

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	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Loan Secure Insurance Policy	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<p>Both Indemnity and Benefit</p> <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy. <p>Individual Sum Insured is available under the Policy. Sum Insured Options: 50,000 to 3 cr.</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Coverage</p> <p>SECTION I: MAJOR MEDICAL ILLNESSES & SURGICAL PROCEDURES</p> <p>Insured Event: For the purposes of this Section and the determination of the Company's liability under it, the Insured Event in relation to the Insured person, shall mean any Illness, medical event or Surgical Procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:</p> <p>Silver Plan</p> <p>a) First Diagnosis of the below-mentioned Illnesses more specifically described below: a) Cancer of Specified Severity</p> <p>b) Kidney Failure requiring regular dialysis</p> <p>c) Multiple Sclerosis with Persisting Symptoms</p>	D – Section - 1-3

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| | | <p>d) Undergoing for the first time of the following Surgical Procedures, more specifically described below:</p> <p>e) Major Organ/ Bone Marrow Transplant</p> <p>f) Open Heart Replacement or Repair of Heart Valves</p> <p>g) Coronary Artery Bypass Graft</p> <p>h) Occurrence for the first time of the following medical events more specifically described below:</p> <p>i) Permanent Paralysis of Limbs</p> <p>j) Myocardial Infarction (First Heart Attack of Specified Severity)</p> <p>k) Stroke resulting in Permanent Symptoms Gold Plan a) First Diagnosis of the below-mentioned Illnesses more specifically described below:</p> <ol style="list-style-type: none"> 1. Cancer of Specified Severity 2. Kidney failure requiring regular dialysis 3. Multiple Sclerosis with Persisting Symptoms 4. Benign Brain Tumor 5. Parkinson's Disease <p>l) Undergoing for the first time of the following Surgical Procedures, more specifically described below:</p> <ol style="list-style-type: none"> 1. Major Organ / Bone Marrow Transplant 2. Open Heart Replacement or Repair of Heart Valves 3. Coronary Artery Bypass Graft c) Occurrence for the first time of the following medical events more specifically described below: 4. Stroke resulting in Permanent Symptoms 5. Permanent Paralysis of Limbs 6. Myocardial Infarction (First Heart Attack of Specified Severity) 7. Coma of Specified Severity Platinum Plan | |
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m) First Diagnosis of the below-mentioned Illnesses more specifically described below:

1. Cancer of Specified Severity
2. Kidney Failure requiring regular dialysis
3. Multiple Sclerosis with Persisting Symptoms
4. Benign Brain Tumor
5. Parkinson's Disease
6. End Stage Liver Failure
7. Alzheimer's Disease

n) Undergoing for the first time of the following Surgical Procedures, more specifically described below:

1. Major Organ/ Bone Marrow Transplant
2. Open Heart Replacement or Repair of Heart Valves
3. Coronary Artery Bypass Graft
4. Surgery of Aorta

c) Occurrence for the first time of the following medical events more specifically described below:

5. Stroke resulting in Permanent Symptoms
5. Permanent Paralysis of Limbs
6. Myocardial Infarction (First Heart Attack of Specified Severity)
7. Coma of Specified Severity Diamond Plan

o) First Diagnosis of the below-mentioned Illnesses more specifically described below:

1. Cancer of Specified Severity
2. Kidney Failure requiring regular dialysis
3. Multiple Sclerosis with Persisting Symptoms or
4. Benign Brain Tumor
5. Parkinson's Disease
6. End Stage Liver Failure

7. Alzheimer's Disease b) Undergoing for the first time of the following Surgical Procedures, more specifically described below:

8. Major Organ / Bone Marrow Transplant
9. Open Heart Replacement or Repair of Heart Valves
10. Coronary Artery Bypass Graft
11. Surgery of Aorta

p) Occurrence for the first time of the following medical events more specifically described below:

1. Stroke resulting in Persisting Symptoms
2. Permanent Paralysis of Limbs
3. Myocardial Infarction (First Heart Attack of Specified Severity)
4. Coma of Specified Severity
5. Third Degree Burns
6. Deafness
7. Loss of Speech

q) Specified Critical Illnesses and Surgical Procedures

The Insured Event under this Section I and the conditions applicable to the same are more particularly defined below:

1. Cancer of specified severity A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
2. Myocardial Infraction (First Heart Attack of Specified Severity) The first occurrence of myocardial infarction which means the death of a portion of the heart muscle because of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all the following criteria:

i) History of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g., typical chest pain)

ii) New characteristic electrocardiogram changes

iii) Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers.

3. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of Surgery has to be confirmed by a cardiologist.

4. Open Heart Replacements or Repair of Heart Valves The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

5. Coma of Specified Severity A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. No response to external stimuli continuously for at least 96 hours.

ii. Life support measures are necessary to sustain life; and

iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist Medical Practitioner.

6. Kidney Failure requiring regular dialysis End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted,

or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

7. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

8. Major Organ / Bone Marrow Transplant The actual undergoing of a transplant of:

I. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

II. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

9. Permanent Paralysis of Limbs Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Multiple Sclerosis with persisting symptoms the unequivocally diagnosis of Definite Multiple Sclerosis and evidenced by all of the following:

i. Investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis; and

ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, Exclusion

11. Benign Brain Tumor

i. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

ii. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist
 Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or Undergone surgical resection or radiation therapy to treat the brain tumor.

The following are excluded Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

12. Parkinson's Disease The occurrence of Parkinson's disease where there is an associated neurological deficit that results in permanent inability to perform independently at least three of the activities of daily living as defined below.

i) Transfer: Getting in and out of bed without requiring external physical assistance

ii) Mobility: The ability to move from one room to another without requiring any external physical assistance

iii) Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance

iv) Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means

v) Eating: All tasks of getting food into the body once it has been prepared

13. End Stage Liver Disease

i) Permanent and irreversible failure of liver function that has resulted in all three of the following: Permanent jaundice, and

ii) Ascites, and

iii) Hepatic Encephalopathy,

14. Alzheimer's Disease Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living- bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication- or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

15. Surgery of Aorta The actual undergoing of medically necessary Surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic Injury of the aorta is excluded

16. Third Degree Burns There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

17. Deafness Total and irreversible loss of hearing in both ears as a result of Illness or Injury. The diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

18. Loss of Speech

i. Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, and Throat (ENT) specialist.

Benefit Payable under Section I

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in this Policy, to pay the Sum Insured in relation to the Insured person as

stated against Section I under Schedule on the occurrence of an Insured Event as stated above, under this Section.

1.1 Exclusions Applicable to Section I

The Company shall not be liable to make any payment directly or indirectly arising out of the following events:

1.2 Specific Conditions Applicable to Section I:

The coverages under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of such Insured becoming admissible and accepted by the Company under this Section In consequence thereof no benefit shall be payable under any other Section of this Policy except under Section iv: fire and allied perils- dwelling & household contents, coverage under which shall be continued till the expiry of the policy.

2. SECTION II: PERSONAL ACCIDENT:

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean Injury sustained during the Policy Period which shall within twelve months of its occurrence be the sole and direct cause of

- a) Death or
- b) Permanent Total Disablement (more specifically defined herein below).

For the purposes of this Section, Permanent Total Disablement shall mean total and irrecoverable:

- i) Loss of sight of both eyes; or
- ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or
- iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation; Provided that, such disablement shall as a direct consequence thereof permanently disable the Insured person from resuming his normal occupation or engaging in similar gainful employment.

2.1 Benefit Payable Under Section II: The Company hereby agrees, subject to the terms, conditions and exclusions

applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay the Sum Insured as stated against Section II under Schedule, on occurrence of the Insured Event as stated above under this Section.

2.2 Special Conditions Applicable To Section II: The coverages under this Policy, for the specific Insured Person, shall terminate in the event of claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section. In consequence thereof no benefit shall be payable under any other section of this Policy except under Section iv: fire and allied perils- dwelling & household contents, coverage under which shall be continued till the expiry of the policy.

3. SECTION III: LOSS OF JOB

Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to any Insured Person, shall mean termination from employment of the Insured Person or his dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Policy Period as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

3.1 Benefit Payable Under

Section III: The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, General Exclusions stated in the Policy, to pay, on occurrence of the Insured Event as stated above under this Section, in relation to the Insured Person maximum of 3 EMI Amount(s) falling due in respect of the Loan (Loan account number as stated in Schedule of this Policy) after the commencement of the Insured Event till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as stated under Schedule against Section III for the Insured Person mentioned in the Policy. In case of term loan, the amount payable is 3 months pro-rata proportion of total loan amount.

		<p>3.2 Specific Conditions Applicable to Section III</p> <p>i) A claim under this section shall become admissible provided the period of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person shall not be less 30 consecutive days (“Retrenchment Period”).</p> <p>ii) The benefit under Section III is available only for salaried employees.</p> <p>iii) The cover as described under this Section, for specific Insured Person, shall terminate in the event of claim in respect of that Insured becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person under Schedule.</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p>The Company shall not be liable for any loss or damage under this Policy:</p> <ol style="list-style-type: none"> 1. Arising or resulting from the Insured person committing any breach of the law with criminal intent 2. “War, invasion, act of foreign enemy, hostilities (whether War be declared or not) Civil War, rebellion, evolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and all kind and acts of Terrorism, Nuclear weapon induced treatment or taking active part in Riot, Strike, malicious acts”. 3. Directly or indirectly caused by or contributed to/by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission 4. Directly or indirectly caused by or contributed to/by or arising from nuclear weapon materials. 5. Directly or indirectly caused by or contributed to/by or arising out of usage, consumption or abuse of alcohol and/or drugs. 6. Arising out of or as a result of any act of self-destruction or self-inflicted Injury, attempted suicide or suicide. 7. Any consequential or indirect loss or expenses arising out of or related to any Insured Event unless otherwise covered in the policy. 8. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to 	Section - E

		<p>pregnancy and childbirth, abortion, miscarriage and its consequences except if arises out of an accident, tests and treatment relating to infertility and in vitro fertilization.</p> <p>9. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during War or warlike operations.</p> <p>10. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of Terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of Terrorism/sabotage.</p>	
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>Survival Period:</p> <p>The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Product, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance</p>	AC3.
8	<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:</p> <ul style="list-style-type: none"> - 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) 		

	iv. Any other limit (as applicable)		
9	Claims/Claims Procedures	<p>CLAIMS SETTLEMENT PROCESS APPLICABLE TO SECTION I</p> <p>Claim Intimation</p> <p>Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.</p> <p>i Within 24 hours from the date of emergency hospitalization required ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Cashless Process</p> <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate the nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.</p> <p>Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.</p> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo</p> <p>Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.</p>	Section - G

Cashless Anywhere

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at healthserve@universalsompo.com

Reimbursement Process

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sompo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13, Block- C Sector- 62, Noida, Uttar Pradesh, Pin code: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim

Claim Documents submission checklist:

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated to the Company within **forty-five (45)** days date of first diagnosis of the Illness, date of surgical procedure or date of occurrence of the medical event as the case may be and the Insured shall arrange for submission of the following documents to the Company:

1. Certificate from the attending Doctor of the Insured Person confirming, inter alia,
 - a. name of the Insured person;
 - b. name, date of occurrence and medical details of the Insured Event
 - c. confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.
2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Duly completed claim forms;
4. Original Discharge Certificate/ Card from the hospital/ Doctor or their copies
5. Original investigation test reports or their copies,
6. Indoor case papers, if required.

Claims documents for Section II

(i) Upon the happening of any Injury giving rise or likely to give rise to a claim under this Policy, the Injury as described above shall be intimated to the Company as soon as possible but not later than 30 days from the date of its occurrence.

(ii) The Insured shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

(iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

		<p>(iv) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured person on the occasion of any alleged Injury when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days</p> <p>Claim documents for Section III</p> <p>In the event of a claim arising out of an Insured Event covered under this Section, the Insured Event as described above shall be intimated by the Insured to the Company within thirty (30) days from the date of termination from employment of the Insured person or his dismissal, temporary suspension or retrenchment from employment as the case may be and the Insured shall arrange for submission of the following documents to the Company: Duly completed claim form; i) Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. ii) Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate</p>	
10	Policy Servicing	<p>1)Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 2)E-mail Address: contactus@universalsompo.com. 3)Address for postal communication:</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>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>	

<p>11</p>	<p>Grievances/ Complaints</p>	<p>Grievances: <u>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:</u></p> <p><u>Step 1: Contact Us</u></p> <p><u>Write us at:</u></p> <p><u>Customer Service Universal Sampo Insurance Co. Ltd</u> <u>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</u></p> <p><u>E-mail Address - contactus@universalsampo.com</u></p> <p><u>For more details:</u></p> <p><u>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</u></p> <p><u>Senior Citizen toll free number: 1800-267- 4030</u></p> <p><u>Step 2: Grievance Cell</u></p> <p><u>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.</u></p> <p><u>Customer Service Universal Sampo General Insurance Co. Ltd.</u> <u>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</u></p> <p><u>E- mail Address: grievance@universalsampo.com</u></p> <p><u>For more details: www.universalsampo.com</u></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> <p><u>Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.</u></p> <ul style="list-style-type: none"> • We will acknowledge receipt of your concern Immediately 	
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- 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 incase 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 Sampo General Insurance Co. Ltd.

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

E- mail Address: gro@universalsompo.com

For more details: www.universalsompo.com

Company's Grievance Redressal Officer

For updated details of grievance officer, kindly refer the link <https://www.universalsompo.com/resource-grievance-redressal>

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 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.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance

		<p>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>Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Policy wordings under Annexure B section.</p>	
12	Things to remember	<p>1. Free Look period We shall give insured a Free Look Period at the inception of the Policy and:</p> <ol style="list-style-type: none"> 1. Insured will be allowed a period of at least 30 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable. 2. If insured have not made any claim during the Free Look period, insured shall be entitled to <ol style="list-style-type: none"> a) A refund of the premium paid less any expenses incurred by the company on b) where the risk has already commenced and the option of return of the Policy is exercised by insured, a deduction towards the proportionate risk premium for period on cover or c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. <p>2. Renewal</p> <ol style="list-style-type: none"> a. All the covers opted for shall be renewed till the loan tenure or lifetime of insured whichever is earlier except on grounds of <u>established fraud or non- disclosure or</u> , misrepresentation by the insured person b. The Renewal of a Policy sought by Insured shall not be denied arbitrarily. If denied, Company shall provide Insured with cogent reasons for such denial of Renewal. c. This policy shall not be renewed and the insured shall not be eligible for any new similar policy(ies) if the claim is paid or admitted under section I or section II. d. The company may condone delay in Renewal up to 30 days from the due date of Renewal without deeming such 	F.1.2, F.1.4, F.1.5

		<p>condo nation as a Break in Policy. However coverage shall not be available for such period.</p> <p>e. If the insured move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.</p> <p>f. If the Policy is not renewed within the Grace Period then Company may agree to issue a fresh Policy subject to underwriting criteria and no continuing benefits shall be available from the expired Policy.</p> <p>g. We shall provide the insured with a substitute health insurance product if the insured have reached maximum renewable age under the Policy.</p> <p>h. All premiums are payable in advance of any cover under this Policy being provided.</p> <p>3. Withdrawal/Modifications</p> <p>We shall give insured notice in the event the company may decide to revise, modify or withdraw the product. Such notice shall be given to insured at least three months prior the date when such modification or revision or withdrawal comes into effect. the company also promise insured that</p> <p>i. In case of modification or revision, the notice given to insured shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.</p> <p>ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority of India. However, if insured do not respond to the company's intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and the company shall provide insured with an option to migrate to a substitute product offered by the company, subject to portability conditions</p> <p>iii. Policies whose renewal will be within 90 days of withdrawal will be given choice for one time renewal of existing policy, others will have the choice to migration to substitute health insurance policy/modified product</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 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, , Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 <p>E-mail Address: contactus@universalsompo.com</p>	
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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: <https://www.universalsompo.com/resources-downloads>

ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.