

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	LABOUR WAGE COMPENSATION INSURANCE POLICY	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Both Indemnity and Benefit <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
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. Sum Insured Options: 100 to 5000000</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	BASE COVERAGES	4 1-4
		<p>1. Wage loss compensation allowance Due to Accident Hospitalisation This policy provides daily cash benefits towards a wage loss for every completed 24 hours to insured person who are hospitalized including ICU hospitalization due to accidental bodily injury sustained within the policy period, subject to limits and deductibles.</p> <p>2. Wage loss compensation allowance Due to Sickness Hospitalisation This policy provides daily cash towards a wage loss for every completed 24 hours benefits to insured person who are hospitalized including ICU hospitalization</p>	

due to sickness contracted within the policy period, subject to limits and deductibles.

3. Wage loss compensation allowance Due to Accident and Sickness Hospitalization

This policy provides daily cash benefits towards a wage loss for every completed 24 hours to insured person who are hospitalized including ICU hospitalization due to accident and/or sickness sustained or contracted within the policy period, subject to limits and deductibles.

4. Personal Accident

A. Accidental Death

1. This policy provides compensation to the beneficiary or legal representative of the insured person in case of death due to bodily injury which results in death within 12 months during the policy period.
2. This policy also covers loss of life if the insured person's body cannot be located within 365 days after a conveyance accident or due to any Act of God during the policy period.

B. Permanent Total Disability (PTD)

This policy provides compensation to the insured person for Permanent Total Disability resulting from injury occurring within the policy period and results in a functional loss that is total, continuous, and permanent within 365 days from the date of the accident, with specific coverage for certain types of losses, subject to the T&C mentioned in the policy schedule.

C. Permanent Partial Disability

This policy provides coverage for Permanent Partial Disability, where the insured person will be paid a percentage of the sum insured shown in the policy schedule if they suffer a Permanent Partial Disability within 365 days from the date of the accident as a result of injury during the policy period, and the disability continuous for a period of 12 consecutive months and is continuous and permanent at the end of this period, with the percentage depending on the loss suffered as

specified in the scale, subject to a maximum pay-out of the sum insured shown in the policy schedule.

OPTIONAL COVERAGE

1. ICU Benefit – Max 10 Days

This policy provides ICU benefits to insured person for up to 10 days of continuous hospitalization for over 24 hours due to medically necessary treatment for sickness or accidents, subject to a daily cash benefit limit specified in the policy schedule.

2. Fractures (Broken Bones) / Burns

The policy will pay a sum insured of Rs. 1 Lacs for bodily injuries resulting in fractures, dislocations, or specific types of burns, subject to conditions including coverage for specific bones and joints, and confirmation of the third-degree burns covering at least 20% of the body's surface area.

Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.

3. Ambulance Cost

The policy covers reimbursement for ambulance expenses incurred for transferring the insured person in a registered ambulance to the nearest hospital or between hospitals, subject to the limit of Rs.25,000 or actual whichever is lower and annual limit will be Rs.25,000 per insured member per year.

Special Condition- Coverage is available only if a claim under any of the Base Coverage is triggered.

4. Comatose Benefit – Accident Only

This policy provides financial compensation if an insured person sustains bodily injury resulting into a comatose state causing permanent neurological deficit. The benefits pay up to 10% of the Accidental Death Sum Insured up to Rs. 5 Lacs whichever is lower, subject to specific conditions, and must be confirmed by a specialist medical practitioner. Alcohol or drug abuse-related comas are not covered.

Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.

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5. Animal Attack Cover

The animal attack covers up to Rs. 10 Lacs for medical expenses of an insured person hospitalized for 72 continuous hours due to injury caused by a four-limber animal that is not an insect or reptile during the policy period.

6. Thirty (30) Days Waiting Period Modification

This allows insured person to waive or modify the waiting period from 30 to 15 days for claims related to hospitalization and medical expenses, with the payment of an additional premium.

7. Accidental Hospitalisation

This policy provides coverage for accidental hospitalization, reimbursing the medical expenses incurred for in-patient treatment up to the Accidental Hospitalization limit specified in the policy schedule, subject to certain conditions.

Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.

8. Child Education Benefit

This benefit provides a fixed sum of Rs. 1 Lacs towards child education expenses for a year in case of death, for each child who has not reached the age of 23 years and enrolled as a full-time student in an educational institution recognized by the Government of India, with the amount payable per child per year being lower of the actual tuition fees or sum insured.

Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.

9. Loan Shield

This policy will pay the outstanding loan amount up to the sum insured if a claim is accepted under Accidental Death benefit, subject to certain conditions.

Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.

10. Assault

This policy will pay 10% of Sum Insured up to Rs.10 Lacs for bodily injury resulting in death or Permanent Total Disablement / Permanent Partial Disablement, due to assault.

		<p>Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.</p> <p>11. Temporary Total Disability This policy provides a weekly benefit compensation to the insured person for Temporary Total Disability resulting from injury occurring within the policy period, up to a maximum number of weeks as stated in the policy schedule. The sum insured will reduce after payment of benefits for the insured member for any other claims arising out of same accident.</p> <p>Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.</p> <p>12. Funeral Expense This policy will pay a fixed amount of Rs. 25,000 for funeral expenses, including transportation of the insured person's mortal remains to their residence, up to the sum insured mentioned in the policy schedule.</p> <p>13. Exclusion Removal Specific Exclusion 7.2.6 Act of Terrorism and / or 7.2.7 Attack / injury due to Naxalites stand deleted with addition of this optional cover.</p>	
6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender Treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 10. Treatments received in health hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged 	7.1. Excl 4 to Excl 18

		<p>wholly or partly for domestic reasons. (Code- Excl13)</p> <p>11. 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 (Code- Excl14)</p> <p>12. Refractive Error:(Code- Excl15)</p> <p>13. Unproven Treatments:(Code- Excl16)</p> <p>14. Sterility and Infertility:(Code- Excl17)</p> <p>15. Maternity – (Excl-18)</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</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>1. Initial Waiting Period: (Code- Excl03)</p> <p>30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02)</p> <ul style="list-style-type: none"> • 24 months for following diseases/procedures- <ol style="list-style-type: none"> 1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 2. Benign ear, nose, throat disorders 3. Benign prostate hypertrophy 4. Cataract and age related eye ailments 5. Gastric/ Duodenal Ulcer 6. Gout and Rheumatism 7. Hernia of all types 8. Hydrocele 9. Non Infective Arthritis 10. Piles, Fissures and Fistula in anus 11. Pilonidal sinus, Sinusitis and related disorders 12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 13. Skin Disorders 14. Stone in Gall Bladder and Bile duct, excluding malignancy 15. Stones in Urinary system 	<p>6. Excl 1- Excl 3</p>

		<p>16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus</p> <p>17. Varicose Veins and Varicose Ulcers</p> <p>18. Renal Failure</p> <p>19. Puberty and Menopause related Disorders Behavioural and Neuro-Develop</p> <p>20. HIV Disorders:</p> <p>a. Disorders of adult personality</p> <p>b. Disorders of speech and language including stammering, dyslexia</p> <p>• 48 months for following diseases/procedures</p> <ol style="list-style-type: none"> 1. Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis 3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders. 4. Age Related Macular Degeneration (ARMD) 5. Genetic diseases or disorder <p>3. Pre-existing diseases: (Code- Excl01) Covered after 48 months</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</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures: There are no sub-limits under the Policy.</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits No Co-pay applicable under the Policy</p> <p><u>Deductible</u> -</p> <p>Wage loss compensation allowance Due to Accident Hospitalisation – 10 days per claim</p> <p>Wage loss compensation allowance Due to Sickness Hospitalisation – 10 days per claim</p> <p>Wage loss compensation allowance Due to Accident and Sickness Hospitalization – 10 days per claim</p> <p>ICU Benefit (Max 10 Days) – 10 days per claim</p>	--

	<p>than the specified amount) iv. Any other limit (as applicable)</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 inadmissible expenses.</p> <p>The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>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.</p>	

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:

- i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Provide the details/web link for following:

- i. Network Hospital details: Available on website:

www.universalsompo.com.

- ii. Helpline Number:

		<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 Sompo 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>	8.1.1
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 Road, Airoli, Navi Mumbai- 400708.</p> <p>OR</p> <p>Send an e Mail at grievance@universalsompo.com</p> <p>For details of grievance officer, kindly refer the link www.universalsompo.com.</p>	8.1.1

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

<p>12</p>	<p>Things to remember</p>	<p>1. Free Look cancellation: Not Applicable</p> <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>This Policy may be renewed by mutual consent at the end of Policy Period and in such event, the Renewal premium shall be paid to the Company on or before the date of expiry of the Policy. However, the Company shall not be bound to give notice that such Renewal premium is due. Also, Company may exercise option of not renewing the Policy on grounds of fraud, misrepresentation, or suppression of any Material Fact either at the time of taking the Policy or any time during the currency of the Policy. A Grace Period of thirty (30) days is allowed for Renewal of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received, and Insurer has no liability for the claims arising during this period.</p> <p>3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or porting option is not applicable under this policy.</p> <p>Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under ally health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below: i. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit</p>	<p>8.1.6, 8.1.5</p>
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		<p>(as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum insured. For Detailed Guidelines on Migration, kindly refer the link www.universalsompo.com</p> <p>4. Change in Sum Insured: Not Applicable.</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 style="text-align: center;">Universal Sompo 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) ➤ E-mail Address: contactus@universalsompo.com 	--

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 Sompo | Resources Downloads](#)
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.