

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	Saral Suraksha Bima (Micro Insurance)	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Benefit 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), Sum Insured Options: The minimum sum insured available under each section is Rs.10,000 and maximum sum insured available under each section is Rs.100,000	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Base Coverage - Section 1 Critical illness We shall pay Sum Insured as mentioned in the schedule to the Insured(s) upon his/ her first diagnosis of Critical Illness / Surgical Procedure as defined under the Policy a) Stroke resulting in permanent symptoms- b) Cancer of specified severity c) Kidney Failure requiring regular dialysis d) Open Chest CABG e) Major Organ /Bone Marrow Transplant Special Provisions 1. The existence of the Critical illness mentioned in the Policy must be confirmed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence as applicable. 2. The cover under this Policy in respect of any Insured Person shall cease upon the payment of compensation on the	D. Section I

		<p>happening of a Critical illness or injuries defined under the Policy.</p> <p>Section 2 Personal Accident</p> <p>We shall pay to You or Your legal heir / Nominee, as the case may be, the compensation (as percentage of Capital Sum Insured), as set forth in Table of Benefits upon occurrence of Bodily Injury to You resulting in Your Death or disablement.</p>	<p>D. Section II.</p>
<p>6</p>	<p>Exclusions (What the policy does not cover)</p>	<p>1. Exclusion of Personal Accident Section II:</p> <ol style="list-style-type: none"> 1) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement. 2) Any other payment after a claim under one of the benefits mentioned in Table of benefits has been admitted and becomes payable. 3) Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI. 4) Payment of compensation in respect of injury as consequence of <ol style="list-style-type: none"> a) Committing or attempting suicide, intentional self-injury b) Whilst under influence of intoxicating liquor c) Drug addiction or alcoholism d) Whilst engaged in any adventurous sports e) Committing any breach of law with criminal intent <p>General Exclusions</p> <ol style="list-style-type: none"> 2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless credits towards such time bound exclusion has been accrued in similar health insurance Policy from Us or any of the other Indian Insurers 3. Drug addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent 	<p>Section II</p> <p>E.1.2. to E.1.23.</p>

		<ol style="list-style-type: none"> 4. Any Insured person suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome 5. War, rebellion, revolution, terrorism acts, nuclear weapon 6. riots, confiscation or nationalization or requisition 7. Ionizing radiation or contamination by radioactivity from any nuclear fuel 8. hazardous properties 9. Tumours showing the malignant changes of carcinoma in situ & tumours 10. Any skin cancer other than invasive malignant melanoma 11. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO 12. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter 13. Chronic lymphocytic leukaemia less than RAI stage 3 14. Microcarcinoma of the bladder 15. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T 16. Other acute Coronary Syndromes 17. Any type of angina pectoris. 18. Angioplasty and/or any other intra-arterial procedures 19. any key-hole or laser surgery. 20. Coma resulting directly from alcohol or drug abuse is excluded. 21. Transient ischemic attacks (TIA) 22. Traumatic injury of the brain 23. Vascular disease affecting only the eye or optic nerve or vestibular functions 24. Other stem-cell transplants 25. Where only islets of langerhans are transplanted 	
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 	<p>90 days waiting period - The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, arising within the first 90 days of the commencement of the Policy Period. However this exclusion shall not be applicable on continuous renewals.</p>	E.2.1

	beginning of the policy coverage.	Initial Waiting Period: (Code- Excl E.1.03) 30 days for all illnesses (not applicable in case of continuous renewal or accidents Pre-existing diseases (Code- Excl E.1.1) : Covered after 48 months	E.1.2 E.1.1
8	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)	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: *There is no Sublimit under policy *There is no Co-payment under policy *There is no Deductible applicable under policy	
9	Claims/Claims Procedures	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Procedure for Cashless claims: Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.	--

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.

At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

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
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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:

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.

10 Policy Servicing

1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030

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

3) E-mail

4) Address: contactus@universalsompo.com.

5) Address for postal communication:

Universal Sampo General Insurance Co. Ltd.

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>Note: Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p>Grievances: 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 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.</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> <p>2. Consumer Affairs Department of IRDAI</p> <p>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.</p> <p>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.</p> <p>c. You can visit the portal http://www.policyholder.gov.in for more details.</p>	

		<p>3. Insurance Ombudsman</p> <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	<ol style="list-style-type: none"> 1. Free Look cancellation: Not applicable 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. 3. Migration and Portability: Not applicable 4. Sum Insured Enhancement: Not applicable 5. Moratorium Period: Not applicable 	
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 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) <p>E-mail Address: contactus@universalsampo.com</p>	--

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.