

## 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.

SI No	Title	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	Policy Clause Numb er
1	Name of Insurance Product/Policy	LABOUR WAGE COMPENSATION INSURANCE POLICY	
2	Policy Number	<< >>	
3	Type of Insurance Product/Policy	<ul> <li>Both Indemnity and Benefit</li> <li>Indemnity: Where insured losses are covered up to the Sum Insured under the policy.</li> <li>Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</li> </ul>	
4	Sum Insured (Basis) (Along with amount)	<ul> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy, and</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members.</li> <li>&lt;<individual floater="">&gt; Sum Insured is available under the Policy. Sum Insured Options: &lt;&lt;100 to 5000000&gt;&gt;</individual></li> </ul>	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	1. Wage loss compensation allowance Due to Accident Hospitalisation  This policy provides daily cash benefits towards a wage loss for every completed 24 hours to insured person who are hospitalized including ICU hospitalization due to accidental bodily injury sustained within the policy period, subject to limits and deductibles.  2. Wage loss compensation allowance Due to Sickness Hospitalisation  This policy provides daily cash towards a wage loss for every completed 24 hours benefits to insured person who are hospitalized including ICU hospitalization due to sickness	Sectio n 4 1-4



contracted within the policy period, subject to limits and deductibles.

# 3. Wage loss compensation allowance Due to Accident and Sickness Hospitalization

This policy provides daily cash benefits towards a wage loss for every completed 24 hours to insured person who are hospitalized including ICU hospitalization due to accident and/or sickness sustained or contracted within the policy period, subject to limits and deductibles.

## 4. Personal Accident

#### A. Accidental Death

- This policy provides compensation to the beneficiary or legal representative of the insured person in case of death due to bodily injury which results in death within 12 months during the policy period.
- 2. This policy also covers loss of life if the insured person's body cannot be located within 365 days after a conveyance accident or due to any Act of God during the policy period.

# **B. Permanent Total Disability (PTD)**

This policy provides compensation to the insured person for Permanent Total Disability resulting from injury occurring within the policy period and results in a functional loss that is total, continuous, and permanent within 365 days from the date of the accident, with specific coverage for certain types of losses, subject to the T&C mentioned in the policy schedule.

# C. Permanent Partial Disability

This policy provides coverage for Permanent Partial Disability, where the insured person will be paid a percentage of the sum insured shown in the policy schedule if they suffer a Permanent Partial Disability within 365 days from the date of the accident as a result of injury during the policy period, and the disability continuous for a period of 12 consecutive months and is continuous and permanent at the end of this period, with the percentage depending on the loss suffered as specified in the scale, subject to a maximum pay-out of the sum insured shown in the policy schedule.

## **OPTIONAL COVERAGE**

# 1. <<ICU Benefit – Max 10 Days

This policy provides ICU benefits to insured person for up to 10 days of continuous hospitalization for over 24 hours due to



medically necessary treatment for sickness or accidents, subject to a daily cash benefit limit specified in the policy schedule.>>

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# 2. <<Fractures (Broken Bones) / Burns

The Company will pay, if during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in a fracture, dislocation or burns. In case of burn, the diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

**Special Condition-** Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>

### 3. << Ambulance Cost

The Company will pay expenses incurred on transportation of Insured Person in a registered ambulance to a hospital for an admission, in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization.

**Special Condition-** Coverage is available only if a claim under any of the Base Coverage is triggered.>>

# 4. <<Comatose Benefit – Accident Only

The Company will pay to Insured Person 10% of the Accidental Death Sum Insured up to Rs 5 lacs whichever is lesser for the benefit, If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results him being in a Comatose State causing permanent neurological deficit within 30 days from the date of injury.

**Special Condition-** Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>

## 5. << Animal Attack Cover

The Company will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance for Medical Expenses of Insured Person if he is Hospitalised for seventy-two (72) continuous hours due to Injury as the result of an attack by any four (4) limbed Animal that is not an insect or reptile during the Policy / Cover Period.>>



# 6. <<Thirty (30) Days Waiting Period Modification

This allows insured person to waive or modify the waiting period from 30 to 15 days for claims related to hospitalization and medical expenses, with the payment of an additional premium.>>

## 7. <<Accidental Hospitalisation

This policy provides coverage for accidental hospitalization, reimbursing the medical expenses incurred for in-patient treatment up to the Accidental Hospitalization limit specified in the policy schedule, subject to certain conditions.

**Special Condition-** Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>

#### 8. << Child Education Benefit

The Company will in addition pay a fixed sum towards child education expenses for a year in case of death. The benefit is payable for each child who has not reached the age of 23 years and is enrolled as a full-time student in an educational institution recognized by the Government of India.

**Special Condition-** Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>

## 9. <<Loan Shield

The Company will pay the amount towards a loan outstanding as on the date of accident up to sum insured in case of Accidental Death of the Insured Person subject to the following conditions mentioned in policy schedule.

**Special Condition-** Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>

## 10. << Assault

The Company will pay, If an Insured Person sustains Bodily Injury that results in Death, Permanent Total Disablement or Permanent Partial Disablement, as a result of or arising from Assault after the applicable waiting Period from commencement of first Policy with Us, we will pay Sum Insured or percentage of Sum Insured.

**Special Condition-** Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>

# 11. <<Temporary Total Disability



		This policy provides a weekly benefit compensation to the insured person for Temporary Total Disability resulting from injury occurring within the policy period, up to a maximum	
		number of weeks as stated in the policy schedule. The sum insured will reduce after payment of benefits for the insured member for any other claims arising out of same accident.	
		Special Condition- Coverage is available only if Base Coverage Personal Accident is opted under the Policy.>>	
		12. < <funeral expense<="" th=""><th></th></funeral>	
		The Company will pay in addition to base Sum Insured, a fixed amount towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence up to the Sum Insured mentioned in Policy Schedule/ Certificate of Insurance. >>	
13. Exclusion Removal			
		Specific Exclusion 7.2.6 Act of Terrorism and / or 7.2.7 Attack / injury due to Naxalites stand deleted with addition of this optional cover.	
6	Exclusions (What the policy does not cover)	<ol> <li>Investigation &amp; Evaluation (Code- Excl04)</li> <li>Rest Cure, Rehabilitation and Respite Care (Code- Excl05)</li> <li>Obesity/ Weight Control (Code- Excl06)</li> <li>Change-of-Gender Treatments: (Code- Excl07)</li> <li>Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>Hazardous or Adventure sports: (Code- Excl09)</li> <li>Breach of law: (Code- Excl10)</li> <li>Excluded Providers: (Code-Excl11)</li> <li>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)</li> <li>Treatments received in heath hydro's, 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)</li> <li>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</li> </ol>	7.1. Excl 4 to Excl 18
		care procedure (Code- Excl14)	



		12.Refractive Error:(Code- Excl15) 13.Unproven Treatments:(Code- Excl16) 14.Sterility and Infertility:(Code- Excl17) 15.Maternity – (Excl-18)	
		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	
7	Waiting Period  • Time period during which specified diseases/treatmen	<ol> <li>Initial Waiting Period: (Code- Excl03)</li> <li>days for all illnesses (not applicable in case of continuous renewal or accidents).</li> <li>Specific Waiting Period (Not applicable for claims arising)</li> </ol>	6. Excl 1- Excl 3
	• It is counted from the beginning of	due to an accident): (Code- Excl02)	
	the policy coverage.	<ul> <li>24 months for following diseases/procedures-</li> <li>All internal and external benign tumours, cysts, polyps of any kind, including benignbreast lumps</li> </ul>	
		<ol> <li>Benign ear, nose, throat disorders</li> <li>Benign prostate hypertrophy</li> </ol>	
		<ul><li>4. Cataract and age related eye ailments</li><li>5. Gastric/ Duodenal Ulcer</li></ul>	
		<ul><li>6. Gout and Rheumatism</li><li>7. Hernia of all types</li></ul>	
		<ul><li>8. Hydrocele</li><li>9. Non Infective Arthritis</li></ul>	
		10.Piles, Fissures and Fistula in anus 11.Pilonidal sinus, Sinusitis and related disorders	
		12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident	
		13. Skin Disorders 14. Stone in Gall Bladder and Bile duct, excluding malignancy	
		15.Stones in Urinary system 16.Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus	
		17. Varicose Veins and Varicose Ulcers 18. Renal Failure	
		19. Puberty and Menopause related Disorders 20. Behavioural and Neuro-Develop	
		21.HIV Disorders:  a. Disorders of adult personality	



		<ul> <li>b. Disorders of speech and language including stammering, dyslexia</li> <li>36months for following diseases/procedures</li> <li>1. Joint Replacement due to Degenerative Condition</li> <li>2. Age-related Osteoarthritis &amp; Osteoporosis</li> <li>3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.</li> <li>4. Age Related Macular Degeneration (ARMD)</li> <li>5. Genetic diseases or disorder</li> <li>3. Pre-existing diseases: (Code- Excl01)</li> <li>Covered after 36 months.</li> </ul>	
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/percentag e of the admissible claim amount to be paid by policyholder/insur ed). 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 is	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:  Comatose Benefit: 10% of the Accidental Death Sum Insured up to Rs 5 lacs. Fracture & burns: as per % given in policy schedule. ICU Benefit Max 10 Days  No Co-pay applicable under the Policy  Deductible -As per policy schedule.	



	more than the specified amount) iv. Any other limit (as applicable)	
9	Claims/Claims Procedures	1.Method of Assessment and Payment of claim For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of Hospitalisation In the event that a claim becomes payable under the terms of the Policy, We shall make such payment by way of cheque or electronic fund transfer or demand draft at Our option.  2.Limitation Period We shall not be liable for any loss or damage after expiry of 12 months from happening of the medical contingency unless claim is subject of pending action of court or arbitration.  3.The steps for lodging the claim shall be as under: i. 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 ii. 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.
		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
		iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: <a href="www.universalsompo.com">www.universalsompo.com</a> .  iv. Downloading/getting claim form: Available on website: <a href="www.universalsompo.com">www.universalsompo.com</a> .



10	Policy Servicing	<ol> <li>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li>E-mail Address: contactus@universalsompo.com.</li> <li>Address for postal communication:</li> </ol>	8.1.1
		Universal Sompo General Insurance Co. Ltd.	
		Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Thane- Belapur Road, Airoli, Navi Mumbai-400708	
		<b>Note</b> : Please include Your Policy number for any communication with us.	
11	Grievances/ Complaints	Grievances:	8.1.1
	Complaints	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:	
		Step 1: Contact Us	
		Write us at: Customer Service Universal Sompo Insurance Co. Ltd Unit No. 601 & 602, 6 <sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708	
		E- mail Address	
		contactus@universalsompo.com For more details:	
		Toll Free Numbers: 1800-22-4030 or	
		1800-200-4030 Senior Citizen toll free number: 1800-267- 4030	
		Step 2: Grievance Cell	
		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.	
		Customer Service Universal Sompo General Insurance Co. Ltd. Unit No. 601 & 602, 6 <sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli,	



## Navi Mumbai, Maharashtra - 400708

#### E- mail Address:

grievance@universalsompo.com

## For more details:

www.universalsompo.com

**Visit Branch Grievance Redressal Officer (GRO) -** Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed in case on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

## **Step 3: Chief Grievance Redressal Officer**

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:

# **Customer Service Universal Sompo General Insurance Co. Ltd.**

Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

#### E- mail Address:

gro@universalsompo.com

## For more details:

www.universalsompo.com

For updated details of grievance officer, kindly refer the link <a href="https://www.universalsompo.com/resourse-grievance-redressal">https://www.universalsompo.com/resourse-grievance-redressal</a>

## **Step 4: Insurance Ombudsman**

Bima Bharosa Portal link: https://bimabharosa.irdai.gov.in/

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 <a href="https://www.irdai.gov.in">www.irdai.gov.in</a>, or



		of the General Insurance Council at <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a> , the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">https://www.policyholder.gov.in</a> , or from any of Our Offices.  The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> .  Note: Grievance may also be lodged at IRDAI- <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> .	
12	Things to remember	1. Policy renewal:	8.1.6, 8.1.5
		The policy shall ordinarily be renewable except on grounds of established fraud or non- disclosure or misrepresentation by the insured person.	
		i. The Company will endeavour to give notice for renewal.	
		ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years	
		iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.	
		IV. No loading shall apply on renewals based on individual claims experience.	
		2. Migration:	
		The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months	



		<ol> <li>Records to be maintained: The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.</li> <li>Territorial Limit: All medical treatment for the purpose of this insurance will have to be taken in India only.</li> </ol>	
13	Your Obligations	Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.  Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.  Disclosure of other material information during the policy period.  Universal Sompo General Insurance Co. Ltd.	
		<ul> <li>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li>E-mail Address: contactus@universalsompo.com</li> </ul>	

# 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: <u>Universal Sompo | Resources Downloads</u> ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.