

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 |
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| 1 | Name of Insurance Product/Policy | MUSKAAN | -- |
| 2 | Policy Number | << >> | -- |
| 3 | Type of Insurance Product/Policy | <p>Both Indemnity and Benefit</p> <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) | -- |
| 4 | Sum Insured (Basis) (Along with amount) | <ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), <p>Health Insurance <<Sum Insured Range 2.5L/3L/3.5L/4L/4.5L/5L/5.5L/6L/6.5L/7L/7.5L>></p> <p>Personal Accident <<Sum Insured Range 2.5L/3L/3.5L/4L/4.5L/5L/5.5L/6L/6.5L/7L/7.5L>></p> | -- |
| 5 | Policy Coverage (What the policy covers?) (Policy Clause Number/s) | <p style="text-align: center;">Section 1: Health</p> <p>1. Inpatient Treatment - Covers medically necessary hospitalization expenses for illness, disease or injury requiring admission as an inpatient, including room rent as per opted category and Policy Schedule, ICU charges, operation theatre charges, medical practitioner/surgeon fees, anesthetist, qualified nurses, specialists, diagnostic tests, medicines, drugs, consumables, blood, oxygen, surgical appliances and prosthetic devices used intra-operatively during a surgical procedure.</p> <p>2. Modern Treatments - Covers listed modern treatments, wherever medically indicated, either as inpatient treatment or as part of day care treatment, up to 50% of Sum Insured, subject to policy terms.</p> | Section - D |

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| | | <p>3.Pre-Hospitalization We will cover for expenses for Pre-Hospitalization Consultations, investigations and medicines incurred up to 15 days as mentioned in the Policy Schedule before the date of admission to the hospital. The benefit is payable if We have admitted a claim under Section 1.1</p> <p>4. Post-Hospitalization We will cover for expenses for Post Hospitalization Consultations, investigations and medicines incurred up to 30 days as mentioned in the Policy Schedule after discharge from the hospital. The benefit is payable if We have admitted a claim under Section 1.1</p> <p>5. Domiciliary Treatment We will cover for expenses related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. At the time of claiming under this benefit, we shall require certification from the treating doctor fulfilling the conditions as mentioned under the definitions of this policy. Maximum limit under this cover would be 10% of the Sum Insured.</p> <p>6. AYUSH Treatment We will pay for the Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit mentioned in the Policy Schedule.</p> | |
| | | Section 2: Personal Accident | |
| | | <p>1.Accidental Death We will pay to Nominee in case an Insured Person sustains bodily injury which results into Accidental Death during the Policy period within 12 months from the Date of accident up to the Sum Insured as mentioned in the Policy Schedule.</p> <p>2. Permanent Total Disability We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to an Insured Person results in any one of the losses shown in the Table of Losses below and if that loss has continued for 12 consecutive months.</p> | |
| 6 | Exclusions (What the policy does not cover) | <p>Standard Exclusions</p> <p>1.Investigation & Evaluation (Code- Excl04) 2.Rest Cure, Rehabilitation and Respite Care (Code- Excl05)</p> | Section - E |

3. Obesity/ Weight Control (Code- Excl06)
4. Change-of-Gender Treatments: (Code- Excl07)
5. Cosmetic or plastic Surgery: (Code- Excl08)
6. Hazardous or Adventure sports: (Code- Excl09)
7. Breach of law: (Code- Excl10)
8. Excluded Providers: (Code-Excl11)
9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
12. Refractive Error:(Code- Excl15)
13. Unproven Treatments:(Code- Excl16)
14. Sterility and Infertility: (Code- Excl17)

Specific Exclusions:

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

1. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
2. Pregnancy or childbirth or in consequence thereof.
3. Consequential losses of any kind or actual or alleged legal liability.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.

7. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
8. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
9. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
10. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
11. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
12. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
13. Disease in the natural course of an event caused/ transmitted by insect/ virus / bacteria and the like.
14. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
15. Any expenses incurred on OPD treatment.
16. Treatment taken outside the geographical limits of India.
17. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

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| <p>7</p> | <p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. | <p>The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:</p> <p>1. Pre-Existing Diseases (Code- Excl01)</p> <p>a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p> <p>2. Specific Waiting Period: (Code- Excl02)</p> <p>a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>i. 24 Months waiting period</p> <ol style="list-style-type: none"> 1. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps 2. Benign ear, nose, throat disorders 3. Benign prostate hypertrophy 4. Cataract and age-related eye ailments | <p>Section- F</p> |
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5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele
9. Non-Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders

ii 36 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of, stress or psychological disorders and neurodegenerative disorders
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty Days Waiting Period (Code- Excl03)

i Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

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| <p>8</p> | <p>Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). 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) iv. Any other limit (as applicable)</p> | <p>Sub Limits: The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Cataract per eye- Up to INR 15,000 Other Eye Surgeries- Up to INR 22,000 ENT-Up to INR 22,000 Surgeries (Tumours/Cysts/Nodule/Polyp)- Up to INR 30,000 Stone in Urinary System- Up to INR 30,000 Hernia – Up to INR 30,000 Appendectomy- Up to INR 30,000 Knee Ligament Reconstruction Surgery- up to INR 60,000 Hysterectomy– Up to INR 30,000 Fissures/Piles/Fistulas- Up to INR 22,000 Spine & Vertebrae related- up to INR 60,000 Cellulites/Abscess- Up to INR 22,000 Other Surgeries & Procedures- Up to INR 37,000</p> <p>No Co-pay applicable under the Policy</p> <p><u>Deductible</u> – No deductible under the Policy.</p> | |
| <p>9</p> | <p>Claims/Claims Procedures</p> | <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"> • Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - 1 hr ii. TAT for cashless final bill authorization - 3 hrs <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>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.</p> <p>Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.</p> | <p>Section - H</p> |

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.

Provide the details/web link for following:

i. Network Hospital details: Available on website:

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.

iv. Downloading/getting claim form: Available on website:

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.

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 contactus@universalsompo.com
- Reimbursement facility:

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 contactus@universalsompo.com and inform about your claim.

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| | | <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 FloorC-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 & Conditions of policy and the same will be communicated over SMS & Email.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.</p> <p>Documents to be submitted: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.</p> <ol style="list-style-type: none"> I. Claim form duly filled and signed by the Insured II. All treatment papers of current ailment including previous treatment papers if any. III. Original Discharge Card from the hospital, Indoor Case Papers. IV. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc). V. Original hospital bill and receipts. VI. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription. VII. Valid Photo ID Proof of the patient. VIII. For accident Cases: MLC (Medico Legal Certificate)/ FIR (First Information report). IX. 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. <p>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.</p> | |
| 10 | Policy Servicing | <ol style="list-style-type: none"> 1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 2) E-mail Address: contactus@univeonrsalsompo.com. | |

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| | | <p>3) Address for postal communication:</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Note: Please include Your Policy number for any communication with us.</p> | |
| 11 | Grievances/ Complaints | <p>Grievance</p> <p>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, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: GRO@universalsompo.com</p> <p>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 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.</p> | Section G.1.16 |

12 Things to remember

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

2. **Policy renewal:** 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.

3. **Migration and Portability:** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Migration: 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. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

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

Section G
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| | | <p>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 a Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <p>4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh <i>only for the enhanced portion of the sum insured.</i></p> <p>5. Moratorium Period: After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> | |
| 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.</p> <p>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 Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out to us for disclosure of Material Information-</p> <p>Universal Sampo General Insurance Co. Ltd.</p> | -- |

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

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

Senior Citizen toll free number: 1800-267-4030

E-mail Address: contactus@universalsompo.com

➤ For more details: www.universalsompo.com

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.