

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	Critical Illness Insurance Policy	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<p>Benefit (where an Insurance policy pays a fixed amount under the policy on the occurrence of a covered event)</p> <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured - Where each member has a separate sum insured under the policy), <p><<Individual >> Sum Insured is available under the Policy. Sum Insured Options: << 2.5L/5L/7.5L/10L/12.5L/15L/17.5L/20L >></p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Benefits</p> <p>Critical Illness The Sum Insured under the section shall become payable, if the Insured Person is detected/ diagnosed for the first time during the policy period as suffering from a Critical Illness or Surgical Procedure defined under the Policy as mentioned below:-</p> <ol style="list-style-type: none"> 1. Cancer of specified severity 2. First Heart Attack of specified severity 3. Open Chest CABG 4. Open Heart Replacement 5. Coma of Specified Severity 6. Kidney Failure requiring regular dialysis 7. Stroke resulting in permanent symptoms 8. Major Organ /Bone Marrow Transplant 9. Motor Neurone Disease with Permanent Symptoms 10. Permanent Paralysis of Limbs 11. Multiple Sclerosis with persisting symptoms 	D.1
6	Exclusions (What the policy does not cover)	1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:	Section E

		<p>Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.</p> <ol style="list-style-type: none"> 2. Any skin cancer other than invasive malignant melanoma 3. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOM 4. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter 5. Chronic lymphocytic leukaemia less than RAI stage 3 6. Microcarcinoma of the bladder 7. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T 8. Other acute Coronary Syndromes 9. Any type of angina pectoris. 10. Angioplasty and/or any other intra-arterial procedures 11. Any key-hole or laser surgery. 12. Coma resulting directly from alcohol or drug abuse is excluded. 13. Transient ischemic attacks (TIA) 14. Traumatic Injury of the brain 15. Vascular disease affecting only the eye or optic nerve or vestibular functions 16. Where only islets of langerhans are transplanted Other causes of neurological damage such as SLE Any Illness, sickness or disease or procedure, other than specified as Critical Illness/Procedure, as mentioned in the Policy schedule, or Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or 17. Any Critical Illness based on a Diagnosis made by the You or Your Immediate Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other nontraditional health care provider; and 18. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature; 19. Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission 20. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured. 	
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21. Pre-existing diseases will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

A. If You are presently covered and have been continuously covered without any break under: i. any other similar health insurance plan covering critical illness risks from Us or from any other insurer, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:

a) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous similar health insurance policy covering critical illness risks;

AND

b) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous similar health insurance policy covering critical illness risks, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous similar health insurance policy.

B. The reduction in the waiting period specified above shall be applied subject to the following:

i). We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable);

ii). We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous similar health insurance policy covering critical illness risks even if You have submitted to Us all documentation

iii) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

22. Payment of compensation in respect of Illness resulting –

a. From intentional self-injury, suicide or attempted suicide.

b. Due to liquor or drugs or other intoxicants.

c. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

d. Directly or indirectly, caused by venereal disease,

e. Arising or resulting from committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.

f. Due to war or ionising radiation or nuclear perils.

		<p>g. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard.</p> <p>23. Any treatment not performed by a Physician or that is Unproven/ Experimental treatment.</p> <p>24. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the Insured Event and performed within 6 months of the same).</p> <p>25. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.</p> <p>26. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<p>1. 90 days waiting period (Code- Excl E.21.)-</p> <p>2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or</p> <p>3. Survival Period D.1. CRITICAL ILLNESS - the Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness to be able to make a claim under the Policy.</p> <p>4. Pre-existing diseases: Covered after 36 months (Code- Excl01)</p>	Section E

<p>8</p>	<p>Financial limits of coverage 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: - 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: In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub limits. *There is no Sublimit under policy *There is no Co-payment under policy *There is no Deductible applicable under policy</p>	
<p>9</p>	<p>Claims/Claims Procedures</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <ul style="list-style-type: none"> • Cashless facility: Turn Around Time (TAT) for claims settlement: i. TAT for preauthorization of cashless facility - 1 hr ii. TAT for cashless final bill authorization - 3 hrs <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.</p> <p>Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.</p> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sompo</p>	<p>Section G</p>

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.

Provide the details/web link for following:

i. Network Hospital details: Available on website:

www.universalsompo.com.

ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)

iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website:

www.universalsompo.com.

iv. Downloading/getting claim form: Available on website:

www.universalsompo.com

- Anywhere Cashless Facility (Non Network Cashless):

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 Contactus@universalsompo.com
- Reimbursement facility:

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 Contactus@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.

		<p>Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.</p> <p>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</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>	
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</p> <p>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>	
11	Grievances/ Complaints	<p>Grievance Resolving Issue</p> <p>Write to : Customer Service Universal Sampo General Insurance Co.Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>Email: grievance@universalsompo.com</p> <p>For More details, visit - www.universalsompo.com</p> <p>Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO.</p> <p>Grievance Redressal Officer</p> <p>In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to:</p> <p>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 Email ID: GRO@universalsompo.com</p> <p>Insurance Ombudsman</p>	Section F

		<p>Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/ The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. 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. 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 Offices of the Company.</p>	
12	Things to remember	<p>1. Free Look cancellation: 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> <ol style="list-style-type: none"> 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 <p>2. Policy renewal: The policy is ordinarily renewable, except on grounds of established fraud, moral hazard, non-disclosure, misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration: 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan</p>	Section F

		<p>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>Portability: The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related 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> <p>4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>5. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	
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. Disclosure of other material information during the policy period.</p> <p>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalization History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out at us for disclosure of Material Information-</p> <p>Universal Sompo General Insurance Co. Ltd.</p>	

		Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708 Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030 E-mail Address: contactus@universalsompo.com For more details: www.universalsompo.com	
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Declaration by the Policy Holder

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

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

- i. For Product related documents including Customer Information Sheet, kindly refer to the below link: :
<https://www.universalsompo.com/resources-downloads>
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.