

Annexure – A

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Aapat Suraksha Bima Policy	
2	Policy Number	<< >>	
3	Type of Insurance Product/Policy	Benefit (where an Insurance policy pays a fixed amount under the policy on the occurrence of a covered event)	
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured -Where each member has a separate sum insured under the policy), Individual Sum Insured is available under the Policy.	
		Sum Insured Options: For Critical Illness Section, the Policy is designed for Sum Insured of Rs 25,000/-, Rs 50,000/- & Rs. 1,00,000/ 2. The Capital Sum Insured under Personal Accident (Death and Total Permanent Disablement only) shall be double the amount chosen under Critical Illness Section.	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Base Coverage Section 1 Critical illnessThe 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 as mentioned below:-a) Stroke resulting in permanent symptoms- b) Cancer of specified severity c) Kidney Failure requiring regular dialysis d) Open Chest CABG e) Major Organ /Bone Marrow Transplant1. Each of the critical illness mentioned in the Policy must be confirmed by a Medical Practitioner and must be supported	D. section 1



as 2. Pe ha po Se Bo as W no pe 1) ins 2) Ac ex	clinical, radiological, histological and l applicable. The cover under this Policy in respect rson shall cease upon the payment of o ppening of a critical illness or injuries o licy. ction 2 Personal Accident dily injury directly resulting to Your de per the Table of Benefits. e shall pay to You or Your legal person minee the compensation set forth in Ta- rcentage of Capital Sum Insured) Capital Sum Insured -Monetary Amoun- sured person(s). Bodily Injury - cidental Bodily Injury solely and direct ternal, violent and visible cause.	of any Insured compensation on the lefined under the eath or disablement al representative / able of Benefits (as nts shown against	D. section 2
	Permanent Total Disablement-bodily in events you from engaging in any kind o		
	ABLE OF BENEFITS odily injury directly resulting to Your eath or disablement as per the Table f Benefits.	% OF CAPITAL SUM INSURED *	
		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	100	
	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		
3	<ul><li>a) Loss of sight of one eye</li><li>b) Physical separation of or use of ability to use one hand or one foot.</li></ul>	50 50	



		4	Permanent Total and absolute	100	
		Т	disablement	100	
		*We	shall pay to You or Your legal persor	nal representative /	
			nee the compensation set forth in Ta	-	
			ntage of Capital Sum Insured)	, ,	
6 Ex	clusions	Any c	critical Illness which arises or is cause	ed by any one of	E.1.3
(W	hat the policy does	the fo	llowing:		E.1.4
no	-	-	y addiction, alcoholism, smoking of r		E.1.5
		•	ettes/cigars or equivalent intake of to		E.A)
			omplication, consequences arising th		
		•	y Insured person suffering from Hum		
			photropic Virus Type III (HTLV-III) o phadinopathy Associated Viruses (LA		
			atives or Variations Deficiency Syndi	,	
		ucrive	alives of variations Denetency byna	ionic.	
		Any c	claim if a critical Illness is caused dire	ectly or indirectly or	
		-	ibuted to by or arising from:	5	
		a. Ion	izing Radiation or contamination by	radioactivity from	
		any n	uclear fuel.		
			ar, Invasion, Act of foreign enemy, H		
			llion, Revolution, Insurrection, Mutin		
		-	ed Power, Seizure, Capture, Arrest, J		
			nments of all kinds, Princes of whate tions or quality so ever.		
			ient under Accidental Benefits arising	g out of the	
		follow		Soutor the	
			mmitting or attempting suicide, inter	ntional self-injury.	
		b) Wh	nilst under influence of intoxicating li	iquor.	
		,	ug addiction or alcoholism.		
			nilst engaged in any adventurous spo		
			mmitting any breach of law with crin		
			r, invasion, act of foreign enemy, hos	•	
			e declared or not) civil war, rebellior		
			rection, mutiny military or usurped p nizing radiation or contamination by :		
			uclear fuel.		
		отн	ER EXCLUSIONS:		
		J 1 11			
		Trans	sient ischemic attacks (TIA)		
			natic injury of the brain		
			ular disease affecting only the eye or	r optic nerve or	
		vestib	oular functions.		



		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. Any skin cancer other than invasive malignant melanoma 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 Papillary micro - carcinoma of the thyroid less than 1 cm in diameter Chronic lymphocyctic leukaemia less than RAI stage 3 Microcarcinoma of the bladder – Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T Other acute Coronary Syndromes Any type of angina pectoris. Other stem-cell transplants Where only islets of langerhans are transplanted Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement. 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. 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	
7	Waiting Period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	<ul> <li>90 days waiting period - A waiting period of 90 days will apply to any claim under this section unless:</li> <li>You have been insured under this Policy continuously and without any break in the previous Policy Year, or</li> <li>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.</li> <li>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</li> </ul>	E.1.1 E.1.2. E.1.A.1



		<b>Death</b> within 30 days following the diagnosis of the Critical Illness (not applicable in case of continuous renewal or accidents) Pre-existing diseases (Code- ExcI 01) : Covered after 48 months	
8	Financial limits of coverage i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: *There is no Sublimit under policy *There is no Co-payment under policy *There is no Deductible applicable under policy	
9	Claims/Claims Procedures	Details of procedure to be followed for reimbursement of claim. 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	F.2.



	<ul> <li>Policy Copy</li> <li>Post Mortem Report (certified copies) - as applicable</li> <li>F.I.R. or Death report or Inquest Panchnama (in original or certified copies)-</li> <li>Spot Panchnama (certified copies)- if applicable</li> <li>Death certificate (in original or certified copy)</li> <li>In case of Permanent Total Disablement</li> <li>Policy Copy</li> <li>Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement</li> <li>F.I.R. and Panchnama wherever applicable (original or certified copies)</li> <li>Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability</li> <li>Original medical bills</li> <li>In case of Critical Illnesses/ Surgical Procedures</li> <li>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)</li> <li>All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.</li> <li>A precise diagnosis of the treatment for which a claim is made.</li> </ul>	
	Provide the details/web link for following: i. Network Hospital details: Available on website: www.universalsompo.com. ii. Helpline Number: Toll Free Numbers: 1-800-22-4030 (For MTNL/BSNL Users) or 1-800-102-4030 (other users) Landline Numbers: at +91-22-26748600/ +91-22-41582900/ +91-22-41582999 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com. iv. Downloading/getting claim form: Available on website: www.universalsompo.com.	
Policy Servicing	1)         Toll         Free         Numbers:         1-800-224030         (For           MTNL/BSNL Users)         or         1-800-2004030         (For	F.7

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	<ul> <li>2) Landline Numbers: (022) 39133700 (Local Charges Apply)</li> <li>3) E-mail</li> <li>4) Address: contactus@universalsompo.com.</li> <li>5) Address for postal communication:</li> <li>Universal Sompo General Insurance Co. Ltd.</li> <li>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> </ul>	
	<b>Note</b> : Please include Your Policy number for any	
	communication with us.	
11 Grievances/ Complaints		F.1.7



		Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032. You can visit the portal <u>http://www.policyholder.gov.in</u> for more details. Insurance Ombudsman You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at <u>www.irdai.gov.in</u> , or of the General Insurance Council at <u>www.generalinsurancecouncil.org.in</u> , the Consumer Education Website of the IRDAI at <u>http://www.policyholder.gov.in</u> , or from any of Our Offices.	
12	Things to remember	<ul> <li>Updated list of Insurance Ombudsmen</li> <li>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to <ul> <li>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</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ul> </li> <li>2. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</li> <li>3. Migration and Portability Migration not applicable</li> </ul>	F.1.5 F.2.9 F.2.11



		Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before the expiry of Your present period of insurance date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability of Health Insurance policies <i>4. Sum Insured Enhancement</i> – The Sum Insured under the Policy can only be enhanced on renewal subject to approval from underwriter. 5. Moratorium Period: NA	F.2.3
13	Your Obligations	<ul> <li>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.</li> <li>Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</li> <li>Disclosure of other material information during the policy period.</li> <li>Universal Sompo General Insurance Co. Ltd.</li> <li>&gt; Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>&gt; Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li>&gt; Landline Numbers: (022) 39133700 (Local Charges Apply) E-mail Address: contactus@universalsompo.com</li> </ul>	



## Declaration by the Policy Holder

I have read the above and confirm having noted the details.

<u>Place:</u> Date:

(Signature of the PolicyHolder)

Note:

i. Weblink to Access product related documents: <u>Universal Sompo | Resources Downloads</u>

ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.