

**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.

<b>Sl No.</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1	Name of Insurance Product/Policy	<b>MUSKAAN</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<b>Both Indemnity and Benefit</b> <ul style="list-style-type: none"> <li>• Indemnity: Where insured losses are covered up to the Sum Insured under the policy)</li> <li>• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</li> <li>• Both Indemnity and Benefit: (where policy has elements of both the above)</li> </ul>	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy),</li> </ul> <p>Health Insurance Sum Insured Range 2,50,000 – 7,50,000</p> <p>Personal Accident Sum Insured Range 2,50,000 – 7,50,000</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;"><b>Section 1: Health</b></p> <p><b>Inpatient Treatment</b> We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization.</p> <p><b>Pre-Hospitalization</b> We will cover for expenses for Pre-Hospitalization Consultations, investigations and medicines incurred up to 15 days as mentioned in the Policy Schedule before the date of admission to the hospital. The benefit is payable if We have admitted a claim under Section 1.1</p>	<b>Section - D</b>

**3. Post-Hospitalization**

We will cover for expenses for Post Hospitalization Consultations, investigations and medicines incurred up to 30 days as mentioned in the Policy Schedule after discharge from the hospital. The benefit is payable if We have admitted a claim under Section 1.1

**4. Domiciliary Treatment**

We will cover for expenses related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. At the time of claiming under this benefit, we shall require certification from the treating doctor fulfilling the conditions as mentioned under the definitions of this policy. Maximum limit under this cover would be 10% of the Sum Insured.

**5. AYUSH Treatment**

We will pay for the Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit mentioned in the Policy Schedule.

**Section 2: Personal Accident**

**Accidental Death**

We will pay to Nominee incase an Insured Person sustains bodily injury which results into Accidental Death during the Policy period within 12 months from the Date of accident up to the Sum Insured as mentioned in the Policy Schedule.

**2. Permanent Total Disability**

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to an Insured Person results in any one of the losses shown in the Table of Losses below and if that loss has continued for 12 consecutive months.

**Standard Exclusions**

**Investigation & Evaluation (Code- Excl04)**

6 Exclusions  
(What the policy does not cover)

**Section -  
E**

**Rest Cure, Rehabilitation and Respite Care (Code- Excl05)**

**Obesity/ Weight Control (Code- Excl06)**

**Change-of-Gender Treatments: (Code- Excl07)**

**Cosmetic or plastic Surgery: (Code- Excl08)**

**Hazardous or Adventure sports: (Code- Excl09)**

**Breach of law: (Code- Excl10)**

**Excluded Providers: (Code-Excl11)**

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

Treatments received in health hydros, 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. **(Code- Excl13)**

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)**

**Refractive Error:(Code- Excl15)**

**Unproven Treatments:(Code- Excl16)**

**Sterility and Infertility: (Code- Excl17)**

**Specific Exclusions:**

We shall not be liable to make any payment for any claim under any of the Cover/ Benefits under the Policy in respect of any Insured Person, directly or indirectly caused by or arising from or in any way attributable to, any of the following:

1. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
2. Pregnancy or childbirth or in consequence thereof.
3. Consequential losses of any kind or actual or alleged legal liability
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
7. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease.
8. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
9. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
11. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
12. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
13. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
14. Disease in the natural course of an event caused/ transmitted by insect/ virus / bacteria and the like.
15. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from

		<p>any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> <p>a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</p> <p>b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p> <p>16. Any expenses incurred on OPD treatment.</p> <p>17. Treatment taken outside the geographical limits of India.</p> <p>18. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on consent), policyholder is not entitled to get the coverage for specified ICD codes.</p>	
7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p>The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:</p> <p><b>1. Pre-Existing Diseases (Code- Excl01)</b></p> <p>a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p> <p><b>2. Specific Waiting Period: (Code- Excl02)</b></p>	Section- F

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

**i. 24 Months waiting period**

1. All internal and external benign tumors, 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

16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus

17. Varicose Veins and Varicose Ulcers

18. Renal Failure

19. Puberty and Menopause related Disorders

20. Behavioral and Neuro-Develop HIV Disorders:

a. Disorders of adult personality

		<p>b. Disorders of speech and language including stammering, dyslexia</p> <p><b>ii 48 Months waiting period</b></p> <ol style="list-style-type: none"> <li>1. Joint Replacement due to Degenerative Condition</li> <li>2. Age-related Osteoarthritis &amp; Osteoporosis</li> <li>3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.</li> <li>4. Age Related Macular Degeneration (ARMD)</li> <li>5. Genetic diseases or disorders</li> </ol> <p><b>3. First Thirty Days Waiting Period (Code- Excl03)</b></p> <p>i Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</p> <p>ii This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>iii The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</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>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>No Co-pay applicable under the Policy</p> <p><u>Deductible</u> – No deductible under the Policy.</p>	

	iv. Any other limit (as applicable)		
9	Claims/Claims Procedures	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Procedure for Cashless claims:</b></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>	<b>Section -H</b>



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:

- i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

		<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: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p> <p>ii. Helpline Number:</p> <p><b>Toll Free Numbers:</b> 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p><b>Landline Numbers:</b> (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: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p> <p>iv. Downloading/getting claim form: Available on website: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p>	
10	Policy Servicing	<p><b>1) Toll Free Numbers:</b> 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p><b>2) Landline Numbers:</b> (022) 39133700 (Local Charges Apply)</p> <p><b>3) E-mail</b> <b>Address:</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a>.</p> <p><b>4) Address for postal communication:</b></p> <p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p><b>Note:</b> Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p><b>Grievances:</b></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><b>1. Company's Grievance Redressal Officer</b></p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p> <p><b>Grievance cell</b></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.

OR

Send an e Mail at [grievance@universalsompo.com](mailto:grievance@universalsompo.com)

For details of grievance officer, kindly refer the link [www.universalsompo.com](http://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](mailto: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](http://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](http://www.irdai.gov.in), or of the General Insurance Council at [www.generalinsurancecouncil.org.in](http://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>Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a>, or from any of Our Offices.</p> <p>Please <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> to view the Updated list of Insurance Ombudsmen</p>	
12	Things to remember	<p><b>1. Free Look cancellation:</b> 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. 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> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ul> <p><b>2. Policy renewal:</b> 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><b>3. Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Migration:</b> 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 guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under a health</p>	<b>Section –F</b>

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.

**4. 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.**

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, we have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner and subject to limits as stated by the Company. Enhancement of Sum Insured will not be considered for: In respect of any enhancement of Sum Insured, exclusions code – Excl01, Excl02 and Excl03 would apply to the additional Sum Insured from such date.

**5. 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

		<p>policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</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. 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.</p> <p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <ul style="list-style-type: none"> <li>➤ Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li>➤ Landline Numbers: (022) 39133700 (Local Charges Apply)</li> <li>➤ E-mail Address: <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></li> </ul>	--

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