

**Labour Wage Compensation Insurance Policy
MASTER POLICY SCHEDULE**

Intermediary Details	
Intermediary Name:	Contact Number:
Source Code/POS UID Aadhar No./Pan:	Email:
Policy Issuance Office and Code	Intermediary Salespersons Name, Contact No and Code:
Policy Issuance Details	
Invoice Number :	Invoice Issued Date:
Policy Issuance Office:	Bank Branch Name: <<in case of Bancassurance>>
Bank Account Number: <<in case of Bancassurance>>	GST Number:
Details of Policyholder	
Name of the Policyholder:	Business/Occupation of the Policyholder:
Communication Address:	
Contact Person Mobile Number:	Contact Person E-Mail ID:
Policy Details	
Master Policy Number:	Period of Insurance: From: _____ To: midnight of _____
Total Number of Insured Employee(s)/Member(s):	Age Groups Covered:
Policy Opted: Voluntary/Compulsory	Territory Limit:
Details of Insured Employee(s)/Member(s)- As per Annexure 01	

Coverage Details:	
Coverage Name	Coverage Limit
Mandatory Covers:	
1. Wage loss compensation allowance Due to Accident Hospitalisation	Min SI <<Rs 100>> per day Max SI <<Rs 20,000>> per day
2. Wage loss compensation allowance Due to Sickness Hospitalisation	Min SI <<Rs 100>> per day Max SI <<Rs 20,000>> per day
3. Wage loss compensation allowance Due to Accident and Sickness Hospitalization	Min SI <<Rs 100>> per day Max SI <<Rs 20,000>> per day
4. Personal Accident A. Accidental Death B. Permanent Total Disability (PTD) C. Permanent Partial Disability	Covered Up to <<Rs 50 Lacs>>
Optional Coverages	
ICU Benefit – Max 10 Days	Min SI <<Rs 100>> per day Max SI <<Rs 20,000>> per day
Fractures (Broken Bones) / Burns	10% of Base SI, Max SI <<Rs 1 Lacs>>
Ambulance Cost	Covered Up to <<Rs 25,000>> or <<Actual>> per insured

Comatose Benefit – Accident Only	10% of Base SI, Max SI<<Rs 5 Lacs>>
Animal Attack Cover	Covered Up to <<Rs 10 Lacs>>
Thirty (30) Days Waiting Period Modification	Covered, Modified to 15 days or deleted
Accidental Hospitalization	Covered Up to <<Rs 1 Lacs>>
Child Education Benefit	Min SI <<Rs 1000>> Max SI <<Rs 1 Lacs>>
Loan Shield	Covered Up to <<Rs 25 Lacs>>
Assault	Covered Up to <<Rs 10 Lacs>>
Temporary Total Disability	Covered Up to <<Rs 25,000>>
Funeral Expenses	Covered Up to <<25,000>>
Exclusion Removal	Exclusion Act of Terrorism and Attack / injury due to Naxalites stands deleted

Premium Details	
Premium Payment Mode (Yearly/ Half-Yearly/ Quarterly/ Monthly)	
Net Premium (in Rs)	
Discount (if any)	
Loading (if any)	
CGST (9%)	
SGST (9%)	
Gross Premium (in Rs)	
Gross Premium (In Words)	

<<INSTALLMENT PREMIUM SCHEDULE>> Wherever installment opted			
Installment Number (According to the option opted by Proposer)	Installment Due Date	Premium Instalment Amount	GST
1.			
2.			
3.			
4.			

Please note: GST or any other applicable tax would be payable additional by the Policyholder on the installment premium as per the prevailing rates as on the date of payment receipt of the respective installment premium. In case of Non-receipt of any installment within its due date, the policy shall stand cancelled without any notice from the date and time of such non-receipt of installment premium.

Annexure forming part of Policy No.....**Annexure 01**

Employee(s)/Member(s) details:

Name of the Employee / Member	Unique Identification No	Age	Sum Insured/ Loan Amount	Loan Account Number (incase Loan shield option)	Loan Tenure (incase Loan shield option)	Nominee Name	Relationship with the Insured Employee/ Member

--	--	--	--	--	--	--	--

In witness whereof the undersigned being duly authorized by and on behalf of the company has/have here onto set his/their hands	
Collection Number: Dated: GST Registration Number: 27AAACU8917F1Z6 IRDAI UIN Number: UNIHLP24014V012324 SAC Code: USGI IRDAI Registration Number: 134 Territorial Scope: India Duly Constituted Attorney(S)	
Authorized Signatory	
Consolidated stamp duty Rs 1 paid towards Insurance policy stamp vide receipt no. _____ dated _____ of General Stamp Office Mumbai.	
<p>CLAIM DISCLAIMER: In the unfortunate event of any loss resulting into a claim on this policy, please intimate the same to us IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800 22 4030 / 1800 200 4030, Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.</p>	
<p>RESOLVING ISSUES Please read your policy and policy schedule: The policy and policy schedule set out the terms of your contract with us. please read this carefully to ensure that the cover meets your needs. In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the policy.</p>	
Universal Sampo General Insurance Co. Ltd. Airoli Office-Unit No.601 & 602, A wing, 6th floor, Reliable Tech Park, Cloud City Campus, Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708 Toll Free Numbers: 1800 22 4030 / 1800 200 4030 E-mail Address: contactus@universalsompo.com .	
Note: Please include your policy number for any communication with us. Universal Sampo General Insurance Co.Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2017. under this regulation and with an objective to provide a forum to personal lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further information you could refer to https://www.cioins.co.in//ombudsman.html . TPA details: UNIVERSAL SOMPO-HEALTH SERVE: contactclaims@universalsompo.com / healthserve@universalsompo.com	
<p>TPA details: UNIVERSAL SOMPO-HEALTH SERVE: The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third-Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)</p>	