

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.

Sl No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	SHAKTI CARE INSURANCE	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	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)	<ul style="list-style-type: none"> • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. • Individual Sum Insured -Where each member has a separate sum insured under the policy. <<Sum Insured >>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	BASE COVERAGE 1) In patient Cover: The Company shall indemnify up to the Sum Insured as specified for the Policy Year in the Policy Schedule towards Medical Expenses incurred during the Policy Period in the event of Hospitalization of the Insured Person during the Policy Year. (Clause 4.1) The Medical Expenses shall be covered in the following manner: <ul style="list-style-type: none"> • Room Rent, boarding, nursing expenses of a Qualified Nurse as provided by the Hospital / Nursing Home up to 1% of the Sum Insured per day. • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day. • Fees towards surgeon, anesthetist, Medical Practitioner, consultants, specialist whether paid directly to the treating Medical Practitioner/ surgeon or to the Hospital. 	Section 4

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		<ul style="list-style-type: none"> • Expenses incurred towards anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities undertaken at Medical Diagnostic Laboratory and/or Diagnostic Centres, and such similar other expenses. • Expenses towards Dental Treatment necessitated due to Injury caused or Illness suffered by the Insured Person. • Expenses towards plastic Surgery necessitated due to Injury caused or Illness suffered by the Insured Person. • All Day Care Treatments. <p>A. Coverage applicable for Listed Conditions for Surrogate Mother: Perineal tears during childbirth, Postpartum hemorrhage, Episiotomy Complications, Post partum Endometritis, Postpartum depression/Psychosis, Anesthesia complications , Infection or sepsis, stroke, Amniotic fluid embolism, Postpartum preeclampsia, Pulmonary edema, HELLP syndrome, heart related complication, Peripartum (postpartum) cardiomyopathy, Thrombotic pulmonary embolism (DVT), Postpartum Respiratory Failure, Postpartum peritonitis.</p> <p>B. Coverage applicable for Listed Conditions for Oocyte Donor Infection or sepsis, bleeding, Ovarian hyperstimulation syndrome (OHSS), Injury to surrounding structures due to procedure, Anesthesia complications.</p> <p>2) Pre-Hospitalization Medical Expenses: The Company shall also indemnify Pre-Hospitalization Medical Expenses incurred for a fixed period of 30 consecutive days prior to the date of admission of the Insured Person in a Hospital or Day Care Centre up to the Sum Insured for the Policy Year. (Admitted Under clause 4.1)</p> <p>3) Post-Hospitalization Medical Expenses: The Company shall also indemnify Post-Hospitalization Medical Expenses incurred for a fixed period of 60 consecutive days post the date of discharge of the Insured Person from the Hospital or Day Care Centre upto the Sum Insured for the Policy Year. Such claim shall be admitted only on Reimbursement basis. (Admitted Under clause 4.1)</p>	Section 4
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		<p>4)Emergency ground ambulance: The Company will reimburse reasonable and customary Charges up to the maximum limit of Rs 2000 per Hospitalization as mentioned against this cover in the Policy Schedule for expenses incurred towards Ambulance charges.</p> <p>5)Modern Treatments: The Company will reimburse Reasonable and Customary Charges for expenses incurred up to 50% of Capital Sum Insured towards the Insured Person's treatment. (Admitted Under clause 4.1)</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p>A. Standard Exclusions</p> <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. Breach of law: Code- Excl10 7. Excluded Providers: Code- Excl11 8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 9. Treatments received in health spas, 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 10. 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 11. Refractive Error: Code- Excl15 12. Unproven Treatments: Code- Excl16 13. Sterility and Infertility: Code- Excl17 <p>B. Specific Exclusions</p>	<p>Section6, 6.1, 6.2.</p>

		<ol style="list-style-type: none"> 1. Any medical treatment taken outside India. 2. Expenses except those specifically listed under In-patient Care cover under section 4.1.1 & 4.1.2 3. Injury or Illness caused by or contributed to by nuclear weapons/materials. 4. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy. 5. Suicide, Intentional self-injury. 6. Vaccination or inoculation except as post bite treatment for animal bite. 7. Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect. 8. Outpatient (OPD) diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered. 9. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. 10. Stem cell storage. 11. Any kind of service charge, surcharge levied by the hospital. 12. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. 13. Non-payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II. 14. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner. 15. Any medical treatment which is not listed under section 4 	
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>Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p>	

<p>8</p>	<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>1. Sub – limit: Room Rent, boarding, nursing expenses: 1% of the Sum Insured per day. Intensive Care Unit/ ICCU: 2% of the SI per day. Emergency ground ambulance: 2000 per hospitalisation. Modern Treatments: 50% of Capital Sum Insured towards the Insured Person’s treatment.</p> <p>2. Co – Payments – Nil</p> <p>3. Deductible – Nil</p>	
<p>9</p>	<p>Claims/Claims Procedures</p>	<p>1. Procedure for Cashless claims:</p> <p>i Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.</p> <p>ii Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>iii 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>iv At the time of discharge, the insured person has to verify and sign the discharge papers, pay for nonmedical and inadmissible expenses. v 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>Section 8</p>

vi 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.

2. 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 prehospitalization 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

3. 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.

For any claims related assistance, notification of claim and submission of claim related documents, Insured person can contact us through our nearest office (for office address please visit website www.universalsompo.com) Or call our 24/7 Customer Care number 1800-22-4030 ,1800-200-4030 or write to us at : healthserve@universalsompo.com.

Provide the details/web link for following:

		<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>1. Toll Free Numbers: 1800-200-5142</p> <p>2. Landline Numbers: (022)- 41659800 (Local Charges Apply)</p> <p>3. E-mail Address: contactus@universalsompo.com.</p> <p>4. 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> <p>Note: Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the company through</p> <p>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 Toll Free Numbers: 1800-200-5142 Landline Numbers: (022)- 41659800 E-mail Address: contactus@universalsompo.com Note: Please include Your Policy number for any communication with us.</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person</p>	Section 7 – 7.1, xiii

		<p>may contact the grievance officer at grievance@universalsompo.com</p> <p>For updated details of grievance officer, kindly refer the link https://universalsompo.com/resource-grievanceredressal</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p>	
12	Things to remember	<p>1. Free Look Period - 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. The Insured shall be allowed free look period of 1 month from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.</p> <ul style="list-style-type: none"> • If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to: • 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 • 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 • Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <p>2. Renewal - This policy will not be eligible for renewal.</p> <p>3. Possibility of Revision of Terms of the Policy Including the Premium Rates: The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected.</p> <p>3. Cancellation – A. The Policyholder may cancel this Policy by giving 15 days’ written notice only in case of demise of insured member/s and in such an event, the Company shall refund premium for the unexpired Policy Period on prorata</p>	<p>Section 7 7.1. ix, 7.1. vii, 7.1. viii, 7.1.vi, 7.1.x, 7.1.xi,</p>

		<p>basis. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.</p> <p>B. The Company may cancel the Policy at any time on grounds of misrepresentation, nondisclosure of Material Facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of Material Facts or Fraud.</p> <p>4. Nomination: The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the Nominee as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.</p> <p>5. Withdrawal of Policy: A. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.</p> <p>B. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the Policy has been maintained without a break.</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 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 	
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Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place: _____ (Signature of the PolicyHolder)
Date: _____

- 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.