

Saksham Bima, USGI
CUSTOMER INFORMATION SHEET
 (Description is illustrative and not exhaustive)

S. NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	Saksham Bima, USGI	NA
2.	What I am covered for	a) Hospitalization expenses – Expenses incurred on hospitalization for a minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post-hospitalization expenses for a period of 60 days. Time limit of 24 hrs shall not apply in respect of Day Care Treatment. b) AYUSH Coverage – Expenses incurred on hospitalization under AYUSH Treatment. c) Expenses incurred for treatment of cataract. d) Expenses incurred on hospitalization for Modern Treatment listed procedures. e) Expenses on road Ambulance are subject to a maximum of Rs. 2000/-per hospitalization.	Section 4
3.	What are the major exclusions in the policy	Following is a partial list of the policy exclusions, please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation & evaluation b. Admission primarily for rest Cure, rehabilitation, and respite care c. Expenses related to the surgical treatment of obesity that does not fulfil certain conditions d. Change of Gender treatments e. Expenses for cosmetic or plastic surgery expenses related to any treatment necessitated due to participation in hazardous or adventure sports	Section 8
4.	Waiting period	a. Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of forty-eight (48) months of continuous coverage. b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident c. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy. d. Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 24 months Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 48 months	Section 5
5.	Payment basis	Payment on an indemnity basis (Cashless/ Reimbursement) and Benefit Basis	Section 10
6.	Loss Sharing	In case of a claim, this policy requires you to share the following costs: a) Expenses exceeding the following sub-limits:	Section 4

		<p>i. Room Charges (Hospitalization):</p> <ul style="list-style-type: none"> • Room Rent – Up to 1% of SI, per day • ICU charges – Up to 2 % of SI, per day <p>b) Cataract – up to Rs. 40,000/- per each eye in one policy year.</p> <p>c) Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured.</p> <p>d) AYUSH Treatment expenses covered up to Base Sum insured</p> <p>e) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p> <p>f) Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. This Co-payment can be waived off by paying an additional premium.</p>										
7.	Renewal Conditions	<p>The policy shall ordinarily be renewable except on grounds of fraud, moralhazard, or misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years For details on the renewal please refer to the policy document.</p>	Section 9.1.10									
8.	Cancellation	<p>a. The Insured may cancel this Policy by giving 15 days written notice and in such an event, the Company shall refund the premium on short-term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions.</p> <p>b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, or fraud by the Insured Person by giving 15 days written notice.</p>	Section 9.1.7									
9.	Claims	<p>a. For Cashless Service:</p> <ul style="list-style-type: none"> • Hospital Network details can be obtained for USGI Health Serve. <p>b. For Reimbursement of claims: For reimbursement of claims the insured person may submit the necessary documents to the company within the prescribed time limit as specified hereunder.</p> <table border="1"> <thead> <tr> <th>S.No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, daycare, and pre-hospitalization expenses</td> <td>Within thirty days of the date of discharge from the hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post-hospitalization expenses</td> <td>Within fifteen days from completion of post-hospitalization treatment</td> </tr> </tbody> </table> <p>For details on the claim procedure please refer to the policy document.</p>	S.No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, daycare, and pre-hospitalization expenses	Within thirty days of the date of discharge from the hospital	2	Reimbursement of post-hospitalization expenses	Within fifteen days from completion of post-hospitalization treatment	Section 10
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10.	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>➤ Toll Free Numbers: 1800-200-5142</p> <p>➤ Landline Numbers: (022)- 41659800</p> <p>➤ E-mail Address: contactus@universalsampo.com</p>										

11.	Grievances/ Complaints	<p>a. Details of Grievance redressal officer, Email: grievance@universalsompo.com.</p> <p>b. IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of the Policy document.</p>	Section 9.1.15
12.	Insured's Rights	<p>a. Free Look Period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company.</p> <p>d. Customer Service Cell: 1800-22-4030/ 1800-200-4030</p> <p>e. Right to port from one company to another company</p> <p>f. Change in SI during the policy term or at the time of renewal</p> <p>g. Norms on TAT for Pre-Auth and Settlement of reimbursement</p>	Section 9
13.	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in the claim not being paid.	