

AAPAT SURAKSHA BIMA POLICY

A. SCHEDULE

Policy Number:			
Issuing Office:			
Date of Proposal / Declaration			
Statistical Code			
Name of the Proposer			
Profession / Occupation / Business			
Address			
Phone No.			
Fax No.			
E-mail ID			
Details of Nominee			
a) Name of the Nominee under the Policy			
b) Relationship with the Insured			
Period of Insurance	From _____ AM/PM of _____	To midnight of _____	
Type of Policy		Single Premium	
BENEFITS COVERED	Name of persons covered	CSI/Sum Insured per person	TOTAL PREMIUM
Personal Accident Section (Death and Permanent Total Disability Only)	List attached	Rs.....	Rs.
Critical Illness	List attached	Rs.....	Rs.
Applicable discounting/ loading (if any)			
TOTAL			Rs.

Service Tax		Rs.
Premium + Service Tax		Rs.

Note: In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

IN WITNESS WHEREOF THIS Policy has been signed at _____ this _____ day of _____ 20__.

For UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD

Duly Constituted Attorney

Agency Details

Agency Code: _____

Agency Name: _____

Contact Number: _____

TPA: The Policy will be serviced directly by the Company. Please get in touch with Our representative for complete details.

B. PREAMBLE

In consideration of you having paid the premium for the policy period stated in the Schedule or for any further period of insurance for which we may accept the payment for renewal of this policy We hereby agree, subject to the terms, conditions and exclusions stated in the Policy, to pay the Sum Insured on the occurrence of any of the insured events as mentioned under the item “What We cover” during the Policy Period.

This policy is an evidence of the contract between you and Universal Sompo General Insurance Company Limited. The information furnished by you in the proposal form and the declaration signed by you forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning wherever it may appear.

C. DEFINITION

C.1. STANDARD DEFINITIONS:

Accident means a sudden unforeseen and involuntary event caused by external, visible and violent means.

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly:** means which is not in the visible and accessible parts of the body
- b) **External Congenital Anomaly:** means which is in the visible and accessible parts of the body

Disclosure to information norm means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Emergency Care means management for a severe 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.

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

Hospitalization means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Hospital means any institution established for in-patient care and Day Care Treatment of Illness and/or 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 the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified Medical Practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance Company's authorized personnel.

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- a) **Acute Condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
- b) **Chronic condition** is defined as a disease, Illness, or Injury that has one or more of the following characteristics
 - it needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs on-going or long-term control or relief of symptoms

- it requires Your rehabilitation or for You to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back.

Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

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.

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.

Medical Advice Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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.

Medically Necessary means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the Illness or Injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner is 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 licence and is not a member of the Insured Person's Family.

Pre- Existing Diseases

Pre-existing Disease means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

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.

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of all waiting periods.

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

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 or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Unproven/Experimental Treatment means a treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

C.2. SPECIFIC DEFINITIONS:

Adventure Sports means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

Break in Policy occurs at the end of the existing Policy term, when the premium due for Renewal on a given Policy is not paid on or before the premium Renewal date or within 30 days thereof.

Company means “Universal Sampo General Insurance Company Limited.”

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic Surgery/implants.

Insured means the individual whose name is specifically appearing in the Schedule herein after referred as “You”/”Your”/”Yours”/”Yourself”.

Nominee means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on his/her death.

Notification of Claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Policy means Our contract of insurance with the Insured providing cover as detailed in this document.

Policy Period means the Policy Period as set out in the Schedule for which the insurance cover will remain valid.

Policy Year means a year following Policy Period Start Date and its subsequent annual anniversary.

Proposal form The application form You sign for this insurance and any other information You give to us or which is given to us on Your behalf.

Portability means transfer by an individual health insurance Policy Holder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Service Providers means any person, institution or organisation that has been empanelled by the Company to provide services to the Insured Person specified in the Policy.

Schedule means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy would be payable.

Sum Insured means the Monetary Amounts shown against insured person(s) which will be our maximum liability during the policy period.

Subrogation means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

TPA means the third party administrator that the Company appoints from time to time as specified in the Schedule.

You/Your/Yours/Yourself means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

We/Our/Ours/Us mean Universal Sampo General Insurance Company Limited.

War means War, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

D. COVERAGES:

Section I Critical Illness

It means the following major diseases, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below.

1. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

2. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

3. Kidney Failure requiring regular dialysis (Renal failure)

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. First Heart Attack of specified severity (Coronary Artery Disease)

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- i. history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. new characteristic electrocardiogram changes
- iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

5. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: lung, kidney, pancreas, bone marrow that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

Coverage

WHAT WE COVER

The Sum Insured under the section shall become payable, if the Insured Person is detected/ diagnosed for the first time during the policy period as suffering from a Critical Illness or Surgical Procedure defined under the Policy.

SPECIAL PROVISIONS

1. Each of the critical illness mentioned in the Policy must be confirmed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence as applicable.
2. The cover under this Policy in respect of any Insured Person shall cease upon the payment of compensation on the happening of a critical illness or injuries defined under the policy.

Section II 1) Capital Sum Insured

a. It means the Monetary Amounts shown against insured person(s).

2) Bodily Injury

a. It shall mean Accidental Bodily Injury solely and directly caused by external, violent and visible cause.

3) Permanent Total Disablement

a. The bodily injury that totally prevents you from engaging in any kind of occupation.

WHAT WE COVER		
Bodily injury directly resulting to Your death or disablement as per the Table of Benefits. We shall pay to You or Your legal personal representative / nominee the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured)		
TABLE OF BENEFITS	% OF CAPITAL SUM INSURED	
1.	Death	100
2.	a) Loss of sight (both eyes)	100
	b) Physical separation of or loss of ability to use both hands or both feet	100
	c) Physical separation of or loss of ability to use one hand and/ or both feet	100
	d) Loss of sight of one eye and physical separation of or loss of ability to use either one hand or one foot	100
3.	a) Loss of sight of one eye	50
	b) Physical separation of or use of ability to use one hand or one foot.	50
4.	Permanent Total and absolute disablement	100

E. EXCLUSIONS:

E.1. STANDARD EXCLUSIONS:

A) WAITING PERIOD:

1. Pre-existing diseases (Code- Excl 01)

- I. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- II. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- III. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- IV. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

E.1. SPECIFIC EXCLUSIONS:

1. 90 days waiting period

A waiting period of 90 days will apply to any claim under this section unless:

- i. You have been insured under this Policy continuously and without any break in the previous Policy Year, or ii. You were insured continuously and without interruption for at least 1 year under any other Indian insurer's similar health insurance Policy for covering critical illness risks, and You establish to Our satisfaction that You were unaware of and had not taken any advice or medication for such Illness or treatment.
- iii. If You renew with Us or transfer from any other insurer and increase the Sum Insured, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased

NB: The reduction in the waiting periods specified above shall be applied subject to the following:

- i) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance Company (if applicable);
 - ii) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous similar health insurance Policy even if You have submitted to Us all documentation
 - iii) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance Policy shall not be considered for waiting period waiver
- 2.** Death within 30 days following the diagnosis of the Critical Illness
 - 3.** Any critical Illness which arises or is caused by any one of the following:
 - a. Dry addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
 - b. Any Insured person suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome.
 - 4.** Any claim if a critical Illness is caused directly or indirectly or contributed to by or arising from:

- a. Ionizing Radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel or nuclear weapon materials.
 - b. War, Invasion, Act of foreign enemy, Hostilities, Civil war, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture, Arrest, Restraints and Detainments of all kinds, Princes of whatever nation conditions or quality so ever.
- 5. Payment under Accidental Benefits arising out of the following:**
- a) Committing or attempting suicide, intentional self-injury.
 - b) Whilst under influence of intoxicating liquor.
 - c) Drug addiction or alcoholism.
 - d) Whilst engaged in any adventurous sports.
 - e) Committing any breach of law with criminal intent.
 - f) War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
 - g) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

A) OTHER EXCLUSIONS:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
- iv. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- v. Any skin cancer other than invasive malignant melanoma
- vi. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
- vii. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- viii. Chronic lymphocytic leukaemia less than RAI stage 3
- ix. Microcarcinoma of the bladder
- x. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- xi. Other acute Coronary Syndromes
- xii. Any type of angina pectoris.
- xiii. Other stem-cell transplants
- xiv. Where only islets of langerhans are transplanted
- xv. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- xvi. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.
- xvii. Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI
- xviii. Payment of compensation in respect of injury as a consequence of
- xix. a) Committing or attempting suicide, intentional self-injury.

- b) Whilst under influence of intoxicating liquor.
 - c) Drug addiction or alcoholism.
 - d) Whilst engaged in any adventurous sports.
 - e) Committing any breach of law with criminal intent.
- xx. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
- xxi. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
- xxii. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

F. GENERAL CONDITIONS APPLICABLE TO BOTH THE SECTIONS

F.1. STANDARD GENERAL TERMS AND CLAUSES:

1. Claim Procedure

A) Upon happening of any disease/diagnosis/ accident which may give rise to a claim under this policy

You shall give us a notice to our call centre immediately and also intimate in writing to our policy issuing office but not later than 7 days from the date of diagnosis/accident. Further the duly filled in claim form with the below mentioned claim documents must be submitted within 30 days from the date of diagnosis/accident.

In case of Death

- Policy Copy
- Post Mortem Report (certified copies) - as applicable

- F.I.R. or Death report or Inquest Panchnama (in original or certified copies)- • Spot Panchnama (certified copies)- if applicable
- Death certificate (in original or certified copy)

In case of Permanent Total Disablement

- Policy Copy
- Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement
- F.I.R. and Panchnama wherever applicable (original or certified copies)
- Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
- Original medical bills

In case of Critical Illnesses/ Surgical Procedures

- Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)
 - All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - A precise diagnosis of the treatment for which a claim is made.
 - A detailed list of the individual medical services and treatments provided and a unit price for each.
- On receipt of intimation from you regarding a claim under the policy, we are entitled to:
- To carry out examination and verification of the medical report submitted as we may reasonably require.

Our obligations

1. We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability) with respect to any of the Sections, is exhausted by You
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

2. Position after claim

The Policy shall terminate for the Insured Person against whom claim under any of the sections has been admitted and paid by the Us. An endorsement to this effect deleting the name of such Insured Person shall be passed by Us.

3. **Fraudulent claims** 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 and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later 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 pa(y acting on behalf of the insured person, 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

4. Cancellation

- The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

Period of risk expired	Rate of premium to be charged
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- The Company may cancel the policy at any time on grounds of misrepresentation nondisclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, nondisclosure of material facts or fraud.

5. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

6. 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.

7. Redressal of Grievances In case of any grievance the insured person may contact the company through website o contactus@universalsompo.com.

Toll Free Numbers: 1-800-224030 (For MTNL / BSNL Users) or 1-800-2004030 or on chargeable numbers at +91-22-41659800/+91-22-41659900.

E-mail: contactus@universalsompo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@universalsompo.com

○ You can also visit our Company website and click under links [Grievance Notification](#)

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

F.2. SPECIFIC TERMS AND CONDITIONS:

1. Mis-description

This Policy shall be void and premium paid shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any materials facts sought by us in our proposal form. Non-disclosure shall include non-intimation of any change of circumstances which may affect the insurance cover granted.

2. Contribution and Subrogation

The contribution and Subrogation clauses shall not be applicable to this Policy.

3. Sum Insured enhancement

The Sum Insured under the Policy can only be enhanced on renewal subject to approval from underwriter.

4. Loading/ Discounting under the Policy (Applicable only under group policies)

Group Discount under the Policy:- We will provide Group discounts as mentioned below under group policies when numbers of persons covered exceeds 25.

Total No. of members	Group Discount
25 to 100	5%
Up to 300	10%
Up to 500	12.50%
> 1000	15%

Low Claim Ratio Discount (Bonus):- We will provide you with Low Claims discount as mentioned below under group policies when claims ratio experience of the group is as per below

Incurred Claims ratio under the Policy	Discount %
Not exceeding 60%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	35
Not exceeding 25%	40

High Claim Ratio Loading (Malus):- We will apply loading as mentioned below when the claims experience of the group is as per below

Incurred Claims Ratio under the Policy	Loading %
Between 80% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

5. Arbitration clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

6. Disclaimer Clause

In case of any claim under the Policy which is not admitted by us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

7. Claim Procedure

A) Upon happening of any disease/diagnosis/ accident which may give rise to a claim under this policy

You shall give us a notice to our call centre immediately and also intimate in writing to our policy issuing office but not later than 7 days from the date of diagnosis/accident. Further the duly filled in claim form with the below mentioned claim documents must be submitted within 30 days from the date of diagnosis/accident.

In case of Death

- Policy Copy
- Post Mortem Report (certified copies) - as applicable
- F.I.R. or Death report or Inquest Panchnama (in original or certified copies)- • Spot Panchnama (certified copies)- if applicable
- Death certificate (in original or certified copy)

In case of Permanent Total Disablement

- Policy Copy
- Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement
- F.I.R. and Panchnama wherever applicable (original or certified copies)
- Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
- Original medical bills

In case of Critical Illnesses/ Surgical Procedures

- Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)
 - All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - A precise diagnosis of the treatment for which a claim is made.
 - A detailed list of the individual medical services and treatments provided and a unit price for each.
- On receipt of intimation from you regarding a claim under the policy, we are entitled to:
- To carry out examination and verification of the medical report submitted as we may reasonably require.

Our obligations

5. We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document

6. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability) with respect to any of the Sections, is exhausted by You
7. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
8. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

8. Position after claim

The Policy shall terminate for the Insured Person against whom claim under any of the sections has been admitted and paid by the Us. An endorsement to this effect deleting the name of such Insured Person shall be passed by Us.

9. Renewal

- a. Your Policy shall ordinarily be renewable till 65 years of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Persons
- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- c. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- d. If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.
- e. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.
- f. All premiums are payable in advance of any cover under this Policy being provided.
- g. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.
- h. We shall provide You with a substitute similar health insurance product if You have reached maximum renewable age under the Policy and suitable credits (continuity benefits) for all the previous policy years that You have been covered shall be provided to You if the Policy has been maintained without break.

Please note: This Policy is in force for the Policy Period in Your Policy Schedule and is renewable subject to the terms provided at the time of each Renewal. We, however, are not bound to give notice that the Policy due for Renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

10. Substitute Product

In case We may decide to withdraw this product under which this Policy is issued to You or where You have reached the maximum renewal age under the Policy or where You cease to be member of group when You are covered under a group policy issued by Us, We shall provide You with an option to buy a substitute health insurance Policy from Us.

You will be given the Portability credit based on the number of years of continuous and uninterrupted insurance cover under this Policy towards the waiting periods in the new substitute health insurance Policy issued by Us

11. Portability

If You were insured continuously and without a break under another Indian retail health insurance policy covering critical illness risks with Us or any other Indian General Insurance company, it is understood and agreed that:

- a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;
- b) This benefit is available only at the time of renewal of the existing similar health insurance policy.
- c) The Portability Benefit shall be applied subject to the following:
 1. Your proposal shall be subject to Our medical underwriting
 2. We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time

12. Three Months notice:

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.

13. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

Universal Sampo General Insurance Co. Ltd.

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 Senior Citizen 1800-267-4030

Landline Numbers: (022)-41659800 or (022)-41659900 (Local Charges Apply)

E-mail Address: contactus@universalsampo.com.

Note: Please include your policy number for any communication with us.

Claims Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-41659800/+91-22-41659900. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

14. Notice

Every notice and communication to the Company required by this policy shall be in writing. Initial notification can be made by telephone.

15. Geographical Limit

The geographical scope of this Policy will be India and all claims shall be payable in Indian currency except for Accidental claims for which the scope of the Policy shall be on worldwide basis.

The updated details are also available on: http://www.irdaindia.org/ins_ombusman.htm

The details of Insurance Ombudsman are available below:-

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201 / 02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL -	Madhya Pradesh

<p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.</p>	<p>Orissa.</p>
<p>Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna</p>	<p>Delhi &</p>

<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR -</p>	<p>Rajasthan.</p>
<p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman,</p>	<p>West Bengal, Sikkim,</p>

<p>Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>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.</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh:</p>

<p>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: bimalokpal.noida@cioins.co.in</p>	<p>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>