

## 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	<b>PRADHANMANTRI SURAKSHA BIMA YOJANA</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<p><b>Benefit basis</b></p> <ul style="list-style-type: none"> <li>• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</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>&lt;&lt;Individual &gt;&gt; Sum Insured is available under the Policy.</p> <p>Sum Insured Options: 2L</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<b>Base Coverage</b>	D.Benefits
		<ul style="list-style-type: none"> <li>a. Death</li> <li>b. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot.</li> <li>c. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot</li> </ul>	
6	Exclusions (What the policy does not cover)	<p><b>Specific Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Compensation under more than one of the sub-clauses (1), (2), (3) in respect of same injury or disablement of the Insured Person. In the event of a claim which may aggravate to increased disability/ death within 12 calendar months of the occurrence then our liability will be limited to higher of the two and in any event not exceeding the Capital Sum Insured.</li> <li>2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person.</li> <li>3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.</li> <li>4. Payment of compensation in respect of death, injury or disablement of the Insured from (a) intentional self inflicted injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drug. (c) directly or indirectly caused by insanity.</li> </ol>	E.E.1

(d) arising or resulting from the insured committing any breach of the law with criminal intent.

5. Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all kings, princes and people of whatsoever nation, condition or quality.

6. Payment of compensation in respect of death of /or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.

7. Participation in winter sports\*, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot- holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained. (\* winter sports means snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice) (# professional sports means Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated) Provided also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.

7	<p>Waiting Period</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>	<b>NA</b>	
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<p>8</p>	<p>Financial limits of coverage i. Sub-limit (It is a pre-defined 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 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)</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.  No Co-pay applicable under the Policy  <u>No Deductible</u> applicable under the policy</p>	
<p>9</p>	<p>Claims/Claims Procedures</p>	<p>CLAIM PROCEDURE: a) NOTICE OF CLAIM/LOSS: Upon the happening of any event which may give rise to a claim under this policy the Insured shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the Insured should within seven days after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claims.  b) CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish the Insured with such forms as may be required for filing proofs of loss.  c) TIME FOR FILING CLAIM FORMS AND EVIDENCE: Completed claim forms and written evidence of loss must be furnished to the Company within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured can satisfy the Company that it was not reasonably possible to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.</p>	<p>F.1.4</p>

d) SUPPORTING DOCUMENTATION & EXAMINATION: The Insured or someone claiming on behalf of the Insured shall provide the Company with all documentation, medical records and information which may be requested to establish the circumstances of the claim, its quantum or the Company liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following

Death Claims	Disability Claims
1. Claim form	1. Claim form
2. Original Death Certificate	2. Attending Doctor's Report
3. Original/ Attested Post Mortem Report, if conducted	3. Original Disability Certificate from the Doctor
4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.	4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.)
5. Complete medical records including Death Summary, in case of hospitalization	5. FIR, Police report, where applicable
6. Any other document requested by the Company in view of claim	6. Any other document requested by the Company in view of claim
7. KYC Documents	7. KYC Documents

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)</b> Address for postal communication:</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>	F.2.4
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>	F.2.4

### **Grievance cell**

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

		<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</p>	F.2.2, F.2.3,

		<p>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</p> <p><b>Portability:</b> 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.</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;"><b>Universal Sompo 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: contactus@universalsompo.com</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.