

**JANATA PERSONAL ACCIDENT INSURANCE
POLICY WORDINGS**

A. SCHEDULE

B. PREAMBLE

In consideration of Your having paid the premium for the period stated in the Schedule or for any further period for which We may accept the payment for Renewal of this Policy, We undertake that in the event of Death or Permanent Total Disablement sustained by the Insured Person(s) solely due to an Accidental Injury during the Policy Period, We will make payment to them or to their legal representative/Nominee as per the Table of Benefits set forth in the Policy provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by them have been met.

This Policy is an evidence of the contract between You and Universal Sampo General Insurance Company Limited. The information furnished by You in the Proposal Form and the declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

C. DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

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:

1. **Accident** means a sudden unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Treatment** refers to medical and / or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
3. **Bank Rate** means rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.
4. **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.
5. **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 pre-authorization approved.

6. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice-based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
7. **Complainant** means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and/ or distribution channel.
8. **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
9. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants. **Disclosure to information norm** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
10. **Emergency Care** means management for a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
11. **Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period
12. **Hospitalization** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
13. **Hospital** means any institution 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:
 - a. has qualified nursing staff under its employment round the clock,
 - b. 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,
 - c. has qualified Medical Practitioner (s) in charge round the clock,
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - e. maintains daily records of patients and will make these accessible to Insurance company's authorized personnel.

14. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- a. **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
 - b. **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires Your rehabilitation or for you to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it comes back or is likely to come back
15. **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.
16. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
17. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
18. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
19. **Medical Practitioner** is 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 licence and is not a member of the Insured Person's Family.
20. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
21. **Mis-selling** includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by
- a. exercising undue influence, use of dominant position or otherwise, or
 - b. making a false or misleading statement or misrepresenting the facts or benefits, or

- c. concealing or omitting facts, features, benefits, exclusions with respect to products, or
 - d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders
22. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for pre-existing diseases and specific waiting periods from one insurer to another insurer.
23. **Pre-existing disease (PED)** means any condition, ailment, injury or disease:
- a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
24. **Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
25. **Prospect** means any person who is a potential customer and likely to enter into an insurance contract either directly with the insurer or through the distribution channel involved.
26. **Prospectus** means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.
27. **Notification of Claim** is 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.
28. **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, taking into account the nature of the Illness / Injury involved .
29. **Renewal:** 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
30. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
31. **Subrogation** means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

C.2. Specific Definitions:

Accidental Death means Death resulting from Bodily Injury solely and independently of any other cause except Illness directly resulting from, or medical or surgical treatment rendered necessary for such Injury, occasions the Death of the Insured Person within 12 months from the date of Accident.

Adventure Sports: Participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

Ambulance means any vehicle used solely for the conveyance of injured persons from Accidental location or Your residential place or Hospital to any Hospital in emergency cases.

Bodily Injury means accidental physical bodily Injury solely and directly caused by external, violent visible cause.

Capital Sum Insured means the monetary amounts shown against Insured Person(s) which is the maximum limit of our liability against said Insured Person.

Contribution is essentially 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 Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Insured means the individual whose name is specifically appearing in the Schedule herein after referred as "You"/"Your"/"Yours"/"Yourself".

Insured Person: The person(s) named as Insured Person in the Schedule which will include you and your family inclusive of dependent parents.

Nominee means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on his/her death.

Period of Insurance: The time period for which the contract of insurance is valid as shown in the Policy Schedule.

Permanent Total Disablement: The bodily Injury that totally, irrecoverably and absolutely prevents you from engaging in any kind of occupation.

Permanent Partial Disability: The bodily Injury that results in total, irrevocable, absolute and continuous loss of or impairment of a body part or sensory organ specified under the Table of Benefits.

Proposal: 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.

Policy: Policy wording, the Schedule, the Proposal form and Endorsement / Memoranda, if any.

Schedule means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy would be payable.

Temporary Total Disablement: The bodily Injury that prevents you from engaging in your occupation for a period not exceeding 104 weeks since the date of Injury to the time you are fit enough to resume your occupation as certified by Medical Professional

Terrorism/Terrorist activity: means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

You/Your/Yours/Yourself means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

We/Our/Ours/Us mean Universal Sampo General Insurance Company Limited.

War means War, 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.

D. SCOPE OF COVER

What We cover

1. 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.)

What We Exclude

1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
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.
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.
4. Payment of compensation in respect of a Permanent Partial Disability or Death /disability as a consequence of/resulting from
 - a) Committing or attempting suicide, intentional self-Injury.
 - b) Whilst under influence of intoxicating liquor or drugs.
 - c) Drug addiction or alcoholism.
 - d) Whilst engaged in any adventurous sports.
 - e) Committing any breach of law with criminal intent.
 - 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.

5. Consequential loss of any kind and/or any legal liability
6. Death/disability due to pregnancy including child birth, miscarriage, abortion or complication.
7. Insured participating in any naval, military or air force operations.
8. Curative treatments or interventions
9. Venereal or sexually transmitted diseases.
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.
11. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

TABLE OF BENEFITS	
COVER FOR	PERCENTAGE OF CAPITAL SUM INSURED
1. Death	100
2. Permanent Total Disability:	
a. Loss of sight (both eyes)	100
b. Loss of two limbs	100
c. Loss of one limb and one eye	100
d. Any other Permanent Total and absolute disablement as certified by Qualified Medical Practitioner	100

E. CLAIM PROCEDURE

A) Upon happening of any Accident and/or Injury which may give rise to a claim under this Policy

- You shall give us a notice to our call centre immediately and also intimate in writing to our Policy issuing office. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
- All certificates, information and evidence from a Medical Practitioner or otherwise required by Us as mentioned below shall be provided by You.

B) Following documents shall be required in the event of a claim.

For Death Claim

- Duly filled up claim form
- Death Certificate
- Original FIR

- Original Panchnama
- Post mortem report

For Permanent Total disablement

- Duly filled up claims form
- Original FIR
- Panchnama
- Hospitalization Report
- Hospital discharge card
- Original Certificate from Doctor of Govt. Hospital stating the degree of disability

We shall settle claim(s), including its rejection, within fifteen days

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

- C)** On receipt of intimation from You regarding a claim under the Policy, we are entitled to carry out examination and ascertain details and in the event of death get the post-mortem examination done in respect of deceased person.

D) Position after claim:

We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability), as stated in the Policy Schedule with respect to any of the benefits, is exhausted by You.

E) Claim Payment:

- 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 claim.
- iv) In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

F. STANDARD TERMS AND CONDITIONS

F.1. Standard Terms and conditions:

Janata Personal Accident Insurance
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1. Notice:

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone.

2. Mis-description:

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

Non-disclosure shall include failure on Your part to intimate us in writing and obtaining written approval from us in respect of Changes in Circumstances arising out of changes in the duty, business, occupation of the Insured Person(s).

3. Contribution and Subrogation:

Subrogation and Contribution provisions are not applicable to the Policy.

4. Fraud

All benefit under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

5. Cancellation/termination

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

6. Three Months Notice:

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i) In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii) The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by Us.

7. Nomination

The Policy has provision of nomination, In absence of Your declaring Nomination at the time of Proposal, then all benefits accrued under the Policy if any, shall be given to Your legal heir/dependants.

8. Substitute Product

In case We may decide to withdraw this product under which this Policy is issued to You or where the children have attended maximum eligibility age under the Policy, if covered, We shall provide You with an option to buy a similar substitute Accident insurance Policy from Us.

9. Free Look -up period

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

10. Renewal of the policy

- i. A health insurance policy is renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate to another product.
- ii. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- iii. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

The premium for renewals shall be subject to discount when group Policy issued witnesses favourable claims ratio as under:

Incurred Claim Ratio under the Group Policy	Discount Percentage (%)
Up to 20 %	25
2 % - %	15
3 % - %	10
5 % - %	5

The premium for renewals shall be subject to loading when group Policy issued witnesses adverse claims ratio as under:

Incurred Claim Ratio under the Group Policy	Loading Percentage (%)
Between 80 % and 100 %	25
Between 101 % and 125 %	55
Between 126 % and 150 %	90
Between 151 % and 175 %	120
Between 176 % and 200 %	150
Over 200 %	Cover to be reviewed

We will inform You about the applicable risk loading through a counter offer letter. You have to revert to Us with consent and additional premium (if any) within 15 days of issuance of such counter letter. In case, You neither accept the counter letter from Us nor revert to Us within 15 days, We shall cancel Your application and refund the premium within next 7 days.

Please note We shall issue Policy only after getting Your consent. The premium of the Policy may be revised subject to approval from Insurance Regulatory Development Authority

11. Adjustment of Premium (applicable to policies issued on unnamed employees basis)

The premium payable hereon has been determined by reference to Your estimate of the number of persons and their category as stated in the Schedule. It is hereby agreed that during the Policy Period You shall maintain a proper and contemporaneous record of the actual number of persons within such category, which record shall be available for inspection by Us at any reasonable time.

Within one month from the expiry of this Policy, You shall provide Us with a written record of the actual number of persons within such category during the Policy Period and any information or supporting documentation in respect thereof at Our request. If the actual number of persons within such category ascertained after the expiry of this Policy shall differ from Your original estimate thereof, then:

- i. if the actual number of persons within such category exceeds the estimate of the same, You shall pay Us any additional premium that We may determine by reference to the differential, or
- ii. if the actual number of persons within such category is less than the estimate of the same, We will reimburse You by reference to the differential but subject to minimum retention of premium of 50%

12. Compensation

In case of claim by Death or Permanent Total Disablement compensation will be made only after deleting by an endorsement the name of the deceased/injured person in respect of whom such sums shall become payable.

13. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called a moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

14. Migration

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

15. Portability

The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. A Policyholder has the choice to port his/ her policies from one Insurer to another. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

16. Grace period for payment of premiums

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

17. Redressal of Grievance

Resolving Issue

Write to:

Customer Service Universal Sampo General Insurance Co.Ltd.

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

Thane-Belapur Road, Airoli, Navi Mumbai,

Maharashtra – 400708

Email: grievance@universalsompo.com

For More details, visit – www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

Grievance Redressal Officer

In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to:

Customer Service

Universal Sampo General Insurance Co.Ltd.

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

Janata Personal Accident Insurance

UNIPAGP09002V020809

Thane-Belapur Road, Airoli, Navi Mumbai,

Maharashtra – 400708

Email ID: GRO@universalsompo.com

Insurance Ombudsman

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

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

The updated contact details of the Insurance Ombudsman offices can be referred to by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at

www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the

Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Offices of the Company.

Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure-I.

F.2. Specific Terms and Conditions:

1. Discount(s) under the Policy Group Discount

We shall provide group discount as per below when the number of persons covered under the Policy exceeds 25. Group Discount will not be reviewed during the currency of the Policy, even if the size of the group exceeds the next slab.

Number of Persons covered	Applicable discount
Up to 25 persons	No discount
Between 25 and 50 persons	5% on total premium
Between 51 and 100 persons	10% on total premium
Between 101 and 300 persons	15% on total premium
Between 301 and 400 persons	20% on total premium
Between 401 and 500 persons	25% on total premium
Over 500 persons	To be decided by Corporate Office

On Duty Cover Discount:

We may provide a discount up to 25% on the basic premium when Janata Personal Accident cover is only for restricted hours of duty (and not for all 24 hours of day and night) for the Insured Persons in the Policy. The restricted cover is intended only for employers who wish to cover their employees for accidents during and in the course of employment.

Off Duty Cover Discount:

We may provide a discount up to 50% on the basic premium when Janata Personal Accident cover is

required only for restricted hours, when the Insured Person is not at work and/ or not on official duty.

2. Geographical Scope:

The geographical scope of this Policy will be worldwide unless otherwise stated in the Policy schedule; however the claims shall be settled in India in Indian rupees. The provisions of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

3. Sum Insured Enhancement:

Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.

4. Disclaimer Clause

In case of any claim under the Policy which is not admitted by us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

Annexure 1 –

List of Ombudsman Details

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Shri K.Vinayak Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Ms Neerja Kapu Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka
BHOPAL Shri Ajay Kumar Office of the Insurance Ombudsman, 1st floor," Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills	Madhya Pradesh, Chattisgarh.

<p>Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: oio.bhopal@cioins.co.in</p>	
<p>BHUBANESHWAR Shri Ajay Kumar Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429 / 2596003 Email: oio.bhubaneswar@cioins.co.in</p>	<p>Odisha</p>
<p>CHANDIGARH Ms Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017 Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI Shri K.Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p>DELHI Ms Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 46013992 / 23213504 /23232481 Email: oio.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh</p>
<p>GUWAHATI Shri Ajay Kumar Sharma 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: oio.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Ms G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court",</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

<p>Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in</p>	
<p>JAIPUR Shri Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI Shri Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW Shri Ajay Kumar Sharma 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: oio.lucknow@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>MUMBAI Ms Sarojini S Dikhale Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,</p>	<p>List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.</p>

<p>S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in</p>	
<p>NOIDA Ms Alka Jha Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Ms Neerja Kapur Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE Shri Sunil Jain 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: oio.pune@cioins.co.in</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>
<p>THANE Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane – 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in</p>	<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."</p>

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