

Annexure – A

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Saral Suraksha Bima, USGI	--
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. 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual & Floater Sum Insured is available under the Policy. <p>Minimum Sum Insured Rs.2,50,000/- Maximum Sum Insured Rs.1,50,000,000/-</p> <p><<Sum Insured 2,50,000 to 1,50,000,000>></p>	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Coverage</p> <p>Base Covers:</p> <p>The covers listed below are in-built Policy benefits and shall be available to all Insured person in accordance with the procedures set out in this Policy.</p> <ol style="list-style-type: none"> a. a) Death: We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. b. b) Permanent Total Disablement: We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the specified nature. 	Section - D

- c. c) Permanent Partial Disablement: We shall pay the certain percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the specified nature.

2. Optional Covers

a) Temporary Total Disablement: If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any occupation, the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work.

b) Hospitalization Expenses due to Accident: The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.

c) Education Grant: Insured person under the policy towards Death or Permanent Total Disability of the insured person, the company shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured.

3. Cumulative Bonus (CB)

The insured will have an option to opt from:

a. Enhancement in Sum Insured: Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

b. Discount in Premium:

No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal

		<p>where there is no claim, this will be available for maximum up to 10 years.</p> <p>If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.</p>	
6	<p>Exclusions (what the policy does not cover)</p>	<p>Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl01) a) Expenses related to any admission primarily for diagnostics and evaluation purposes. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment. 2. 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-Excl02). <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalization of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 2. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person: <ol style="list-style-type: none"> i. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide. ii. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. iii. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or 	

	<p>chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;] iv. arising or resulting from the Insured Person committing any breach of law with criminal intent. 3. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>4. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <ol style="list-style-type: none"> a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. b. Nuclear weapons material. c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. d. Nuclear, chemical and biological terrorism. <p>5. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.</p> <p>6. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.</p> <p>7. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</p> <p>8. Treatment taken outside the geographical limits of India.</p> <p>9. All expenses listed in Annexure-B (List I) of the Policy.</p>	
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7	<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>Pre Existing Disease- 36 months (For pre-existing diseases other than the pre existing Disability and HIV/AIDS covered).</p> <p>Initial Waiting period - 30 days for all claims except resulting from Accident and 90 days for lumpsum benefit under HIV/AIDS.</p> <p>Specific Disease/ illness waiting period – 24 months</p> <p>Waiting Period and specific Sublimit for HIV AIDS Cover – For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable for Indemnity basis cover and 90 days shall be applicable for Benefit basis cover. b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.</p> <p>Waiting Period and specific Sublimit for Disability Cover- For Disability Cover: a. 24 months initial waiting period is applicable for the pre existing Disability covered under the policy.</p>	
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8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit, and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Road Ambulance under Hospitalization Expenses due to Accident - Up to ₹2,000 per hospitalization</p> <p>Room Rent, Boarding and Nursing Expenses Up to 1% of Sum Insured per day, if applicable under the approved Policy Schedule / Table of Benefits</p> <p>ICU / ICCU charges Up to 2% of Sum Insured per day, if applicable under the approved Policy Schedule / Table of Benefits</p>	
9	<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</p>	<p>Section - G</p>

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.

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.

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 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.

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. 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.

		<p>VI. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</p> <p>VII. Valid Photo ID Proof of the patient.</p> <p>VIII. For accident Cases: MLC (Medico Legal Certificate)/ FIR (First Information report).</p> <p>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> <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	<p>1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>2) E-mail Address: contactus@universalsompo.com.</p> <p>3) Address for postal communication: Universal Sampo General Insurance Co. Ltd. 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:</p>	Section – F.1.A.18

		<p>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>	
12	Things to remember	<p>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</p> <ol style="list-style-type: none"> 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 	<p>Section F.1.A.14, F.1.A.10, F.1.A.8 F.1.A.9 F.1.A.12</p>

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 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.

4. **Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time

		<p>of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</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.</p> <p>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> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>➤ For more details: www.universalsompo.com</p>	--

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