

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	Janata Personal Accident Insurance	
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. and<<individual available="" insured="" is="" policy<br="" sum="" the="" under="">as specified under the Schedule.>></individual> 	
5	Policy Coverage (What	Coverage's	Section -
	the policy covers?) (Policy Clause Number/s)	Bodily Injury directly resulting in death or Permanent Total Disablement of the Insured. We shall pay to the Insured Person or his/her legal personal representative/nominee the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured.	D 1-15
6	Exclusions (What the policy does not cover)	 Specific Exclusions: 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 and 2 in Table of benefits has been admitted and becomes payable. Any payment in case of more than one claim in respect of one Insured Person under this Policy during any Period of Insurance by which Our liability in that period would exceed CSI. Payment of compensation in respect of a Permanent Partial Disability or Death /disability as a consequence of/resulting from a) Committing or attempting suicide, intentional self-Injury. 	Section - E



		b) Whilst under influence of intoxicating liquor or drugs. c) Drug addiction or alcoholism. d) Whilst engaged in any adventurous sports. e) Committing any breach of law with criminal intent. f) War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or Usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority. 5. Consequential loss of any kind and/or any legal liability 6. Death/disability due to pregnancy including childbirth, miscarriage, abortion, or complication. 7. Insured participating in any naval, military or air force operations. 8. Curative treatments or interventions. 9. Venereal or sexually transmitted diseases. 10. 11. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For this exclusion, combustion shall include any self-sustaining process of nuclear fission. 12. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.	
7	Waiting Period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.	Not Applicable	
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 paid by policyholder/insured). iii. Deductible (It is a	Sub limit: It is applicable for Permanent Partial disablement cover up to the percentage of the Sum Insured as specified in the policy schedule. *There is no Co-payment under policy *There is no Deductible applicable under policy	



	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)		
9	Claims/Claims	Upon happening of any Accident and/or Injury which may	Section - G
	Procedures	give rise to a claim under this Policy.	
		You shall give us a notice to our call centre	
		immediately and intimate in writing to our Policy	
		issuing office. In case of death, written notice also of	
		death must, unless reasonable cause is shown, be	
		given before internment/ cremation and in any case,	
		within one calendar month after the death, and in the	
		event of loss of sight or amputation of limbs, written	
		notice thereof must also be given within one calendar	
		month after such loss of sight or amputation.	
		 All certificates, information and evidence from a 	
		Medical Practitioner or otherwise required by Us as	
		mentioned below shall be provided by You.	
		, , ,	
		Following documents shall be required in the event of a	
		claim.	
		olaini.	
		For Death Claim	
		Duly filled up claim form	
		Death Certificate	
		Original FIR	
		Original Panchnama	
		Post mortem report	
		- 1 ost mortem report	
		For Permanent Total disablement	
		Duly filled up claims form	
		Original FIR	
		• Panchnama	
		Hospitalization Report	
		•	
		Hospital discharge card Original Cartificate from Destar of Court Haspital stating	
		Original Certificate from Doctor of Govt. Hospital stating	
		the degree of disability	





Step 2: Grievance Cell

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.

Customer Service Universal Sompo General E- mail Address:
Insurance Co. Ltd.

insurance co. Ltd.

<u>grievance@universalsompo.com</u>

Unit No. 601 & 602, 6th Floor, Reliable | Tech Park, Thane- Belapur Road, Airoli,

For more details:

Navi Mumbai, Maharashtra – 400708 www.universalsompo.com

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 Sompo General E- mail Address:



Insurance Co. Ltd.

gro@universalsompo.com

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli,

For more details:

Navi Mumbai, Maharashtra - 400708

www.universalsompo.com

For updated details of grievance officer, kindly refer the link https://www.universalsompo.com/resourse-grievance-redressal

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: https://bimabharosa.irdai.gov.in/

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 https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:

https://www.cioins.co.in/Ombudsman.

Note: Grievance may also be lodged at IRDAIhttps://bimabharosa.irdai.gov.in/.

Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.



12 Things to remember

1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 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

- 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
- **2. Policy renewal:** The policy shall ordinarily be renewable except on grounds of established fraud,non-disclosure or misrepresentation by the insured person.
- i. The Company shall endeavor 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.
- iv. No loading shall apply on renewals based on individual claims experience
- **3. Sum Insured Enhancement:** Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.
- **4. 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 shall adhere to the following:	
		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.	
13	Your Obligations	Please disclose in the proposal form all the diseases,	
10	Tour Obligations	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, , 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@universalsompo.com	
ם בי בי בי	ration by the Policy Holde	•	

Declaration by the Policy Holder



Note:

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

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.