

## 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	<b>PRADHANMANTRI SURAKSHA BIMA YOJANA</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<b>Benefit basis</b>  • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.	--
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured -Where each member has a separate sum insured under the policy),  <<Individual >> Sum Insured is available under the Policy.  Sum Insured Options: 2L	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<b>Base Coverage</b>	D.Benefits
		a. Death	
		b. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot.  c. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	

6	<b>Exclusions</b> (What the policy does not cover)	<b>Specific Exclusions</b> <ol style="list-style-type: none"> <li>1. Compensation under more than one of the sub-clauses (1), (2), (3) in respect of same injury or disablement of the Insured Person. In the event of a claim which may aggravate to increased disability/ death within 12 calendar months of the occurrence then our liability will be limited to higher of the two and in any event not exceeding the Capital Sum Insured.</li> <li>2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person.</li> <li>3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.</li> <li>4. Payment of compensation in respect of death, injury or disablement of the Insured from (a) intentional self inflicted injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drug. (c) directly or indirectly caused by insanity.</li> </ol>	E.E.1
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		<p>(d) arising or resulting from the insured committing any breach of the law with criminal intent.</p> <p>5.Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all kings, princes and people of whatsoever nation, condition or quality.</p> <p>6. Payment of compensation in respect of death of /or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.</p> <p>7.Participation in winter sports*, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot- holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained. (* winter sports means snow skiing, Heli Skiing, Mountaineering &amp; Ice Climbing, Auli skiing or sports held in the open air on snow or ice) (# professional sports means Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated) Provided also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.</p>	
7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatments are not covered</li> <li>It is counted from the beginning of the policy coverage.</li> </ul>	<b>NA</b>	

8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). 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 claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: There are no sub-limits under the Policy.</p> <p>No Co-pay applicable under the Policy</p> <p>No Deductible applicable under the policy</p>	
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9	Claims/Claims Procedures	<p><b>CLAIM PROCEDURE:</b></p> <p><b>Claim Intimation</b></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 <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a>.</p> <p>i Within 24 hours from the date of emergency hospitalization required  ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p><b>Reimbursement Process</b></p> <p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p> <p>Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a> and inform about your claim.</p> <p>Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.</p> <p>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, Pin code: 201309</p> <p>Step IV: On receipt of document your claim will processed as per Terms &amp; Conditions of policy and the same will be communicated over SMS &amp; Email.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.  Document submission check list</p>	F.1.4
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For speedy processing for your claim, please ensure the submission of all required documents within specified time.

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.Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.

V.Discharge Card from the hospital, Indoor Case Papers.

VI.All medical Investigation reports (viz. X-ray, ECG, Blood test etc).

VII.Hospital bill and receipts.

VIII.Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.

IX.NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.

X.Valid Photo ID Proof of the patient.

XI.For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).

XII.Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, Our Health Serve team will contact you on receipt of your claim documents by us.

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d) SUPPORTING DOCUMENTATION & EXAMINATION: The Insured or someone claiming on behalf of the Insured shall provide the Company with all documentation, medical records and information which may be requested to establish the circumstances of the claim, its quantum or the Company liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following

Death Claims	Disability Claims
1. Claim form	1. Claim form
2. Original Death Certificate	2. Attending Doctor's Report
3. Original/ Attested Post Mortem Report, if conducted	3. Original Disability Certificate from the Doctor
4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.	4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.)
5. Complete medical records including Death Summary, <b>in case of</b> hospitalization	5. FIR, Police report, where applicable
6. Any other document requested by the Company in view of claim	6. Any other document requested by the Company in view of claim
7. KYC Documents	7. KYC Documents

10	Policy Servicing	<p><b>1) Toll Free Numbers:</b> 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p><b>2) E-mail Address:</b> contactus@universalsompo.com.</p> <p>Address for postal communication: Universal Sampo General Insurance Co. Ltd. Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Note: Please include Your Policy number for any communication with us.</p>	F.2.4
11	Grievances/ Complaints	<p><b>Grievances:</b></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><b>Step 1: Contact Us</b></p> <p><b>Write us at:</b> <b>Customer Service Universal Sampo Insurance Co. Ltd</b> Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p><b>E- mail Address</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p><b>For more details:</b> <b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030 <b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p><b>Step 2: Grievance Cell</b> 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><b>Customer Service Universal Sampo General</b></p>	F.2.4



**Insurance Co. Ltd.**

**Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable  
Tech Park, Thane- Belapur Road, Airoli,  
Navi Mumbai, Maharashtra – 400708**

**E- mail Address:**

[grievance@universalsompo.com](mailto:grievance@universalsompo.com)

**For more details:**

[www.universalsompo.com](http://www.universalsompo.com)

**Visit Branch Grievance Redressal Officer (GRO) -** Walk into any of our nearest branches and request to meet the GRO.

- 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.
- We shall regard the complaint as closed in case 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 General Insurance Co. Ltd.**

**Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable  
Tech Park, Thane- Belapur Road, Airoli,  
Navi Mumbai, Maharashtra – 400708**

**E- mail Address:**

[gro@universalsompo.com](mailto:gro@universalsompo.com)

**For more details:**

[www.universalsompo.com](http://www.universalsompo.com)

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/>

		<p>You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.</p> <p>Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at <a href="http://www.irdai.gov.in">www.irdai.gov.in</a>, or of the General Insurance Council at <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a>, the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a>, or from any of Our Offices.</p> <p>The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>.</p> <p><b>Note:</b> Grievance may also be lodged at IRDAI-  <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p> <p><b>Note:</b> Please refer the Contact details of the Insurance Ombudsman mentioned in Policy wordings under Annexure B section.</p>	
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12	Things to remember	<p><b>1. Free Look cancellation:</b> 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. 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> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ul> <p><b>2. Policy renewal:</b> Except on grounds of established fraud, non- disclosure or moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>3. Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</p> <p><b>Portability:</b> The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related</p>	F.2.2, F.2.3,
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		<p>to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p>	
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13	Your Obligations	<p>Please disclose all 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><b>Universal Sampo General Insurance Co. Ltd.</b></p> <ul style="list-style-type: none"> <li>○ Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>○ Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</li> <li>○ E-mail Address: <a href="mailto:contactus@universalsampo.com">contactus@universalsampo.com</a></li> </ul>	--
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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.