

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	Group Credit Protection Policy	
2	Policy Number	<< >>	
3	Type of Insurance Product/Policy	<p>Both Indemnity and Benefit</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.</p> <p style="text-align: center;"><<Sum Insured Options: 25000 – 5 Cr >></p>	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>Base Cover</p> <ol style="list-style-type: none"> 1. Critical illness - We will pay the Insured Person the base Sum Insured as a lump sum for the listed critical illnesses. 2. Personal Accident - The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay the Sum Insured in relation to the Insured Person as per the option selected and as stated under the Schedule/Certificate of Insurance to this Policy, on occurrence of the Insured event. <p>It covers:</p> <ol style="list-style-type: none"> 1. Accidental Death benefit 2. Accidental Permanent and Total Disability 3. Reimbursement of cost of performance of funeral ceremony 4. Repatriation of mortal remains <p>OPTIONAL BENEFITS- (under section 2)</p> <ol style="list-style-type: none"> 1. Double Indemnity Benefit 	Section A & B

Accidental Death while Travelling on Common Carriers - In case of death of the Insured Person due to an Accident whilst the Insured Person is travelling as a fare paying passenger in any of the listed Public Carriers i.e. bus; ferry; hovercraft; ship; taxi; train; underground train; commercial helicopter or aircraft and provided that this additional benefit is chosen and specified in the Schedule, We will pay 200% of the Sum Insured with respect to Personal Accident benefit. Maximum Amount towards Accidental Death will be paid 200% under the policy.

2. Accidental Dismemberment / Permanent Partial Disablement Benefit

In case of Permanent Partial Disability or dismemberment of Insured Person due to an injury arising out of an Accident sustained during the Policy Period resulting in Permanent Partial Disability / Dismemberment within 12 months of occurrence of such injury, as described in policy, we will pay the percentage of Sum Insured as per Policy.

3. Accidental Hospitalization Benefit

In case the Insured Person sustains Injury due to an Accident during the Policy Period, then in addition to any amount payable under other benefits under this Section, We will pay for the Medical Expenses incurred towards Hospitalization within 7 days from the date of occurrence of the Accident that results in injury causing an hospitalization on reimbursement basis upto 2% of the Sum Insured, subject to maximum benefit amount payable of INR 1,00,000/- whichever is lower.

OPTIONAL COVERS

1. INVOLUNTARY LOSS OF JOB

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions stated in the Policy and on payment of additional premium as applicable, to pay once during the Policy Period on occurrence of the Insured Event as stated below under this Section, in relation to the Insured Person's, EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule to this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or

new employer or expiry of Policy Period, whichever is earlier, subject to payment of maximum of up to six (6) EMIs as stated under Schedule to this Policy for the Insured Person.

2. HOSPITAL DAILY CASH BENEFIT

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy and on payment of additional premium as applicable, to pay the fixed amount specified in the Schedule in respect of the Insured Person for each continuous and completed period of 24 hours that the Insured Person is Hospitalized due to an Injury or Illness first diagnosed during the Policy Period, for up to 30 days in a Policy Period. In the case of Hospitalization within the Intensive Care Unit (ICU), the Company will pay twice the benefit payable under this Section for a period not exceeding 15 days in a Policy Period.

3. CHILD EDUCATION BENEFIT

If the Insured Person/s is diagnosed with any of the covered Critical Illness or suffers Personal Accident - Death or Permanent Total Disablement during the Policy Period for which a valid claim has been admitted under Section A & B of the Policy, We will pay, on receipt of additional premium, towards this child education benefit of the Insured Person(s)' Dependent Child / children up to 10% of the Sum Insured, subject to maximum INR 500,000.

<p>6</p>	<p>Exclusions (What the policy does not cover)</p>	<p>E.1. Standard Exclusions</p> <ol style="list-style-type: none"> 1. Claim arising or resulting from the Insured Person committing any breach of the law with criminal intent. 2. War, invasion, act of foreign enemy, hostilities ,Civil War, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of Terrorism, Riots, Strike, Malicious Acts etc. 3. Caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self- sustaining process of nuclear fission. 4. Caused by or contributed to by or arising from nuclear weapon materials. 5. arising out of or as a result of any act of self-destruction or self-inflicted Injury, attempted suicide or suicide. 6. arising out of or resulting while serving in any branch of the Military or Armed Forces of any country during War or warlike operations. 7. arising out of or resulting or caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of Terrorism/sabotage. 8. Any Claim of the Insured Person while driving any vehicle without a valid Driving License. 9. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us. <p>E.2. Specific Exclusions:</p> <ol style="list-style-type: none"> 1. All tumors which are histologically described as carcinoma in situ, benign, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non- invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3. 2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond. 	<p>Section E</p>
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		<ol style="list-style-type: none">3. Malignant melanoma that has not caused invasion beyond the epidermis.4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M05. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;6. Chronic lymphocytic leukaemia less than RAI stage 37. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.9. All tumors in the presence of HIV infection. 10. Liver failure secondary to drug or alcohol abuse is excluded.11. Other stem-cell transplants12. Where only islets of langerhans are transplanted 13. Angioplasty and/or any other intra-arterial procedures14. Transient ischemic attacks (TIA)15. Traumatic injury of the brain16. vascular disease affecting only the eye or optic nerve or vestibular functions.17. Other acute Coronary Syndromes18. Any type of angina pectoris19. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.20. Other causes of neurological damage such as SLE and HIV are excluded.21. Coma resulting directly from alcohol or drug abuse is excluded.22. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.23. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.24. non-organic diseases such as neurosis.25. alcohol related brain damage; and26. any other type of irreversible organic disorder/dementia27. Surgery performed using only minimally invasive or intra-arterial techniques.28. Angioplasty and all other intra-arterial, catheter-based techniques, "keyhole" or laser procedures.29. Aorta graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.30. Spinal cord injury.	
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		<p>31. Removal of a lobe of the lungs (lobectomy)</p> <p>32. Lung resection or incision</p> <p>33. Encephalitis caused by HIV infection is excluded.</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>A. Survival Period – 30 Days, this can be waived off with additional premium Loading of 5% incurred with prior approval from UW.</p> <p>B. Waiting Period - There is a waiting period of 90 days from the policy commencement date. In case the insured event happens during this period, no benefit shall be payable.</p> <p>C. Waiting Period Modification – Waiting Period can be modified to 60 Days from the Policy Commencement date, subject to additional premium loading.</p> <p>D. For Angioplasty- a waiting period of 180 days is applicable.</p>	<p>F.2.1, F.2.3,</p>
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim)</p>	<p>NA</p>	

	<p>amount to be paid by policyholder/insured).</p> <p>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)</p> <p>iv. Any other limit (as applicable)</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: <ol style="list-style-type: none"> 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>Step V: Universal Sompo 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</p>	<p>1.B, 3.B</p>

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 Sompo 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>	
10	Policy Servicing	<p>Universal Sompo 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>	Annexure
11	Grievances/ Complaints	<p>Grievance Resolving Issue</p> <p>Write to : Customer Service Universal Sompo 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 Sompo 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>	Annexure

		<p>Insurance Ombudsman 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>	Section F

		<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 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</p>	
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		shall be counted for the purpose of calculating the Moratorium period.	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>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> <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>	

Declaration by the Policy Holder

This is an Internal document.

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.