

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	POS - INDIVIDUAL ACCIDENT POLICY	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Both Indemnity and Benefit Basis (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 Individual Sum Insured is available under the Policy. <p>Sum Insured Options: (maximum upto 5 lacs) Basic Cover- 10 times the yearly income Wider Cover- 05 times the yearly income Comprehensive Cover- 05 times the yearly income (5 Lac Max)</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Coverage</p> <ul style="list-style-type: none"> In the unfortunate event of Insured having faced with an accident, the Company shall be liable to pay predefined limit of Sum Insured in case of below mentioned eventualities. Death: In case accident resulting in death then we will provide compensation equivalent to the full Capital Sum Insured. Permanent Total Disability: In case accident resulting in Permanent Total Disability then we will provide compensation equivalent to the full Capital Sum Insured. Permanent Partial Disability We will compensate the insured depending on the nature of injury and corresponding percentage of Capital Sum Insured as detailed in the 'Table of Benefit' under the Policy document or as per the medical advices of Our appointed Medical Practitioner. Temporary Total Disability: 	D.

		<p>We will provide compensation at 1% of Capital Sum Insured or Rs 5000/- whichever is less per week for a maximum period of 104 weeks.</p> <p>Extra benefits available under the Policy if admissibility of claim is accepted by Us:</p> <ul style="list-style-type: none"> • Transportation cost of carriage of Dead Body to Home including funeral charges: 1% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower • Cost of Clothing damaged in the Accident as described above and liability for disablement is admitted by Us: Actual expenses subject to maximum of Rs 1000/- • Ambulance charges for transportation of Insured person to Hospital following Accident: Actual expenses subject to maximum of Rs 1000/- • Education Fund: In the event of death, permanent total disablement i.e. 1 & 2 of Table of Benefit of Insured Person, WE will approve compensation towards Education Fund for dependent children as below: 5% (Five percent) of C.S.I Subject to a maximum of Rs. 15000/- • Loss of Employment: In the event of accident leading to loss of employment as a consequence of Permanent Total Disability as per the table of benefits: 2% of CSI subject to a maximum of Rs 25000/- <p style="text-align: center;">ADD-ON COVERS</p> <p>Medical Expenses Extension: Coverage for the medical expenses reasonably and necessarily incurred by You towards medical expenses as a result an accident resulting in the bodily injury, death or disablement. The compensation under this extension is restricted to 40% of Personal Accident Claim or actual medical expenses whichever is less.</p> <p>Hospital Confinement Allowance: Daily allowance of Rs 500/- per day to a maximum of 30 days if You or any of the Insured Person(s) is Hospitalised as a result of an accident resulting in the bodily injury, death or disablement.</p>	A-B
6	Exclusions (What the policy does not cover)	<ul style="list-style-type: none"> • War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith. 	E.1

- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
- The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
- Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
- Participation in any kind of motor speed contest (including trial, training and qualifying heats)
- This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of
 - a) Biological or chemical contamination
 - b) Missiles, bombs, grenades, explosives due to any act of terrorism
- Natural Death
- 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 1,2, 3 and 4 in Table of benefits has been admitted and becomes payable.
- Any payment in case of more than one claim under this Policy during any one period of Insurance by which our liability in that period would exceed CSI
- Payment of compensation in respect of death or Injury as a consequence of/resulting from
 - a) Committing or attempting suicide, intentional self-Injury.
 - b) Whilst under influence of intoxicating liquor or drugs.
 - c) Drug addiction or alcoholism.
 - d) Whilst engaged in any adventurous sports and/or hazardous activities.
 - 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.
- Consequential loss of any kind and/or any legal liability

		<ul style="list-style-type: none"> • Pregnancy including childbirth, miscarriage, abortion or complication arising there from. • Participation in any naval, military or air force operations. • Curative treatments or interventions <p>Venereal or sexually transmitted diseases.</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. 	Not Applicable	--
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>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.</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> – No Deductible applicable under the Policy</p>	--

<p>9</p>	<p>Claims/Claims Procedures</p>	<p>A) Upon happening of any Accident and/or Injury which may give rise to a claim under this Policy • You shall give us a notice to our call centre immediately and also 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 the attending Medical Practitioner shall be provided by You.</p> <p>B) On receipt of intimation from You regarding a claim under the Policy, we are entitled to carry out examination and ascertain details and in the event of death get the post-mortem examination done in respect of deceased person.</p> <p>C) The steps for lodging the claim shall be as under: • 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. • 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.</p> <p>D) Following documents shall be required in the event of a claim. For Death Claim • Duly filled up claim form • Death Certificate • Original FIR • Original Panchnama • Post mortem report For Permanent Total disablement/Permanent Partial Disablement • Duly filled up claims form • Original FIR • Panchnama • Hospitalization Report • Hospital discharge card • Original Certificate from Doctor of Govt. Hospital stating the degree of disability • Termination letter for claim under “Loss of Employment” For Temporary Total Disablement • Duly filled up claims form • Original FIR • Panchnama • Hospitalization Report • Hospital discharge card • Original Certificate from Doctor of Govt. Hospital stating the degree of disability We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document. 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. E) Position after claim: The maximum liability of the Company</p>	<p>--</p>
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for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy.

F) 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.

Provide the details/web link for following:

i. Network Hospital details: Available on website:
www.universalsompo.com.

ii. Helpline Number:

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030

Landline Numbers: (022) 39133700 (Local Charges Apply)

iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website:
www.universalsompo.com.

iv. Downloading/getting claim form: Available on website:
www.universalsompo.com.

		<p>for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy.</p> <p>F) 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.</p> <p>Provide the details/web link for following:</p> <p>i. Network Hospital details: Available on website: www.universalsompo.com.</p> <p>ii. Helpline Number:</p> <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>Universal Sampo 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>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>E-mail Address: contactus@universalsompo.com.</p> <p>Note: Please include Your Policy number for any communication with us.</p>	F.1.10
11	Grievances/ Complaints	<p>Grievances:</p>	F.1.11

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

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

		<p>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.</p> <p>Please https://www.cioins.co.in/Ombudsman to view the Updated list of Insurance Ombudsmen</p>	
12	Things to remember	<p>1. Free Look cancellation: 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.</p> <p>1. The Policy shall have a free look period. The free look period shall be applicable at the inception of the Policy and: i. 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</p> <p>2. If You have not made any claim during the Free Look period, You shall be entitled to</p> <p>i. A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;</p> <p>ii. 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;</p> <p>iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.</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>F.1.4, F.1.3, F.1.6, F.1.20.</p>

- i. This Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You
- ii. The Renewal of the Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- iii. We shall not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years, except for Death or Permanent Total Disablement claims where the Policy terminates following payment of the benefit covered
- iv. No loading on premium shall be applied on Your individual claims experience basis
- v. The premium of the Policy may be revised subject to approval from Insurance Regulatory Development Authority

3. Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us. Portability option not applicable.

Migration: 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.

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.**

Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.

5. Moratorium Period: Not Applicable.

		<p>SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.</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>Universal Sampo 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 Sampo | Resources Downloads](#)
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.