

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	Hospital Cash Insurance Policy	-
2	Policy Number	<<>>>	-
3	Type of Insurance Product/Policy	 Benefit 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(Rs):500,1000,1500,2000,2500,3000 per Day	_
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Section1: Hospital Confinement Benefit: A Daily Allowance, as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalisation for a maximum number of X days as mentioned in the Schedule. Section 2: Intensive Care Benefit: Two times the Daily Allowance, subject to maximum of X days as	
		mentioned in the Schedule, for each continuous and completed period of 24 hours required to be spent by You/ Your Insured Family Member in the Intensive Care Unit of a Hospital during any period of Hospitalisation.	
		Section 3: Convalescence Benefit: If Hospital Confinement continues for a period of more than 21 consecutive days, the benefit payable will be as specified in the Schedule against this benefit. This benefit is paid once in a year for each insured event.	
		*For purpose of avoidance of doubt, it is clarified that, if the claim becomes admissible under category II, benefit under category I would not be payable.	D Section 1-3



		*However, our total liability, under this Section, for payment of all claims in aggregate for the Policy Period shall not exceed the Sum Insured as stated in the Schedule.	
6	Exclusions (What the policy does not cover)		
		mountaineering, ice hockey, winter sports and the like.	E 3,4, 6- 13



		Salaksila, Harresila Aapke Saati	
		 i. Due to war or ionizing radiation or nuclear perils. j. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard. i. Congenital anomalies or any complications or conditions arising therefrom; or 5. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy (except Ectopic Pregnancy) 6. Any treatment not performed by a Physician or any treatment of a purely experimental nature. 7. 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). 8. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury. 9. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology 10. 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. 11. All kind of Alternate Treatment 	
7	Waiting Period Time period during which specified diseases/treatments	Waiting Period: 1. Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with	
	are not covered • It is counted from	Us.	E 1,2,5



	the beginning of the policy coverage.	 Treatment of following diseases within the first one year from the commencement of the Policy, will not be payable: Cataract Benign Prostatic Hypertrophy Myomectomy, Hysterectomy unless because of malignancy Hernia, Hydrocele Fistula in anus, Piles Arthritis, gout, rheumatism Joint replacements unless due to accident Sinusitis and related disorders Stones in the urinary and biliary systems Dilatation and curettage Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant/ adenoids and hemorrhoids Dialysis required for chronic renal failure Surgery on tonsils and sinuses Gastric and Duodenal ulcers Sickness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption with the Company or the policy is a renewal of similar health insurance policy from any of the other Indian insurers and We have accepted your proposal with portability. 	
8	Financial limits of coverage i. Sub-limit (It is a predefined 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	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 Deductible under policy *There is no Co-payment under policy	-



Claims/Claims Procedures 1. Method of Assessment and Payment of claim For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of Hospitalisation In the event that a claim becomes payable under the terms of the Policy, We shall make such payment by way of cheque or electronic fund transfer or demand draft at Our option. 2. Limitation Period We shall not be liable for any loss or damage after expiry of 12 months from happening of the medical contingency unless claim is subject of pending action of court or arbitration. 3. The steps for lodging the claim shall be as under: 1. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause 2. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation a. Photo copy of bills, receipt and discharge certificate/card from the Hospital. b. Photocopy of F.I.R. copy in case of an accident. c. Complete set of Hospital/medical records If required, You/ Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our expense. We shall settle claim(s), including its rejection, within thirty		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)		
1 1 21 1	9	Claims/Claims	Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of Hospitalisation In the event that a claim becomes payable under the terms of the Policy, We shall make such payment by way of cheque or electronic fund transfer or demand draft at Our option. 2. Limitation Period We shall not be liable for any loss or damage after expiry of 12 months from happening of the medical contingency unless claim is subject of pending action of court or arbitration. 3. The steps for lodging the claim shall be as under: 1. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause 2. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation a. Photo copy of bills, receipt and discharge certificate/card from the Hospital. b. Photocopy of F.I.R. copy in case of an accident. c. Complete set of Hospital/medical records If required, You/ Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our	Section F-



		Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us. 4. Position after claim We shall have no liability under this Policy, once the Maximum Limit of Liability (Sum Insured) as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Insured Family Member. 5. Claim Payment: 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.	
10	Policy Servicing	1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 2) Landline Numbers: (022) 39133700 (Local Charges Apply) 3) E-mail Address: contactus@universalsompo.com. 4) Address for postal communication: Universal Sompo 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 Note: Please include Your Policy number for any communication with us.	F 10
11	Grievances/ Complaints	Grievances: 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: 1. Company's Grievance Redressal Officer You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address: Grievance cell	F 11



Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur 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	Free Look cancellation: The Policy shall have a free look period. The free look period shall be applicable at the inception of the policy and: a) You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable 2. If You have not made any claim during the free look period, You shall be entitled to a. A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or; b. Where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or; c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. 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. 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. Migration: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days	
		before the policy renewal date as per IRDAI	F 3-5,7,9



guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under a health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration

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, but not earlier than 60 days from the policy renewal 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.

Change in Sum Insured: Sum Insured can be enhanced only upon renewal, subject to

- a) No claim under the previous policy with Us
- b) Our underwriter's approval

Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement sums insured only on the enhanced limits.

After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.



13	Your Obligations	Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy. Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period. Universal Sompo 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 Landline Numbers: (022) 39133700 (Local Charges Apply) E-mail Address: contactus@universalsompo.com

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.