

## **Corona Rakshak Policy, Universal Sampo General Insurance**

### **Policy Wording**

#### **A. SCHEDULE**

#### **B. PREAMBLE**

This Policy is a contract of insurance issued by [name of the Company] (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person named in the schedule (hereinafter called the 'Insured Person'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

#### **B.1. OPERATIVE CLAUSE**

If during the policy period the Insured Person is diagnosed with COVID and hospitalized for more than seventy-two hours following Medical Advice of a duly qualified Medical Practitioner as per the norms specified by Ministry of Health and Family Welfare, Government of India, the Company shall pay the agreed sum insured towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during the Policy period shall be the Sum Insured) opted and specified in the Schedule.

#### **C. DEFINITIONS**

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

##### **C.1. Standard Definitions:**

- 1. AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. (also to be rectified in benefit descriptions).
- 2. An AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
  - a. Central or State Government AYUSH Hospital or
  - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criteria:
  - i. Having at least 5 in-patient beds.
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock.
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 3. Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.
- 4. Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- 5. Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- 6. Complainant** means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and/ or distribution channel.
- 7. Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
- 8. Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 9. Day Care Treatment** means medical treatment, and/or surgical procedure which is undertaken under general or local anesthesia in a hospital/day care centre in less than twenty four hours because of technological advancement, and ii. which would have otherwise required a hospitalization of more than twenty-four hours. iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 10. Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- 11. Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under: i. has qualified nursing staff under its employment round the clock; ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen

inpatient beds in all other places; iii. has qualified medical practitioner (s) in charge round the clock; iv. has a fully equipped operation theatre of its own where surgical procedures are carried out v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel. For the purpose of this policy any other set-up designated by the Government as hospital for the treatment of Covid 19 shall also be considered as hospital.

- 12. Hospitalization** means admission in a hospital for a minimum period of twenty four (24) hours consecutive 'In-patient care' provided it will not include procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
- 13. Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 14. In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 15. Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 16. ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 17. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- 18. Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 19. Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.
- 20. Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
  - i. is required for the medical management of illness or injury suffered by the insured;
  - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**21. Mis-selling** includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by

- a. exercising undue influence, use of dominant position or otherwise, or
- b. making a false or misleading statement or misrepresenting the facts or benefits, or
- c. concealing or omitting facts, features, benefits, exclusions with respect to products, or not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

**22. Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

**23. Non - Network Provider** means any hospital that is not part of the network.

**24. Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

**25. Out-Patient (OPD) Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient

**26. Pre-existing disease (PED)** means any condition, ailment, injury or disease:

- a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

**27. Pre-hospitalization Medical Expenses** means medical expenses incurred during the period of 15 days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization/home care treatment was required, and ii. The In-patient Hospitalization / home care treatment claim for such Hospitalization is admissible by the Insurance Company.

**28. Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

**29. Prospect** means any person who is a potential customer and likely to enter into an insurance contract either directly with the insurer or through the distribution channel involved.

**30. Prospectus** means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.

- 31. Post-hospitalization Medical Expenses** means medical expenses incurred during the period of 30 days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization / home care treatment was required, and
  - The inpatient hospitalization / home care treatment claim for such hospitalization is admissible by the Insurance Company.
- 32. Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 33. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 34. Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
- 35. Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner

## **C.2. Specific Definitions:**

- Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- COVID:** For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2
- Diagnosis** means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable.
- Hospitalisation** means admission in a hospital designated for COVID-19 treatment by Government, for a minimum period of seventy-two (72) consecutive 'In-patient care' hours.
- In-Patient Care** means treatment for which the insured person has to stay in a hospital continuously for more than 72 hours for treatment of COVID.
- Insured Person** means person(s) named in the schedule of the Policy.
- Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.
- Policy period** means period of three and half months ( $3\frac{1}{2}$  months), six and half months ( $6\frac{1}{2}$  months) and nine and half months ( $9\frac{1}{2}$  months) i.e, 105 days, 195 days and 285 days respectively as specified in the policy schedule.
- Policy Schedule** means the Policy Schedule attached to and forming part of Policy

- j. **Sum Insured** means the pre-defined limit specified in the Policy Schedule.
- k. **Sum Insured** represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person during the Policy period.
- l. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
- m. **Waiting Period** means a period from the inception of this Policy during which specified disease is not covered. On completion of the period, specified disease shall be covered provided the Policy has been continuously renewed without any break.

#### **D. Benefits:**

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

##### **D.1. COVID Cover**

Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

##### **Note:**

- i. Payment will be made only on Hospitalisation for a minimum continuous period of 72 hours following positive diagnosis for COVID.
- ii. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.

#### **E. Exclusions:**

The Company shall not be liable for any claim arising for COVID within 15 days from the first policy commencement date.

##### **E.1. Standard Exclusions**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

##### **E.1.1. Investigation & Evaluation (Code- Excl04)**

- i Expenses related to any admission primarily for diagnostics and evaluation purposes.
- ii Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

##### **E.2. Specific Exclusions:**

- E.2.1.** Any diagnosis which is not related and not incidental to COVID is not covered

in this Policy

**E.2.2.** Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

**E.2.3.** Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.

**E.2.4.** Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

## **F. General Terms & Clauses**

### **F.1. Standard General Terms and Clauses:**

#### **1. Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

#### **2. Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

#### **3. Multiple Policies**

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Insured having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

#### **4. Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by

the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

## **5. Freelook Period**

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

## **6. Cancellation of indemnity based health insurance policy by the policyholder**

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

## **7. Grace period for payment of premium**

a) The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.

b) If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.

c) If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

## 8. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

## 9. Redressal of Grievance

### Resolving Issue

Write to:

Customer Service Universal Sampo General Insurance Co.Ltd.

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

Thane-Belapur Road, Airoli, Navi Mumbai,

Maharashtra – 400708

Email: [grievance@universalsampo.com](mailto:grievance@universalsampo.com)

For More details, visit – [www.universalsampo.com](http://www.universalsampo.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@universalsampo.com](mailto:GRO@universalsampo.com)

## **Insurance Ombudsman**

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

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

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

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at [www.irdai.gov.in](http://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.

## **F.2. Specific Terms and Clauses:**

### **F.2.1. Material Change**

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report and the Company may, adjust the scope of cover and/or premium, if necessary, accordingly by issuance of endorsement.

### **F.2.2. Records to be maintained**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

### **F.2.3. Notice & Communication**

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

### **F.2.4. Territorial Limit**

The company's liability to make any payment under the policy will be within India only.

### **F.2.5. Automatic termination:**

This policy shall terminate for the Insured immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

- Upon the demise of the covered person.
- Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

#### **F.2.6. Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

#### **F.2.7. Endorsements (Changes in Policy)**

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

#### **F.2.8. Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

### **G. Claim Procedure**

#### **1. 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 within 60 mins for Initial Cashless request & 3 hours 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 [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

## **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 [contactus@universalsompo.com](mailto: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.

## **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.
- 4. 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.

**4. Claim Settlement (provision for Penal Interest)**

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

**5. Payment of Claim**

All claims under the policy shall be payable in Indian currency only. On payment of 100% of sum insured the policy will be terminated.

**H. Table of Benefits**

|                   |                                                                                                                                                                                                                                                                    |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name              | Corona Rakshak Policy, Universal Sampo General Insurance Company                                                                                                                                                                                                   |
| Product Type      | Individual                                                                                                                                                                                                                                                         |
| Category of Cover | Benefit Based                                                                                                                                                                                                                                                      |
| Sum insured       | Rs. 50,000 (fifty Thousand) to 2,50,000 (Two and half lakh)(in the multiples of fifty thousand)                                                                                                                                                                    |
| Policy Period     | Three and half months (3 1/2 months), six and half months (6 1/2 months) and nine and half months (9 1/2 months) i.e, 105 days, 195 days and 285 days respectively                                                                                                 |
| Eligibility       | Policy can be availed by persons between the age of 18 years and 65 years. (To be filled by the insurers). Proposer with higher age can obtain policy for adult members of the family, without covering self.                                                      |
| Coverage          | <b>COVID Cover</b>                                                                                                                                                                                                                                                 |
|                   | Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre. |

#### Annexure-A

The contact details of the Insurance Ombudsman offices are as below-

| Office Details                                                                                                                                                                                                                                                                                                                                                                                              | Jurisdiction of Office Union Territory, District) |
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| <b>AHMEDABAD</b><br><b>Shri K.Vinayak Rao</b><br><b>Office of the Insurance Ombudsman,</b><br><b>Jeevan Prakash Building, 6th floor, Tilak</b><br><b>Marg, Relief Road, Ahmedabad – 380</b><br><b>001.</b><br><b>Tel.: 079 - 25501201/02</b><br><b>Email: <a href="mailto:oiio.ahmedabad@cioins.co.in">oiio.ahmedabad@cioins.co.in</a></b>                                                                  | Gujarat, Dadra & Nagar Haveli, Daman and Diu.     |
| <b>BENGALURU</b><br><b>Ms Neerja Kapu</b><br><b>Office of the Insurance Ombudsman,</b><br><b>Jeevan Soudha Building, PID No. 57-27-N-</b><br><b>19</b><br><b>Ground Floor, 19/19, 24th Main Road,</b><br><b>JP Nagar, 1st Phase,</b><br><b>Bengaluru – 560 078.</b><br><b>Tel.: 080 - 26652048 / 26652049</b><br><b>Email: <a href="mailto:oiio.bengaluru@cioins.co.in">oiio.bengaluru@cioins.co.in</a></b> | Karnataka                                         |

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| <b>BHOPAL</b><br><b>Shri Ajay Kumar</b><br><b>Office of the Insurance Ombudsman,</b><br><b>1st floor," Jeevan Shikha",</b><br><b>60-B,Hoshangabad Road, Opp. Gayatri</b><br><b>Mandir, Arera Hills</b><br><b>Bhopal – 462 011.</b><br><b>Tel.: 0755 - 2769201 / 2769202/ 2769203</b><br><b>Email: <a href="mailto:oiio.bhopal@cioins.co.in">oiio.bhopal@cioins.co.in</a></b> | <b>Madhya Pradesh, Chattisgarh.</b>                                                                                                                                                                |
| <b>BHUBANESHWAR</b><br><b>Shri Ajay Kumar</b><br><b>Office of the Insurance Ombudsman,</b><br><b>62, Forest park,</b><br><b>Bhubaneshwar – 751 009.</b><br><b>Tel.: 0674 - 2596461 /2596455/ 2596429</b><br><b>/ 2596003</b><br><b>Email: <a href="mailto:oiio.bhubaneswar@cioins.co.in">oiio.bhubaneswar@cioins.co.in</a></b>                                               | <b>Odisha</b>                                                                                                                                                                                      |
| <b>CHANDIGARH</b><br><b>Ms Alka Jha</b><br><b>Office of the Insurance Ombudsman,</b><br><b>Jeevan Deep Building SCO 20-27,</b><br><b>Ground Floor Sector- 17 A,</b><br><b>Chandigarh – 160 017</b><br><b>Tel.: 0172-2706468</b><br><b>Email: <a href="mailto:oiio.chandigarh@cioins.co.in">oiio.chandigarh@cioins.co.in</a></b>                                              | <b>Punjab, Haryana (excluding Gurugram,</b><br><b>Faridabad, Sonapat and Bahadurgarh)</b><br><b>Himachal Pradesh, Union Territories of</b><br><b>Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</b> |
| <b>CHENNAI</b><br><b>Shri K.Vinayak Rao</b><br><b>Office of the Insurance Ombudsman,</b><br><b>Fatima Akhtar Court, 4th Floor, 453,</b><br><b>Anna Salai, Teynampet,</b><br><b>CHENNAI – 600 018.</b><br><b>Tel.: 044 - 24333668 / 24333678</b><br><b>Email: <a href="mailto:oiio.chennai@cioins.co.in">oiio.chennai@cioins.co.in</a></b>                                    | <b>Tamil Nadu,</b><br><b>Puducherry Town and</b><br><b>Karaikal (which are part of Puducherry).</b>                                                                                                |
| <b>DELHI</b><br><b>Ms Sunita Sharma</b><br><b>Office of the Insurance Ombudsman,</b><br><b>2/2 A, Universal Insurance Building,</b><br><b>Asaf Ali Road,</b><br><b>New Delhi – 110 002.</b><br><b>Tel.: 011 – 46013992 / 23213504</b><br><b>/23232481</b><br><b>Email: <a href="mailto:oiio.delhi@cioins.co.in">oiio.delhi@cioins.co.in</a></b>                              | <b>Delhi &amp; following Districts of Haryana -</b><br><b>Gurugram, Faridabad, Sonapat &amp;</b><br><b>Bahadurgarh</b>                                                                             |
| <b>GUWAHATI</b><br><b>Shri Ajay Kumar Sharma</b><br><b>Insurance Ombudsman</b><br><b>Office of the Insurance Ombudsman,</b><br><b>Jeevan Nivesh, 5th Floor,</b>                                                                                                                                                                                                              | <b>Assam,</b><br><b>Meghalaya,</b><br><b>Manipur,</b><br><b>Mizoram,</b>                                                                                                                           |

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| <p>Near Pan Bazar, S.S. Road,<br/>Guwahati – 781001(ASSAM).<br/>Tel.: 0361 - 2632204 / 2602205 / 2631307<br/>Email: <a href="mailto:oio.guwahati@cioins.co.in">oio.guwahati@cioins.co.in</a></p>                                                                                                                                                                                                           | <p>Arunachal Pradesh,<br/>Nagaland and Tripura.</p>                                                                                                                                       |
| <p><b>HYDERABAD</b><br/>Ms G Shobha Reddy<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>6-2-46, 1st floor, "Moin Court",<br/>Lane Opp.Hyundai Showroom ,<br/>A. C. Guards, Lakdi-Ka-Pool, Hyderabad -<br/>500 004.<br/>Tel.: 040 - 23312122 / 23376991 /<br/>23376599 / 23328709 / 23325325<br/>Email: <a href="mailto:oio.hyderabad@cioins.co.in">oio.hyderabad@cioins.co.in</a></p> | <p>Andhra Pradesh,<br/>Telangana,<br/>Yanam and part of Union Territory<br/>of Puducherry.</p>                                                                                            |
| <p><b>JAIPUR</b><br/>Shri Satyajeet Rajan<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>Jeevan Nidhi – II Bldg., Gr. Floor,<br/>Bhawani Singh Marg,<br/>Jaipur - 302 005.<br/>Tel.: 0141- 2740363<br/>Email: <a href="mailto:oio.jaipur@cioins.co.in">oio.jaipur@cioins.co.in</a></p>                                                                                                 | <p>Rajasthan.</p>                                                                                                                                                                         |
| <p><b>KOCHI</b><br/>Shri Pradeep Kumar Jain<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>10th Floor, Jeevan Prakash, LIC Building,<br/>Opp to Maharaja's College Ground, M.G.<br/>Road,<br/>Kochi - 682 011.<br/>Tel.: 0484 - 2358759<br/>Email: <a href="mailto:oio.ernakulam@cioins.co.in">oio.ernakulam@cioins.co.in</a></p>                                                      | <p>Kerala, Lakshadweep, Mahe-a part of Union<br/>Territory of Puducherry.</p>                                                                                                             |
| <p><b>KOLKATA</b><br/>Shri Ajay Kumar<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>Hindustan Bldg. Annexe, 7th Floor,<br/>4, C.R. Avenue,<br/>KOLKATA - 700 072.<br/>Tel.: 033 - 22124339 / 22124341<br/>Email: <a href="mailto:oio.kolkata@cioins.co.in">oio.kolkata@cioins.co.in</a></p>                                                                                           | <p>West Bengal,<br/>Sikkim,<br/>Andaman &amp; Nicobar Islands.</p>                                                                                                                        |
| <p><b>LUCKNOW</b><br/>Shri Ajay Kumar Sharma<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,</p>                                                                                                                                                                                                                                                                                            | <p>Districts of Uttar Pradesh : Lalitpur, Jhansi,<br/>Mahoba, Hamirpur, Banda, Chitrakoot,<br/>Allahabad, Mirzapur, Sonbhabdra, Fatehpur,<br/>Pratapgarh, Jaunpur, Varanasi, Gazipur,</p> |

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| <b>6th Floor, Jeevan Bhawan, Phase-II,<br/>Nawal Kishore Road, Hazratganj,<br/>Lucknow - 226 001.<br/>Tel.: 0522 - 4002082 / 3500613<br/>Email: <a href="mailto:oio.lucknow@cioins.co.in">oio.lucknow@cioins.co.in</a></b>                                                                                                          | Jalaun, Kanpur, Lucknow, Unnao, Sitapur,<br>Lakhimpur, Bahraich, Barabanki, Raebareli,<br>Sravasti, Gonda, Faizabad, Amethi,<br>Kaushambi, Balrampur, Basti,<br>Ambedkarnagar, Sultanpur, Maharajgang,<br>Santkabirnagar, Azamgarh, Kushinagar,<br>Gorkhpur, Deoria, Mau, Ghazipur, Chandauli,<br>Ballia, Sidharathnagar.                                                                                                         |
| <b>MUMBAI<br/>Ms Sarojini S Dikhale<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>3rd Floor, Jeevan Seva Annexe,<br/>S. V. Road, Santacruz (W),<br/>Mumbai - 400 054.<br/>Tel.: 022 - 69038800/27/29/31/32/33<br/>Email: <a href="mailto:oio.mumbai@cioins.co.in">oio.mumbai@cioins.co.in</a></b>              | <a href="#">List of wards</a> under Mumbai<br>Metropolitan Region excluding wards in<br>Mumbai – i.e. M/E, M/W, N, S and T covered<br>under Office of Insurance Ombudsman<br>Thane and areas of Navi Mumbai.                                                                                                                                                                                                                      |
| <b>NOIDA<br/>Ms Alka Jha<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>Bhagwan Sahai Palace<br/>4th Floor, Main Road, Naya Bans, Sector<br/>15, Distt: Gautam Buddh Nagar, U.P-<br/>201301.<br/>Tel.: 0120-2514252 / 2514253<br/>Email: <a href="mailto:oio.noida@cioins.co.in">oio.noida@cioins.co.in</a></b> | State of Uttarakhand and the following<br>Districts of Uttar Pradesh: Agra, Aligarh,<br>Bagpat, Bareilly, Bijnor, Budaun,<br>Bulandshehar, Etah, Kannauj, Mainpuri,<br>Mathura, Meerut, Moradabad,<br>Muzaffarnagar, Oraiyya, Pilibhit, Etawah,<br>Farrukhabad, Firozbad, Gautam Buddh nagar,<br>Ghaziabad, Hardoi, Shahjahanpur, Hapur,<br>Shamli, Rampur, Kashganj, Sambhal,<br>Amroha, Hathras, Kanshiramnagar,<br>Saharanpur. |
| <b>PATNA<br/>Ms Neerja Kapur<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>2nd Floor, Lalit Bhawan,<br/>Bailey Road,<br/>Patna 800 001.<br/>Tel.: 0612-2547068<br/>Email: <a href="mailto:oio.patna@cioins.co.in">oio.patna@cioins.co.in</a></b>                                                               | Bihar,<br>Jharkhand.                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>PUNE<br/>Shri Sunil Jain<br/>Insurance Ombudsman<br/>Office of the Insurance Ombudsman,<br/>Jeevan Darshan Bldg., 3rd Floor,<br/>C.T.S. No. s. 195 to 198, N.C. Kelkar Road,<br/>Narayan Peth, Pune – 411 030.<br/>Tel.: 020-24471175<br/>Email: <a href="mailto:oio.pune@cioins.co.in">oio.pune@cioins.co.in</a></b>            | State of Goa and State of Maharashtra<br>excluding areas of Navi Mumbai, Thane<br>district, Palghar District, Raigad district &<br>Mumbai Metropolitan Region                                                                                                                                                                                                                                                                     |

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| <b>THANE</b><br><b>Shri Umesh Sinha</b><br><b>Insurance Ombudsman</b><br><b>Office of the Insurance Ombudsman,</b><br><b>2nd Floor, Jeevan Chintamani Building,</b><br><b>Vasantrao Naik Mahamarg,</b><br><b>Thane (West)</b><br><b>Thane – 400604</b><br><b>Tel.: 022-20812868/69</b><br><b>Email: <a href="mailto:oio.thane@cioins.co.in">oio.thane@cioins.co.in</a></b> | Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <a href="#">wards of Mumbai</a> , M/East, M/West, N, S and T." |
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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](mailto:contactus@universalsampo.com), website link [www.universalsampo.com](http://www.universalsampo.com)