

## Annexure – A

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	<b>Janata Personal Accident Insurance</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.	--
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured -Where each member has a separate sum insured under the policy. and<<Individual Sum Insured is available under the Policy as specified under the Schedule.>>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<b>Coverage's</b>	Section - D
		Bodily Injury directly resulting in death or Permanent Total Disablement of the Insured. We shall pay to the Insured Person or his/her legal personal representative/nominee the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured). <b>(Note: The above is the brief summary, for detailed coverage please refer the policy wording).</b>	

6	Exclusions (What the policy does not cover)	<p><b>Specific Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.</li> <li>2. Any other payment after a claim under one of the benefits 1 and 2 in Table of benefits has been admitted and becomes payable.</li> <li>3. Any payment in case of more than one claim in respect of one Insured Person under this Policy during any Period of Insurance by which Our liability in that period would exceed CSI.</li> <li>4. Payment of compensation in respect of a Permanent Partial Disability or Death /disability as a consequence of/resulting from             <ol style="list-style-type: none"> <li>a) Committing or attempting suicide, intentional self-Injury.</li> <li>b) Whilst under influence of intoxicating liquor or drugs.</li> <li>c) Drug addiction or alcoholism.</li> <li>d) Whilst engaged in any adventurous sports.</li> <li>e) Committing any breach of law with criminal intent.</li> <li>f) War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or Usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.</li> </ol> </li> <li>5. Consequential loss of any kind and/or any legal liability</li> <li>6. Death/disability due to pregnancy including child birth, miscarriage, abortion or complication.</li> <li>7. Insured participating in any naval, military or air force operations.</li> <li>8. Curative treatments or interventions</li> <li>9. Venereal or sexually transmitted diseases.</li> <li>10. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.</li> <li>11. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.</li> </ol>	Section – D
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7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	Not Applicable	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit, and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>Sub limit: The Policy pays benefits only up to the Capital Sum Insured and the percentage limits specified in the Table of Benefits. There is also sublimit applicable for Permanent Partial disablement cover up to the percentage of the Sum Insured as specified in the policy schedule.</p> <p>There is no Co-payment under policy There is no Deductible applicable under policy</p>	Section D
9	Claims/Claims Procedures	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <ul style="list-style-type: none"> <li>• Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility - 1 hr</li> <li>ii. TAT for cashless final bill authorization - 3 hrs</li> </ul> </li> </ul> <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p>	Section - E

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sompo

Step V: Universal Sompo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

Provide the details/web link for following:

i. Network Hospital details: Available on website: [www.universalsompo.com](http://www.universalsompo.com).

ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)

iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: [www.universalsompo.com](http://www.universalsompo.com).

iv. Downloading/getting claim form: Available on website: [www.universalsompo.com](http://www.universalsompo.com)

• Anywhere Cashless Facility (Non Network Cashless):

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

		<p>Prior Intimation is required for processing cashless from non-network hospitals:</p> <ul style="list-style-type: none"> <li>➤ Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.</li> <li>➤ Mail us at <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></li> <li>• Reimbursement facility:</li> </ul> <p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p> <p>Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a> and inform about your claim.</p> <p>Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.</p> <p>Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement. Universal Sampo General Insurance Company Limited, Health Claims Management Office, 1st Floor, C-56- A/13, Block- C Sector- 62, Noida, Uttar Pradesh, Pincode: 201309</p> <p>Step IV: On receipt of document your claim will processed as per Terms &amp; Conditions of policy and the same will be communicated over SMS &amp; Email.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.</p>	
10	Policy Servicing	<ol style="list-style-type: none"> <li><b>1) Toll Free Numbers:</b> 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li><b>2) E-mail Address:</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a>.</li> <li><b>3) Address for postal communication:</b> <b>Universal Sampo General Insurance Co. Ltd.</b></li> </ol>	

		<p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane-Belapur Road, Airoli, Navi Mumbai- 400708</p> <p><b>Note:</b> Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p><b>Grievance</b></p> <p><b>Resolving Issue</b>        Write to : Customer Service Universal Sampo General Insurance Co.Ltd.        Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708        Email: <a href="mailto:grievance@universalsompo.com">grievance@universalsompo.com</a>        For More details, visit - <a href="http://www.universalsompo.com">www.universalsompo.com</a>        Visit Branch Grievance Redressal Officer (GRO)-        Walk into any of our nearest branches and request to meet the GRO.        Grievance Redressal Officer        In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to:        Customer Service        Universal Sampo General Insurance Co.Ltd. Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: <a href="mailto:GRO@universalsompo.com">GRO@universalsompo.com</a></p> <p><b>Insurance Ombudsman</b>        Bima Bharosa Portal link :  <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at <a href="http://www.irdai.gov.in">www.irdai.gov.in</a>, or of the General Insurance Council at <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a> the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a> or from any of Offices of the Company.</p>	

12	Things to remember	<p>1. <b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> <li>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</li> <li>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ol> <p>2. <b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>3. <b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p>
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13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.</p> <p>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalization History, Accidental Injury history, Any</p>	--

	<p>Surgical Procedure history &amp; or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out to us for disclosure of Material Information-</p> <p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p><b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030</p> <p><b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p>E-mail Address: <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p>➤ For more details: <a href="http://www.universalsompo.com">www.universalsompo.com</a></p>	
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Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: \_\_\_\_\_

(Signature of the Policyholder)

Note:

- i. Weblink to Access product related documents: [Universal Sampo | Resources Downloads](#)
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.
- iii. The insurer shall obtain confirmation from the policyholder regarding receipt of the Customer Information Sheet.