

Group Personal Accident Insurance Policy – Prospectus

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.

2. Eligibility

- Minimum Entry Age: 18 Years
- Maximum Entry Age: 100 years (above 65 Years will be Underwriting Discretion)
- Entry Age for Dependent Children- 1 Days to 25 years*
- Renewals are available for lifelong.
- Policy offers cover on Individual and Floater Sum Insured basis.
- This policy can be issued to an individual and/or family

a) Family member includes.

- Self
- Spouse
- Dependent Children
- Dependent Parents

b) Sum Insured & Benefits

- Minimum Base Cover Sum Insured of the Policy Rs 10,000
- Maximum Base Cover Sum Insured of the Policy Rs 25,00,00,000

c) Eligibility Group Size – 07

d) Policy Period:

- The tenure of the Policy would be 1 year
- For Loan-Linked Policy, Policy Tenure would be 1 to 5 Years

3. Coverage

a. Death/Disappearance

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

b. Permanent Total Disablement

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.

C. Permanent Partial Disablement

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.

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%

d. Temporary Total Disablement

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.

e. Miscarriage

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:

- 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.

f. Lifestyle Modification

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:

- 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.

g. Assisted Mobility

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:

- 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.

h. Funeral Expenses

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:

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

i. Medical Expenses Cover

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

j. Hospital Cash

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

Contingency Description	Limit/Extent of Benefit
Hospital Cash	Per day daily benefit

	<p>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>
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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.

l. Marriage Expenses

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

m. Loss of Baggage

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

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

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.

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.

p. Road Ambulance Charges

Contingency Description	Limit/Extent of Benefit
Road Ambulance Charges	At the option of the Insured and as stated in the Schedule Over and above the CSI

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.

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.

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.

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].

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. 2.E.XVI

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.

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.

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 form

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.

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.

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.

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 anesthesia*

- 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%

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:

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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.

aa. Well-being and Preventive Care Coverage

Cover Description	Limit/Extent of Benefit
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.

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.

ac. Errors & Omissions

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

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.

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.

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.

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.

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.

ah. Named Event

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

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

4. 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.

C. 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, misdescription 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,
Navi Mumbai, Maharashtra – 400708

E- mail Address

contactus@universalsompo.com

For more details:

www.universalsompo.com

**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

Group Personal Accident Insurance

UIN: UNIPAGP25037V042425

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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.

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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)

D. 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.

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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.

Registered & Corp Office: Universal Sampo General Insurance Company Ltd.
8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off
Western Express Highway, Goregaon East, Mumbai 400063

E-mail: contactus@universalsompo.com, website link www.universalsompo.com