

Annexure – A

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY  
Saral Suraksha Bima (Micro Insurance)**

This document provides key information about your policy. You are also advised to go through your policy document.

<b>SI No.</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1	Name of Insurance Product/Policy	<b>Saral Suraksha Bima (Micro Insurance)</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<b>Benefit</b>  Benefit (where an Insurance policy pays a fixed amount under the policy on the occurrence of a covered event).	--
4	Sum Insured (Basis) (Along with amount)	• Individual & Floater Sum Insured is available under the Policy.  <<Sum Insured Options: The minimum sum insured available under each section is Rs.10,000 and maximum sum insured available under each section is Rs.100,000>>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<b>Base Coverage</b> Section 1 Critical illness  We shall pay Sum Insured as mentioned in the schedule to the Insured(s) upon his/ her first diagnosis of Critical Illness / Surgical Procedure as defined under the Policy  a) Stroke resulting in permanent symptoms- b) Cancer of specified severity c) Kidney Failure requiring regular dialysis d) Open Chest CABG e) Major Organ /Bone Marrow Transplant  Special Provisions 1. The existence of the Critical illness mentioned in the Policy must be confirmed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence as applicable. 2. The cover under this Policy in respect of any Insured Person shall cease upon the payment of compensation on	D. Section I

		<p>the happening of a Critical illness or injuries defined under the Policy.</p> <p>Section 2 Personal Accident</p> <p>We shall pay to You or Your legal heir / Nominee, as the case may be, the compensation (as percentage of Capital Sum Insured), as set forth in Table of Benefits upon occurrence of Bodily Injury to You resulting in Your Death or disablement.</p>	D. Section II.
6	Exclusions (What the policy does not cover)	<p><b>Exclusion of Personal Accident Section II:</b></p> <ol style="list-style-type: none"> <li>1) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.</li> <li>2) Any other payment after a claim under one of the benefits mentioned in Table of benefits has been admitted and becomes payable.</li> <li>3) Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI.</li> <li>4) Payment of compensation in respect of injury as consequence of             <ol style="list-style-type: none"> <li>a) Committing or attempting suicide, intentional self-injury</li> <li>b) Whilst under influence of intoxicating liquor</li> <li>c) Drug addiction or alcoholism</li> <li>d) Whilst engaged in any adventurous sports</li> <li>e) Committing any breach of law with criminal intent</li> </ol> </li> </ol> <p><b>Standard Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Pre-existing diseases - Code- Excl01</li> </ol> <p><b>General Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless credits towards such time bound exclusion has been accrued in similar health insurance Policy from Us or any of the other Indian Insurers             <ol style="list-style-type: none"> <li>A. Drug addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent</li> <li>B. Any Insured person suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome</li> </ol> </li> </ol>	<p>Section II</p> <p>Section E</p>

		<p>2.War, rebellion, revolution, terrorism acts, nuclear weapon  3.riots, confiscation or nationalization or requisition  4.Ionizing radiation or contamination by radioactivity from any nuclear fuel  5.hazardous properties  6.Tumours showing the malignant changes of carcinoma in situ &amp; tumours  7.Any skin cancer other than invasive malignant melanoma  8.All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO  9.Papillary micro - carcinoma of the thyroid less than 1 cm in diameter  10.Chronic lymphocytic leukaemia less than RAI stage 3  11.Microcarcinoma of the bladder  12.Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T  13.Other acute Coronary Syndromes  14.Any type of angina pectoris.  15.Angioplasty and/or any other intra-arterial procedures  16.any key-hole or laser surgery.  17.Coma resulting directly from alcohol or drug abuse is excluded.  18.Transient ischemic attacks (TIA)  19.Traumatic injury of the brain  20.Vascular disease affecting only the eye or optic nerve or vestibular functions  21.Other stem-cell transplants  22.Where only islets of langerhans are transplanted</p>	
7	<p>Waiting Period  • Time period during which specified diseases/treatments are not covered  • It is counted from the beginning of the policy coverage.</p>	<p>90 days waiting period - 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 Section, arising within the first 90 days of the commencement of the Policy Period. However this exclusion shall not be applicable on continuous renewals.</p> <p>Initial Waiting Period: (Code- Excl E.1.03)  30 days for all illnesses (not applicable in case of continuous renewal or accidents</p> <p>Pre-existing diseases (Code- Excl. E.1.1): Covered after 36 months</p>	<p>E.2.1</p> <p>E.1.2</p> <p>E.1.1</p>

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> <p>*There is no Sublimit under policy *There is no Co-payment under policy *There is no Deductible applicable under policy</p>	
9	<p>Claims/Claims Procedures</p>	<p><b>Claims Procedure</b></p> <p><b>Claim Intimation</b></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 <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a>.</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><b>Reimbursement Process</b></p> <p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p> <p><b>Step I:</b> Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at</p>	<p>Section F.2</p>

[healthserve@universalsompo.com](mailto: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.

**Critical illness Claims:**

- i. Certificate from the attending Doctor of the Insured confirming,
  - a) Name of the Insured;
  - 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 an Illness or Injury which existed within the first 90 days of commencement of Policy Period
- ii. Duly completed claim form;
- iii. Original Discharge Certificate/ Card from the hospital/ Doctor
- iv. Original investigation test reports & indoor case papers if required

**Death Claims:**

- a) Duly filled up claim form
- b) Death Certificate and Original FIR
- c) Original Panchnama
- d) Post mortem report

**Permanent Total Disablement Claims:**

- a) Duly filled original Claim Form
- b) Claim Intimation
- c) FIR – Attested or Original
- d) Final Police Report / Original Panchnama
- e) Certificate of from government hospital doctor confirming the nature and degree of disability
- f) Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
- g) Diagnostic reports
- h) Photograph of the injured reflecting disablement

Provide the details/web link for following:

		<p>i. Network Hospital details: Available on website: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p> <p>ii. Helpline Number: <b>Toll Free Numbers:</b> 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p> <p>iv. Downloading/getting claim form: Available on website: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p>	
10	Policy Servicing	<p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 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><b>E-mail Address:</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p><b>For more details:</b> <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <p><b>Note:</b> Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p><b>Grievances:</b></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><b>Step 1: Contact Us</b></p> <p><b>Write us at:</b> <b>Customer Service</b> <b>Universal Sampo Insurance Co. Ltd</b> <b>Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park,</b> <b>Thane – Belapur Road, Airoli, Navi Mumbai,</b> <b>Maharashtra – 400708</b></p> <p><b>E- mail Address -</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a> <b>For more details:</b> <b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030</p>	Section F.7.1

**Senior Citizen toll free number: 1800-267- 4030**

### **Step 2: Grievance Cell**

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.

**Customer Service**  
**Universal Sampo General Insurance Co. Ltd.**  
**Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park,**  
**Thane - Belapur Road, Airoli, Navi Mumbai,**  
**Maharashtra – 400708**  
**E- mail Address: [grievance@universalsompo.com](mailto:grievance@universalsompo.com)**  
**For more details: [www.universalsompo.com](http://www.universalsompo.com)**

**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
- 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, 6<sup>th</sup> Floor, Reliable Tech Park,**  
**Thane- Belapur Road, Airoli,**



**Navi Mumbai, Maharashtra – 400708**

**E- mail Address:** [gro@universalsompo.com](mailto:gro@universalsompo.com)

**For more details:** [www.universalsompo.com](http://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](http://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 ombudsman official site:

<https://www.cioins.co.in/Ombudsman>.

**Note:** Grievance may also be lodged at IRDAI-  
<https://bimabharosa.irdai.gov.in/>.

12	Things to remember	<p><b>1)Disclaimer Clause:</b> In case of any claim under the Policy which is not admitted by Us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.</p> <p><b>2) Geographical Limit:</b> The Geographical Limit of this Policy and jurisdiction shall be India except Personal accident cover, under which Accidental Bodily Injuries sustained during the Policy Period anywhere in the World (subject to the travel and other restrictions that the Indian</p>	Section F.2
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		<p>Government may impose) are covered. All claims under this Policy shall be settled in Indian Rupees only.</p> <p><b>3) Policy Disputes:</b> It has been agreed between the parties that though the geographical scope of the Policy is Worldwide, any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.</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. 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;"><b>Universal Sampo General Insurance Co. Ltd.</b></p> <ul style="list-style-type: none"> <li>➤ Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, , Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li>➤ Senior Citizen toll free number: 1800-267-4030</li> </ul> <p>E-mail Address: <a href="mailto:contactus@universalsampo.com">contactus@universalsampo.com</a></p>	--

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.