

PRADHAN MANTRI SURAKSHA BIMA YOJANA

POLICY WORDING

A. SCHEDULE

B. PREAMBLE

WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UINIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED (hereinafter called the COMPANY and/or INSURER) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED/MEMBER) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person contracts any disease or suffers from any illness or sustains any bodily injury through accident (hereinafter called INJURY) and if such illness or injury requires any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses specified under Covered Expenses, as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person subject to Basis of Payment Clause but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

C. DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth: Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

C.1. Standard Definitions:

- 1. Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
- 2. Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
- 3. Grace Period** - means the specified period immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- 4. Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
- 5. Renewal** - means the terms on which the contract of insurance can be renewed on mutual consent with

a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

C.2. Specific Definitions:

1. **Age** - means completed years as at the Effective Date.
2. **Break in policy** – means occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
3. **Cancellation (of policy)** - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
4. **Certificate of Insurance** - means the document issued by Us detailing the effective date & hour, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).
5. **Hazardous** – means a situation that poses a level of threat to life & health.
6. **IRDA of India** – means Insurance Regulatory and Development Authority.
7. **Insured / Insured Person / You/ Your-** means the Person and his/her eligible Spouse and/or Eligible Children detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by the Company.
8. **Loss of Use** – means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body due to an Injury.
9. **Master Policy** – means the Policy issued to the participating bank to cover all saving account holder participating bank & enrolled in the Scheme.enrolled for Pradhan Mantri Suraksha Bima Yojana.
10. **Medical Practitioner** - means a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license..Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.
11. **Permanent** - means beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician.
12. **Physical Separation** - means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
13. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.
14. **Policyholder** – means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.
15. **Master Policy holder** – means the participating bank through which saving bank account holders are enrolled in the Scheme.
16. **Certificate of Insurance holder**– means Insured person who is saving bank account holder of the
17. **Enrollment Form**- means any initial or subsequent declaration made by the Policyholder and is deemed to be attached and which forms a part of this Policy.
18. **Scheme** - Pradhan Mantri Suraksha Bima Yojana.
19. **We/Our/Us/ Company** - means Universal Sampo General Insurance Company Limited.

D. BENEFITS

If the Insured shall sustain any bodily injury within the Policy Period, resulting solely and directly from Accident then the Company shall pay to the insured the sum hereinafter set forth:-

	Table of Benefits*	Sum Insured
1.	Death	Rs. 200,000
	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or one foot	Rs. 200,000
2.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or one foot	Rs. 100,000
*The total amount that can be claimed under the policy is maximum Rs. 200,000 only.		

E. EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

E.1. Specific Exclusions

1. Compensation under more than one of the sub-clauses (1), (2), (3) in respect of same injury or disablement of the Insured Person. In the event of a claim which may aggravate to increased disability/ death within 12 calendar months of the occurrence then our liability will be limited to higher of the two and in any event not exceeding the Capital Sum Insured.
2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person.
3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
4. Payment of compensation in respect of death, injury or disablement of the Insured from (a) intentional self inflicted injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drug. (c) directly or indirectly caused by insanity. (d) arising or resulting from the insured committing any breach of the law with criminal intent.
5. Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all kings, princes and people of whatsoever nation, condition or quality.

6. Payment of compensation in respect of death of /or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.

7. Participation in winter sports*, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained.

(* winter sports means snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice)

(# professional sports means Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated)

Provided also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.

F. GENERAL TERMS AND CLAUSES

F.1. Specific Terms and Clauses

1. Eligibility / Enrollment

- a) Savings bank account holders of participating banks aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme
- b) Joining subsequently on payment of full annual premium may be possible on specified terms .
- c) Individuals who exit the scheme at any point may re-join the scheme in future years through this modality
- d) New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing
- e) In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only.
- f) The cover shall be for the one year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31st May of every year, extendable up to 31st August
- g) Applicants May give an indefinite / longer option for enrollment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience.

2. Renewal Of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

4. Policy & Premium

- a) Bank will be the Master policy holder on behalf of the participating subscribers/ Certificate of Insurance holders.
- b) Premium will be deduct the premium amount in the same month when the Auto Debit option is given, preferably in May of every year, and remit the amount due to the insurance company in that month itself.
- c) For cases where auto debit takes place after date of commencement, the cover shall commence from the first day of the month following the auto debit.

Other Terms and Conditions

1. CLAIM PROCEDURE:

- a) **NOTICE OF CLAIM/LOSS:** Upon the happening of any event which may give rise to a claim under this policy the Insured shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the Insured should within seven days after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claims.
- b) **CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish the Insured with such forms as may be required for filing proofs of loss.
- c) **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to the Company within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured can satisfy the Company that it was not reasonably possible to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- d) **SUPPORTING DOCUMENTATION & EXAMINATION:** The Insured or someone claiming on behalf of the Insured shall provide the Company with all documentation, medical records and information which may be requested to establish the circumstances of the claim, its quantum or the Company liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:

Death Claims	Disability Claims
1. Claim form 2. Original Death Certificate 3. Original/ Attested Post Mortem Report, if conducted 4. Attested copy of FIR, Spot Panchanama & Police Inquest report, where applicable.	1. Claim form 2. Attending Doctor's Report 3. Original Disability Certificate from the Doctor 4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.)
5. Complete medical records including Death Summary, in case of hospitalization 6. Any other document requested by the Company in view of claim 7. KYC Documents	5. FIR, Police report, where applicable 6. Any other document requested by the Company in view of claim 7. KYC Documents

e) TIME OF PAYMENT OF CLAIM:

- i. The Company shall settle or reject a claim within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

f) PAYMENT OF CLAIM: All claims under this Policy that are payable to the Insured or the Policyholder shall be paid in Indian currency.

g) Proof satisfactory to the Company shall be furnished of 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 and in the event of death, to arrange for a post-mortem examination of the body of the insured and such evidence as the Company may from time to time require (including a post-mortem examination, if conducted) shall be furnished within the space of fourteen days after demand in writing.

2. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

3. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy 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.

For Detailed Guidelines on migration, kindly refer the link www.universalsompo.com

4. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Universal Sampo General Insurance Co. Ltd.

Unit No: 601&602, A & B Wing, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai-400708

Website: www.universalsompo.com

Toll free: 1800-200-5142

E-mail: contactus@universalsompo.com

Fax : (022) 39171419

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@universalsompo.com

For updated details of grievance officer, kindly refer the link www.universalsompo.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Annexure-A

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429</p>	<p>Orissa.</p>

<p>Email: bimalokpal.bhubaneswar@cioins.co.in</p> <p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, 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 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</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>
<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.</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

<p>Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ciains.co.in</p>	
<p>JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ciains.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ciains.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ciains.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava</p>	<p>Districts of Uttar Pradesh :</p>

<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>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.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh:</p>

<p>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>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 - Shri N. K. Singh 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>
<p>PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>