

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	Saral Suraksha Bima, USGI	--
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. 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual & Floater Sum Insured is available under the Policy. Minimum Sum Insured Rs.2,50,000/- Maximum Sum Insured Rs.1,50,000,000/- <<Sum Insured 2,50,000 to 1,50,000,000>>	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Coverage</p> <p>Base Covers:</p> <p>The covers listed below are in-built Policy benefits and shall be available to all Insured person in accordance with the procedures set out in this Policy.</p> <ol style="list-style-type: none"> a. a) Death: We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. b. b) Permanent Total Disablement: We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the specified nature. 	Section - D

- c. c) Permanent Partial Disablement: We shall pay the certain percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the specified nature.

2. Optional Covers

a) Temporary Total Disablement: If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any occupation, the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work.

b) Hospitalization Expenses due to Accident: The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.

c) Education Grant: Insured person under the policy towards Death or Permanent Total Disability of the insured person, the company shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured.

3. Cumulative Bonus (CB)

The insured will have an option to opt from:

a. Enhancement in Sum Insured: Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

b. Discount in Premium:

No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every

renewal where there is no claim, this will be available for maximum up to 10 years. If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.

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. 	Not Applicable	
8	<p>Financial limits of coverage</p> <ul style="list-style-type: none"> i. Sub-limit (It is a pre-defined 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: <ul style="list-style-type: none"> - 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) 		

9	Claims/Claims Procedures	<p>Claim Settlement</p> <p>A)For benefit product:</p> <p>Claim Intimation</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 ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Reimbursement Process</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 healthserve@universalsompo.com 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 FloorC-56- A/13, Block- C Sector- 62, Noida, Uttar Pradesh, Pincode: 201309</p> <p>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.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim</p> <p>Document submission check list</p>	Section - G
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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.

B)For Indemnity Product

Claim Intimation

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.

- 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.

Cashless Process

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

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

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.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 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

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 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 team shall contact you on receipt of your claim documents by us.

10	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>For more details: www.universalsompo.com</p> <p>Note: Please include Your Policy number for any communication with us</p> <p style="text-align: center;">1)</p>	
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: 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 General</p>	Section - F

Insurance Co. Ltd.

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

E- mail Address:

grievance@universalsompo.com

For more details:

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 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 General 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

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.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:

<https://www.cioins.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI-

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

12	Things to remember	<p>1.Free Look cancellation</p> <p>The Free Look Period will be applicable on the new policy and not on renewals.</p> <p>i. The insured will be allowed a period of thirty days (30) from the date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.</p> <p>ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to;</p> <p>a) 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>b) Where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction</p>	<p>Section F.1.10, F.2.1, F.2.5</p>
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towards the proportionate risk premium for period of cover or;
 c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2. Material Change:

The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

3. Renewal of the Policy:

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

- i. The Company will endeavour to give notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.
- vi. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vii. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

		<p>towards the proportionate risk premium for period of cover or; c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p>2. Material Change: The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.</p> <p>3. Renewal of the Policy: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.</p> <ul style="list-style-type: none"> i. The Company will endeavour to give notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience. vi. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible. vii. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal. 	
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. Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	--

Disclosure of other material information during the policy period.

Universal Sampo General Insurance Co. Ltd.

- Unit No. 601 & 602, 6th Floor, Reliable Tech Park, , Thane- Belapur Road, Airoli, Navi Mumbai- 400708
- Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030
- Senior Citizen toll free number: 1800-267-4030
- E-mail Address: contactus@universalsompo.com

Declaration by the Policy Holder

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

Place:

Date: _____

PolicyHolder)

(Signature of the

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.