

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	Universal Sampo General Insurance Company, Group Mashak Rakshak	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> • 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, and • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. <p><<Individual / Floater>> Sum Insured is available under the Policy.</p> <p>Minimum Sum Insured Rs.10,000/- Maximum Sum Insured Rs.2,00,000/-</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Benefit's</p> <p>1.Hospitalization Benefit</p> <p>Lump sums benefit up to 100% of the Sum Insured (excluding the amount paid under diagnosis cover referred at clause 4.2, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy-two (72) consecutive hours.</p> <ul style="list-style-type: none"> i) Dengue fever ii) Malaria iii) Filariasis (Lymphatic Filariasis) iv) Kala-azar v. Chikungunya vi) Japanese Encephalitis 	Section - D

		<p>vii) Zika Virus</p> <p>2 Diagnosis Cover</p> <p>2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under “diagnosis cover” for each disease only once in each of the policy years.</p> <p>i. The total amount payable in respect of Covers 4.1 and 4.2 shall not exceed 100% of the Sum Insured during a policy period.</p> <p>ii. Any laboratory test not recognized/ approved in India for diagnosis of the covered vector borne diseases is not covered.</p> <p>iii. On payment of 100% of sum insured, the policy shall be terminated for the policy year. In case where a policy is issued to a family with individual sum insured for each member, policy will continue for the rest of the insured members.</p> <p>iv. Once the Sum Insured is paid under the policy for any Insured Beneficiary for Filaria (Lymphatic Filariasis), notwithstanding the terms and conditions, no other claim for this condition shall be paid to the Named Insured Beneficiary in his/her entire lifetime.</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p>1. Standard Exclusions</p> <p>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.</p> <p>2. Specific Exclusions</p> <p>i. First fifteen-days waiting period: The Company shall not be liable to make any payment under the policy if the covered vector borne disease is diagnosed or hospitalization takes place during first fifteen days (15 days) from the commencement date of this Policy unless insured person is covered under this Policy continuously and without any break in the previous Policy Year.</p>	<p>Section - E</p>

ii. Cooling Off Period: If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.

iii. Hospitalization for treatment other than allopathy.

iv. Hospitalization for less than a minimum period of seventy-two (72) consecutive hours.

v. Claim for any illness/disease other than for vector borne diseases covered under the policy.

vi. Diagnosis / Treatment outside the geographical limits of India.

vii. Any laboratory test not recognized/ approved by the state or central government.

Exclusions specific to Section 4.1

i. Domiciliary Hospitalization, Day care OPD treatment.

ii. Investigation & Evaluation

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

iii. Rest Cure, rehabilitation and respite care Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a) 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.

b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iv. Excluded Providers

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically

		<p>excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>v. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>vi. 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 procedure.</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. 	<p>i. First fifteen-days waiting period The Company shall not be liable to make any payment under the policy if the covered vector borne disease is diagnosed or hospitalization takes place during first fifteen days (15 days) from the commencement date of this Policy unless insured person is covered under this Policy continuously and without any break in the previous Policy Year.</p> <p>ii. Cooling Off Period: If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.</p>	Section E.2

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>Sub limit: Diagnosis Cover- 2% of the sum insured.</p> <p>There is no Deductible under policy. There is no Co-payment under policy.</p>	
9	<p>Claims/Claims Procedures</p>	<p>Claim Intimation</p> <p>Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.</p> <p>i Within 24 hours from the date of emergency hospitalization required</p> <p>ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Reimbursement Process</p> <p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p>	<p>Section - G</p>

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

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

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim

Document submission check list

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.
- V. Discharge Card from the hospital, Indoor Case Papers.

		<p>VI. All medical Investigation reports (viz. X-ray, ECG, Blood test etc).</p> <p>VII. Hospital bill and receipts.</p> <p>VIII. Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</p> <p>IX. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</p> <p>X. Valid Photo ID Proof of the patient.</p> <p>XI. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</p> <p>XII. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.</p> <p>The above list of documents is indicative. In case of any further document requirement, Our Health Serve team will contact you on receipt of your claim documents by us.</p>	
10	Policy Servicing	<p>1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>2) E-mail Address: contactus@universalsompo.com.</p> <p>3) 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, 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>Step 1: Contact Us</p> <p>Write us at:</p> <p>Customer Service Universal Sampo Insurance Co. Ltd</p> <p>Unit No. 601 & 602, 6th Floor, Reliable</p> <p>Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>E- mail Address</p> <p>contactus@universalsompo.com</p> <p>For more details:</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267- 4030</p> <p>Step 2: Grievance Cell</p> <p>If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.</p> <p>Customer Service Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable</p>	
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Tech Park, Thane- Belapur Road, Airoli,

Navi Mumbai, Maharashtra – 400708

E- mail Address:

grievance@universalsompo.com

For more details:

www.universalsompo.com 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:

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

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) **Within one week**
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email 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

E- mail Address:

gro@universalsompo.com

		<p>For more details:</p> <p>www.universalsompo.com</p>	
12	Things to remember	<p>1.Free Look cancellation: 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 thirty 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</p> <ul 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: The policy shall ordinarily be renewable except on grounds of established fraud or non- disclosure or misrepresentation by the insured person.</p> <ul style="list-style-type: none"> i. The Company will endeavour to give notice for renewal. ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period. 	Section F.1.9, F.1.6, F.2.9, F.2.2.

		<p>IV. No loading shall apply on renewals based on individual claims experience.</p> <p>3.Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>4.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.</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 style="text-align: center;">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, , Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 ➤ E-mail Address: contactus@universalsampo.com 	--

Declaration by the Policy Holder

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