

PET ASSURE 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	Pet Assure Policy	Not applicable
2	Unique Identification Number allotted by IRDAI	IRDAN134RP0094V01202324	Not applicable
3	Structure	<p>Indemnity Covers</p> <p>Base Covers</p> <ol style="list-style-type: none"> 1. Death Due to Accident 2. Death Due to Illness 3. Hospitalization Expenses 4. Specific Illness Cover <p>Optional Covers</p> <ol style="list-style-type: none"> 1. Terminal Diseases Expenses 2. Surgery Expenses 3. Long Term Care Cover 4. OPD Expenses 5. Pregnancy & Related Complications 6. Insect or Vector Borne Diseases 7. Recovery Care 8. Dental Treatment 9. Health Checkup 10. Wellness Services 11. Cremation Cost 12. Lost / Stolen Dogs 13. Third Party Liability 14. Emergency Pet Minding 15. Tag Cover 16. Loss of show entry fees 17. Road Ambulance <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>	Not applicable
4	Interests Insured	The policy covers the Pet which is proposed for insurance	Definition Point no. 20

PET ASSURE POLICY

		<< Pet Details >>	
5	Sum Insured	<ul style="list-style-type: none"> Sum Insured - << As opted in the policy schedule >> 	Definition Point no. 36
6	Policy Coverage	<p>Section 1: Base Coverage</p> <ul style="list-style-type: none"> Death Due to Accident Under this cover, the sum insured will be paid if the insured pet dies due to an accident or as a result of the Vet putting Insured Pet to sleep in order to alleviate its incurable and inhumane suffering due to an Accident. Death Due to Illness Under this cover, the sum insured will be paid if the insured pet dies due to an illness or as a result of the Vet putting Insured Pet to sleep in order to alleviate its incurable and inhumane suffering due to an illness. Hospitalization Expenses Under this cover, the cost of the insured pet's inpatient treatment due to an illness or injury will be reimbursed. Specific Illness Cover Under this cover, the cost of the insured pet's inpatient treatment due to a defined illness will be reimbursed. <p>Section 2: Optional Coverage</p> <ul style="list-style-type: none"> Terminal Diseases Expenses Under this cover, the sum insured will be paid if the insured pet is diagnosed with any of the Terminal diseases listed in the schedule, and the insured pet survives a minimum period of 30 days from the date of diagnosis Surgery Expenses Under this cover, the cost of the insured pet's surgical expenses, including the pre and post hospitalization expenses, incurred due to an illness or injury will be reimbursed. 	3. Coverage

PET ASSURE POLICY

		<ul style="list-style-type: none"> • Long Term Care Cover Under this cover, the sum insured will be paid if the insured pet is diagnosed with any of the illness listed in the policy wordings • OPD Expenses Under this cover, the cost of the insured pet's treatment carried out by a Vet at a Veterinary Clinic. • Pregnancy & Related Complications Under this cover, the company will reimburse the expenses incurred for pregnancy hospitalization or any complications arising out of pregnancy which requires hospitalization of the insured pet within the policy period. • Insect or Vector Borne Diseases Under this cover, the company will reimburse the medical expenses incurred due to Insect/Vector borne illness / diseases mentioned in the policy wordings towards Insured pet. • Recovery Care Under this cover, the company will reimburse the medical expenses incurred towards Alternative and Complimentary therapies such as Herbal medicine, Homeopathic medicine, Hydrotherapy, Physiotherapy, Acupuncture, and Osteopathy taken for the Insured Pet. • Dental Treatment Under this cover, the company will extend the base coverage towards the Veterinary dental treatment of the Insured Pets. The dental illnesses are extremely common in pets as per discussion with the medical practitioners. • Health Checkup Under this cover, the company will reimburse the cost of Health Check-up Expenses incurred for the insured pet. The benefit under the cover is available if the insured has continuously renewed the policy for three years and has not claimed under the policy during the block of 3 years. • Wellness Services Under this cover, the company will provide the below services. 	
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PET ASSURE POLICY

		<p>i. Pharmacy ii. Daycare iii. Doctor on call iv. Grooming Services v. Vaccination</p> <ul style="list-style-type: none"> • Cremation Cost Under this cover, the company will pay for cremation, burial and disposal of the carcass of the Insured Pet following its death. • Lost / Stolen Dogs Under this cover, the company will pay towards the cost of advertising locally and for offering a reward for the recovery of pet if the pet is missing for at least 7 continuous days. If the pet remains missing for 90 continuous days, the insured pet's valuation at the time of purchase or adoption will be paid. • Third Party Liability Under this cover, the company will pay towards the legal liability for any bodily Injury and/or property damage and/or sickness and/or Death of a third party due to any one event or multiple events occurring during the Policy Period involving the Insured pet. • Emergency Pet Minding Under this cover, the company will pay a daily allowance per day up to a maximum number of days opted, towards the costs incurred by the Insured towards engaging a pet minder/caretaker for the Insured Pet or cost of boarding your Insured pet in licensed kennel during the Policy Period in the event that the Insured or a member of the Insured's Family is required to be hospitalized for more than 4 continuous days. • Tag Cover Under this cover, the company will reimburse the actual loss incurred due to permanent and total loss of the Insured pet's portable electronic equipment due to any accidental damage subject to depreciation as mentioned in the policy schedule. • Loss of show entry fees Under this cover, the company will pay towards 	
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PET ASSURE POLICY

		<p>the loss of Show entry fees when the Insured Pet which is registered with the Kennel Club is unable to attend the show because of accident or illness covered under the Policy.</p> <ul style="list-style-type: none"> • Road Ambulance Under this cover, the company will reimburse expenses incurred towards ambulance charges for transportation of an Insured Pet from home to Hospital or between Hospitals. 	
7	Add-on Cover	Nil	Not applicable
8	Loss Participation	Excess – <<As opted in the policy schedule>>	Definition Point no. 8
9	Exclusions	<p>GENERAL EXCLUSIONS</p> <p>The Company will not accept any claim payment under this Policy caused by, based on, or arising out of any of the following, unless specifically agreed and mentioned elsewhere in the Policy Schedule:</p> <ol style="list-style-type: none"> 1. Accidents occurring and/or disease contracted prior to commencement of risk. This exclusion is not applicable for the Policies renewed in continuity. 2. Any Claims for Diseases for which preventive medicines/vaccines has not been taken. 3. Any excess amount as shown on the Policy Schedule against each Section. 4. Any claim for cost incurred towards Terminal illness. 5. Any claim for surgical expenses. 6. Any Claims for Costs or fees for experimental procedures. 7. Any Claims for costs incurred on alternate treatments. 8. Any Claim for treatment of disease or accidental Injury to working dogs and volunteer dogs. 9. Any loss or damage caused willfully or knowingly by the Insured, or any loss or damage in which the Insured or any person, acting on his behalf, is involved or implicated. 10. Any consequential loss, how so ever arising. 11. Any Claims for a Pet not identified in the Policy 	General Exclusions

PET ASSURE POLICY

		<p>Schedule.</p> <ol style="list-style-type: none"> 12. Any Claims arising outside the territorial limits of India. 13. The confiscation or destruction of Insured Pet by Government or Public Authorities, or under applicable laws 14. The Insured breaking any laws, or regulations, including those relating to animal health or importation. 15. Any medication or treatment not recommended by a Vet. 16. Where fraud has been committed against the Company or where false information has been provided to the Company. 17. Any loss where the Insured is entitled to indemnity under any other insurance. 18. If the Insured Pet is sold or where any financial interest whatsoever is parted with by the Insured, whether temporarily or permanently. 19. Any endemic disease as declared by the Indian local authorities or State or Central Government. 20. Any Illness that Insured Pet contracted while outside India that it would not normally have contracted in India 21. Legal expenses, fines and penalties connected with, or resulting from, a Criminal Case or an Act of Parliament made in India. 22. Any Claim for treatment of a third party as a result of the disease transmitted from animals to humans. 23. Malicious or willful Injury or neglect, or gross negligence to Insured Pet caused by the Insured, his/her agent, employees or members of Insured's family and unskillful treatment. 24. Any Claim in respect of a Pet, categorized as dangerous Pets by State or Central government authority. 25. Any charges or fees billed by the treating Vet to complete a Claim form or to provide information to support Insured's Claim. 26. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, riot, strike, or terrorist activities. 27. Ionising radiation or contamination by 	
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PET ASSURE POLICY

		<p>radioactivity from any nuclear fuel or from any nuclear waste or nuclear weapons material or from the combustion of nuclear fuel, or the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>28. Any cost directly or indirectly arising or resulting from, or contributed to or by chemical, biological, biochemical or electromagnetic weapon, device, agent or material, whether controlled or uncontrolled, accidental or otherwise.;</p> <p>29. Any cost directly or indirectly arising or resulting from, or contributed to or by nuclear reaction, radiation, radioactive contamination or the discharge of nuclear device, whether controlled or uncontrolled, accidental or otherwise.</p> <p>30. Treatment for any Congenital abnormalities.</p> <p>31. Treatment undergone purely for cosmetic or psychological reasons to improve appearance</p> <p>32. Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint except if Injury is due to an Accident.</p> <p>33. Any Claim arising from skin related treatments</p> <p>34. Any non-medical cost and expenses.</p> <p>35. Legal Expenses, fines and penalties connected with, or resulting from, a criminal case or an act of Parliament made in India</p> <p>36. Any Government/legal restrictions relating to a particular breed being kept as a pet.</p> <p>37. Any Surgeries/Hospitalization which are not necessitated due to any Accident/Illness, including but not limited to:</p> <ol style="list-style-type: none"> a. Cosmetic, aesthetic or elective Surgery such as tail docking, declawing, removal of eyelashes, cropping of ears or any other procedure, any experimental Surgeries b. Pregnancy or giving birth, whelping, pet grooming, breeding or skin diseases. c. Removal of any abnormal growth such as a wart, abscess, benign and malignant tumors. However, this exclusion shall be waived off after 2 consecutive renewal. d. Procedures like hysterectomy, spaying (including spaying following a false pregnancy) and castration unless costs 	
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PET ASSURE POLICY

claimed are for the Treatment of complications arising from this procedure.

- e. Dental Surgery
- f. any elective Treatment, any preventive Treatment, or any Treatment that You choose to have carried out, including any complications that arise thereof.

SPECIFIC EXCLUSIONS

1. Death Due to Accident

The Company shall not pay any amounts under this Mortality benefit:

- 1. If the Insured Pet is put to sleep due to aggression unless this can be attributed to an Illness and can be certified by a Veterinary Doctor.
- 2. Claims arising due to the intentional slaughter, irrespective of any order by Government, Local Authority or any person having jurisdiction in the matter

2. Death Due to Illness

The Company shall not pay any amounts under this Mortality benefit:

- 1. If the Insured Pet is put to sleep due to aggression unless this can be attributed to an Illness and can be certified by a Veterinary Doctor.
- 2. If the Death results from or the Insured Pet is put to sleep from an Illness it has not been vaccinated against despite the requirement to do so.
- 3. If death results due to Kidney failure for Giant breeds over 5 years of age and for all other breeds over 7 years of age.

3. Hospitalization Expenses

- i. Any hospitalization in which the Insured Pet does not require minimum 24 Hours of in-patient Treatment.
- ii. No indemnity shall be available under this cover for any Incident claimed under OPD Treatment.
- iii. Terminal disease are excluded.
- iv. Fees for Treatment of an Illness or Injury for which the Insured was advised prior to commencement of the Policy by a Vet to take preventive measures and he/she did not do so.

PET ASSURE POLICY

		<p>4. Long Term Care Cover More than one Claim shall not be honored under this Section during the lifetime of the pet.</p> <p>5. OPD Expenses</p> <ul style="list-style-type: none"> i. Any treatment that can be done in 24 Hours, any conditions where hospitalization of more than 24 hours is required will not be applicable under this cover. ii. Any Claim arising from expenses incurred towards an online Vet Consultation/ Telephonic Consultation from a registered Vet. <p>6. Pregnancy & Related Complications</p> <ul style="list-style-type: none"> a. Planned caesarean birth(s), unless medically necessary and as confirmed by your vet b. Routine pre-natal examination(s) c. Pre-breeding test(s) d. Fertility treatment(s) e. Artificial insemination(s) f. Any commercial breeding related activity <p>7. Dental Treatment</p> <ul style="list-style-type: none"> i. Treatment for Pre-existing diseases/conditions will not be covered. ii. If Your Insured Pet has any signs or evidence of any dental illness during the initial waiting periods. iii. Dental Prophylaxis at any time or for any reason. iv. Toothbrushes, toothpastes, dental foods, chews, rinses, or preventive dental care at any time or for any reason. v. Open or closed root planning at any time or for any reason. vi. Any Veterinary Treatment related to retained deciduous/milk teeth, malocclusion, or misalignment of the teeth. vii. Routine dental treatment including any costs to remove tartar/plaques on teeth. <p>8. Lost/Stolen Pets The Company will not be liable to pay any Claim under Lost and Stolen Cover directly or indirectly caused by, based on, arising out of or howsoever attributable to the following:</p> <ul style="list-style-type: none"> a. Any reward given to: 	
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PET ASSURE POLICY

- i. Any person who lives with the Insured; or
- ii. Anyone who was looking after the Insured Pet when it was lost or stolen; or
- iii. Any person who stole the Insured Pet, or acted in collusion with the person who stole the Insured Pet
- b. Claim not supported by a signed receipt which shows the full name and address of the person who finds the Insured Pet
- c. Claim for advertisements issued without prior written approval of the Company
- d. Any Claim made after 91 days from the date the Insured Pet was lost or stolen

9. Third Party Liability

The Company will not be liable to pay any Claim under Third Party Liability Cover directly or indirectly caused by, based on, arising out of or howsoever attributable to the following:

- a. Claims where no liability is established by a competent court or tribunal or forum constituted under applicable law.
- b. Any damages, costs and expenses where the Injury or damage was caused by the deliberate acts or omissions of the Insured or members of Insured's Family or employed by the Insured including staff/caretaker.
- c. Any Claim arising from breach of quarantine restrictions or import or export rules and regulations.
- d. Any compensation cost and expenses if the incident happens in an area or place where pets are specifically prohibited unless the Insured Pet escapes and enters the area outside of Insured's control.
- e. Compensation or legal costs if the injured third party is part of the Insured's Family, lives in Insured's residence or is paid to look after the Insured Pet or is paid to train the Insured Pet. Also, the policy excludes all Vets, pet trainers, kennel employees, pet breeders, pet shop owners, where the incident has occurred in the course of conducting their profession/occupation.

10. Tag Cover

- 1. Any damage of Tag caused due to the Insured Person's fault;
- 2. Manufacturing or Pre-Existing condition failure

PET ASSURE POLICY

		3. Functional failure which is covered under extended warranty	
10	Special Conditions and Warranties (if any)	As mentioned in policy schedule	Not applicable
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> <p>A = Market value as per claim form e.g.: ₹2000/-</p> <p>B = Market value as per Post-mortem report. e.g.: ₹1900/-</p> <p>C = Market value as per policy e.g.: ₹1800/-</p> <p>Settlement calculation Death = Lowest market value among A, B, C = (2000, 1900, 1800) = ₹1800/-.</p> <p>Note – For the medical expenses incurred medical bills along with payment proofs to be produced to claim for the reimbursement.</p>	Coverage Exclusions
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>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>	Claim Procedure

PET ASSURE POLICY

- b) Take all reasonable steps within the insured's power to recover / minimize the extent of the loss or damage.
- 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>.
- d) While notifying your claim, please share your
- 1) policy number under which you prefer to lodge your claim,
 - 2) date of loss,
 - 3) place of loss,
 - 4) cause of loss
 - 5) estimate of your loss.
 - 6) Details of contact person with mobile no. and e- mail ID.
- 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.
- f) Furnish all such information / proofs and documentary evidence as the surveyor / insurance company may require processing your claim.

Followed by notification of a claim, insured is expected to follow the following procedures.

- a) Insured shall do all possible loss minimization activity to reduce further loss or aggravation of loss.
- b) Insured shall not dispose / throwing away /selling / destroying any of damaged item/salvage before inspection of loss by insurer/surveyor been appointed.

PET ASSURE POLICY

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.

d) Insured shall not offer promise or assurance to any third party for their loss arising out of this incident.

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.

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)

- Duly completed claim form
- Vaccination Certificates
- Death Certificate along with colored photographs of the deceased Pet (in case of claim under Mortality Benefit Cover)
- Vet Medical Papers and Bill (in case of claims under Hospitalization Expenses, Mortality Benefit Cover, Long Term Care Cover and OPD Cover)
- Copy of General Diary Entry lodged by Police (in case of claim under Theft/Lost/Straying Cover)
- FIR (in case of claim under Third Party Liability Cover)
- Copy of advertisement (in case of claim

PET ASSURE POLICY

		<p>under Theft/Lost/Straying Cover)</p> <ul style="list-style-type: none"> • Hospital bill (in case of claim under Hospitalization) • Court Orders (in case of claim under Third Party Liability Cover) • Diagnostics Report (in case of claim under Terminal Diseases Cover, Long Term Care Cover and OPD Cover) • Any other documents if required by the Company to process the claim. <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement (excluding policies issued on the property/ building on reinstatement basis) <ul style="list-style-type: none"> ➤ 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 last mail in case the documents has not been submitted. ➤ 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. • Escalation Matrix <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 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 	Grievances

PET ASSURE POLICY

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

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
- 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

➤ **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

PET ASSURE POLICY

		<p>For updated details of grievance officer, kindly refer the link https://www.universalsampo.com/resourse-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> <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>					
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Office Details</th> <th style="width: 50%; text-align: center;">Jurisdiction of Office Union Territory, District)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 </td> <td style="padding: 5px; vertical-align: top;"> Gujarat, Dadra & Nagar Haveli, Daman and Diu. </td> </tr> </tbody> </table>	Office Details	Jurisdiction of Office Union Territory, District)	AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	
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PET ASSURE POLICY

	Email: bimalokpal.ahmedabad@cioins.co.in			
	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	Karnataka		
	BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.		
	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 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, 	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh,		

PET ASSURE POLICY

		<p>Chandigarh – 160 017 Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioi ns.co.in</p>	<p>Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>		
		<p>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</p>	<p>Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).</p>		
		<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23237539 Email: bimalokpal.delhi@cioins.co.i n</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad , Sonapat & 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>		

PET ASSURE POLICY

		<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@ciains.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@ciains.co.in</p>	<p>Rajasthan</p>		
		<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@ciains.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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>		

PET ASSURE POLICY

		<p>Email: bimalokpal.kolkata@cioins.co.in</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, 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:</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	

PET ASSURE POLICY

		<p>bimalokpal.mumbai@cioins.co.in</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, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>		
		<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>		

PET ASSURE POLICY

		<p>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</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	
<p>14</p>	<p>Obligations of prospective Policyholder / Customer</p>	<p>1. Observance of Terms and Conditions The due observance of and compliance with the terms, provisions, warranties and conditions of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company under this Policy.</p> <p>2. Reasonable Precautions The Insured Pet must be in sound and perfect health and free from any Injury at the time of the proposal</p> <p>3. Annual Check-ups & Vaccination The Insured must take Insured Pet for regular annual check-ups and keep the Pet vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus during the entirety of the Policy Period. All vaccinations must be administered under Vet supervision (except Homeopathic vaccinations).</p> <p>4. The Insured shall provide the Insured Pet sufficient and proper food, water, shelter and treatment and shall keep secure all fences. The</p>		<p>General Conditions</p>

PET ASSURE POLICY

Insured shall at all times and to the best of his/her knowledge and ability use and exercise due and proper precaution and safeguard loss or danger of loss under this Policy.

5. The Insured agrees that his/her current and/or previous Vet may release all information or records regarding the Insured Pet to the Company or Company's agent and that the Company may release information about Insured's Policy to any Vet who has either treated the Insured Pet or is about to treat the Insured Pet. If the Vet charges the Insured for this information, Insured will be responsible for the costs.

6. Notices

a) Any and all notices and declarations for the attention of the Company shall be submitted in writing and shall be delivered to the address specified in the Schedule.

b) Any and all notices and declarations for the attention of the Insured shall be posted to the Insured's address stated in the Schedule.

The policy shall be void and all premiums paid there-on shall be forfeited to the company in the event of fraud by the policy holder

Disclosure of other material information during the policy period

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

Non- disclosure of material information may affect the claim settlement

Broadly any claim shall be denied subject to following parameters.

1.Premium - Whether the premium has been paid on or before Risk Start Date

2.Period – Whether the insurance is in force as on

PET ASSURE POLICY

		<p>date of loss.</p> <p>3.Peril – Whether the cause of loss is covered.</p> <p>4.Property- Whether the property said to be affected is insured.</p> <p>5.Place - Whether the location is covered under the policy,</p> <p>6.Person - Whether the claimant has insurable interest</p> <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.