

## UNIVERSAL SOMPO GENERAL INSURANCE COMPANY, GROUP MASHAK RAKSHAK

### Policy Wording

#### A. SCHEDULE

#### B1. PREAMBLE

This Policy is a contract of insurance issued by Universal Sampo General Insurance Co Ltd (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.2. OPERATIVE CLAUSE

If during the policy period the Insured Person is diagnosed (through laboratory examination and confirmed by the medical practitioner) with any Vector Borne Disease covered in this policy and hospitalized for a minimum period of seventy-two (72) consecutive hours at a Hospital following Medical Advice of a duly qualified Medical Practitioner, the Company shall pay the agreed sum insured as 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, other genders and references to any statutory enactment includes subsequent changes to the same.

### **C.1. Standard Definitions:**

1. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
2. **Bank Rate** means rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.
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. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice-based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
5. **Complainant** means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and/ or distribution channel.
6. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
7. **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.
8. **Grace period** means 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. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period
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.
10. **Hospitalization** means admission in a hospital for a minimum period of seventy-two (72) consecutive hours of '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. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 72hours for a covered event
12. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription
13. **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.
14. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. is required for the medical management of illness or injury suffered by the insured;
  - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii. must have been prescribed by a medical practitioner;
  - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India
15. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
16. **Mis-selling** includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by
- a. exercising undue influence, use of dominant position or otherwise, or
  - b. making a false or misleading statement or misrepresenting the facts or benefits, or
  - c. concealing or omitting facts, features, benefits, exclusions with respect to products, or
  - d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

17. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
18. **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.
19. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
20. **Pre-Existing Disease (PED):** Pre existing disease means any condition, ailment, injury or disease:
  - i. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement
  - ii. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement.
21. **Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
22. **Prospect** means any person who is a potential customer and likely to enter into an insurance contract either directly with the insurer or through the distribution channel involved.
23. **Prospectus** means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.
24. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
25. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
26. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

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

1. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

2. **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.
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.
4. **Insured Person** means person(s) named in the schedule of the Policy.
5. **Nominee** means the person nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured.
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 one policy year 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. **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum and total liability for any claim made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Period.
10. **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.
11. **Waiting Period** means a period from the inception of this Policy during which specified vector borne disease (s) is/are not covered.

#### D. BENEFITS:

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons as mentioned in policy schedule and in accordance with the procedures set out in this Policy.

#### 4.1 Hospitalization Benefit:

Lump sum benefit up to 100% of the Sum Insured (excluding the amount paid under diagnosis cover referred at clause 4.2, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy-two (72) consecutive hours.

- i. Dengue fever
- ii. Malaria
- iii. Filariasis (Lymphatic Filariasis)
- iv. Kala-azar
- v. Chikungunya
- vi. Japanese Encephalitis
- vii. Zika Virus

#### 4.2 Diagnosis Cover:

2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under “diagnosis cover” for each disease only once in each of the policy year.

#### **Note:**

- i. The total amount payable in respect of Covers 4.1 and 4.2 shall not exceed 100% of the Sum Insured during a policy period.
- ii. Any laboratory test not recognized/ approved in India for diagnosis of the covered vector borne diseases is not covered.
- iii. On payment of 100% of sum insured, the policy shall be terminated for the policy year. In case where a policy is issued to a family with individual sum insured for each member, policy will continue for the rest of the insured members.
- iv. Once the Sum Insured is paid under the policy for any Insured Beneficiary for **Filariasis (Lymphatic Filariasis)**, notwithstanding the terms and conditions, no other claim for this particular condition shall be paid to the Named Insured Beneficiary in his/her entire lifetime.

#### **E. EXCLUSIONS:**

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

#### **Unproven Treatments: Code- Excl16**

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.

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

i. First fifteen-days waiting period

The Company shall not be liable to make any payment under the policy if the covered vector borne disease is diagnosed or hospitalization takes place during first fifteen days (15 days) from the commencement date of this Policy unless insured person is covered under this Policy continuously and without any break in the previous Policy Year.

ii. Cooling Off Period:

If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured a 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.

iii. Hospitalization for treatment other than allopathy.

iv. Hospitalization for less than a minimum period of seventy-two (72) consecutive hours.

v. Claim for any illness/disease other than for vector borne diseases covered under the policy.

vi. Diagnosis / Treatment outside the geographical limits of India.

vii. Any laboratory test not recognized/ approved by the state or central government.

### **Exclusions specific to Section 4.1:**

i. Domiciliary Hospitalization, Day care OPD treatment.

ii. Investigation & Evaluation

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
- iii. Rest Cure, rehabilitation and respite care  
Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - a) 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.
  - b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iv. Excluded Providers  
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations expenses up to the stage of stabilization are payable but not the complete claim.
- v. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- vi. 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 day care procedure.

## **F. GENERAL TERMS & CLAUSES**

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

#### **1. 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.

#### **2. 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.

### **3. 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 and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later 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 acting on behalf of the insured person, 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 claim and / or forfeit the policy benefits 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 misstatement of or suppression of material fact are within the knowledge of the insurer.

### **4. Cancellation**

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium on short term rates 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.

### **5. Renewal of Policy**

- i. A health insurance policy is renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate to another product.

- ii. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- iii. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

#### **6. Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

#### **7. Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

#### **8. Free look period**

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

#### **9. 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.

## 10. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy. We will underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

## 11. 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. A Policyholder has the choice to port his/her policies from one Insurer to another. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

## 12. 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.

## 13. Grace period for payment of premium

- a) The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- b) If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.
- c) If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

#### 14. Redressal Of Grievance

Resolving Issue

Write to:

Customer Service Universal Sampo General Insurance Co.Ltd.

Unit No. 601 & 602, 6th Floor, Reliable Tech Park,

Thane-Belapur Road, Airoli, Navi Mumbai,

Maharashtra – 400708

Email: [grievance@universalsompo.com](mailto:grievance@universalsompo.com)

For More details, visit – [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.

Grievance Redressal Officer

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:

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](mailto:GRO@universalsompo.com)

#### 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 to 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](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

Offices of the Company.

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

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

### **1. Material Change**

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

### **2. 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

### **3. 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.

### **4. Territorial Limit**

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

### **5. Automatic change in Coverage under the policy is permitted:**

- i. In the case of Insured Person's demise. However, the cover shall continue for the remaining Insured Person (s) till the end of Policy Period. The other insured person (s) 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 natural guardian or guardian appointed by court for the minor insured person. 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.

- ii. Upon exhaustion of sum insured for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

## **6. 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.

## **7. 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 during the Policy Period only in case of his/her demise or him/her moving out of India. 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).

## **8. Change of 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 any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

## **9. 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.

## **G. CLAIM PROCEDURE**

### **1. Procedure for Cashless claims:**

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 within 60 mins for Initial Cashless request & 3 hours for discharge request on their registered mobile number & Email ID respectively.

**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 within 24 hours of admission for emergency hospitalization across India.

➤ Mail us at [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

**2. Procedure for reimbursement of claims:**

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](mailto: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.

**Step III:** Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,  
Health Claims Management Office,  
1st FloorC-56- A/13,  
Block- C Sector- 62,  
Noida, Uttar Pradesh, Pincode: 201309

**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.

**3. Documents to be submitted:**

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

- I. Claim form duly filled and signed by the Insured

- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate)/ FIR (First Information report).
- XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

**Note:**

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
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.

**4. 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.

## H. TABLE OF BENEFITS

<b>Name</b>		Universal Sampo General Insurance Company, Group Mashak Rakshak
<b>Product Type</b>		Individual/ Floater
<b>Category</b>	<b>of</b>	
<b>Cover</b>		Benefit
<b>Sum insured</b>		Rs 10,000/- (Ten Thousand) to 2,00,000/- (Two Lakh) (in the multiples of ten 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>		Standard Product shall be offered with a policy tenure of one year (12 Months).
<b>Eligibility</b>		Minimum entry age shall be 18 years for principal insured and maximum age at entry shall not be less than 65 years for all the insured members including principal insured.  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.
<b>Hospitalization Benefit</b>		Lump sum benefit equal to 100% of the Sum Insured (excluding the amount paid under diagnosis cover, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy-two (72) consecutive hours.
<b>Diagnosis Cover</b>		2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under “diagnosis cover” for each disease only once in each of the policy years.
<b>Sub-limits</b>		Diagnosis cover: 2% of sum insured

## Annexure-A

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

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD</b> <b>Shri K.Vinayak Rao</b> <b>Office of the Insurance Ombudsman,</b> <b>Jeevan Prakash Building, 6th floor,</b> <b>Tilak Marg, Relief Road, Ahmedabad –</b> <b>380 001.</b> <b>Tel.: 079 - 25501201/02</b> <b>Email: <a href="mailto:oiio.ahmedabad@cioins.co.in">oiio.ahmedabad@cioins.co.in</a></b>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b> <b>Ms Neerja Kapu</b> <b>Office of the Insurance Ombudsman,</b> <b>Jeevan Soudha Building, PID No. 57-</b> <b>27-N-19</b> <b>Ground Floor, 19/19, 24th Main Road,</b> <b>JP Nagar, Ist Phase,</b> <b>Bengaluru – 560 078.</b> <b>Tel.: 080 - 26652048 / 26652049</b> <b>Email: <a href="mailto:oiio.bengaluru@cioins.co.in">oiio.bengaluru@cioins.co.in</a></b>	Karnataka
<b>BHOPAL</b> <b>Shri Ajay Kumar</b> <b>Office of the Insurance Ombudsman,</b> <b>1st floor," Jeevan Shikha",</b> <b>60-B,Hoshangabad Road, Opp. Gayatri</b> <b>Mandir, Arera Hills</b> <b>Bhopal – 462 011.</b> <b>Tel.: 0755 - 2769201 / 2769202/</b> <b>2769203</b> <b>Email: <a href="mailto:oiio.bhopal@cioins.co.in">oiio.bhopal@cioins.co.in</a></b>	Madhya Pradesh, Chattisgarh.
<b>BHUBANESHWAR</b> <b>Shri Ajay Kumar</b> <b>Office of the Insurance Ombudsman,</b> <b>62, Forest park,</b> <b>Bhubaneshwar – 751 009.</b> <b>Tel.: 0674 - 2596461</b> <b>/2596455/ 2596429 / 2596003</b> <b>Email: <a href="mailto:oiio.bhubaneswar@cioins.co.in">oiio.bhubaneswar@cioins.co.in</a></b>	Odisha

<p><b>CHANDIGARH</b>  <b>Ms Alka Jha</b>  <b>Office of the Insurance Ombudsman,</b>  <b>Jeevan Deep Building SCO 20-27,</b>  <b>Ground Floor Sector- 17 A,</b>  <b>Chandigarh – 160 017</b>  <b>Tel.: 0172-2706468</b>  <b>Email: <a href="mailto:oiio.chandigarh@cioins.co.in">oiio.chandigarh@cioins.co.in</a></b></p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>
<p><b>CHENNAI</b>  <b>Shri K.Vinayak Rao</b>  <b>Office of the Insurance Ombudsman,</b>  <b>Fatima Akhtar Court, 4th Floor, 453,</b>  <b>Anna Salai, Teynampet,</b>  <b>CHENNAI – 600 018.</b>  <b>Tel.: 044 - 24333668 / 24333678</b>  <b>Email: <a href="mailto:oiio.chennai@cioins.co.in">oiio.chennai@cioins.co.in</a></b></p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p><b>DELHI</b>  <b>Ms Sunita Sharma</b>  <b>Office of the Insurance Ombudsman,</b>  <b>2/2 A, Universal Insurance Building,</b>  <b>Asaf Ali Road,</b>  <b>New Delhi – 110 002.</b>  <b>Tel.: 011 – 46013992 / 23213504</b>  <b>/23232481</b>  <b>Email: <a href="mailto:oiio.delhi@cioins.co.in">oiio.delhi@cioins.co.in</a></b></p>	<p>Delhi &amp; following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh</p>
<p><b>GUWAHATI</b>  <b>Shri Ajay Kumar Sharma</b>  <b>Insurance Ombudsman</b>  <b>Office of the Insurance Ombudsman,</b>  <b>Jeevan Nivesh, 5th Floor,</b>  <b>Near Pan Bazar, S.S. Road,</b>  <b>Guwahati – 781001(ASSAM).</b>  <b>Tel.: 0361 - 2632204 / 2602205 /</b>  <b>2631307</b>  <b>Email: <a href="mailto:oiio.guwahati@cioins.co.in">oiio.guwahati@cioins.co.in</a></b></p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b>  <b>Ms G Shobha Reddy</b>  <b>Insurance Ombudsman</b>  <b>Office of the Insurance Ombudsman,</b>  <b>6-2-46, 1st floor, "Moin Court",</b>  <b>Lane Opp.Hyundai Showroom ,</b></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

<p>A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: <a href="mailto:oiio.hyderabad@cioins.co.in">oiio.hyderabad@cioins.co.in</a></p>	
<p><b>JAIPUR</b> Shri Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: <a href="mailto:oiio.jaipur@cioins.co.in">oiio.jaipur@cioins.co.in</a></p>	Rajasthan.
<p><b>KOCHI</b> Shri Pradeep Kumar Jain 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. Tel.: 0484 - 2358759 Email: <a href="mailto:oiio.ernakulam@cioins.co.in">oiio.ernakulam@cioins.co.in</a></p>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<p><b>KOLKATA</b> Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: <a href="mailto:oiio.kolkata@cioins.co.in">oiio.kolkata@cioins.co.in</a></p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<p><b>LUCKNOW</b> Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.</p>	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,

<p><b>Tel.: 0522 - 4002082 / 3500613</b>  <b>Email: <a href="mailto:oio.lucknow@cioins.co.in">oio.lucknow@cioins.co.in</a></b></p>	<p>Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b>  <b>Ms Sarojini S Dikhale</b>  <b>Insurance Ombudsman</b>  <b>Office of the Insurance Ombudsman,</b>  <b>3rd Floor, Jeevan Seva Annexe,</b>  <b>S. V. Road, Santacruz (W),</b>  <b>Mumbai - 400 054.</b>  <b>Tel.: 022 - 69038800/27/29/31/32/33</b>  <b>Email: <a href="mailto:oio.mumbai@cioins.co.in">oio.mumbai@cioins.co.in</a></b></p>	<p><u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.</p>
<p><b>NOIDA</b>  <b>Ms Alka Jha</b>  <b>Insurance Ombudsman</b>  <b>Office of the Insurance Ombudsman,</b>  <b>Bhagwan Sahai Palace</b>  <b>4th Floor, Main Road, Naya Bans,</b>  <b>Sector 15, Distt: Gautam Buddh Nagar,</b>  <b>U.P-201301.</b>  <b>Tel.: 0120-2514252 / 2514253</b>  <b>Email: <a href="mailto:oio.noida@cioins.co.in">oio.noida@cioins.co.in</a></b></p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b>  <b>Ms Neerja Kapur</b>  <b>Insurance Ombudsman</b>  <b>Office of the Insurance Ombudsman,</b>  <b>2nd Floor, Lalit Bhawan,</b>  <b>Bailey Road,</b>  <b>Patna 800 001.</b>  <b>Tel.: 0612-2547068</b>  <b>Email: <a href="mailto:oio.patna@cioins.co.in">oio.patna@cioins.co.in</a></b></p>	<p>Bihar,  Jharkhand.</p>
<p><b>PUNE</b>  <b>Shri Sunil Jain</b>  <b>Insurance Ombudsman</b>  <b>Office of the Insurance Ombudsman,</b>  <b>Jeevan Darshan Bldg., 3rd Floor,</b>  <b>C.T.S. No. s. 195 to 198, N.C. Kelkar</b></p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district &amp; Mumbai Metropolitan Region</p>

<b>Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: <a href="mailto:oiio.pune@ciains.co.in">oiio.pune@ciains.co.in</a></b>	
<b>THANE Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane – 400604 Tel.: 022-20812868/69 Email: <a href="mailto:oiio.thane@ciains.co.in">oiio.thane@ciains.co.in</a></b>	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <a href="#">wards of Mumbai</a> , M/East, M/West, N, S and T."

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](mailto:contactus@universalsompo.com), website link [www.universalsompo.com](http://www.universalsompo.com)