p> <p>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	
13	Your Obligations	<p>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.</p> <p>Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Universal Sampo General Insurance Co. Ltd.</p>	--

		<ul style="list-style-type: none"> ➤ Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 ➤ E-mail Address: contactus@universalsampo.com 	
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Declaration by the Policy Holder

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

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

i. Weblink to Access product related documents: [Universal Sampo | Resources Downloads](#)

ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.