

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.

<b>SI No.</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1	Name of Insurance Product/Policy	<b>Group Personal Accident Insurance Policy</b>	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li>• Indemnity: Where insured losses are covered up to the Sum Insured under the policy)</li> <li>• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</li> <li>• Both Indemnity and Benefit: (where policy has elements of both the above)</li> </ul>	-
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy).</li> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members.</li> </ul> <p>*Individual &amp; Family floater Sum Insured both options available under the Policy.</p> <p>&lt;&lt;Sum Insured Options: - 10K to 25Crore</p>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p><b>Benefits</b></p> <p><b>Death</b></p> <p>We will pay up to opted capital sum insured as mentioned on policy schedule in event of death i.e cessation of blood circulation and breathing- the two criteria necessary to sustain life in a human being.</p> <p><b>Disappearance</b></p>	<b>D.[a],</b>

We will pay up to opted Capital Sum Insured as mentioned on policy schedule in the event of un-traceability of the insured person for a continuous period of 365 days following disappearance, sinking or wreckage of the conveyance he was provably travelling in, leading to a case of declared-death-in-absentia or legal presumption of death.

### **Permanent Total Disablement [PTD]**

In event of Permanent Total Disablement, we will pay up to opted Percentage of Capital Sum Insured as mentioned on policy schedule.

Permanent Total Disablement means any of the following happening within 365 days of the accident:

- a) Total Paralysis
- b) Total and irrecoverable loss of sight of both eyes
- c) Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot)
- d) Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot)
- e) Total and irrecoverable loss of speech
- f) Loss/Removal of lower jaw
- g) Third degree burn injury to 10% or more of the head surface area / 25% or more of the surface area of body other than the head
- h) Compound fracture of the skull with damage to brain tissues
- i) Permanent and incurable insanity
- j) Total 'brain dead' cases - the permanent total loss of the central nervous system
- k) Permanent total loss of thoracic or abdominal organs rendering the insured completely incapable to carry out daily living activities without full-time assistance
- l) Total and permanent loss of vocation/employment caused by any one or more of the above or by any combination of permanent partial disabilities For the purpose of this definition,

**D.[b]**

		<p>a. Total Paralysis means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.</p> <p>b. Limb means a hand at or above the wrist or foot above the ankle.</p> <p>c. Loss of Limb means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.</p> <p><b>Permanent Partial Disablement [PPD]</b></p> <p>In event of Permanent Partial Disability we will pay up to opted Percentage of Capital Sum Insured as mentioned on policy schedule. Permanent Partial Disability means the bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ as elaborately specified.</p> <p><b>Temporary Total Disablement [TTD]</b></p> <p>In event of Temporary Total Disablement we will provide pay Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule.</p> <p><b>Miscarriage</b></p> <p>In event of Miscarriage Lump Sum Amount at the option of the Insured and as stated in the Schedule Over and above the CSI</p> <p><b>Lifestyle Modification</b></p> <p>We will pay Percentage of CSI as stated in the Schedule Over and above the CSI.</p> <p>Lifestyle Modification means reasonable and customary charges/expenses incurred towards support device acquisition [such as but not limited to artificial limbs, crutches, stretcher, tricycle, wheelchairs], or for any improvements / alterations / modifications to be carried out in the Insured</p>	<p><b>D.[c]</b></p> <p><b>D.[d]</b></p> <p><b>D.[e]</b></p> <p><b>D.[f]</b></p>
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		<p>Person's residence and/or vehicle due to Permanent Total or Permanent Partial Disablement caused by accident.</p> <p><b>Assisted Mobility</b> We will pay Daily Allowance as stated in the Schedule up to a maximum of 30 days Over and above the CSI.</p> <p>Assisted Mobility means dependence of the Insured Person on hired cab, chauffeur salary and the like to ensure his mobility [for carrying out his normal occupational duties and for medical consultation visits] prevented by his disability caused by accident.</p> <p><b>Funeral Expenses</b> We will pay Benefit Amount as chosen and as stated in the Schedule Over and above the CSI.</p> <p>Funeral Expenses means the cost of organizing and carrying out a funeral and would include expenses for burial, cremation or other culturally chosen method of interment of a corpse.</p> <p><b>Medical Expenses Cover</b> We will pay Percentage of Capital Sum Insured at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>Medical Expenses Cover means reasonable and customary charges/expenses incurred towards hospitalization caused by accident.</p> <p><b>Hospital Cash</b> We will pay Per day daily benefit at the option of the Insured and as mentioned in the Schedule Up to a limit of 90 days per policy period Over and above CSI.</p>	<p><b>D.[g]</b></p> <p><b>D.[h]</b></p> <p><b>D.[i]</b></p> <p><b>D.[j]</b></p>
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		<p>Hospital Cash means the daily miscellaneous expenses burden of the Insured because of hospitalization as an in-patient following accident.</p> <p><b>OPD Visit</b></p> <p>We will pay at the option of the Insured and as mentioned in the Schedule Over and above the CSI.</p> <p>OPD Visit means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment following accident. The Insured is not admitted as a day-care or in-patient.</p> <p><b>Marriage Expenses</b></p> <p>We will pay Amount as opted at inception and as stated in the Schedule Over and above the CSI.</p> <p>Marriage Expenses means expenses to be incurred on the marriage of unmarried children following Death/Disappearance or Permanent Total Disablement of the Insured Person caused by accident.</p> <p><b>Loss of Baggage</b></p> <p>We will pay Lump Sum amount at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>Loss of Baggage means the loss, caused by accident, of suitcases and bags containing personal belongings packed for travelling/commuting.</p> <p><b>Pending Bills Liability</b></p> <p>We will pay Lump sum amount at the option of the Insured and as stated in the Schedule Over and above the CSI.</p>	<p><b>D.[k]</b></p> <p><b>D.[l]</b></p> <p><b>D.[m]</b></p> <p><b>D.[n]</b></p>
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		<p>Pending Bills Liability means the financial burden of the nominee/legal heir following Death/Disappearance of the Insured Person to cover the unpaid bill liabilities of all kinds of the latter.</p> <p><b>Children’s Education</b></p> <p>We will pay Lump sum amount at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>Children’s Education means the financial burden of the Insured Person or his/her nominee/legal heir for the education of dependents [up to 25 years of age] following the Death/Disappearance or Permanent Total Disablement of the Insured Person due to accident.</p> <p><b>Road Ambulance Charges</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>Road Ambulance Charges means expenses incurred on insured person’s road transportation by an ambulance to a hospital for treatment following an emergency arising out of an accident.</p> <p><b>Air Ambulance Charges</b></p> <p>We will pay Amount as chosen by the insured and as stated in the Schedule Over and above the CSI.</p> <p>Air Ambulance Charges means expenses incurred for insured person’s transportation in an airplane or helicopter for emergency arising out of an Accident.</p> <p><b>Carriage of Mortal Remains</b></p> <p>We will pay Lump sum amount at the option of the Insured and as stated in the Schedule Over and above the CSI.</p>	<p><b>D.[o]</b></p> <p><b>D.[p]</b></p> <p><b>D.[q]</b></p> <p><b>D.[r]</b></p>
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		<p>Carriage of Mortal Remains means the financial burden of the nominee/legal heir for expenses incurred on the transportation of an insured person's deceased body back to his home or any other place as decided by his/her family and on other formalities associated with it following death due to accident.</p> <p><b>Travel in Common Carriers Cover</b></p> <p>We will pay an Amount Equal to the Capital Sum Insured CSI.</p> <p>Travel-in-Common-Carriers Cover means additional benefit amount payable to the Insured Person or his/her nominee/legal heir for Death/Disappearance or Permanent Total Disablement caused by accident occurring while the Insured Person is travelling as an authorized passenger on a common carrier.</p> <p><b>Adventure Sports Inclusion Cover</b></p> <p>Restoration of all covers/benefits excluded by General Exclusion No. 2.E.XVI</p> <p>Adventure Sports Inclusion Cover means waiver of General Exclusion No. 2.E.XVI of the Policy. Accidents caused whilst engaging in any Adventure Sports would not be deemed as exclusion subject to the conditions listed below.</p> <p><b>Restricted Contingency Cover</b></p> <p>We will pay Moderation in premium as per Our pricing rules.</p> <p>Restricted Contingency Cover means the flexible option with the proposer/policy holder to modify the standard 24-hour protection available for all accidents under the policy and keep the cover restricted to</p> <p>a] duty hours or b] chosen restricted hours.</p>	<p>D.[s]</p> <p>D.[t]</p> <p>D.[u]</p>
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		<p><b>Family Transportation</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p><b>Coma benefit cover</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>If you have opted for this cover and you sustain accidental bodily injury which solely and directly results in your hospitalization in an intensive care unit of a hospital in a state of coma, within 30 days of date of accident, then we will pay you the sum insured as opted by you and mentioned in your policy schedule/certificate of insurance against this section.</p> <p><b>Fracture cover</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>If you have opted for this cover and you sustain accidental bodily injury which solely and directly results in fracture(s) of bone(s), then we will pay the percentage shown in the below table of benefits applied to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.</p> <p>A. Hip or pelvis (excluding thigh or coccyx)</p> <p>Multiple fractures, at least one compound and at least one complete 100 % All other compound fractures 50 % Multiple fractures, at least one complete 25 % All other fractures 20%</p> <p>B. Thigh or heel</p> <p>Multiple fractures, at least one compound and at least one complete 100 % All other compound fractures 80 %</p>	<p><b>D.[v]</b></p> <p><b>D.[w]</b></p> <p><b>D.[x]</b></p>
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	<p>Multiple fractures, at least one complete 50 % All other fractures 40%</p> <p>C. Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding colles-type fractures)</p> <p>Multiple fractures, at least one compound and at least one complete 100% All other compound fractures 63% multiple fractures, at least one complete 50% Depressed fracture of the skull needing surgical intervention 30% All other fractures 25%</p> <p>D. Colles type fracture of the lower arm</p> <p>Compound fracture 100% Other fracture 50%</p> <p>E. Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)</p> <p>All compound fractures 100% All other fractures 50%</p> <p>F. Spinal column (vertebrae but excluding coccyx)</p> <p>All compression fractures 100% All spinous, transverse process of pedicle fractures 100% Fracture leading to permanent neurological damage 50% All other vertebral fractures 50%</p> <p>G. Lower jaw</p> <p>Multiple fractures, at least one compound and at least one complete 100% All other compound fractures 80% Multiple fractures, at least one complete 63% All other fractures 32 %</p> <p>H. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers</p>
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		<p>Multiple fractures, at least one compound and at least one complete 100 %  All other compound fractures 76 %  Multiple fractures, at least one complete 51%  All other fractures 25 %</p> <p>I. Dislocation Losses percentage of the sum insured payable Hip (including pelvic girdle) 50 %  Knee 50 %  Wrist or elbow 25 %  Ankle or shoulder or collarbone 25 %  Fingers or toes or jaw 10 %</p> <p><b>Burns cover</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>if you have opted for this cover and you sustain second degree burns or third degree burns solely and directly due to an accident, then we will pay the percentage shown in the below table of benefits applied to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.</p> <p>2nd or 3rd degree burns on –  at least 27% of body surface 100%  at least 18% of body surface 80%  at least 9% of body surface 40%  at least 4.5% of body surface 20%</p> <p><b>Cost of Clothing</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>This optional coverage provides the reasonable cost of replacing clothing damaged or destroyed as a direct result of an Accidental Bodily Injury sustained by the Insured Person.  The maximum amount payable under this Coverage for any one Accidental Bodily Injury is as specified in the policy schedule.</p>	<p><b>D.[y]</b></p> <p><b>D.[z]</b></p>
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		<p><b>Well-being and Preventive Care Coverage</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>This optional cover provides coverage for the reasonable cost of preventive and proactive well-being services incurred by the Insured Person, intended to maintain or improve their physical and mental health.</p> <p>Insured Persons can access approved well-being services directly through preferred providers or wellness partners designated by the Insurer. And also the Insured will have an option to select the services.</p> <p><b>Emergency Assistance Services</b></p> <p>The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company or through an appointed Service provider, with prior intimation and acceptance by the Company</p> <p><b>Errors &amp; Omissions</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule.</p> <p>The Company will consider number of lives as specified and subject to conditions mentioned in Policy Schedule / Certificate of Insurance to add in Mid Term of the Policy on account of Error &amp; Omissions, Subject to availability of the Premium.</p> <p><b>Assault</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule.</p> <p>if you have opted for this cover and You incur any expenses due to Injury that result in Accidental</p>	<p><b>D.[aa]</b></p> <p><b>D.[ab]</b></p> <p><b>D.[ac]</b></p> <p><b>D.[ad]</b></p>
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		<p>Death and / or Permanent Total Disablement and /or Permanent Partial Disability during the Policy Period due to Assault are covered under this Policy</p> <p><b>Home Physiotherapy</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>Our empanelled service provider will provide specific number of physiotherapy sessions to the insured person as specified in the master policy Schedule/certificate of insurance, at your home in India.</p> <p><b>Loss of Job</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule Over and above the CSI.</p> <p>If you have opted this cover, then The Company will pay fix Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance if an Insured Person suffers Injury due to Accident which results in Permanent Total Disability and is disabled from engaging in primary occupation and subsequently loses source of income generation.</p> <p><b>Terrorism</b></p> <p>We will pay at the option of the Insured and as stated in the Schedule.</p> <p><b>Named Event</b></p> <p>The Company shall specify the covered event/perils as mentioned in the Policy Schedule</p>	<p><b>D.[ae]</b></p> <p><b>D.[af]</b></p> <p><b>D.[ag]</b></p> <p><b>D.[ah]</b></p>
6	Exclusions (What the policy does not cover)	<p><b>Specific Exclusions</b></p> <p>I. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.</p>	E.1

- II. Any Pre-existing condition or any complication arising from the same.
- III. Congenital external defects or anomalies or in consequence thereof.
- IV. Pregnancy or childbirth or in consequence thereof.
- V. Consequential losses of any kind or actual or alleged legal liability
- VI. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- VII. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- VIII. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
- IX. Congenital external diseases, defects or anomalies or in consequence thereof.
- X. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- XI. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- XII. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
- XIII. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- XIV. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.

		<p>XV. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.</p> <p>XVI. Disease in the natural course of an event caused/ transmitted by insect/ virus / bacteria and the like.</p> <p>XVII. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	Not applicable	
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 amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>*There is Sublimit under policy – For Benefits other than Death &amp; Permanent Total Disablement will have Sublimit under policy as specified under policy schedule.</p> <p>*There is no Co-payment under policy.</p> <p>*There is no Deductible under policy.</p>	-

	<p>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>		
9	<p>Claims/Claims Procedures</p>	<p>Policyholder's / Insured Person's Duties at the Time of Claim - On occurrence of an event which will lead to a Claim under this Policy, the policyholder/ Insured Person shall:</p> <p>a) Forthwith intimate the Claim b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us. c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts. d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.</p> <p>Settlement and Repudiation of a Claim:</p> <p>The Company shall settle or reject a claim within 15 days from last document received date of the claim.</p> <p>i 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</p>	G

receipt of intimation to till the date of payment.

- ii 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.
- iii 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.

- a) Policy Number
- b) Name of the Policy-holder
- c) Employee / Member Code, if any
- d) Name of the Insured person in whose relation the Claim is being lodged
- e) Nature of Event
- f) Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- g) Date of Event
- h) Any other information, documentation as requested by Us

Claims Documents - In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately.

- a) Duly filled and signed claim form.
- b) Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the Police; Copy of Medico Legal Certificate duly attested by the concerned Hospital/ Police, Final police report attested by Police.
- c) Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- d) Copy of Post-mortem report if conducted duly attested by the Police, Copy of viscera report wherever applicable duly attested by the Police.

		<ul style="list-style-type: none"> <li>e) Copy of Hospital record, if applicable</li> <li>f) Valid driving license of the insured if he/she is driving the vehicle at the time of accident</li> <li>g) Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Public Transport (in case of death in a Public Transport). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.</li> <li>h) Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.</li> <li>i) Disability certificate</li> <li>j) Leave/Absence Certificate from Employer (If Employed) Additional documents required under Copy of Birth Certificate and Copy of School ID Card</li> <li>k) Study Certificate from the school of the dependent child mentioning the parent's name</li> <li>l) Original bills, prescriptions, investigation reports, discharge card wherever applicable</li> <li>m) Loss of Employment/Termination Letter indicating the reason for termination, Salary Slip of last 3 months (for salaried persons).</li> <li>n) Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law.</li> <li>o) Cancelled cheque copy</li> <li>p) Duly Filled &amp; Signed Bank Mandate Form &amp; CKYC Form, by Payee / Nominee</li> <li>q) Pass Book Copy of Payee / Nominee.</li> <li>r) Any other documents pertaining to the claim as requested by us.</li> </ul>	
10	Policy Servicing	<b>Universal Sampo General Insurance Co. Ltd.</b>	

		<p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai-400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p> <p><b>E-mail Address:</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p><b>For more details:</b> <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <p><b>Note:</b> Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p><b>Grievances:</b></p> <p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:</p> <p><b>Step 1: Contact Us</b></p> <p><b>Write us at:</b> <b>Customer Service Universal Sampo Insurance Co. Ltd</b> <b>Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</b></p> <p><b>E- mail Address</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p><b>For more details:</b> <b>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</b> <b>Senior Citizen toll free number: 1800-267-4030</b></p> <p><b>Step 2: Grievance Cell</b></p> <p>If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two</p>	F.1 IV

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)

For updated details of grievance officer, kindly refer the link

<https://www.universalsompo.com/resource-grievance-redressal>

**Step 4: Insurance Ombudsman**

**Bima Bharosa Portal link:**

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

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at [www.irdai.gov.in](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/>.

12	<p>Things to remember</p>	<p><b>1 Geography:</b> This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.</p> <p><b>2. Reasonable Care:</b> You must take all reasonable care to prevent or minimize loss, damage, injury, illness or liability. Willful neglect of any kind shall prejudice consideration of a claim.</p> <p><b>4. Jurisdiction:</b> The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with Indian law. In the event of any dispute arising under this policy, both You and Us will have to submit to the exclusive jurisdiction of Courts under the Indian judicial system.</p> <p><b>5. Free Look Period:</b></p> <p>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</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate</li> </ol>	<p>Section F.1.III &amp; F.2</p>
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		premium commensurate with the insurance coverage during such 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. Disclosure of other material information during the policy period.</p> <p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <ul style="list-style-type: none"> <li>➤ Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>➤ Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</li> <li>➤ E-mail Address: contactus@universalsompo.com</li> </ul>	

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 and conditions mentioned in the policy document shall prevail.