

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	Saksham Bima, USGI	--
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: 4L/5L>></p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Coverage</p> <p>In-patient Treatment– The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Base Sum Insured as specified in the Policy Schedule. Room Rent, Boarding, Nursing Expenses, ICU, Intensive Cardiac Care Unit, Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic test.</p> <p>AYUSH Treatment - Medical Expenses incurred by the Insured Person in any AYUSH Hospital for Inpatient Care under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.</p> <p>Pre-Hospitalization- Medical Expenses incurred in 30 days before the Hospitalization.</p>	Section 4.1 to 4.7

		<p>Post-Hospitalization- Medical Expenses incurred in 60 days after the hospitalization.</p> <p>Emergency Ground Ambulance - The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, subject to a maximum of Rs.2000/- per hospitalization</p> <p>Cataract Treatment :-The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, whichever is lower, per each eye in one policy year.</p> <p>Modern Treatment: The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.</p> <ul style="list-style-type: none"> a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) b. Balloon Sinuplasty c. Deep Brain stimulation d. Oral chemotherapy e. Immunotherapy- Monoclonal Antibody to be given as injection. f. Intra Vitreal injections g. Robotic surgeries h. Stereotactic radio Surgeries i. Bronchial Thermoplasty j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) k. IONM- (Intra Operative Neuro Monitoring) l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered. <p>SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY - We will cover the medical expenses for Life-threatening Emergency Care only, that are incurred by the Insured Person towards Inpatient Hospitalisation arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below.</p> <ul style="list-style-type: none"> i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date. ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of 	<p>Section 6 & 7</p>
--	--	--	------------------------------

		<p>treatment of existing disability or used for activities of daily living are/is excluded from the policy</p> <p>SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV -AIDS - We will cover the medical expenses for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided.</p> <p>i. This cover will exclude cost for any Anti-Retroviral Treatment.</p>	
6	Exclusions (What the policy does not cover)	<p>A.Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender Treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14) 12. Refractive Error:(Code- Excl15) 13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility:(Code- Excl17) 15. Maternity: Code Excl18 <p>B. Specific Exclusions</p> <ol style="list-style-type: none"> 1. Any medical treatment taken outside India. 	<p>8.1</p> <p>8.2</p>

		<p>2.Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.</p> <p>3.Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity.</p> <p>4.War, invasion, acts of foreign enemies, hostilities</p> <p>5.Injury or Disease caused by or contributed to by nuclear weapons/materials.</p> <p>6.Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.</p> <p>7.Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.</p> <p>8.Suicide, Intentional self-injury and any violation of law or participation</p> <p>9.Vaccination or inoculation except as post bite treatment for animal bite.</p> <p>10.Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect.</p> <p>11.Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy</p> <p>12.Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.</p> <p>13.Venereal/ Sexually Transmitted disease other than HIV/AIDS.</p> <p>14.Stem cell storage.</p> <p>15.Any kind of service charge, surcharge levied by the hospital.</p> <p>16.Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</p> <p>17.Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II</p> <p>18.Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.</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>1. Initial Waiting period- Code- Excl03 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02) 24 months for following diseases/procedures-</p> <ol style="list-style-type: none"> 1. Benign ENT disorders 2. Tonsillectomy 	5

3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

3. Waiting Period and specific Sublimit For HIV/AIDS cover:

- a. Initial waiting period of 30 days will be applicable for Indemnity basis cover and 90 days shall be applicable for Benefit basis cover.
- b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.

4. Pre-Existing Diseases (Code- Excl01)

Covered after 36 months other than HIV/AIDS and pre-existing Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.

5. Waiting Period and specific Sublimit for Disability Cover

24 months initial waiting period is applicable for the pre-existing Disability covered under the policy.

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: - 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)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ol style="list-style-type: none"> 1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to 1% of the sum insured per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day. 3. Cataract Treatment Up to Rs.40,000/-, whichever is lower, per each eye in one policy year. 4. Modern Treatment Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care. 5. Emergency Ground Ambulance Expenses covered up to Rs. 2000 per hospitalization 6. AYUSH covered up to 50% of sum insured. <p>Co-payment- Every claim made under the Policy shall be subject to a 20% co-payment. *There is no Deductible applicable under policy</p>	
9	<p>Claims/Claims Procedures</p>	<p>Procedure for Cashless claims:</p> <p>A)For benefit product:</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</p>	Section 10

ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

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 Sampo General Insurance Company Limited,
 Health Claims Management Office,
 1st Floor C-56- A/13,
 Block- C Sector- 62,
 Noida,
 Uttar Pradesh, Pincode: 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

Document submission check list

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- 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. Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.
- V. Discharge Card from the hospital, Indoor Case Papers.
- VI. All medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VII. Hospital bill and receipts.
- VIII. Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- IX. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- X. Valid Photo ID Proof of the patient.
- XI. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XII. 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 Health Serve team will contact you on receipt of your claim documents by us.

B)For Indemnity Product

Claim Intimation

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.

- 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.

Cashless Process

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

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

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.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

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.

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@universalsampo.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 Sampo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 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.

		<p>IV. Original Discharge Card from the hospital, Indoor Case Papers.</p> <p>V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).</p> <p>VI. Original hospital bill and receipts.</p> <p>VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</p> <p>VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</p> <p>IX. Valid Photo ID Proof of the patient.</p> <p>X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</p> <p>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.</p> <p>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.</p>	
10	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>For more details: www.universalsompo.com</p> <p>Note: Please include Your Policy number for any communication with us.</p>	10.1

11	Grievances/ Complaints	<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> <p>Step 1: Contact Us</p> <p>Write us at: Customer Service Universal Sampo Insurance Co. Ltd Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>E- mail Address contactus@universalsompo.com</p> <p>For more details: Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p> <p>Step 2: Grievance Cell</p> <p>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.</p> <p>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</p> <p>E- mail Address: grievance@universalsompo.com</p> <p>For more details: www.universalsompo.com</p> <p>Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.</p> <ul style="list-style-type: none"> • We will acknowledge receipt of your concern Immediately 	16
----	---------------------------	--	----

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

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal 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

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

		<p>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.ciains.co.in/Ombudsman.</p> <p>Note: Grievance may also be lodged at IRDAI- https://bimabharosa.irdai.gov.in/.</p>	
12	Things to remember	<p>a.</p> <p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. 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. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> 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 <p>2. Policy renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.</p> <ul style="list-style-type: none"> i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years. ii. Request for renewal along with requisite premium shall be received by 	<p>9.14</p> <p>9.10</p> <p>9.8</p> <p>9.9</p>

the Company before the end of the Policy Period.

iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

v. No loading shall apply on renewals based on individual claims experience

3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability: The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability

9.2.b

4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase

		<p>in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>5. Moratorium Period: After completion of sixty continuous months under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of sixty continuous months would be applicable from date of enhancement sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	9.2
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. Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.</p> <p style="text-align: center;">Universal Sampo General Insurance Co. Ltd.</p> <ul style="list-style-type: none"> ➤ Unit No. 601 & 602, 6th Floor, Reliable Tech Park, , Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 ➤ Senior Citizen toll free number: 1800-267-4030 ➤ E-mail Address: contactus@universalsampo.com 	--

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: [Universal Sampo | Resources Downloads](#)

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