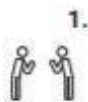


A set of 15 promises, we need to follow, as part of COVID Appropriate Behaviours



1. Greet without physical contact



2. Maintain physical distance



3. Wear reusable face cover or mask



4. Avoid touching eyes, nose and mouth



5. Maintain respiratory hygiene



6. Wash hands frequently and thoroughly



7. Do not chew tobacco, khaini etc. or spit in the public places



8. Regularly clean and disinfect frequently touched surfaces



9. Avoid unnecessary travel



10. Do not discriminate against anyone



11. Discourage crowd - Encourage Safety



12. Do not circulate social media posts which carry unverified or negative information



13. Seek information on COVID-19 from credible sources



14. Call National Toll-free helpline 1075 or State helpline numbers for any queries



15. Seek psychosocial support for any stress or anxiety

COVID -19 GROUP HEALTH POLICY

POLICY WORDINGS

A. POLICY SCHEDULE



DO THE FIVE

Help stop coronavirus

- 1 HANDS** Wash them often
- 2 ELBOW** Cough into it
- 3 FACE** Don't touch it
- 4 SPACE** Keep safe distance
- 5 FEEL** sick? Stay home

Covid -19 Group Health Policy

Issued At:	Issue date:
Intermediary Details	
Agency/Broker Code:	Agency/Broker Name:
Agent's/Broker's Mobile No. :	Agent's/Broker's Email ID:
Details of Policyholder	
Name of the Policyholder	
Business/Occupation/Trade of the Policyholder	
Address	

Policy Details	
Policy Number	
Date of Proposal / Declaration	
Period of Insurance	From: _____ To: midnight of _____
Total Number of Insured Employee(s)/Member(s)	
Details of Insured Employee(s)/Member(s)	As per Annexure
Coverage Details	
Scope of Coverage:	
Covid-19 Hospitalization Cover:	INR..... [The Sum Insured]
AYUSH Treatment	As above
Pre Hospitalization	15 days
Post Hospitalization	30 days
Home Care Treatment Expenses	Yes/No
Ambulance Charges	INR 2000/- per hospitalization
OPD Cover	INR
Hospital Cash Cover	INR _____ for _____ days
Restricted Contingency Cover	 [Details of Restriction, if opted]
Other Details:	

Conditions:

--	--

Premium [including Instalment Premium schedule] Details
For Universal Sampo General Insurance Company Limited
Authorized Signatory

Stamp duty of Paise paid in cash or by demand draft or by pay order, vide Receipt/Challan no. <Challan No.> dated <Challan Date>.

Annexures

Annexure forming part of Policy No.....

Annexure 1

Employee(s)/Member(s) details:

Name of the Employee	Identification No	Age	Scope of Coverage	Sum Insured.	Nominee details

B.1. PREAMBLE

B.1.1 – Preamble

This policy is a contract of insurance between You and Universal Sampo General Insurance Company (hereinafter called the 'Company') and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

B.1.2 – Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14-July-2005 as amended from time to time. "Group" shall mean a group of Members who assemble together with a purpose of engaging in a common economic activity and not formed with the main purpose of availing insurance cover.

B.1.3 – Policy Period

The policy period shall normally be a period of 12 months starting from the date of commencement of policy. The policy-holder shall have the option of choosing a shorter period than annual in which case premium shall be charged at our short period scales.

B.1.4 – Payment of Premium

- i. Premium for the policy has to be paid in full in advance. We will assume risk and the cover will incept not earlier than the date of payment of full premium.
- ii. The policyholder will have the option of premium payment in quarterly and half-yearly

installments in which case the chargeable premium will be loaded as per our installment premium payment rules basis the frequency chosen by the policy-holder.

- iii. Installment premium facility will be available only in case of 12-month annual policies.

B.2. POLICY WORDING

B.2.A. - OPERATIVE CLAUSE

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of Covid-19 at a Hospital or Home care Treatment following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify medically necessary expenses 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:

- a) 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 criterion:
 - 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.
- b) AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- c) Bank Rate** means 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.
- d) 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.
- e) 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.
- f) 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.
- g) 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.
- h) Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- i) Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- i. 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.
- j) Emergency Care** 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.
- k) 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.

- l) 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.

- m) 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.
- n) 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.
- o) 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.
- p) 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.
- q) Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- r) 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.
- s) 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.

- t) 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.
- u) 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
 - d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.
- v) 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.
- w) Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- x) 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 of Covid 19 based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient
- y) 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 was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- z) 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:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
- aa) 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.

bb) 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.

cc) 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.

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

ee) 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.

ff) Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

gg) 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.

hh) 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:

- a) **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- b) **COVID-19:** 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.
- c) **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - i. Legally wedded spouse.
 - ii. Parents and Parents-in-law.
 - iii. Dependent Children (i.e. natural or legally adopted) between the ages 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be

ineligible for coverage in the subsequent renewals.

- d) Home Care Treatment** means treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre , which in normal course would require care and treatment at a hospital but is actually taken at home provided that:
 - a) The Medical practitioner advises the Insured person to undergo treatment at home.
 - b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- e) Insured Person** means person(s) named in the schedule of the Policy.
- f) Non- Network Provider** means any hospital that is not part of the network.
- g) 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.
- h) Policy period** means period of three months/ six months/ One year as mentioned in the schedule for which the Policy is issued.
- i) Policy Schedule** means the Policy Schedule attached to and forming part of Policy
- j) Policy year means** a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule
- k) Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit
- l) Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
- m) 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.
- n) Waiting Period** means a specified period in the Policy during which Covid-19 is not covered.

D. Benefits:

D.A. – Base Covers

The covers listed below shall be available to all Insured Persons in accordance with the procedures

set out in this Policy.

The Company's overall limit of liability in respect of sections 3.A.1 to 3.A.6 shall be the sum insured for the Insured Person.

The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into i] room charges, ii] procedure charges and iii] costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

D.A.1 - Covid-19 Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy mo for the treatment of Covid 19 on Positive diagnosis of Covid 19 through a government approved diagnostic test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid 19 up to the Sum Insured specified in the policy schedule, for,

- I. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With an upper limit of 1% of Sum Insured
- II. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses – With an upper limit of 2% of Sum Insured
- III. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- IV. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.

Note: Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

D.A.2 - AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid19 on Positive diagnosis of COVID-19 through a government approved diagnostic test in a government authorized diagnostic center including the expenses incurred on treatment of any comorbidity along with the treatment for Covid-19 under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

D.A.3 - Pre Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 15 days prior to the date of admissible hospitalization covered under the policy.

D.A.4 - Post Hospitalization

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

D.A.5 - Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre , which in normal course would require care and treatment at a hospital but is actually taken at home provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Insured shall be permitted to avail the services as prescribed by the medical practitioner on cashless basis which shall be arranged by the Insurer through designated network provider. However, in case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement. In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID -19,
 - d) Diagnostic tests undergone at home or at diagnostics centre
 - e) Medicines prescribed in writing
 - f) Consultation charges of the medical practitioner
 - g) Nursing charges related to medical staff
 - h) Medical procedures limited to parenteral administration of medicines
 - i) Cost of Oximeter, Oxygen cylinder and nebulizer

D.A.6 - Ambulance Charges

Subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid-19 Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

D.B – Add-on Covers

The covers listed below are optional and add-ons to the base cover. They shall be available to Insured Persons in accordance with the terms set out in the Policy if the listed covers are specifically opted for at inception.

i Out-Patient Treatment:

The Company shall pay the Insured Person up to INR [as stated in the Schedule and not exceeding 2% of the Sum Insured on the Insured Person] for medical expenses (for Consultations, Prescribed Diagnostics and Prescribed Pharmacy) incurred by the Insured as an Outpatient. The payout under this section will be within the limit of liability as per the basis sum insured on the Insured Person.

For the purpose of this cover Exclusion Serial No 5.6 stands deleted.

Outpatient 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.

ii Hospital Cash Cover:

The Company shall pay the Insured Person INR [the amount stated in the Schedule and not exceeding 0.5% of the SI on the Insured Person] per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section- 3.A.1 or 3.A.2 [Hospitalization Cover and AYUSH Cover respectively]

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The payout under this section will be within the limit of liability as per the basis sum insured on the Insured Person.

iii Restricted Contingency Cover

Notwithstanding anything herein to the contrary, the Company, under this add-on, allows the Group Administrator the flexible option of choosing/deleting any of the base covers 3.A.2 to 3.A.6 at inception. Base cover 3.A.1 has to be compulsorily chosen and cannot be deleted.

Subject otherwise to terms and conditions of the policy.

E. Exclusions

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:

a) Exclusions:

1. Investigation & Evaluation(Code- Excl04)

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

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. 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 treatment.

Code- Excl14 4. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

(However, treatment authorized by the government for the treatment of COVID-19 shall be covered).

E.2. Specific Exclusions:

a) Waiting Period:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. First Fourteen Days Waiting Period

Expenses related to the treatment of Covid-19 within 14 days from the first policy commencement date shall be excluded. Each Insured Person shall be separately subject to the waiting period provision from his/her respective date of enrolment in the policy.

2. Waiting Period for Insured Persons Undertaking International Travel

In addition to the above, in case of persons undertaking international travel, expenses related to the

treatment of Covid-19 within 14 days from of their date of return to India shall be excluded.

b) Exclusions:

3. Diagnosis /Treatment outside the geographical limits of India
4. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
5. Any expenses incurred in respect of inoculations, vaccinations or other preventive treatment.
6. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.
7. Biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
8. Any expenses incurred on Day Care treatment and OPD treatment.

F. GENERAL TERMS & CONDITIONS

F.1. Standard Terms and Conditions:

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 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. 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.

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.

4. Free Look 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.

5. Cancellation

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

- a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage
- b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

6. 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@universalsompo.com

For More details, visit – www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

Grievance Redressal Officer

In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to:

Customer Service

Universal Sompo 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

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, 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.

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

F.2. Specific Terms and Clauses:

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 at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

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.

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.

4. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

5. 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.

6. 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.

7. Possibility of Revision of Terms of the Policy Including the Premium Rates

- i The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected. This condition is only for policies with a policy period of one year,
- ii In case of revision in rates for shorter duration policies (less than a year) the same will be done prospectively with prior approval of IRDAI.

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@universalsampo.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@universalsampo.com and inform about your claim.

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

Benefits	Claims Documents Required
1. Covid-19 Hospitalization Cover	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up vi. Payment receipts vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's Test Reports from Authorized COVID-19 testing centre ix. OT notes or Surgeon's certificate giving details of the operation performed , wherever applicable x. NEFT Details (to enable direct credit of claim amount in bank

	account) and cancelled cheque xi. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xii. Legal heir/succession certificate, wherever applicable xiii. Any other relevant document required by Company for assessment of the claim.
2. Home Care Expenses	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Doctor's prescription advising hospitalization v. A certificate from hospital regarding non-unavailability of bed in the hospital and advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. viii. Original bills with itemized break-up Payment receipts ix. Investigation reports including Insured Person's Test Reports from Authorized COVID-19 testing centre. x. NEFT Details (to enable direct crediting of claim amount in bank account) and cancelled cheque xi. KYC (Identity proof with Address) of the proposer where claim liability is above Rs 1 Lakh as per AML Guidelines xii. Legal heir/succession certificate, wherever applicable xiii. Any other relevant document required by Company for assessment of the claim.

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.

4. Documents to be Submitted:

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

Note:

- I. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
- II. 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
- III. 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

5. 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

6. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

Annexure-A

List I – Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES

5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLING
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	SPIROMETRE

36	STEAM INHALER
37	ARMSLING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR

47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC)
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2.	HAND WASH

3.	CRADLE CHARGES
4.	COMB
5.	EAU-DE-COLOGNE / ROOM FRESHNERS
6.	SLIPPERS
7.	TISSUE PAPER
8.	TOOTH PASTE
9.	TOOTH BRUSH
10.	BED PAN
11.	HAND HOLDER
12.	SPUTUM CUP
13.	DISINFECTANT LOTIONS
14.	LUXURY TAX
15.	HVAC
16.	HOUSE KEEPING CHARGES
17.	AIR CONDITIONER CHARGES
18.	IM IV INJECTION CHARGES
19.	CLEAN SHEET
20.	BLANKET/WARMER BLANKET
21.	ADMISSION KIT
22.	DIABETIC CHART CHARGES
23.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
24.	DISCHARGE PROCEDURE CHARGES
25.	DAILY CHART CHARGES
26.	ENTRANCE PASS / VISITORS PASS CHARGES
27.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
28.	FILE OPENING CHARGES
29.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
30.	PATIENT IDENTIFICATION BAND / NAME TAG
31.	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES

2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure-B

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

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Shri K.Vinayak Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Ms Neerja Kapu Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19	Karnataka

Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	
BHOPAL Shri Ajay Kumar Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Shri Ajay Kumar Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 / 2596429 / 2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH Ms Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017 Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Shri K.Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI Ms Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building,	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh

Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 46013992 / 23213504 /23232481 Email: oio.delhi@cioins.co.in	
GUWAHATI Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Ms G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Shri Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan.
KOCHI Shri Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011.	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	
KOLKATA Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Ms Sarojini S Dikhale Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	<u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA Ms Alka Jha Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA Ms Neerja Kapur Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No. s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane – 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."

Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsampo.com, website link www.universalsampo.com