

SARAL SURAKSHA BIMA, UNIVERSAL SOMPO GENERAL INSURANCE CO LTD PROSPECTUS

I. Suitability

- a) This policy covers persons in the age group wherein entry age is from 18 years up to 100 years. Dependent children age group is 03 months to 25 years.
- b) Policy is however renewable for life upon payment of premium.
- c) The policy will be issued for a period of 12 months.
- d) This policy can be issued to an individual and/or family.
- e) The family includes self, spouse, dependent children, Parents and Parents in laws
- f) Policy offers coverage on Individual basis

II. Features and Benefits

Following benefits are (a) **Base Covers** which pays up to the entire sum insured as mentioned in the Policy Schedule.

a.1. Accidental Death

Pays the Sum insured if Injury results in Death of the insured person on account of an accident.

a.2. Permanent Total Disablement

Covers Total Disability which is permanent in nature, due to accident if the accident results in such Disability and occurs within 12 months of the accident date.

a.3. Permanent Partial Disablement

Covers any injury which results in partial disability defined in table below directly due to Accident within 12 months of the accident date.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes – all Great both phalanges	20%
	Great – one phalanx	5%
	Other than great if more than one toe lost	2%
		1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%

4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

The covers listed below are (b) **Optional Covers** and shall be available to Insured Persons in accordance with the terms set out in the Policy

b.1. Temporary Total Disability

Covers weekly benefits for a period of continuous Temporary total disability resulting from an accident up to the Sum Insured per week whichever is lesser for a maximum of 100 weeks.

b.2. Hospitalization Expenses due to Accident

Covers Hospitalization expenses due to accident during the Policy Period for more than 24 hours per hospitalization.

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b.3. Education Grant

Covers Expenses incurred towards tuition/ education of children in case of death of the insured due to an accident.

III. Sum Insured Options

Minimum SI	250,000
Maximum SI	150,000,000

IV. Risk Classification

The risk is classified into 3 categories as mentioned below;

a. NORMAL: Students, Housewives, Accountants, Doctors, Lawyers, Architects, Consulting, Engineers, Teachers, Bankers, and Person engaged in Administrative/Secretarial and Managerial functions, Shopkeepers, Shop assistants not using machinery, Builders, Contractors and Engineers engaged in superintending functions only and persons employed in occupations/activities of similar nature

b. HEAVY: Marketing Personal, Workers of Manufacturing Industries other than pharm & Chemical Manufacturing Industries, Paid Drivers, Sales person, blue-collar worker & Employees, Commercial Travelers

c. VERY HEAVY: Commercial Drivers, Persons dealing with hazardous goods/ chemicals/ grains, lift attendants, Motor Driving Instructors, Conductors/cleaners of Vehicles. Persons engaged in Construction work, Geologists, Surveyors of Oil companies, Heavy equipment operators, Security Guards, Forestry, Civil Engineer, Crew of Aircraft, Ocean going Vessels , Offshore works, Persons engaged in Sports Duty, Film show and shooting and persons employed in occupations/activities of similar nature, Fisherman, Chemical Manufacturing Workers, Spinning Mill Workers, Police Man & Fire Man.

Any occupation not listed above then it will be considered as per underwriter's decision.

V. 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 where there is no claim, this will be available for maximum up to 10 years. If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.

VI. Free Look Period

1. The Free Look Period will be applicable on the new policy and not on renewals
2. The insured will be allowed a period of thirty days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.
3. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
4. 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;
5. Where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;
6. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

7. VI. General Exclusions

8. The Company shall not be liable to make any payments under this policy in respect of:
 - (i) 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.
 - (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
9. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
10. 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.
11. 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 chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
12. arising or resulting from the Insured Person committing any breach of law with criminal intent.
13. 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.
14. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

15. 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.

- a. Nuclear weapons material
- b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- c. Nuclear, chemical and biological terrorism

(v) 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.

VII. Renewal

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

16. The Company will endeavor to give notice for renewal.

17. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

18. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

19. No loading shall apply on renewals based on individual claims experience.

20. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.

21. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

VIII. Claims Process

A) For benefit product:

Claim Intimation

Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.

i Within 24 hours from the date of emergency hospitalization required

ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Reimbursement Process

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@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 Sompo 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

Document submission check list

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- Claim form duly filled and signed by the Insured
- Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- All treatment papers of current ailment including previous treatment papers if any.
- Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.
- Discharge Card from the hospital, Indoor Case Papers.
- All medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- Hospital bill and receipts.
- Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- Valid Photo ID Proof of the patient.
- For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- 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 Health Serve team will contact you on receipt of your claim documents by us.

B)For Indemnity Product

Claim Intimation

Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.

i Within 24 hours from the date of emergency hospitalization required

ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Cashless Process

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 Sompo

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

Cashless Anywhere

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@universalsompo.com

Reimbursement Process

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@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 Sompo 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

Claim Documents submission checklist:

- Claim form duly filled and signed by the Insured
- Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- All treatment papers of current ailment including previous treatment papers if any.
- Original Discharge Card from the hospital, Indoor Case Papers.
- All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- Original hospital bill and receipts.
- Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- Valid Photo ID Proof of the patient.
- For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- 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.

Documents required in case of Accidental Death

- i. Death certificate;
- ii. Post Mortem Report (if conducted);
- iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD),

- i. Original treating Medical Practitioner's certificate describing the disablement
- ii. Original Discharge summary from the Hospital
- iii. Disability certificate issued by treating Medical Practitioner
- iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.

Documents required in case of Temporary Total Disablement (TTD)

- i. Original treating Medical Practitioner's certificate confirming the disability
- ii. Original Discharge summary from the Hospital
- iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- iv. Leave/Absence Certificate from Employer (If Employed)
- v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- vi. Fitness Certificate issued by the treating doctor.

Documents required for Hospitalization Expenses due to Accident:

- i. Discharge Summary from The Hospital
- ii. Medical & Investigation reports
- iii. Prescriptions, and consultation papers of the treatment
- iv. Any other medical, investigation reports, as applicable

Documents required for Education Grant:

- i. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- ii. Photo Identity Proof of Child
- iii. Age proof of Child
- iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution

Sum Insured Enhancement

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

Territorial Limit

The coverage is worldwide except for the optional cover "Hospitalization expenses due to accident". The coverage of optional cover "Hospitalization expenses due to accident", is limited to medical treatment taken in India only.

Cancellation

The Insured may cancel this Policy by giving 7days' 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

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.**

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

E- mail Address

contactus@universalsompo.com

For more details:

www.universalsompo.com

**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.**

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

E- mail Address:

grievance@universalsompo.com

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 in case 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 Sompo General Insurance Co. Ltd.

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

E- mail Address:

gro@universalsompo.com

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/>.

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 the subject matter of the solicitation”. For more details on benefits, exclusions, limitations, terms & conditions, please read the policy wordings carefully, before concluding a sale.”

Registered & Corp Office: Universal Sompo 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@universalsompo.com, website link www.universalsompo.com

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