

EYE WEAR INSURANCE POLICY

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Policy No: << >>

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	Eye Wear Insurance Policy	Not applicable
2	Unique Identification Number allotted by IRDAI	IRDAN134RP0027V01202324	Not applicable
3	Structure	Policy <ul style="list-style-type: none"> • Indemnity 	Not applicable
4	Interests Insured	The policy covers the Eyewear (Spectacles, Lenses & Sunglasses) which is proposed for insurance << Eyewear Details >>	Definition Point no. 5
5	Sum Insured	<ul style="list-style-type: none"> • Sum Insured - As opted 	Definition Point no. 18
6	Policy Coverage	Loss or damage to Eyewear due to any of the below events: <ul style="list-style-type: none"> • Fire and allied perils <ul style="list-style-type: none"> ➤ Fire ➤ Lightning ➤ Explosion / Implosion ➤ Aircraft damage ➤ Riot, Strike and Malicious Damage ➤ Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation ➤ Impact damage by any Rail/ Road vehicle or animal by direct contact not belonging to or owned by insured. ➤ Bursting and/or overflowing of Water Tanks, Apparatus and Pipes 	Coverage

EYE WEAR INSURANCE POLICY

		<ul style="list-style-type: none"> ➤ Subsidence and Landslide including Rockslide ➤ Missile Testing operations <ul style="list-style-type: none"> • Accidental Damage • Burglary including Theft <p>Note: The above covers are offered under this product. However, the cover offerings may differ and shall be applicable as opted under the policy</p>													
7	Add-on Cover	Nil	Not applicable												
8	Loss Participation	<p>Excess – <<As opted in the policy schedule >></p> <p>The insured may opt for an excess on claim in which the discount will be as follows</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Excess</th> <th style="text-align: right;">Discount on Premium</th> </tr> </thead> <tbody> <tr> <td>5% of claim amount</td> <td style="text-align: right;">5%</td> </tr> <tr> <td>10% of claim amount</td> <td style="text-align: right;">10%</td> </tr> <tr> <td>15% of claim amount</td> <td style="text-align: right;">15%</td> </tr> <tr> <td>20% of claim amount</td> <td style="text-align: right;">20%</td> </tr> <tr> <td>25% of claim amount</td> <td style="text-align: right;">25%</td> </tr> </tbody> </table>	Excess	Discount on Premium	5% of claim amount	5%	10% of claim amount	10%	15% of claim amount	15%	20% of claim amount	20%	25% of claim amount	25%	Section: Deductible/ Excess
Excess	Discount on Premium														
5% of claim amount	5%														
10% of claim amount	10%														
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25% of claim amount	25%														
9	Exclusions	<p>The Company shall not be liable under this policy in respect of:</p> <ol style="list-style-type: none"> 1. Eyewear older than a year unless agreed by the insurer 2. Damage due to mishandling or carelessness on the user's part 3. Any defects for which the manufacturer or supplier is liable 4. A claim resulting from improper handling, dismantling, fitting, adjustment, repair, alteration, or replacement carried out by anyone other than manufactures and/or the agents (retail franchisee) of manufactures 5. Overheating or due to chemical reactions. 6. Replacement of the Spectacles/lens due to a change in your prescription 7. Any damage caused by placing or using the insured items in a location or environment that is not in accordance with the manufacturer's instructions. 	Exclusions												

EYE WEAR INSURANCE POLICY

		<ol style="list-style-type: none"> 8. Sport glasses, accessories & any embedded valuable/jewellery along with eyewear shall not be covered unless agreed by the insurer 9. Any losses within the scope of manufacturer's warranty are excluded from the scope of cover. 10. Transferring of interest in this Policy to anyone else is not permitted 11. Loss registered due to normal wear and tear from normal usage 12. Aesthetic damages which do not affect the functioning of the item, including but not limited to dents, scratches on painted, polished, or enamelled surfaces, and broken plastic on ports and antennae 13. Any unexplained or mysterious disappearance of the Insured item 14. Infidelity of and/or Theft by employees, servants, or household staff of the Insured 15. Damage due to moths, vermin, mildew or inherent defect, wear and tear, gradually operating cause 16. Loss due to theft of the insured item from an/any unattended vehicle 17. Loss due to theft in connivance with You or Your family 18. Loss directly or indirectly occasioned by or happening through or in consequence of war, Invasion act of foreign enemy, hostilities (whether war be declared or not), Civil war, rebellion, revolution, insurrection, Military or usurped power, Confiscation, nationalization, or any such action 19. Loss or damage due to any action from Public Authority 20. Nuclear and nuclear group of perils 21. Any type of Cosmetic repairs, scratching, discoloration, wear and tear or gradual deterioration of the eyewear, from whatever cause. Any claim arising from willful act 22. Consequential loss of any nature 23. Terrorism cover is excluded from scope of cover unless agreed by the Insurer. 	
10	Special Conditions and Warranties (if any)	<ol style="list-style-type: none"> 1. Reinstatement of Sum Insured 2. Pair and Sets Clause 	Special Conditions

EYE WEAR INSURANCE POLICY

11	Admissibility of Claim	<p>The claim would be admissible as per the coverages and the exclusions mentioned in the policy wordings.</p> <p>Sample Claim Calculation</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">Particular</th> <th style="width: 40%;">Amount (INR)</th> </tr> </thead> <tbody> <tr> <td>Gross Loss</td> <td style="text-align: right;">10,000</td> </tr> <tr> <td>Less Depreciation %</td> <td style="text-align: right;">1,000</td> </tr> <tr> <td>Less Salvage</td> <td style="text-align: right;">50</td> </tr> <tr> <td>Less Excess</td> <td style="text-align: right;">100</td> </tr> <tr> <td>Net Payable</td> <td style="text-align: right;">8,850</td> </tr> </tbody> </table>	Particular	Amount (INR)	Gross Loss	10,000	Less Depreciation %	1,000	Less Salvage	50	Less Excess	100	Net Payable	8,850	Coverage Exclusions
Particular	Amount (INR)														
Gross Loss	10,000														
Less Depreciation %	1,000														
Less Salvage	50														
Less Excess	100														
Net Payable	8,850														
12	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> Toll Free Numbers: 1800 200 4030 / 1800 22 4030 Website - www.universalsompo.com Email - contactus@universalsompo.com; contactclaims@universalsompo.com <p>Claim Procedure</p> <ul style="list-style-type: none"> Claim Intimation <p>In the event of any circumstances likely to give rise to a claim insured must follow the following.</p> <p style="margin-left: 40px;">a) Reporting and Lodging of complaint with the local police immediately for the loss due to Terrorism /Burglary / Theft / involvement of any third party / injury or casualty/ malicious act.</p> <p style="margin-left: 40px;">b) Take all reasonable steps within the insured's power to recover / minimize the extent of the loss or damage.</p> <p style="margin-left: 40px;">c) Intimate us as soon as reasonably possible. Notice of claim and registration shall be done at our Toll Free Number: 1800-22-4030 / 1800-200-4030, alternatively you can notify your claim by sending mail to <contactclaims@universalsompo.com>.</p> <p style="margin-left: 40px;">d) While notifying your claim, please share your</p> <ol style="list-style-type: none"> 1) policy number under which you prefer to lodge your claim, 2) date of loss, 	Claim Procedure												

EYE WEAR INSURANCE POLICY

		<p>3) place of loss,</p> <p>4) cause of loss</p> <p>5) estimate of your loss.</p> <p>6) Details of contact person with mobile no. and e- mail ID.</p> <p>e) Preserve the damaged or defective parts / items / assets and make them available for inspection by an official of the insurance company or surveyor /investigator appointed.</p> <p>f) Furnish all such information / proofs and documentary evidence as the surveyor / insurance company may require processing your claim.</p> <p>Followed by notification of a claim, insured is expected to follow the following procedures.</p> <p>a) Insured shall do all possible loss minimization activity to reduce further loss or aggravation of loss.</p> <p>b) Insured shall not dispose / throwing away /selling / destroying any of damaged item/salvage before inspection of loss by insurer/surveyor been appointed.</p> <p>c) Insured shall furnish all necessary documents/photographs/videos and proof / evidence in relevant to their claim to surveyor / insurance company to establish their loss.</p> <p>d) Insured shall not offer promise or assurance to any third party for their loss arising out of this incident.</p> <p>e) After receipt of all necessary claim documents, re-instatement bills and payment proofs, claim working with surveyor observation would be shared to insured by surveyor / insurance company for their understanding and concurrence.</p>	
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EYE WEAR INSURANCE POLICY

f) Based on the final surveyor report, claim preferred by insured would be processed and concluded for settlement.

g) Post notification of a claim, Insured would be followed for the basic settlement documents or clarification on the discrepancy observed on the basic settlement documents. In spite of our best effort, if insured fails to responded for the basic details within the defined time limit, the claim preferred by insured would be repudiated as " Loss was not established".

Basic documents to be submitted by insured for claim settlement (To be submitted by insured after reporting of loss)

- a) Fully completed and signed Claim form
- b) Photograph of the item/product/commodity claimed under the alleged incident.
- c) Copy of FIR lodged with Police Authorities in case of theft/Burglary/ Riot/Strike.
- d) Invoice or Proof of Purchase for the alleged product/commodity claimed with payment details.
- e) Authorized repairer/service engineer's report along with the estimated cost of repair/replacement.
- f) Letter of Indemnity from Insured duly notarized in case loss value exceeds 1 Lakh.
- g) CKYC, Bank Mandate form, Cancelled cheque copy

• **Turn Around Time (TAT) for claims settlement (excluding policies issued on the property/ building on reinstatement basis)**

- The Surveyor shall be appointed within 24 hours from the intimation.
- The surveyor to share the Letter of requirement within 02 days from the date of his visit to the loss premises.
- The Surveyor shall share its reminders emails/letter after 05 days from the date of

EYE WEAR INSURANCE POLICY

		<p>last mail in case the documents has not been submitted.</p> <ul style="list-style-type: none"> ➤ The Insurance Company to obtain survey report within 15 days from the date of appointment. ➤ Post receipt of survey report insurance company to conclude the case within 07 days of receipt of survey report. <p>• Escalation Matrix</p> <p>Level 1 - contactclaims@universalsompo.com Level 2 - grievance@universalsompo.com Level 3 - gro@universalsompo.com</p>	
13	Grievance Redressal and Policyholders Protection	<p>Grievances</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> <ul style="list-style-type: none"> ➤ Step 1 <ul style="list-style-type: none"> a. Contact Us 1-800-224030/1-800-2004030 b. E-mail Address: Contactus@universalsompo.com c. Write to us Customer Service Universal Sampo General Insurance Company Limited Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708 d. Senior Citizen Number: 1800 267 4030 ➤ Step 2 If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id. Email Us- grievance@universalsompo.com Drop in Your concern Grievance Cell: Universal Sampo General Insurance Co. Ltd, Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708 	Grievances

EYE WEAR INSURANCE POLICY

		<p>Visit Branch Grievance Redressal Officer (GRO) Walk into any of our nearest branches and request to meet the GRO</p> <ul style="list-style-type: none"> • We will acknowledge receipt of your concern immediately • Within 2 weeks of receiving your grievance, we will respond to you with the best solution. • We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response <p>➤ Step 3: In case, You are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, You may write or email to: Chief Grievance Redressal Officer Universal Sampo General Insurance Company Limited Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708 Email : gro@universalsompo.com</p> <p>For updated details of grievance officer, kindly refer the link https://www.universalsompo.com/resource-grievance-redressal</p> <p>➤ Step 4.</p> <p>Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/</p> <p>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, or of the General Insurance Council at https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.</p>	
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EYE WEAR INSURANCE POLICY

		<p>The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.cioins.co.in/Ombudsman</p> <p>Note: Grievance may also be lodged at IRDAI https://bimabharosa.irdai.gov.in/</p> <p><u>Below are the contact details:</u></p>	
	<p>Office Details</p>		<p>Jurisdiction of Office Union Territory, District)</p>
<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka</p>
<p>BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 /</p>	<p>Madhya Pradesh Chattisgarh.</p>		

EYE WEAR INSURANCE POLICY

	2769202 Email: bimalokpal.bhopal@cioins.co.in		
	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha	
	CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017 Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	
	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).	
	DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road,	Delhi & Following Districts of Haryana - Gurugram, Faridabad ,	

EYE WEAR INSURANCE POLICY

	<p>New Delhi – 110 002. Tel.: 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Sonepat & Bahadurgarh</p>		
	<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins .co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>		
	<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka- Pool, Hyderabad - 500 004. Tel.: 040 – 23312122 Email: bimalokpal.hyderabad@cioi ns.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>		
	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: bimalokpal.jaipur@cioins.co .in</p>	<p>Rajasthan</p>		

EYE WEAR INSURANCE POLICY

		<p>ERNAKULAM Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>		
		<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>		
		<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082/3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar,</p>		

EYE WEAR INSURANCE POLICY

			<p>Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	
		<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins. co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	
		<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co .in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanag ar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha,</p>	

EYE WEAR INSURANCE POLICY

			Hathras, Kanshiramnagar, Saharanpur.	
		PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co .in	Bihar, Jharkhand.	
		PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co. in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	
14	Obligations of prospective Policyholder / Customer	<p>1. Notice Every notice and communication to Us required by or in respect of this policy shall be in writing.</p> <p>2. Reasonable care You must take all reasonable steps to protect the interest insured, prevent damage or accidents, and maintain the interest insured in a sound condition.</p> <p>The policy shall be void and all premiums paid</p>	General Conditions	

EYE WEAR INSURANCE POLICY

	<p>there-on shall be forfeited to the company in the event of fraud by the policy holder</p> <p>Disclosure of other material information during the policy period</p> <p>Material information for the purpose of this policy shall be mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk</p> <p>Non- disclosure of material information may affect the claim settlement</p> <p>Broadly any claim shall be denied subject to following parameters.</p> <ol style="list-style-type: none"> 1.Premium - Whether the premium has been paid on or before Risk Start Date 2.Period – Whether the insurance is in force as on date of loss. 3.Peril – Whether the cause of loss is covered. 4.Property- Whether the property said to be affected is insured. 5.Place - Whether the location is covered under the policy, 6.Person - Whether the claimant has insurable interest <p>Note - Any breach of policy conditions, and claim falling under exclusions shall be the ground for repudiations.</p>	
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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)

Note:

- i. **Website:** www.universalsompo.com
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.