

## Corona Kavach Policy, Universal Sampo General Insurance Company Policy

### Wording

#### A. SCHEDULE

#### B. PREAMBLE

This Policy is a contract of insurance issued by Universal Sampo General Insurance Company (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

#### B.1. OPERATIVE CLAUSE

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of Covid-19 at a Hospital or given Home care Treatment following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify medically necessary expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during the Policy Period shall be the Sum Insured (Individual or Floater) opted and specified in the Schedule.

#### C. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

#### C.1. Standard Definitions:

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1. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
2. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
  - a. Central or State Government AYUSH Hospital or
  - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
  - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
    - i. Having at least 5 in-patient beds; ii. Having qualified AYUSH Medical Practitioner in charge round the clock; iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
3. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period
4. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
5. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
6. **Day Care Treatment** means medical treatment, and/or surgical procedure which is: i. undertaken under general or local anesthesia in a hospital/day care centre in less than twenty four hours because of technological advancement, and ii. which would have otherwise required a hospitalization of more than twenty-four hours. iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

7. **Disclosure to information norm:** The policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
8. **Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
9. **Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under: i. has qualified nursing staff under its employment round the clock; ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places; iii. has qualified medical practitioner (s) in charge round the clock; iv. has a fully equipped operation theatre of its own where surgical procedures are carried out v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel. For the purpose of this policy any other set-up designated by the Government as hospital for the treatment of Covid 19 shall also be considered as hospital.
10. **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) hours consecutive 'In-patient care' provided it will not include procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
11. **Grace period-** definition changes: the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
12. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
13. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

- 14. ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 15. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- 16. Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 17. Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.
- 18. Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of illness or injury suffered by the insured;
  - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - must have been prescribed by a medical practitioner;
  - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 19. Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
- 20. Non - Network Provider** means any hospital that is not part of the network.
- 21. Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 22. Out-Patient (OPD) Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient

**23. Pre-hospitalization Medical Expenses** means medical expenses incurred during the period of 15 days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization/home care treatment was required, and ii. The In-patient Hospitalization / home care treatment claim for such Hospitalization is admissible by the Insurance Company.

**24. Post-hospitalization Medical Expenses** means medical expenses incurred during the period of 30 days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization / home care treatment was required, and
- ii. The inpatient hospitalization / home care treatment claim for such hospitalization is admissible by the Insurance Company.

**25. Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**26. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**27. Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

## **C.2. Specific Definitions:**

1. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
2. **COVID:** For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2.

3. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
  - i. Legally wedded spouse.
  - ii. Parents and Parents-in-law.
  - iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
  
4. **Health care worker** for the purpose of this policy shall mean doctors, nurses, midwives, dental practitioners and other health professionals including laboratory assistants, pharmacists, physiotherapists, technicians and people working in hospitals.
  
5. **Home Care Treatment** means treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre , which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
  - 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.
  
6. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.
  
7. **Policy period** means period of three and half months (3½ months), six and half months (6½ months), nine and half months (9½ months) as mentioned in the schedule for which the Policy is issued.
  
8. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy
  
9. **Insured Person** means person(s) named in the schedule of the Policy.

**10.Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

11. Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year

12. Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services. 14. Waiting Period means a period from the inception of this Policy during which Covid-19 is not covered.

13. Waiting Period means a period from the inception of this Policy during which Covid-19 is not covered.

#### **D. BENEFITS:**

##### **D.1. Base Covers:**

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance

with the procedures set out in this Policy.

##### **D.1.1. Covid Hospitalization Cover**

The Company shall indemnify 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,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- v. 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,

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provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section. This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

**Note:**

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

**D.1.2 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:

- 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.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID -19,

- 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

Cost Pulse Oximeter, Oxygen cylinder and Nebulizer

**D.1.3 AYUSH Treatment**

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

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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)

#### **D.1.4 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 of admissible hospitalization/home care treatment covered under the policy. insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

#### **D.1.5 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.

#### **D.1.6 The expenses that are not covered in this policy are placed under List-I of Annexure-A.**

The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

#### **D.2. Optional Covers:**

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

#### **D. 2.1 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 Section 4.1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person. The total amount payable in respect of Covers 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, shall not exceed 100% of the Sum Insured during a policy period.

## **E. Exclusions**

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

### **E.1. Standard Exclusions:**

#### **a. Waiting Period**

##### **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.

#### **b. Exclusions:**

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:

##### **1. Investigation & Evaluation (Code- Excl04)**

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

##### **2. Rest Cure, rehabilitation and respite care (Code- Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

### **E.2. Specific Exclusions:**

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.

4. **Unproven Treatments:**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, 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.

5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

6. Any expenses incurred on Day Care treatment and OPD treatment

7. Diagnosis /Treatment outside the geographical limits of India

8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

9. Any expenses incurred in respect of inoculations, vaccinations or other preventive treatment.

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.

## **F. General Terms & Clauses**

### **F.1. Standard Terms and Clauses:**

#### **1 Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

#### **2 Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

#### **3 Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the

policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

#### **4. Multiple Policies**

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Insured having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

#### **5 Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- a) .the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) .any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

#### **6. Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

#### **7. Redressal of Grievance**

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:

##### **Step 1: Contact us**

**Write us at:**

**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**

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

**For more details:**

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

**Toll Free Numbers: 1800-22-4030 or**

**1800-200-4030**

**Senior Citizen toll free number: 1800-267-**

**4030**

##### **Step 2: Grievance Cell**

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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.

**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:**

[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 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, 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)

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For updated details of grievance officer, kindly refer the link <https://www.universalsampo.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](http://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/>.

**Note:** Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.

#### **F.2. Specific Terms and Conditions:**

##### **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.

## **2.Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

## **3. Endorsements (Changes in Policy)**

- 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.
- 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.

## **4. Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

## **5. 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 reasonable time limit and within the time limit specified in the Policy.

## **6.Notice & Communication**

- I. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- II. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- III. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.



### **7.Territorial Limit**

All medical treatment for the purpose of this insurance will have to be taken in India only.

### **8.Cancellation**

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

- a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage
- b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

### **9. Free look period**

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.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- 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
- 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
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

## G. Claim Procedure

### 1. Procedure for Cashless claims:

#### 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](mailto:healthserve@universalsompo.com)

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## **Procedure for reimbursement of claims:**

### **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](mailto: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.

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- 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.

### 3. Notification of Claim

#### 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@universalsampo.com](mailto:healthserve@universalsampo.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.

#### 4. Documents to be submitted:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	i. Duly filled and signed Claim Form

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	<p>ii. Copy of Insured Person's passport, if available (All pages)</p> <p>iii. Photo Identity proof of the patient (if insured person does not own a passport)</p> <p>iv. Medical practitioner's prescription advising admission</p> <p>v. Original bills with itemized break-up</p> <p>vi. Payment receipts</p> <p>vii. Discharge summary including complete medical history of the patient along with other details.</p> <p>viii. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre COVID.</p> <p>ix. OT notes or Surgeon's certificate giving details of the operation performed , wherever applicable</p> <p>x. Sticker/Invoice of the Implants, wherever applicable.</p> <p>xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque</p> <p>xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines</p> <p>xiii. Legal heir/succession certificate, wherever applicable</p> <p>xiv. Any other relevant document required by Company/TPA for assessment of the claim.</p>
2.Home Care expenses	<p>i. Duly filled and signed Claim Form</p> <p>ii. Copy of Insured Person's passport, if available (All pages)</p> <p>iii. Photo Identity proof of the patient (if insured person does not own a passport)</p> <p>iv. Medical Practitioner's prescription advising hospitalization</p>

	<p>v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit.</p> <p>vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment.</p> <p>vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.</p>
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**Note: 2.**

The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted 3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company 4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

**5. Claim Settlement (provision for Penal Interest)**

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

**6. Services Offered by TPA (To be stated where TPA is involved)**

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Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization

of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms

and conditions of the policy.

The services offered by a TPA shall not include i.

Claim settlement and claim rejection;

ii. Any services directly to any insured person or to any other person unless such service is in accordance

with the terms and conditions of the Agreement entered into with the Company

## 7. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

### H. Table of Benefits

<b>Name</b>	Corona Kavach Policy, Universal Sampo General Insurance Company
<b>Product Type</b>	Individual/ Floater
<b>Category of Cover</b>	Indemnity/Benefit
<b>Sum insured</b>	Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
<b>Policy Period</b>	Three and Half Months (3½ months), Six Half Months (6 ½ months), Nine Half Months (9 ½ months) including waiting period.
<b>Eligibility</b>	Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
<b>Pre Hospitalization</b>	For 15days prior to the date of hospitalization / home care treatment

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<b>Post Hospitalization</b>	For 30days from the date of discharge from the hospital / completion of home care treatment
<b>Sub-limits</b>	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member  Home Care Treatment: Maximum up to 14 days per incident
<b>AYUSH</b>	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured during each Policy Period as specified in the policy schedule.
<b>Home Care Treatment Expenses</b>	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.

#### Annexure-A

#### List I – Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES



15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS

20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	SPIROMETRE
36	STEAM INHALER
37	ARMSLING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY

55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB
5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH
11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES

26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES
28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	PULSEOXYMER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE

21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

**Annexure-B**

The contact details of the Insurance Ombudsman offices are as below-

**Corona Kawach Policy, Universal Sampo General Insurance Company**  
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Areas of Jurisdiction	Office of the Insurance Ombudsman
<b>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</b>	<b>AHMEDABAD</b> Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
<b>Karnataka.</b>	<b>BENGALURU</b> Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
<b>Madhya Pradesh Chattisgarh.</b>	<b>BHOPAL</b> Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in
<b>Odisha</b>	<b>BHUBANESHWAR</b> Shri Manoj Kumar Parida Insurance Ombudsman

	<p>Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>
<p><b>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</b></p>	<p><b>CHANDIGARH</b> Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
<p><b>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</b></p>	<p><b>CHENNAI</b> Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>
<p><b>Delhi &amp; following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</b></p>	<p><b>DELHI</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>

<b>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</b>	<b>GUWAHATI</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in
<b>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</b>	<b>HYDERABAD</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in
<b>Rajasthan.</b>	<b>JAIPUR</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in
<b>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</b>	<b>KOCHI</b> Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011.



	<p>Tel.: 0484 - 2358759</p> <p>Email: bimalokpal.ernakulam@cioins.co.in</p>
<p><b>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</b></p>	<p><b>KOLKATA</b></p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>
<p><b>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.</b></p>	<p><b>LUCKNOW</b></p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>

<p><b>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai &amp; Thane)</b></p>	<p><b>MUMBAI</b> Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>
<p><b>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</b></p>	<p><b>NOIDA</b> Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>
<p><b>Bihar, Jharkhand.</b></p>	<p><b>PATNA</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan,</p>

	Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
<b>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</b>	<b>PUNE</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in

Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsompo.com, website link [www.universalsompo.com](http://www.universalsompo.com)

