

CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.

Insured Name	MR/Ms. XXXXXX XXXXXXXX
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Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number										
1.	Name of Insurance Product	Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies	Not Applicable										
2.	Unique Identification Number (UIN) allotted by IRDAI	IRDAN134RP0067V02201819	Not Applicable										
3.	Structure	Benefit Basis: Section III Personal Accident Cover for Owner-driver	Section- Personal Accident Cover For Owner-Driver										
4.	Interests Insured	Personal Accident Cover for Owner- Driver of the Insured Vehicle	Section - Personal Accident Cover For Owner-Driver										
5.	Sum Insured / Motor Insured Declared Value Scope	<p>Section III - Personal Accident Cover For Owner-Driver (if Opted and shown in the Policy Schedule): Benefit payment up to 15 Lakhs basis below scale</p> <table border="1"> <thead> <tr> <th>Nature of injury</th> <th>Scale of Compensation</th> </tr> </thead> <tbody> <tr> <td>i) Death</td> <td>100%</td> </tr> <tr> <td>ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td> <td>100%</td> </tr> <tr> <td>iii) Loss of one limb or sight of one eye</td> <td>50%</td> </tr> <tr> <td>iv) Permanent Total Disablement from injuries other than named above</td> <td>100%</td> </tr> </tbody> </table> <p>PA Cover (other than Owner Driver)- Upto 2 lakh</p>	Nature of injury	Scale of Compensation	i) Death	100%	ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%	iii) Loss of one limb or sight of one eye	50%	iv) Permanent Total Disablement from injuries other than named above	100%	Section - Personal Accident Cover For Owner-Driver
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6.	Policy Coverage	<p>Personal accident cover for owner-driver (if opted and shown in the Policy Schedule)</p> <p>We will compensate for bodily injury/ death sustained by the owner-driver of the vehicle up to Rs. 15 lakhs during any one period of insurance.</p>	Section - Personal Accident Cover For Owner-Driver
7.	Available Add on for the said Product	<p>Following Add-on covers are applicable under your policy. (Only Add-On covers opted by you and mentioned in the policy schedule will be applicable to your Policy)</p> <p>1. Road Side Assistance This cover provides assistance in case of an accident or breakdown, including repairs and towing. Services include flat tyre and battery repair, on-the-spot repairs, spare key retrieval, fuel delivery, emergency towing, SMS relays, taxi support for continuation/return journeys, hotel accommodation, and pickup of the repaired vehicle.</p> <p>2. Loss of Personal Belongings We will pay for the loss or damage to you and your Family member's personal belongings caused by perils mentioned under section 1 of the policy while they are in the vehicle at the time of loss or damage to the vehicle.</p> <p>3. Key Replacement clause We will reimburse you for the cost of replacing your vehicle keys which are lost or stolen. In case your vehicle is broken into, then we will reimburse you for the cost of replacing your locks and keys including the labour cost for replacing the lock.</p> <p>4. Hospital Daily Cash Cover In The Event Insured Suffering From An Accidental Injury Involving The Insured Vehicle Leading To A Hospitalization As An Inpatient The Company Will Pay An Amount Of Rs.2000/- As Per Day Hospitalization Charges For Maximum Upto 30 Days Subject To Submission Of Documents In Support Hospitalization Due To Accidental Damages To Insured Vehicle.</p>	Add-on Wordings

		<p>5. Loss Of Driving License/ Registration Certification It Provides Coverage For The Expenses Incurred In Case The Insured Individual Loses Their Driving License Or Vehicle Registration Certificate.</p> <table border="1" data-bbox="620 370 1677 785"> <thead> <tr> <th>Sr. No</th> <th>Add-On</th> <th>Sum / Limit Insured</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Key Replacement Cover</td> <td>As opted in the policy</td> </tr> <tr> <td>2</td> <td>Road Side Assistance</td> <td>N.A.</td> </tr> <tr> <td>3</td> <td>Loss Of Driving License/ Registration Certification</td> <td>Document recreation</td> </tr> <tr> <td>4</td> <td>Loss of Personal Belongings</td> <td>As opted in the policy</td> </tr> <tr> <td>5</td> <td>Hospital Daily Cash Cover</td> <td>As opted in the policy</td> </tr> </tbody> </table>	Sr. No	Add-On	Sum / Limit Insured	1	Key Replacement Cover	As opted in the policy	2	Road Side Assistance	N.A.	3	Loss Of Driving License/ Registration Certification	Document recreation	4	Loss of Personal Belongings	As opted in the policy	5	Hospital Daily Cash Cover	As opted in the policy	
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8.	Loss Participation	<p>Value as applicable</p> <ul style="list-style-type: none"> ▪Compulsory deductible ▪Voluntary deductible 	Endorsements																		
9.	Exclusions	<p>Section-Personal Accident Cover For Owner-Driver</p> <p>The Company shall not be liable to pay in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (1) intentional self injury suicide or attempted suicide physical defect or infirmity or (2) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.</p> <p>General Exclusions</p> <p>1. Any accidental loss or damage and/or liability caused sustained or</p>	<p>Section - Personal Accident Cover For Owner-Driver</p> <p>General Exclusions</p>																		

		<p>incurred outside the Geographical Area.</p> <ol style="list-style-type: none"> 2. Any claim arising out of any contractual liability; 3. Any accidental loss or damage and/or liability caused sustained or incurred whilst the vehicle insured herein is being used otherwise than in accordance with the 'Limitations as to Use' or being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause. 4. Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss. 5. Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission; 6. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material. 7. We will not cover any accidental loss, damage, or liability caused directly or indirectly by war, invasion, acts of foreign enemies, hostilities (whether before or after a declaration of war), civil war, mutiny, rebellion, military or usurped power, or any consequences of these events. In the event of a claim, the insured must prove the loss or damage arose independently of these occurrences. Without such proof, the Company is not liable for the claim. 	
10.	Special Conditions and Warranties (if any)	NIL	Not Applicable
11.	Admissibility of Claim	<ol style="list-style-type: none"> 1. You shall take all reasonable steps to safeguard the vehicle insured from loss or damage and to maintain it in efficient condition. 2. Notice of claim must be given by you to us immediately after an actual or potential loss begins or as soon as reasonably possible after actual or 	Section: Claims Procedure

- potential loss begins.
3. In the event of any accident or breakdown, the vehicle insured shall not be left unattended without proper precautions being taken to prevent further damage or loss and if the vehicle insured be driven before the necessary repairs are effected, any extension of the damage or any further damage to the vehicle shall be entirely at your own risk.
 4. If the claim is for theft, insured should report to the Police as well as insurer within 48 hrs from theft and obtain an FIR or a written acknowledgement from the Police authorities.
 5. We shall not cover any expense arising or resulting from or traceable to an accident happening whilst You are under the influence of intoxicating liquor or drugs.
 6. The driver at the time of accident holds a valid & effective driving license.
 7. The insured vehicle is driven in within the specified geographical limits.
 8. Cause of loss is not covered under the standard policy conditions. E.g. Mechanical failure / Wear & Tear

Sample Claims Calculation:

Nature of Injury	Scale of Compensation
Death	100%
Loss of Two Limbs or sight of two eyes or one limb and sight of one eye.	100%
Loss of one limb or sight of one eye.	50%
Permanent total disablement from injuries other than named above	100%

		<ul style="list-style-type: none"> • Claim will be admissible under Personal Accident Cover for Owner Driver only if you have received accidental bodily injury while driving or mounting into/dismounting from the vehicle insured or whilst traveling in it as a co-driver. 	
12.	Policy Servicing - Claim Intimation and Processing	<p>The insured/ claimant may intimate claim at the below mentioned details–</p> <ul style="list-style-type: none"> • Policy Servicing – Claim Intimation and Servicing <ul style="list-style-type: none"> ➤ Toll free numbers: 1800-22-4030 / 1800-200-4030, Senior citizen number: 1800-267-4030 ➤ Website: www.universalsompo.com ➤ Pulz app from Play Store • Details of designated company officials to be contacted in time of claim Once the claim is registered, SMS/Email/WhatsApp communication is sent to Insured on the mobile number/email ID registered in policy providing the name and contact details of company official to be contacted for any concerns/queries regarding the claim. Surveyor Appointment and contact details will be sent to Insured on the mobile number/email • Details of procedure to be followed for cashless service as well as for reimbursement of claim <ul style="list-style-type: none"> • Intimation of claim to Insurance Company through various mediums available • Deputation of surveyor by Insurance Company • Documents are verified by the surveyor, and if all documents are in order, repair approval is shared immediately • Once the repair works are completed by the workshop, re-inspection of the vehicle may be carried out, if required. • Upon submission of repair invoice to Insurance Company in case of cashless claims, delivery order is shared with workshop, post which 	Section: Claims Procedure

		<p>Insured can take delivery of vehicle. The insurance claim amount will be paid directly to the network garage.</p> <ul style="list-style-type: none"> In case of reimbursement claims, Insured will have to submit repair invoice in original and any other documents are pending. The Claim amount will be reimbursed to insured. <p>• Turn Around Time (TAT) for claims settlement</p> <p><u>Investigator appointment</u>- within 24hrs from Claim Intimation <u>Investigator First Visit</u>- within 24hrs of Investigator appointment <u>Investigators report submission</u>- within 15 days from Date of First Visit. <u>Settlement / Claim decision</u>- within 7 days from date of receipt of Last Document <u>Claim Payment to Nominee / Legel Hier</u> –Claims shall be settled within 15 days of receipt of the last relevant and necessary document.”</p> <p>• Escalation Matrix when TAT is not satisfied For lack of a response or if the resolution still does not meet your expectations, you can write to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Level 1: contactclaims@universalsompo.com <input type="checkbox"/> Level 2- grievance@universalsompo.com <input type="checkbox"/> Level 3- gro@universalsompo.com 	
13.	Grievance Redressal and Policyholders Protection	<p>The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through: Toll Free @ 1-800-224030/1-800-2004030 Email of Grievance Redressal Officer at Contactus@universalsompo.com Write to us at (courier/ post): Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708 Visit the Servicing Branch mentioned in the policy Document</p>	Section: Grievances

		<p>Insurance Ombudsman If You are still not satisfied with the redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or General Insurance Council website https://www.cioins.co.in/ombudsman or on company website www.universalsompo.com.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://bimabharosa.irdai.gov.in/)</p>	
14.	Obligations of the Policyholder	<ol style="list-style-type: none"> 1. You are advised to go through the policy schedule cum certificate of insurance which is issued based on information and declaration provided by you. 2. In case of any change / modification / addition to the already declared information the same should be brought to the notice of the insurer immediately 3. Transcript of Information & Declaration is also provided to enable you to go through the same again and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other information provided by you, it should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed to be correct. <ol style="list-style-type: none"> a) Please note that any fraud will lead to cancellation of Policy ab initio with non-consideration of claim, if any. b) Further, non-disclosure of material facts may impact the claim settlement. Material facts include vehicle details such as Class of Vehicle, Cubic Capacity, Make, Model, Variant 4. This policy has been issued upon declaration by the Insured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy. The insured undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as 	Section: Conditions

		applicable, during the subsistence of the Policy.	
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Declaration by the Policyholder:

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

Place:

Date:

(Signature of the Policyholder)

*Please read carefully the Customer Information Sheet (CIS) of your policy and acknowledge having received and noted the contents.
Your acknowledgement will be deemed if no response is received within 15 days.*