

LOAN SECURE INSURANCE POLICY

PROSPECTUS

Universal Sampo's Loan Secure Insurance Policy is a unique Policy that helps you transfer the burden of your loan in the event of an unforeseen contingency. This Policy is specially designed for customers of banks and financial Institutions. This Insurance Policy serves as safety net so that you and your near and dear ones are not worried about repayment of your loan in the event of your unfortunate diagnose of listed Major Medical Illnesses or undergoing of Surgical Procedures or witness Accidental Death, or Permanent Total Disablement on account of Accident resulting in inability to remain gainfully employed. This Policy also provides for Loss of Job and Cover of Dwelling and Content against Fire and Allied Perils.

Who can take this policy?

Principal Loan Borrowers and Co Applicants (The apportionment of Sum Insured shall be on equal basis amongst all insured persons) from age 20 yrs to 65 yrs. e.g Personal Loan holders, students holding education loan etc.

What are the sum insured options?

Sum insured option available ranging from minimum Rs 50000 to max Rs 3 Crores

What is renewal age?

All the covers opted for shall be renewed till the loan tenure or lifetime of insured whichever is earlier, except on grounds of established fraud or non- disclosure or misrepresentation by the insured person.

Policy Tenure

The Policy can be taken for 1 year/ 2 Years/ 3 Years.

Pre Insurance Health Check up

Pre-policy medical examination for loan borrower / co applicants with sanctioned loan Amount as stated below:

| Age | Sanctioned loan amount (Sum insured) | No medical test required subject to no adverse health condition |
|----------------|--------------------------------------|---|
| Up to 50 Years | Up to Rs 3 Crore | |
| 51- 65 years | Up to 1 Crore | |

Customer may have to undergo Medical test in following cases:

- 1) Sum Insured more than Rs 1 Crore and if customer's age is 51 years and above
- 2) If customer has declared a Preexisting diseases condition under the Proposal Form.

The Proposer will have to undergo the following tests at his own cost. If the proposal is accepted, 50% cost of Health checkup will be refunded to Insured.

List of Medical Tests to be conducted:

- MER – Medical Examination Report with Medical history and Blood Pressure Recordings- Conducted by a Registered Physician (MBBS/ MD)
- CBC – Complete Blood Count
- RFT – Renal Function Test
- LFT – Liver Function Test
- FBS – Fasting Blood Sugar
- PPBSL - Post Prandial Blood sugar
- RUA – Routine Urine Examination
- ECG – Electro Cardiogram
- CXR – Chest X-Ray
- USG – Ultra Sonography
- PSA – Prostate Specific Antigen
- Lipid Profile
- HbA1c – Glycosylated HB
- TMT – Treadmill Test Medical Examination

WHAT IS COVERED UNDER THE POLICY?

Policy is offered with following coverages with various options varying in terms of extent of coverage available as under:-

Section 1 - Major Medical Illnesses & Surgical Procedures: (Mandatory Section)

We will pay the Sum Insured if during the Policy Period the Insured Borrower unfortunately contracts with any of the following covered Major Medical Illnesses or undergoes Surgical Procedures for the first time during the Period of Insurance.

This Policy covers up to of 18 Major Medical Illnesses & Surgical Procedures as per the Plan chosen.

We bring a wide range of options as below depending on the number of Major Medical Illness Procedures to be covered. The options range from 9, 12, 15 and 18 Major Medical Illness Procedures.

Plans under the policy:

Silver Plan

- a) First Diagnosis of the below-mentioned Illnesses more specifically described below:
1. Cancer of Specified Severity
 2. Kidney Failure requiring regular dialysis
 3. Multiple Sclerosis with Persisting Symptoms

- b) Undergoing for the first time of the following Surgical Procedures, more specifically described below:
1. Major Organ/ Bone Marrow Transplant
 2. Open Heart Replacement Or Repair Of Heart Valves
 3. Coronary Artery Bypass Graft
- c) Occurrence for the first time of the following medical events more specifically described below:
1. Permanent Paralysis of Limbs
 2. Myocardial Infarction (First Heart Attack of Specified Severity)
 3. Stroke resulting in Permanent Symptom

Gold Plan

- a) First Diagnosis of the below-mentioned Illnesses more specifically described below:
1. Cancer of Specified Severity
 2. Kidney failure requiring regular dialysis
 3. Multiple Sclerosis with Persisting Symptoms
 4. Benign Brain Tumor
 5. Parkinson's Disease
- b) Undergoing for the first time of the following Surgical Procedures, more specifically described below:
1. Major Organ / Bone Marrow Transplant
 2. Open Heart Replacement Or Repair Of Heart Valves
 3. Coronary Artery Bypass Graft
- c) Occurrence for the first time of the following medical events more specifically described below:
1. Stroke resulting in Permanent Symptoms
 2. Permanent Paralysis of Limbs
 3. Myocardial Infarction (First Heart Attack of Specified Severity)
 4. Coma of Specified Severity

Platinum Plan

- a) First Diagnosis of the below-mentioned Illnesses more specifically described below:
1. Cancer of Specified Severity
 2. Kidney Failure requiring regular dialysis
 3. Multiple Sclerosis with Persisting Symptoms
 4. Benign Brain Tumor
 5. Parkinson's Disease
 6. End Stage Liver Failure
 7. Alzheimer's Disease

- b) Undergoing for the first time of the following Surgical Procedures, more specifically described below:
1. Major Organ/ Bone Marrow Transplant
 2. Open Heart Replacement Or Repair Of Heart Valves
 3. Coronary Artery Bypass Graft
 4. Surgery of Aorta
5. Occurrence for the first time of the following medical events more specifically described below:
- a. Stroke resulting in Permanent Symptoms
 - b. Permanent Paralysis of Limbs
 - c. Myocardial Infarction (First Heart Attack of Specified Severity)
 - d. Coma of Specified Severity

Diamond Plan

- a) First Diagnosis of the below-mentioned Illnesses more specifically described below:
1. Cancer of Specified Severity
 2. Kidney Failure requiring regular dialysis
 3. Multiple Sclerosis with Persisting Symptoms or
 4. Benign Brain Tumor
 5. Parkinson's Disease
 6. End Stage Liver Failure
 7. Alzheimer's Disease
- b) Undergoing for the first time of the following Surgical Procedures, more specifically described below:
1. Major Organ / Bone Marrow Transplant
 2. Open Heart Replacement Or Repair Of Heart Valves
 3. Coronary Artery Bypass Graft
 4. Surgery of Aorta
- c) Occurrence for the first time of the following medical events more specifically described below:
1. Stroke resulting in Persisting Symptoms
 2. Permanent Paralysis of Limbs
 3. Myocardial Infarction (First Heart Attack of Specified Severity)
 4. Coma of Specified Severity
 5. Third Degree Burns
 6. Deafness
 7. Loss of Speech

Please refer to the Policy Wordings for definitions of the Major Medical Illnesses and Surgical Procedures available with your banker/our Agent/our office.

Section II - Personal Accident (Optional cover)

This section covers the Insured Borrower against accidental risks as under:-

A. Death due to an Accident:

If You, the Insured Borrower, die within a period of 12 months from the date of bodily injury due to Accident and such bodily injury be the direct cause of Your death, then the Sum Insured, under the Policy shall become payable by Us.

B. Permanent Total Disablement due to an Accident:

We will pay Sum Insured upon your having met with an accidental bodily injury resulting in Permanent

Total Disablement subject to the following that the disablement;

- i. Continues for a period of twelve (12) consecutive months, and
- ii. is confirmed as total, continuous and permanent by a Medical Practitioner after the period of twelve (12) consecutive months, and
- iii. Entirely prevents you, the Insured Borrower from engaging in or giving attention to gainful occupation of any and every kind for the remainder of your life.

Section III – Loss of Job (Optional cover, only for salaried insured)

We will pay 3 EMIs* corresponding to the loan insured in the event of

- i. Termination/ Dismissal of employment of the Insured borrower.
- ii. Temporary suspension or retrenchment from employment

Section IV – Fire and Allied Perils – Dwelling and Household Contents (Optional cover)

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

| | Column A | Column B |
|----|---|--|
| | We cover physical loss or damage, or destruction caused to the Insured Property by | We do not cover any loss or damage, or destruction caused to the Insured Property |
| 1. | Fire | caused by burning of Insured Property by order of any Public Authority. |
| 2. | Explosion or Implosion | - |

| | | |
|-----|---|--|
| 3. | Lightning | - |
| 4. | Earthquake, volcanic eruption, or other convulsions of nature | - |
| 5. | Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation | - |
| 6. | Subsidence of the land on which Your Home Building stands, Landslide, Rockslide | caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or ground works or excavations. |
| 7. | Bush fire, Forest Fire, Jungle Fire | - |
| 8. | Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.) | caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds. |
| 9. | Missile testing operations | - |
| 10. | Riot, Strikes, Malicious Damages | caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person. |

| | | |
|-----|---|---|
| 11 | Acts of terrorism (Coverage as per Terrorism Clause attached) | Exclusions and Excess as per Terrorism Clause attached. |
| 12. | Bursting or overflowing of water tanks, apparatus and pipes, | - |
| 13. | Leakage from automatic sprinkler installations. | a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You. |
| 14. | Theft within 7 days from the occurrence of and proximately caused by any of the above Insured Events. | if it is a. any article or thing outside Your Home, or b. any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted. |

The policy also pays for following expenses:

a) Architect, surveyor, consulting engineer: Upto 5% of the claim amount

b) Removal of debris: Upto 2% of the claim amount

c) Increase in Sum Insured:

- i. Annual Policy: an amount representing 1/365th of 10% of Sum Insured
- ii. Long Term Policy: Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.

d) Loss of Rent: Up to a sum insured as specified in policy schedule for a duration maximum up to 3 years.

e) Rent for Alternative Accommodation: Up to a sum insured as specified in policy schedule for a duration maximum up to 3 years.

3. ADDITIONAL BENEFITS UNDER THE POLICY

a) **Sum Insured Options:** You have the option of choosing Sum Insured on either of the basis as mentioned below (applicable to Section I and II only).

- **Fixed Sum Insured** where Sum Insured is equal to Loan sanctioned at inception and it remains fixed throughout the Policy tenure. In the event of Claim under Section I and II, the benefit amount under the policy will be paid to the insured or nominee of the insured.
- **Reducing Balance** where Sum Insured goes on decreasing as the Loan outstanding decreases year on year. In the event of Claim under Section I and II, only the loan outstanding at the time of claim will be payable to the insured or nominee of the insured.

N.B. Reducing Sum Insured option is available only for 3 year policy tenure.

Coverage and Sum Insured

| Coverage | Sum Insured |
|--|--|
| Section I: Major Medical illness and Surgical Procedure | Fixed Sum Insured- Loan Sanctioned Amount |
| | Reducing Balance- Loan Outstanding Amount |
| Section II: Personal Accident | Fixed Sum Insured- Loan Sanctioned Amount |
| | Reducing Balance- Loan Outstanding Amount |
| Section III: Loss of Job | 3 EMIs as per the chosen Sum Insured |
| Section IV: Fire and Allied Perils- Dwellings and Contents | Dwellings- As mentioned in the Policy Schedule |
| | Contents- As mentioned in the Policy Schedule |

b) **Policy Tenure** Maximum Policy Period is three years.

c) **Multiple Applicants** under one loan can be covered for their proportionate share under separate Policies.

d) Policy is based on a one-time premium payment for the full Policy term.

e) **Free Look Period:**

We shall give an insured Free Look Period at the inception of the Policy and:

1. Insured will be allowed a period of at least 30 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
2. If Insured have not made any claim during the Free Look period, You shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by company on Insured's medical examination and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the Policy is exercised by

- Insured, a deduction towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

f) Flexibility of choosing covers

The Product has been so designed to give flexibility to insured borrower to buy the Policy for self, as a combination of Plan (Silver, Gold, Platinum and Diamond) under Section I along with mentioned covers.

4. CONDITIONS UNDER THE POLICY

Terms of Cancellation under the Policy

By Us

We may cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation by you by giving 7 days' notice in writing by in which case we shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

By You

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

Expiry of the policy

The policy expires on occurrence of earlier of any one of the following

- Payment of Claim under Section I and Section II of the Policy
- Prepayment/ foreclosure of the loan
- Policy End Date

Continuity under the Policy

In the event that the policy has been discontinued, option shall be available to you to migrate to a suitable health insurance policy offered by the Company. In all such cases waiting periods and other time bound exclusions as stipulated under the individual health insurance policy shall be applicable with due adjustments for the time covered under the Loan Secure Insurance Policy without interruption.

Refund under the Policy

In the event of full prepayment of the Loan by the Insured, the Company shall refund a portion of the premium subject to the terms and conditions of the Policy on Prorata Basis.

In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.

Upon making any refund of premium under this Policy, the cover in respect of that Insured shall forthwith terminate and we shall not be liable thereafter.

No refunds of premium shall be made in respect of the Insured where any claim has been admitted by or lodged with us.

Withdrawal/Modifications:

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 also promise You that

- 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, subject to portability conditions.
- III. Policies whose renewal will be within 90 days of withdrawal will be given choice for one time renewal of existing policy, others will have the choice to migration to substitute health insurance policy/modified product.

Renewal

- a. All the covers opted for shall be renewed till the loan tenure or lifetime of insured whichever is earlier, except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by any Insured Persons
- b. The Renewal of a Policy sought by Insured shall not be denied arbitrarily. If denied, Company shall provide Insured with cogent reasons for such denial of Renewal.
- c. This policy shall not be renewed and the insured shall not be eligible for any new similar policy(ies) if the claim is paid or admitted under section I or section II.

- d. The company may condone delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- e. If the insured move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.
- f. If the Policy is not renewed within the Grace Period then Company may agree to issue a fresh Policy subject to underwriting criteria and no continuing benefits shall be available from the expired Policy.
- g. We shall provide the insured with a substitute health insurance product if the insured have reached maximum renewable age under the Policy.
- h. All premiums are payable in advance of any cover under this Policy being provided.
- i. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDAI.
- j. If a claim is ascertained in case of loss of employment cover and the insured is eligible for renewal, the insured can renew the loss of employment cover subject to him/her being employed at the time of renewal.
- k. In the event of claim in respect of the Insured becoming admissible and accepted by the Company under the Section I: major medical illnesses & surgical procedures or Section II: personal accident and the Company admitting liability against any of these sections and further policy shall cease to exist except the cover under section IV shall be continued till the expiry of the policy.

5. WHAT WE EXCLUDE IN THE POLICY?

Exclusions specific to Section I

We shall not be liable for any claim under the policy arising out of

- a) Any Pre-Existing Illness- Any Insured Event arising on account of or in connection with any Pre-Existing Illness
- b) If the Insured does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / Surgical Procedure in relation to the claim of the particular Insured person.
- c) The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance (Waiting period is not applicable on renewal).
- d) Expenses arising out of or howsoever connected to the internal congenital diseases or illnesses for the first 2 years of the Policy
- e) Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
- f) Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy in Part I of the Policy under Special Conditions.
- g) Treatment relating to external congenital Illnesses.
- h) Birth control procedures and hormone replacement therapy.

- i) Any treatment/Surgery for change of sex or any cosmetic Surgery or treatment/ Surgery /complications /Illness arising as a consequence thereof.
- j) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.

Exclusions specific to Section II

We shall not be liable under this Section for:

- a) Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured Person.
- b) Payment of compensation in respect of Insured Event which occurs whilst the Insured person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airline anywhere in the world;
- c) Payment of compensation in respect of death, injury or disablement of Insured person (a) from engaging in or participation in adventure sports including but not limited to winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters, participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the Policy (b) directly or indirectly caused by venereal disease or insanity;
- d) Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured Person.
- e) No sum shall be payable under this Section in case of any Permanent Total Disablement for which medical care, treatment, or advice was recommended by or received from a Medical Practitioner or from which the Insured person suffered or which was present before the commencement of the Policy Period.

Exclusions specific to section III

- a) We shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person being attributed to any dishonesty or fraud or poor performance on the part of the Insured person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured person by the employer.
- b) We shall not be liable to make any payment under this Policy in connection with or in respect of:
 - i. Self-employed persons;
 - ii. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;

- iii. Any voluntary unemployment;
- iv. Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period (Waiting period is not applicable on renewal or for accidents).
- c) Any unemployment from a job under which no salary or any remuneration is provided to the Insured person.
- d) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- e) Any unemployment due to resignation, retirement whether voluntary or otherwise.
- f) Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

General Exclusions applicable to Section I, Section II and Section III of the policy

We shall not be liable for any claim

1. Arising or resulting from the Insured person committing any breach of the law with criminal intent
2. "War, invasion, act of foreign enemy, hostilities (whether War be declared or not) Civil War, rebellion, evolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and all kind and acts of Terrorism, Nuclear weapon induced treatment or taking active part in Riot, Strike, malicious acts".Directly or indirectly caused by or contributed to/by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self- sustaining process of nuclear fission
3. Directly or indirectly caused by or contributed to/by or arising from nuclear weapon materials.
4. Directly or indirectly caused by or contributed to/by or arising out of usage, consumption or abuse of alcohol and/or drugs.
5. Arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
6. Any consequential or indirect loss or expenses arising out of or related to any Insured Event unless otherwise covered in the policy..
7. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion, Miscarriage and its consequences except if arised out of an accident, tests and treatment relating to infertility and invitro fertilization.
8. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
9. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism/sabotage.

Exclusions specific to Section IV

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event,
 - or ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees or expenses for preparing any claim.

Additional Clauses that can be attached:

AC1: For Reducing Balance Sum Insured Covers

AC2: Premium Refunds

AC3: Survival Period

6. CLAIMS PROCEDURE

1. Claim Intimation

Procedure for Cashless claims:

Follow below steps to avail Cashless facility through our In house Health Claims Management:

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 Sampo

Step V: Universal Sampo 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.

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.

Prior Intimation is required for processing cashless from non-network hospitals:

➤ 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.

➤ Mail us at healthserve@universalsampo.com

G.2 Procedure for reimbursement of claims:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsampo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

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

Step IV: On receipt of document your claim will be processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

G.3 Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.

2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

Claim Documents for Section I

- a. Certificate from the attending Medical Practitioner of the Insured Person confirming, inter alia,
 - Name of the Insured person;
 - Name, date of occurrence and medical details of the Insured Event
 - Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
- b. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
- c. Duly completed claim forms;
- d. Original Discharge Certificate/ Card from the hospital/ Medical Practitioner;
- e. Original investigation test reports or their copies,
- f. Indoor case papers, if required;

If required, You, the Insured, must agree to be examined by a Medical Practitioner of Our choice at Our expense.

Claims documents for Section II

1. Duly completed claim form;
2. Medical Practitioner's Report;
3. First Information Report and Final Police report, wherever necessary;
4. Death certificate/ Post Mortem Report, wherever applicable;
5. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;
6. Disability certificate from a Medical Practitioner or hospital confirming the extent and nature of disability;
7. Post mortem report, if the same was conducted;
8. Certificate, from the Insured stating the amortization schedule, the EMI Amount, Principal Outstanding, etc.

Claim Documents for Section III

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.

3. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of Insured person with the reasons for the same.

Claim Documents for Section IV

1. details of report to the police that You made,
2. details of report to any Authority that You made,
3. details of the Insured Event,
4. a brief statement of the loss,
5. particulars of any other insurance of Your Home Building or any of Your Home Contents,
6. details of loss or damage under any Optional Cover or Add-ons,
7. submit photographs of loss or physical damage, wherever possible

N.B. The Company shall have no liability under this Policy, once the Maximum Limit of Liability (Sum Insured) with respect to any of the Sections, is exhausted by the Insured. The Company shall be relieved of its liability under the Policy once a claim has been paid under Section I or Section II of the Policy.

For all your service requests e-mail us at contactus@universalsompo.com

*Cover available for Salaried Employees only

7.Redressal of Grievance

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.

E- mail Address contactus@universalsompo.com

For more details: www.universalsompo.com

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli,

Navi Mumbai, Maharashtra – 400708

Toll Free Numbers: 1800-22-4030 or 1800-200-4030

Senior Citizen toll free number: 1800-267-4030

Step 2: Grievance Cell

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

Customer Service Universal Sampo General Insurance Co. Ltd.

E- mail Address: grievance@universalsompo.com

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

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 incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sampo General Insurance Co. Ltd.

E- mail Address: gro@universalsompo.com

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

For more details: www.universalsompo.com

For updated details of grievance officer, kindly refer the link <https://www.universalsompo.com/resource-grievance-redressal>

Step 4: Insurance Ombudsman

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

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

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI- <https://bimabharosa.irdai.gov.in/>.

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

8. Insurance Act 1938, Section 41- Prohibition of Rebates

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Disclaimer:

Insurance is a subject matter of solicitation.

The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale.

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, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsampo.com, website link www.universalsampo.com

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