

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	Critical Illness Insurance 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)	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), <p>Individual Sum Insured is available under the Policy.</p> <p>Sum Insured Options: 2.5L/5L/7.5L/10L/12.5L/15L/17.5L/20L</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>CRITICAL ILLNESS :-</p> <p>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 as mentioned below:-</p> <ol style="list-style-type: none"> 1. Cancer of specified severity 2. First Heart Attack of specified severity 3. Open Chest CABG 4. Open Heart Replacement 5. Coma of Specified Severity 6. Kidney Failure requiring regular dialysis 7. Stroke resulting in permanent symptoms 8. Major Organ /Bone Marrow Transplant 9. Motor Neurone Disease with Permanent Symptoms 10. Permanent Paralysis of Limbs 11. Multiple Sclerosis with persisting symptoms <p>A. In the event of a claim, the Critical Illness have to be diagnosed by a Medical Practitioner, supported by radiological, histological and laboratory evidence accepted to Us and to be reconfirmed by a Medical</p>	D.1

		<p>Practitioner appointed by Us.</p> <p>B. We shall compensate You only once in respect of any particular Critical Illness/ Surgical Procedure mentioned as covered in the Schedule.</p> <p>C. Cover under this Policy shall cease upon payment of the compensation on the happening of a Critical Illness and/ or Surgical Procedure and no further payment will be made for any consequent disease or any dependent disease.</p> <p>D. You should survive for 30 days post diagnosis of such Critical Illness to be able to make a claim under the Policy.</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<ol style="list-style-type: none"> 1. Cosmetic or plastic Surgery: Code- Excl08 2. Unproven Treatments: Code- Excl16 <p>Specific Exclusions</p> <ol style="list-style-type: none"> 3. 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. 4. Any skin cancer other than invasive malignant melanoma 5. 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 6. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter 7. Chronic lymphocytic leukaemia less than RAI stage 8. Microcarcinoma of the bladder 9. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T 10. Other acute Coronary Syndromes 11. Any type of angina pectoris. 12. Angioplasty and/or any other intra-arterial procedures 13. Any key-hole or laser surgery. 14. Coma resulting directly from alcohol or drug abuse is excluded. 15. Transient ischemic attacks (TIA) 16. Traumatic Injury of the brain 17. Vascular disease affecting only the eye or optic nerve or vestibular functions 18. Other stem-cell transplants 19. Where only islets of langerhans are transplanted 20. Other causes of neurological damage such as SLE 	E.2 to E.26.

21. Any Illness, sickness or disease or procedure, other than specified as Critical Illness/Procedure, as mentioned in the Policy schedule, or
22. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or
23. Any Critical Illness based on a Diagnosis made by the You or Your Immediate Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other non-traditional health care provider; and
24. Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure;
25. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission;
26. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
27. Payment of compensation in respect of Illness resulting –
 - a. From intentional self-injury, suicide or attempted suicide.
 - b. Due to liquor or drugs or other intoxicants.
 - c. Emotional distress
 - d. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - e. Directly or indirectly, caused by venereal disease or insanity.
 - f. Arising or resulting from committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
 - g. Due to war or ionising radiation or nuclear perils.
 - h. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus

E.28. to
E.32.

		<p>personnel or any such occupations of similar hazard.</p> <p>i. Congenital Anomalies or any complications or conditions arising therefrom; or</p> <p>28. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury as a direct result of the Insured Event and performed within 6 months of the same).</p> <p>29. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.</p> <p>30. All kind of Alternate Treatment</p> <p>31. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<ol style="list-style-type: none"> 1. 90 days waiting period (Code- Excl E.21.)- 2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or 3. Survival Period D.1. CRITICAL ILLNESS - the Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness to be able to make a claim under the Policy. 4. Pre-existing diseases: Covered after 48 months (Code- Excl01) 	<p>E.21. D.1. E.1</p>

8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>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)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits.</p> <p>*There is no Sublimit under policy *There is no Co-payment under policy *There is no Deductible applicable under policy</p>	
9	<p>Claims/Claims Procedures</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Procedure for Cashless claims:</p> <p>Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.</p> <p>Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.</p> <p>At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and</p>	G

inadmissible expenses.

The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

SI No	Type of Claim	Prescribed Time limit
1.	Pre - Authorization for Cashless facility	2 hours from the time of receipt of complete Documents
2.	Cashless Final Bill Authorization	2 hours from the time of receipt of complete Documents

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

Notification of Claim

Notice with full particulars shall be sent to the Company as under:

		<p>i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.</p> <p>ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Provide the details/web link for following:</p> <p>i. Network Hospital details: Available on website: www.universalsompo.com</p> <p>ii. Helpline Number:</p> <p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com</p> <p>iv. Downloading/getting claim form: Available on website: www.universalsompo.com</p>	
10	Policy Servicing	<p>1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>2) Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>3) E-mail Address: contactus@universalsompo.com.</p> <p>4) Address for postal communication:</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Note: Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p>Grievances:</p> <p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Company's Grievance Redressal Officer</p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p> <p>Grievance cell</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur</p>	F.1.8.

Road, Airoli, Navi Mumbai- 400708.

OR

Send an e Mail at grievance@universalsompo.com

For details of grievance officer, kindly refer the link
www.universalsompo.com.

2. Consumer Affairs Department of IRDAI

- a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number **155255 (or) 1800 4254 732** or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at igms.irda.gov.in.
- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available [by clicking here](#). You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.
- c. You can visit the portal <http://www.policyholder.gov.in> for more details.

3. 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 www.irdai.gov.in, or of the General Insurance Council at www.generalinsurancecouncil.org.in, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

Please <https://www.cioins.co.in/Ombudsman> to view the Updated list of Insurance Ombudsmen

12	Things to remember	<p>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.</p> <p>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</p> <ol style="list-style-type: none"> 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 <p>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.</p> <p>3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration: We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.</p> <p>Portability: From another company to Our Policy If You were insured continuously and without a break under another similar Critical Illness health insurance policy with any other Indian General Insurance company, it is understood and agreed that:</p> <ol style="list-style-type: none"> i. If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 21 days before the expiry of Your present period of insurance; ii. We may revise the premium payable based on the extent of applicability of the 	<p>F.1.4</p> <p>F.1.5.</p> <p>F.1.5.</p>
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		<p>Portability Benefit.</p> <p>iii. This benefit is available only at the time of renewal of the existing health insurance policy.</p> <p>iv. The Portability Benefit shall be applied subject to the following: i) You shall give Us all additional documentation and/or information We request;</p> <p>ii) You pay Us the applicable premium in full;</p> <p>iii) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;</p> <p>iv) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;</p> <p>v) We have received the database and claim history from the previous insurance company for the Insured Persons' in the previous similar Critical Illness health insurance policy.</p> <p>From Our existing health insurance policy covering Critical Illness risks to this Policy, it is understood and agreed that:</p> <p>v. If You wish to exercise the Portability Benefit, We should have received Your application before the expiry of Your present period of insurance;</p> <p>vi. This benefit is available only at the time of renewal of existing similar health insurance policy.</p> <p>vii. The Portability Benefit shall be applied subject to the following:</p> <p>i) You shall give Us all additional documentation and/or information We request;</p> <p>ii) You pay Us the applicable premium in full;</p> <p>iii) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;</p> <p>iv) There is no obligation on Us to insure all Insured Persons or to</p>	<p>F.2.13.</p>
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		<p>insure all Insured Persons on the proposed terms, even if You have given Us all documentation.</p> <p>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.</p> <p>4. Change in Sum Insured: Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval</p> <p>5. Moratorium Period: Not applicable</p>	
13	Your Obligations	<p>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.</p> <p>Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <ul style="list-style-type: none"> ➤ 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 ➤ Landline Numbers: (022) 39133700 (Local Charges Apply) <p>E-mail Address: contactus@universalsompo.com</p>	--

Declaration by the Policy Holder

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

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

i. Weblink to Access product related documents: [Universal Sampo | Resources Downloads](#)

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