

Group Personal Accident Insurance Policy
Policy Wording

A. POLICY SCHEDULE

B.1. PREAMBLE

This policy is a contract of insurance between You and Universal Sompo General Insurance Company (hereinafter called the `Company') and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

B.1.1 – Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: IRDAI/Reg/8/202/2024 as amended from time to time. "Group" consists of persons who join together with a commonality of purpose or engaging in a common economic activity and includes employer– employee group and non-employer– employee group:

a. Employer– employee group is a group where an employer-employee relationship exists between the master policyholder and the member in accordance with the applicable laws.

b. Non-Employer– employee group is a group other than employer– employee where a clearly evident relationship between the member and the group policyholder exists for services/activities other than insurance.

B.1.2 – Policy Period

The policy period shall normally be a period of 12 months starting from the date of commencement of policy. The policy-holder shall have the option of choosing a shorter period than annual in which case premium shall be charged proportionately .

The term of the policy would be minimum 1 year to maximum 5 years for Loan Linked products and this will be applicable for Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Temporary Total Disablement and Medical Expenses cover.

B.1.3 – Payment of Premium

- i. Premium for the policy has to be paid in full in advance. We will assume risk and the cover will incept not earlier than the date of payment of full premium.
- ii. The policy-holder will have the option of premium payment in monthly, quarterly and half-yearly instalments in which case the chargeable premium will be loaded as per our instalment premium payment rules basis the frequency chosen by the policy-holder.
- iii. Instalment premium facility will be available only in case of 12-month annual policies.

B.2. Operative Clause

If during the period of insurance an insured person sustains any bodily injury or affliction because of **Accident**, which solely and directly causes any of the contingencies opted for as cover from amongst the sub-sections listed under Sec 2.D and insured under this policy, We would pay the benefit as specified in the attached Schedule in accordance with terms, conditions and exclusions of the Policy.

C. Definitions

Definitions of key terms are given below. When used in this Policy, the Policy Schedule and Endorsements, they will always carry **such specific meanings** as in the following definitions.

Where **the context so requires**, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

C.1- Standard Definitions:

- a) **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b) **Admission** means admission of the insured in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
- c) **Adventure Sports** means any sport or activity, which is potentially dangerous to the Insured Person whether he/she is trained or not in such sport or activity. Such sport/activity includes but is not limited to Insured Persons engaging in abseiling, aerial safari, ballooning, black water rafting, bouldering, bushwalking, canoeing, go karting, hiking/trekking, ice skating, jet boating, jet skiing, kayaking, mountain biking (cross country), mountain biking on tracks and trails, parasailing, parascending (over water only), rafting, river boarding, rock climbing, rowing / sculling, sea canoeing, sea kayaking, snorkelling, speed boating, surf boat rowing, surfing, tubing, wake skating, wakeboarding, windsurfing yachting, bungee jumping, speed-biking, sand-boarding, sand-skiing, scuba diving, skidoos, skiing / snowboarding, snow moiling, snow rafting, zip lining, zorbing, triathlon, gliding, hang gliding, parachuting, paragliding, skydiving, free solo climbing, base jumping, wing suit flying, big wave surfing, cave diving, white water rafting, high lining, ice climbing, BMX racing, free fall, base jumping, free soloing, motor racing, glacier walking, motor racing including speed and trial runs.
- d) **Age** means the completed years of the Insured Person on his/her last birthday as per the English calendar
- e) **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- f) **AYUSH** means Ayurveda, Yoga, Unani, Siddha and Homeopathy systems of healthcare.
- g) **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- h) **Bodily Injury** means accidental physical bodily Injury solely and directly caused by accident
- i) **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.
- j) **Capital Sum Insured** means the amount of Sum Insured as specified in the Policy Schedule and would form our limit of liability in respect of benefit sections 2.D.[a], 2.D.[c] and 2.D.[d] of the policy.
- k) **Contingency** means an event caused solely by accident

- l) **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
- m) **Contribution** means the right of an insurer to call upon other insurers liable to the same Insured to share the cost of an indemnity claim on a rateable proportion of Sum assured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- n) **Cashless Facility** means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the Policy terms and conditions, are directly made to the network provider by Us to the extent of pre-authorization approval.
- o) **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional.
- p) **Daily Living Activities** means that the Insured Person is permanently unable to perform independently three or more of the following six activities of daily living
 - i) **Washing:** the ability to maintain an adequate level of cleanliness and personal hygiene;
 - ii) **Dressing:** the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary;
 - iii) **Feeding:** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available;
 - iv) **Toileting:** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene;
 - v) **Mobility:** the ability to move indoors from room to room on level surfaces at the normal place of residence;
 - vi) **Transferring:** the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
- q) **Dependent** means the insured's spouse or Parent or Parent-in-law or child [legal or adopted] or sibling who has been enrolled in the Group Policy with the onus of dependence lying on the Insured Person
- r) **Dependent Child** A dependent child refers to a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his /her independent source of income, is up to the age of 25 years and unmarried. For the purpose of coverage under this Policy, the age limit for a dependent child shall be 25 years, however with respect to coverage under specific sections separate age limits shall be defined under the each benefit.
- s) **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances

The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

The patient takes treatment at home on account of non-availability of room in a hospital.

t) **Emergency** means a serious medical condition or symptom resulting from Injury or affliction which arises suddenly and unexpectedly due to accident requiring immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health.

u) **Elements** means wind, fire and water including snow-bite and frost-bite

v) **Employee** means any member of Policyholder's staff under full time employment and who is nominated and sponsored by the Policyholder who becomes an Insured Person.

w) **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.

x) **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive In-patient care hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours. It would also include **Domiciliary Hospitalization**.

Hospital means any institution [including **AYUSH** hospitals] established for In-patient care and Day Care treatment of Illness and/ or 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 the 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 10 inpatient beds, in those towns having a population of less than 10, 00,000 and 15 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 will make these accessible to Insurance company's authorized personnel.

y) **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

z) **Insured Person** means person(s) named in the schedule of the Policy.

aa) **Injury** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

- bb) **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- cc) **Insured** means the individual whose name is specifically appearing in the Schedule herein after referred as “You”/”Your”/”Yours”/”Yourself”.
- dd) **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- ee) **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 license.
- ff) **Network Provider** means hospitals or health care providers enlisted by an Insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- gg) **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- hh) **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits in respect of an Insured Person under the Policy in accordance with the terms and conditions of the Policy if the Insured Person has suffered death or has provably disappeared
- ii) **Period of Insurance** means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by the insured from the company and then, running concurrent to the current Policy subject to the Insured’s continuous renewal of such Policy with the company.
- jj) **Physical Severance** means complete separation of parts of body. In case of limbs, with respect to the hand, it would mean separation at or above the wrists, and with respect to the foot, separation at or above the ankle.
- kk) **Policy Period** means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.
- ll) **Proposal** means the application form you sign for this insurance and/or any other information you give to us or which is given to us on your behalf.
- mm) **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.

- nn) **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services.
- oo) **Sum Insured** means the amount as opted by You and stated in the Policy Schedule against the Section/Cover for each insured person
- pp) **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- qq) **Time Excess** means the period beginning with the occurrence of the **insured** event and ending not later than the period specified in the schedule. You are not **insured** for any loss arising out of the cover during this period.
- rr) **Travel-in-Common-Carriers Cover** means 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 [such as but not limited to State Transport Undertakings, Indian Railways and Airlines].
- ss) **War** means armed hostilities, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.
- tt) **We/Our/Ours/Us** means Universal Sompo General Insurance Company Limited.

D. Benefits

- i. This section lists the contingencies coverable under this policy.
- ii. Choosing **at least one** out of Death, Permanent Total Disablement and Permanent Partial Disablement (2.D.[a], 2.D.[b] and 2.D.[c]) covers is compulsory.
- iii. The rest others (some of which may be linked to 2.D.[a] / 2.D.[b]) / 2.D.[c]) are optional.
- iv. The option to allow the covers and vary the available benefits lies with the Insurer.
 - 'What we cover' is given under the heading 'Contingency Description'.
 - The benefits of the cover available are captured in the 'Limit/Extension of Benefit' column. The column indicates the amount recoverable [**the limit of liability** under a particular cover during the policy period].

- The special conditions, if any, pertaining to each cover, are also mentioned.

D.[a] Death/Disappearance

Contingency Description	Limit/Extent of Benefit
Death/Disappearance	Capital Sum Insured [CSI]

Death means cessation of blood circulation and breathing – the two criteria necessary to sustain life in a human being

Disappearance means the 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

Special Conditions for the Cover

- I. If payment has been already made under Permanent Total Disablement, then no benefit/claim shall be due under this cover.
- II. If payment has been already made under Permanent Partial Disablement [PPD], then benefit recoverable under this cover will be reduced by the amount paid under PPD.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the Death cover, if opted and payable, will be paid along with the above.
- IV. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule
- V. The Disappearance Benefit will be payable provided that:
 - i. The legal heirs/representatives of the Insured Person's estate provide Us with a signed agreement stating that if it transpires later that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid will be reimbursed to Us immediately and without any deductions.
 - ii. The Insured Person's legal representative must intimate such disappearance to Us immediately upon happening of the event and shall carry the onus of proof of the claimed disappearance.

D.[b] Permanent Total Disablement

Contingency Description	Limit/Extent of Benefit
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Permanent Total Disablement [PTD]	As opted for by the Insured at inception of policy Percentage of CSI [starting from 125%] as stated in the Schedule
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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,

- 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.
- b. **Limb** means a hand at or above the wrist or foot above the ankle.
- 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.

Special Conditions for the Cover

- I. The Permanent Total Disablement is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.

- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the PTD cover, if opted and payable, will be paid along with the above.
- IV. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum assured mentioned in the policy schedule against this coverage.
- V. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule

D.[c] Permanent Partial Disablement

Cover Description	Limit/Extent of Benefit
Permanent Partial Disablement [PPD]	As in the following Table

Nature of Injury	% of Capital Sum Insured
a. Permanent and total loss of hearing	75%
b. Loss of sight of one eye	50%
c. Loss of one limb	50%
d. Loss of toes-all	20%
e. Great-both phalanges	5%
f. Great-one phalanx	2%
g. Other than great, for each of the others	1%
h. Non-union of fractured leg or knee-cap	10%
i. Shortening of the leg by at least 2 inches	7.5%
j. Stiffening of elbow, hip or knee joints due to rigidity/fusion of bones	20%
k. Loss of hearing – one ear	15%
l. Loss of four fingers and thumb of one hand	40%
m. Loss of four fingers	35%
n. Loss of thumb-both phalanges	25%
o. Loss of thumb-one phalanx	10%
p. Loss of index finger	

i. Three phalanges	10%
ii. Two phalanges	8%
iii. One phalanx	4%
q. Loss of middle finger	
i. Three phalanges	6%
ii. Two phalanges	4%
iii. One phalanx	2%
r. Loss of ring finger	
i. Three phalanges	5%
ii. Two phalanges	4%
iii. One phalanx	2%
s. Loss of little finger	
i. Three phalanges	4%
ii. Two phalanges	3%
iii. One phalanx	2%
t. Any other permanent partial disablement [including disablement caused by the elements]	As assessed by Medical Practitioner appointed by us and not exceeding 75%

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 above.

Special Conditions for the Cover

- I. The PPD is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. If the Insured Member suffers accidental Injuries resulting in more than one of the Permanent Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Capital Sum Insured mentioned in the policy schedule.
- IV. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule

D.[d] Temporary Total Disablement

Contingency Description	Limit/Extent of Benefit
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Temporary Total Disablement [TTD]	Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule
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Temporary Total Disablement means the bodily Injury or affliction that prevents you from engaging in your occupation as certified by Medical Practitioner and attested by employer, if any.

Special Conditions for the Cover

- I. The Temporary Total Disablement is liable to be certified by a Medical Practitioner and Employer, if any. Submission of supporting documents/reports is a pre-requisite for consideration of any claim under this cover.
- II. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks mentioned in the Policy Schedule for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
- III. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks mentioned in the Policy Schedule for any and all claims arising within the Policy Period.
- IV. The benefit shall not be paid for the Time Excess mentioned in the Policy Schedule i.e. for the number of days mentioned in the Policy Schedule calculated from the date of commencement of TTD.
- V. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by You and Us.
- VI. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule

D.[e] Miscarriage

Contingency Description	Limit/Extent of Benefit
Miscarriage	Lump Sum Amount At the option of the Insured and as stated in the Schedule Over and above the CSI

Miscarriage means spontaneous or unplanned expulsion of a foetus from the womb of the Insured Person within the period of gestation caused by accident.

Special Conditions for the Cover

- I. The miscarriage has to happen to the Pregnant Insured Person within 15 days of the claimed accident.

- II. Miscarriage having been caused by accident is liable to be proved in terms certification by a Medical Practitioner.

D.[f] Lifestyle Modification

Contingency Description	Limit/Extent of Benefit
Lifestyle Modification	Percentage of CSI as stated in the Schedule Over and above the CSI

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 Person's residence and/or vehicle due to Permanent Total or Permanent Partial Disablement caused by accident.

Special Conditions for the Cover

- I. The modification requirement is liable to be certified in writing by a Medical Practitioner as necessary and as following the accident.
- II. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the new acquisition made or the alteration/improvement work undertaken.

D.[g] Assisted Mobility

Contingency Description	Limit/Extent of Benefit
Assisted Mobility	Daily Allowance as stated in the Schedule up to a maximum of 30 days Over and above the CSI

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.

Special Conditions for the Cover

- I. The disabilities as having been caused by accident and the requirement of assisted mobility have to be certified in writing by a Medical Practitioner.

D.[h] Funeral Expenses

Contingency Description	Limit/Extent of Benefit
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Funeral Expenses	Benefit Amount as chosen and as stated in the Schedule Over and above the CSI
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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.

Special Conditions for the Cover

- I. The cover is available only as an appendage to the Death cover.

D.[i] Medical Expenses Cover

Contingency Description	Limit/Extent of Benefit
Medical Expenses Cover	Percentage of Capital Sum Insured at the option of the Insured and as stated in the Schedule Over and above the CSI

Medical Expenses Cover means reasonable and customary charges/expenses incurred towards **hospitalization** caused by accident. They would include :

- a) Registration and Service Charges of Hospital/Nursing Home;
- b) Room Rent;
- c) Intensive Care/Therapeutic Unit expenses;
- d) Medical Practitioner/ Anaesthetist, Consultant fees;
- e) Surgeons fees and similar expenses;
- f) Expenses on Anaesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray.
- g) Pre-hospitalization expenses of 15/30/60/90/120 days
- h) Post-hospitalization expenses of 15/30/60/90/120 days

Special Conditions for the Cover

- I. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the claimed expenses.
- II. This cover can be extended on the Family Floater basis and dependent child can be covered from 3 months to 25 years under this benefit.
- III. Medical Expenses having been caused by accident is liable to be proved in terms certification by a Medical Practitioner.

- IV. In case of Death of the Insured Person, claim can be made by his/her nominee/legal heirs.
- V. The payout for this benefit shall be on fixed or reducing basis as specified in the policy schedule

D.[j] Hospital Cash

Contingency Description	Limit/Extent of Benefit
Hospital Cash	<p>Per day daily benefit At the option of the Insured and as mentioned in the Schedule</p> <p>Up to a limit of 90 days per policy period</p> <p>Over and above CSI</p>

Hospital Cash means the daily miscellaneous expenses burden of the Insured because of hospitalization as an in-patient following accident.

Special Conditions for the Cover

- I. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- II. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule for each Coverage Period.

D.[k] OPD Visit

Contingency Description	Limit/Extent of Benefit
OPD Visit	<p>At the option of the Insured and as mentioned in the Schedule</p> <p>Over and above the CSI</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.

Special Conditions for the Cover

- I. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the claimed expenses.
- II. OPD Expenses having been caused by accident is liable to be proved in terms of certification by a Medical Practitioner.

D.[I] Marriage Expenses

Contingency Description	Limit/Extent of Benefit
Marriage Expenses	Amount as opted at inception and as stated in the Schedule Over and above the CSI

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.

Special Conditions for the Cover

- I. The cover can be opted for only when either or both of Death/Disappearance and Permanent Total Disablement covers are taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance or Permanent Total Disablement has become payable.
- III. Irrespective of the number of children, the maximum recoverable amount is the Sum Insured as mentioned in the Policy Schedule.

D.[m] Loss of Baggage

Contingency Description	Limit/Extent of Benefit
Loss of Baggage	Lump Sum Amount At the option of the Insured and as stated in the Schedule Over and above the CSI

Loss of Baggage means the loss, caused by accident, of suitcases and bags containing personal belongings packed for travelling/commuting.

Special Conditions for the Cover

- I. Benefit under this cover will accrue only when there is an admissible claim under Death/Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

D.[n] Pending Bills Liability

Contingency Description	Limit/Extent of Benefit
Pending Bills Liability	Lump sum amount At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Special Conditions for the Cover

- I. The cover can be opted for only when Death/Disappearance cover is taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance has become payable.

D.[o] Children's Education

Contingency Description	Limit/Extent of Benefit
Children's Education	Lump sum amount At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Special Conditions for the Cover

- I. The cover can be opted for only when either or both of Death/Disappearance and Permanent Total Disablement covers are taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance or Permanent Total Disablement has become payable.
- III. Irrespective of the number of dependents, the maximum recoverable amount is the Sum Insured as mentioned in the Policy Schedule.

D.[p] Road Ambulance Charges

Contingency Description	Limit/Extent of Benefit
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Road Ambulance Charges	At the option of the Insured and as stated in the Schedule Over and above the CSI
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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 or from one Hospital to another which is prepared to admit insured person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where insured is situated. They would also include expenses incurred by rescuers of accident victims on ambulances and hired transportation like cabs.

Special Conditions for the Cover

- I. This is an indemnity cover and claims will be considered in respect of actual incurred amount and only when proof of monetary payment is provided.
- II. Such road transportation has to be prescribed by a Medical Practitioner.

D.[q] Air Ambulance Charges

Contingency Description	Limit/Extent of Benefit
Air Ambulance Charges	Amount as chosen by the insured and as stated in the Schedule Over and above the CSI

Air Ambulance Charges means expenses incurred for insured person's transportation in an airplane or helicopter for emergency arising out of an Accident which requires immediate and rapid ambulance transportation to the nearest hospital.

Special Conditions for the Cover

- I. Such air transportation has to be prescribed by a Medical Practitioner.
- II. This is an indemnity cover and claims will be considered in respect of actual incurred amount and only when proof of monetary payment is provided.

D.[r] Carriage of Mortal Remains

Contingency Description	Limit/Extent of Benefit
Carriage of Mortal Remains	Lump sum amount At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Special Conditions for the Cover

- I. The cover can be opted for only when the Death cover is taken.

D.[s] Travel-in-Common-Carriers Cover

Add-on Description	Limit/Extent of Benefit
Travel in Common Carriers Cover	An Amount Equal to the Capital Sum Insured [CSI]

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 [such as but not limited to State Transport Undertakings, Indian Railways and Airlines].

Special Conditions for the Cover

- I. The cover can be opted for only when either or both of Death/Disappearance and Permanent Total Disablement covers are taken under the 2.D Section.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance or Permanent Total Disablement has become payable.

D.[t] Adventure Sports Inclusion Cover

Add-on Description	Limit/Extent of Benefit
Adventure Sports Inclusion Cover	Restoration of all covers/benefits excluded by General Exclusion No. E.1.VIII

Adventure Sports Inclusion Cover means waiver of General Exclusion No. E.1.VIII of the Policy. Accidents caused whilst engaging in any Adventure Sports would not be deemed as exclusion subject to the conditions listed below.

Special Conditions for the Cover

- I. The due additional premium will have to be borne by the insured.
- II. We will not pay any claim under this Cover whilst:

- i. You are Training for or Taking part in an adventure sport as a Professional for which You are paid or funded by sponsorship or grant; or as an amateur sports person; or
 - ii. You are not performing the activity under the supervision of a trained professional.
- III. Save as modified by 'I' and 'II' above, the benefits as well as terms and conditions for this cover shall be as in case of any other included accident.

D.[u] Restricted Contingency Cover

Cover Description	Limit/Extent of Benefit
Restricted Contingency Cover	Moderation in premium as per Our pricing rules

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

- a] duty hours or
- b] chosen restricted hours.

D.[v] Family transportation

Cover Description	Limit/Extent of Benefit
Family transportation	At the option of the Insured and as stated in the Schedule Over and above the CSI

If you have opted for this cover and we have accepted a claim under accident death” and/or permanent total disablement “and/or accidental hospitalization” due to an accident in a location situated outside the city/town of your usual place of residence mentioned in your policy schedule/certificate of insurance, then we will reimburse the actual cost incurred for to and from economy class transportation by the most direct route via a common carrier, up to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section, for one of the insured’s “immediate family member” to travel to the place of accident or the hospital in which the insured person is hospitalized.

Purpose of this section, the term “immediate family member” would mean the insured person’s spouse, siblings, children above age of 18 years, parents, or parents in law.

Specific conditions: the benefit is payable under this section subject to:

1. The insured member’s treating medical practitioner has advised in writing the personal attendance of an immediate family member.
2. The insured person is hospitalized at a distance of at least 100 kilometres from his place of residence. This cover is subject to terms, conditions, co-payment, limitations, and exclusions mentioned in the policy.

D.[w] Coma benefit cover

Cover Description	Limit/Extent of Benefit
Coma benefit cover	At the option of the Insured and as stated in the Schedule Over and above the CSI

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, provided that:

1. The coma is confirmed by a specialist medical practitioner in writing which includes: a. No response to external stimuli continuously for at least 96 hours; and b. Life support systems and measures are necessary to sustain life
2. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to us for any benefit to be payable under this section.
3. Coma resulting directly from alcohol or drug abuse or any other illness other than accidental bodily injury is excluded. This cover is subject to terms, conditions, limitations, and exclusions mentioned in the policy.

D.[x] Fracture cover

Cover Description	Limit/Extent of Benefit
Fracture cover	At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Fractures of: percentages of principal sum

A. Hip or pelvis (excluding thigh or coccyx)

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%

B. Thigh or heel

Multiple fractures, at least one compound and at least one complete 100 %

All other compound fractures 80 %

Multiple fractures, at least one complete 50 %

All other fractures 40%

C. Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding colles-type fractures)

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%

D. Colles type fracture of the lower arm

Compound fracture 100%

Other fracture 50%

E. Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)

All compound fractures 100%

All other fractures 50%

F. Spinal column (vertebrae but excluding coccyx)

All compression fractures 100%

All spinous, transverse process of pedicle fractures 100%

Fracture leading to permanent neurological damage 50%

All other vertebral fractures 50%

G. Lower jaw

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 %

H. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers

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 %

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 %

Dislocation means a completely separated joint.

Specific conditions:

1. If you suffer a fracture not specified in the below table but the fracture is due to an injury solely and directly due to an accident, then our medical practitioners will decide the amount payable, if any.

2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.

3. A fracture where the broken bone penetrates the skin is an open fracture and where the broken bone does not penetrate the skin is a closed fracture.

4. If the insured member suffers accidental injuries resulting in more than one fractures, then our maximum, total and cumulative liability under this benefit shall be limited to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section.

This cover is subject to terms, conditions, limitations, and exclusions mentioned in the policy.

D.[y] Burns cover

Cover Description	Limit/Extent of Benefit
Burns cover	At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Burns

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%

J. Dislocations requiring

Surgery under anaesthesia*

- 1) spine or back, diagnosed by x-ray (excluding slipped disc) 100%
- 2) hip 63%
- 3) knee 31%
- 4) wrist or elbow 25%
- 5) ankle, shoulder blade or collarbone 13%

6) fingers, toes, or jaw 5%

*limit of one payment for each of (1) to (6) in any twelve consecutive months.

K. Internal injuries

Internal injuries resulting in open abdominal or thoracic surgery excluding hernia 100%

Purpose of this cover:

1. Burns means an injury caused by exposure to heat or fame including chemical and electric burns.
2. Second degree burns means burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.

3. Third degree burns (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e., the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

Specific conditions:

1. The burns that are self-inflicted by you in any way will not be covered under this benefit.
2. A medical practitioner must confirm the percentage of the surface area of the burn and the diagnosis of the burn to us in writing.
3. If the insured member suffers accidental injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then our maximum, total and cumulative liability under this benefit shall be limited to the sum insured opted by you and mentioned in your policy schedule/certificate of insurance against this section. This cover is subject to terms, conditions, limitations, and exclusions mentioned in the policy.

D.[z] Cost of Clothing

Cover Description	Limit/Extent of Benefit
Cost of Clothing	At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Specific Exclusions:

This Coverage does not apply to:

- Damage or destruction of clothing caused by normal wear and tear, gradual deterioration, or moth or vermin damage.
- Damage or destruction of clothing caused by intentional acts of the Insured Person or a third party.
- Damage or destruction of clothing caused by war, terrorism, nuclear explosions, or other natural disasters.
- Damage or destruction of clothing worn for professional or athletic activities where such damage is a foreseeable risk.
- Damage or destruction of clothing exceeding the reasonable cost of replacement based on the quality and type of clothing originally owned.

D.[aa] Well-being and Preventive Care Coverage

Cover Description	Limit/Extent of Benefit
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Well-being and Preventive Care
Coverage

At the option of the Insured and as
stated in the Schedule
(Service)

OPTION A:

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.

Insured Persons can access approved well-being services directly through preferred providers or wellness partners designated by the Insurer.

The maximum annual amount payable under this Coverage for each Insured Person will be as specified in the schedule.

Master policy holder OR Group entity may choose to customize the covered well-being services based on their specific needs and employee demographics. This can include:

- Selecting specific pre-designed health check-up packages or creating bespoke packages.
- Implementing age- or gender-specific wellness programs.
- Focusing on services addressing common health concerns among insured.

Covered Services:

- Teleconsultation: Consultations with qualified healthcare professionals conducted remotely via video, audio, or text, focusing on preventive care, health education, and early detection of potential health risks.
- Health Check-up Packages: Pre-designed or customized packages of diagnostic tests and examinations aimed at assessing overall health, identifying potential health concerns, and monitoring chronic conditions. These may include, but are not limited to:
 - o Laboratory tests (bloodwork, urinalysis)
 - o Imaging tests (X-rays, CT scans, MRIs)
 - o Functional tests (vision, hearing, lung function)
 - o Preventive screenings (cancer, cardiovascular disease)
 - o Wellness assessments (mental health, nutrition)
- Preventive Services: Services aimed at preventing illness and promoting good health, such as:
 - o Vaccinations and immunizations
 - o Health education and coaching
 - o Nutritional counseling
 - o Fitness programs and memberships
 - o Mental health counseling and support

Specific Exclusions:

This Coverage does not apply to:

- Treatment of existing medical conditions or injuries.
- Services with cosmetic or aesthetic purposes.
- Services not considered evidence-based preventive care by leading medical authorities.
- Services exceeding the policy limit or frequency limits specified.

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.

Master policy holder OR Group entity may choose to customize the covered well-being services based on their specific needs and employee demographics

OPTION B:

1) Everyday Care

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empanelled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. The Company will assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as the client wishes to avail.

- i) **OPD Consultation:** The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.
- ii) **Diagnostic Services:** The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.
- iii) **Pharmacies:** If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2) Complete Wellness & HealthCare

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web-based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

- i) **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by

the insured person. We will aid the insured person to complete the HRA whenever required.

- ii) **Electronic Health Records:** The Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.
- iii) **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a “Health Goal” which is identified post identification of risk factors for improving insured person’s overall well-being.

“Health Goal”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3) Health Coach

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

D.[ab] Emergency Assistance Services

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.

- a) Medical Consultation, Evaluation and Referral- In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- b) Medical Monitoring and Case Management- A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- c) Emergency Medical Evacuation - If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel

necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.

d) Medical Repatriation (Transportation): When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

e) Compassionate Visit: When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

f) Care of Minor Child (ren): One-way economy common carrier transportation with attendants, if required, will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of an eligible participant.

g) Return of Mortal Remains: In case of an Eligible Participant's death, we will arrange and pay for the return of Mortal Remains to an authorized funeral home proximate to the Eligible Participant's legal residence.

h) Foreign Hospital Admission Assistance: We shall assist in either issuing a prompt financial guarantee to facilitate admittance to a foreign medical facility and/ or validate Eligible Participant's medical Insurance; provided that the eligible medical participant commits in writing to repay all funds within 45 days.

i) Prescription Assistance: If an eligible participant needs replacement prescription medicine while travelling, we shall help with replacing the prescription when possible and legally permissible.

j) Interpreter & Legal Referrals: Upon request provide referrals to interpreters, counsellors or legal personnel.

k) Lost Luggage & Document Assistance: Helps eligible participant locate lost luggage, document, personal belongings or assist with the replacement of travel tickets.

l) Pre-trip Information: Helps Eligible Participants web-based and app-based country profiles that include visa requirements, immunization and inoculation recommendations, embassy, and consulate information, country specific details and security advisories as well as other patient information for travel destinations.

m) Mobile App Services: Offers Mobile App services including embassy and consulate locator, tap to call feature service descriptions, electronic identification cards and Assist alerts.

D.[ac] Errors & Omissions

Cover Description	Limit/Extent of Benefit
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Errors & Omissions	At the option of the Insured and as stated in the Schedule
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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 & Omissions, Subject to availability of the Premium.

D.[ad] Assault

Cover Description	Limit/Extent of Benefit
Assault	At the option of the Insured and as stated in the Schedule within the CSI

if you have opted for this cover and You incur any expenses due to Injury that result in Accidental Death and / or Permanent Total Disablement and /or Permanent Partial Disability during the Policy Period due to Assault are covered under this Policy.

Special Condition:

The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of Assault by an Immediate Family Member, Close Business Associate.

D.[ae] Home Physiotherapy

Cover Description	Limit/Extent of Benefit
Home Physiotherapy	At the option of the Insured and as stated in the Schedule Over and above the CSI

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 subject to below conditions:

- Physiotherapy being advised in writing by the treating medical practitioner.
- Illness/injury claim of the insured person is admissible under the base policy.
- This benefit shall form the part of Post Hospitalization period and opted Once in a Policy Year.
- Any unutilized service will lapse at the end of the policy year and will not be carried forward to the next policy year.

D.[af] Loss of Job

Cover Description	Limit/Extent of Benefit
Loss of Job	At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

Special Condition

- Illness/injury claim of the insured person is admissible under the Permanent Total Disability of base policy.

D.[ag] Terrorism

Cover Description	Limit/Extent of Benefit
Terrorism	At the option of the Insured and as stated in the Schedule

If you have opted this cover, Exclusion No. E.1. VI stands deleted under the Policy.

D.[ah] Named Event

Under this cover the insured may restrict the base coverage for Event/Perils as mentioned in the Policy Schedule

Cover Description	Limit/Extent of Benefit
Named Event/ Peril	At the option of the Insured and as stated in the Schedule

E. Exclusions

E.1 – Specific Exclusions

We shall not be liable to make any payment for any claim under any of the Cover/ Benefits under the Policy in respect of any Insured Person, directly or indirectly caused by or arising from or in any way attributable to, any of the following:

- I. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
- II. Any Pre-existing condition or any complication arising from the same.
- III. Pregnancy or childbirth or in consequence thereof.
- IV. Consequential losses of any kind or actual or alleged legal liability
- V. 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.
- VI. 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 (Terrorism).
- VII. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
 - VIII. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
 - IX. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
 - X. 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.
 - XI. 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.
 - XII. 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.
 - XIII. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
 - XIV. Disease in the natural course of an event caused/ transmitted by insect/ virus / bacteria and the like.
 - XV. 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.
 - a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

F. General Terms and Conditions

F.1. Standard Conditions:

I. Duty of Disclosure

Your duty to provide us facts related to the group and material to the insurance starts at the time of the proposal and continues through the policy period. The

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

II. Cancellation

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

a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage

b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

III. Free Look Period

The Free Look Period shall be applicable on new individual / Group health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

IV. Grievance Redressal Procedure

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

Step 1: Contact us

Write us at:

**Customer Service Universal Sampo
General Insurance Co. Ltd.**
Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,

E- mail Address
contactus@universalsampo.com
For more details:
www.universalsampo.com

Navi Mumbai, Maharashtra – 400708

**Toll Free Numbers: 1800-22-4030 or
1800-200-4030
Senior Citizen toll free number:
1800-267-4030**

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

**Customer Service Universal Sampo General
Insurance Co. Ltd.**

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address:

grievance@universalsompo.com

For more details:

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 in case 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, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address:

gro@universalsompo.com

For more details:

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, 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/>.

F.2. Standard Conditions:

I. Geography

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.

II. Timely Premium Payment

Premium – whether full policy period premium or instalment premium or endorsement premium – will have to be paid before the due dates indicated by us and it is a condition precedent for assumption of risk on our part.

- i. In case of instalment facility, premium for all the instalments will have to be paid as per the frequency, amounts and dates indicated in the schedule.
- ii. Non-payment of an instalment will terminate the policy from the due date of the related unpaid instalment.

III. Membership Inclusion

All members of your group are deemed and required to be insured under this policy. The Policy-holder/Group administrator will have the duty of declaring all

new inclusions to the group from the respective dates of their employment/enrolment and of paying the due additional premium.

IV. Alteration of Risk

You must inform us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase our risk of loss damage, injury, illness or liability. Failure to do so will render claims voidable.

V. Termination of Policy

The policy shall terminate from the date of cancellation as per the cancellation condition or, in case of non-renewal, the policy expiry date whichever is earlier.

VI. Fake Claims

If you or any one on your behalf makes a claim that is in any way false, dishonest or fraudulent, then payment of the claim will be prejudiced and may be denied.

VII. Fact-finding and Medical Examination

We shall be entitled at our expense to have any insured person medically examined and get facts verified through investigation in the event of a claim with reasonable notice to you or your nominee or your legal representative [as the case may be].

VIII. Notifications

Exchange of all notices and communications between you and us shall be in writing and have the following conditions:

- i. If it is to You, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
- ii. If it is to Us, it shall be delivered to Our address specified in the Policy Schedule.
- iii. No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iv. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- v. You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the

last known address and it would be considered that the notice has been sent to You.

IX. Contribution

While making a claim on your policy, you must also provide us with written details of all other policies that may also pay or partially pay that claim. Providing such information in case of indemnity covers under this policy – 2.D.[f], [i], [k], [q], [r] – is mandatory.

X. Reasonable Care

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.

XI. Jurisdiction

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.

XII. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

G. Claims Procedure

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:

- 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.

Claim Intimation: Upon the occurrence of any event that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call center or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- 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

Documents required for Claims Processing:

- 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.
- e) Copy of Hospital record, if applicable
- f) Valid driving license of the insured if he/she is driving the vehicle at the time of accident
- 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.
- 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.
- i) Disability certificate
- j) Leave/Absence Certificate from Employer (If Employed) Additional documents required under Copy of Birth Certificate and Copy of School ID Card

- k) Study Certificate from the school of the dependent child mentioning the parent's name
- l) Original bills, prescriptions, investigation reports, discharge card wherever applicable
- m) Loss of Employment/Termination Letter indicating the reason for termination, Salary Slip of last 3 months (for salaried persons).
- 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.
- o) Cancelled cheque copy
- p) Duly Filled & Signed Bank Mandate Form & CKYC Form, by Payee / Nominee
- q) Pass Book Copy of Payee / Nominee.
- r) Any other documents pertaining to the claim as requested by us.

Claim Investigation

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within fifteen (15) days from the date of Submission of Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us.

Settlement and Repudiation of a Claim

- 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 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 all claim documents.
- 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.

Payment Terms

- a) All Claims will be payable in India and in Indian rupees.
- b) We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance).

- c) Our total liability in aggregate for all claims under the Policy for a specific Insured Person shall not exceed the respective Sum assured of that Insured Person as mentioned in Policy Schedule.
- d) In case of claims for accidental death of the Insured Person, where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.

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

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka.	BENGALURU Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh Chattisgarh.	BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri

	<p>Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESHWAR Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	<p>CHANDIGARH Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	<p>CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	<p>DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building,</p>

	<p>Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>
<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>	<p>GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>
<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p>HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in</p>
<p>Rajasthan.</p>	<p>JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>
<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>	<p>KOCHI Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC</p>

	<p>Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>
<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>
<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>
<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)</p>	<p>MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33</p>

	<p>Email: bimalokpal.mumbai@cioins.co.in</p>
<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>NOIDA Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>
<p>Bihar, Jharkhand.</p>	<p>PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>
<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</p>	<p>PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>

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