

**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.

<b>Sl 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>SHAKTI CARE INSURANCE</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	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)	<ul style="list-style-type: none"> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members.</li> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy.</li> </ul> <<Sum Insured >>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p><b>BASE COVERAGE</b></p> <p>1) In patient Cover: The Company shall indemnify up to the Sum Insured as specified for the Policy Year in the Policy Schedule towards Medical Expenses incurred during the Policy Period in the event of Hospitalization of the Insured Person during the Policy Year. (Clause 4.1)</p> <p>The Medical Expenses shall be covered in the following manner:</p> <ul style="list-style-type: none"> <li>• Room Rent, boarding, nursing expenses of a Qualified Nurse as provided by the Hospital / Nursing Home up to 1% of the Sum Insured per day.</li> <li>• Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.</li> <li>• Fees towards surgeon, anesthetist, Medical Practitioner, consultants, specialist whether paid directly to the treating Medical Practitioner/ surgeon or to the Hospital.</li> </ul>	<b>Section 4</b>

		<ul style="list-style-type: none"> <li>• Expenses incurred towards anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities undertaken at Medical Diagnostic Laboratory and/or Diagnostic Centres, and such similar other expenses.</li> <li>• Expenses towards Dental Treatment necessitated due to Injury caused or Illness suffered by the Insured Person.</li> <li>• Expenses towards plastic Surgery necessitated due to Injury caused or Illness suffered by the Insured Person.</li> <li>• All Day Care Treatments.</li> </ul> <p>A. Coverage applicable for Listed Conditions for Surrogate Mother: Perineal tears during childbirth, Postpartum hemorrhage, Episiotomy Complications, Post partum Endometritis, Postpartum depression/Psychosis, Anesthesia complications , Infection or sepsis, stroke, Amniotic fluid embolism, Postpartum preeclampsia, Pulmonary edema, HELLP syndrome, heart related complication, Peripartum (postpartum) cardiomyopathy, Thrombotic pulmonary embolism (DVT), Postpartum Respiratory Failure, Postpartum peritonitis.</p> <p>B._Coverage applicable for Listed Conditions for Oocyte Donor  Infection or sepsis, bleeding, Ovarian hyperstimulation syndrome (OHSS), Injury to surrounding structures due to procedure, Anesthesia complications.</p> <p>2) Pre-Hospitalization Medical Expenses: The Company shall also indemnify Pre-Hospitalization Medical Expenses incurred for a fixed period of 30 consecutive days prior to the date of admission of the Insured Person in a Hospital or Day Care Centre up to the Sum Insured for the Policy Year. (Admitted Under clause 4.1)</p> <p>3) Post-Hospitalization Medical Expenses: The Company shall also indemnify Post-Hospitalization Medical Expenses incurred for a fixed period of 60 consecutive days post the date of discharge of the Insured Person from the Hospital or Day Care Centre upto the Sum Insured for the Policy Year. Such claim shall be admitted only on Reimbursement basis. (Admitted Under clause 4.1)</p>	<b>Section 4</b>
--	--	--	------------------

		<p>4)Emergency ground ambulance: The Company will reimburse reasonable and customary Charges up to the maximum limit of Rs 2000 per Hospitalization as mentioned against this cover in the Policy Schedule for expenses incurred towards Ambulance charges.</p> <p>5)Modern Treatments: The Company will reimburse Reasonable and Customary Charges for expenses incurred (Admitted Under clause 4.1)</p>	
6	Exclusions (What the policy does not cover)	<p><b>A. Standard Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation- Code- Excl04</li> <li>2. Rest Cure, rehabilitation, and respite care- Code- Excl05</li> <li>3. Obesity/ Weight Control: Code- Excl06</li> <li>4. Change-of-Gender treatments: Code- Excl07</li> <li>5. Cosmetic or plastic Surgery: Code- Excl08</li> <li>6. Breach of law: Code- Excl10</li> <li>7. Excluded Providers: Code- Excl11</li> <li>8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12</li> <li>9. Treatments received in health hydros, 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</li> <li>10. 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</li> <li>11. Refractive Error: Code- Excl15</li> <li>12. Unproven Treatments: Code- Excl16</li> <li>13. Sterility and Infertility: Code- Excl17</li> </ol> <p><b>B. Specific Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Any medical treatment taken outside India.</li> </ol>	Section6, 6.1, 6.2.

		<p>2. Expenses except those specifically listed under In-patient Care cover under section 4.1.1 &amp; 4.1.2</p> <p>3. Injury or Illness caused by or contributed to by nuclear weapons/materials.</p> <p>4. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy. Including AYUSH Treatment such as Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.</p> <p>5. Suicide, Intentional self-injury.</p> <p>6. Vaccination or inoculation except as post bite treatment for animal bite.</p> <p>7. Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect.</p> <p>8. Outpatient (OPD) diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered.</p> <p>9. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. 10. Stem cell storage.</p> <p>11. Any kind of service charge, surcharge levied by the hospital.</p> <p>12. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</p> <p>13. Non-payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II.</p> <p>14. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</p> <p>15. Any medical treatment which is not listed under section 4</p>	
7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<p>Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</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>1. Sub – limit: Room Rent, boarding, nursing expenses: 1% of the Sum Insured per day. Intensive Care Unit/ ICCU: 2% of the SI per day. Emergency ground ambulance: 2000 per hospitalisation. Modern Treatments: 50% of Capital Sum Insured towards the Insured Person’s treatment.</p> <p>2. Co – Payments – Nil</p> <p>3. Deductible – Nil</p>	
9	<p>Claims/Claims Procedures</p>	<p>1. Reimbursement Process: 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 <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a> and inform about your claim.</p> <p><b>Step II:</b> Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.</p> <p><b>Step III:</b> Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement. Universal Sompo General Insurance Company Limited, Health Claims Management Office, 1st FloorC-56- A/13, Block- C Sector- 62,</p>	Section 8

Noida,  
Uttar Pradesh, Pincode: 201309

**Step IV:** On receipt of document your claim will be 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

### 3. 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](mailto: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.

#### 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.

		<p>VI. All medical Investigation reports (viz. X-ray, ECG, Blood test etc).</p> <p>VII. Hospital bill and receipts.</p> <p>VIII. Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</p> <p>IX. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</p> <p>X. Valid Photo ID Proof of the patient.</p> <p>XI. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</p> <p>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 &amp; Aadhaar Card as per AML/KYC Norms.</p> <p>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.</p> <p>.</p>	
10	Policy Servicing	<p><b>Universal Sampo General Insurance Co. Ltd.</b>  Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Thane- Belapur Road, Airoli, Navi Mumbai- 400708  <b>Toll Free Numbers:</b> 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030  <b>E-mail Address:</b> <a href="mailto:contactus@universalsampo.com">contactus@universalsampo.com</a>.  <b>Note:</b> Please include Your Policy number for any communication with us.</p>	

<p>11</p>	<p>Grievances/ Complaints</p>	<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 Universal Sompo Insurance Co. Ltd</b>  <b>Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable</b>  <b>Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</b></p> <p><b>E- mail Address</b>  <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p><b>For more details:</b>  <b>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</b>  <b>Senior Citizen toll free number: 1800-267-4030</b></p> <p><b>Step 2: Grievance Cell</b></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><b>Customer Service Universal Sompo General Insurance Co. Ltd.</b>  <b>Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable</b>  <b>Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</b></p> <p><b>E- mail Address:</b>  <a href="mailto:grievance@universalsompo.com">grievance@universalsompo.com</a></p> <p><b>For more details:</b>  <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <p><b>Visit Branch Grievance Redressal Officer (GRO) -</b> Walk into any of our nearest branches and request to meet the GRO.</p> <ul style="list-style-type: none"> <li>• We will acknowledge receipt of your concern Immediately</li> <li>• Seek and obtain further details, if any, from the complainant (permitted only once) <b>Within one week</b></li> </ul>	<p>Section 7 – 7.1, xiii</p>
-----------	-----------------------------------	---	----------------------------------



- 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.**

td.

**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

**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](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>.

		<p><b>Note:</b> Grievance may also be lodged at IRDAI- <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p> <p><b>Note:</b> Please refer the Contact details of the Insurance Ombudsman mentioned in Policy wordings under <u>Annexure B section.</u></p>	
12	Things to remember	<p>1. 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 shall be allowed free look period of 30 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.</p> <ul style="list-style-type: none"> <li>• If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to:</li> <li>• 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</li> <li>• 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</li> <li>• Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</li> </ul> <p>2. Renewal - This policy will not be eligible for renewal.</p> <p>3. Possibility of Revision of Terms of the Policy Including the Premium Rates: The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected.</p> <p>3. Cancellation – The Insured may cancel this Policy by giving 7 days’ written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.</p> <p><u>a)</u> If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of</p>	Section 7 7.1. ix, 7.1. vii, 7.1. viii, 7.1.vi, 7.1.x, 7.1.xi,

		<p>cancellation request will be considered as expiry date of coverage</p> <p>b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation</p> <p>4. Nomination: The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the Nominee as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.</p> <p>5. Withdrawal of Policy: A. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.</p> <p>6. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the Policy has been maintained without a break.</p>	
13	Your Obligations	<p>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.</p> <p>Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p 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, Cloud City Campus; Gut No-31, 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>➤ E-mail Address: <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></li></ul>	
--	--	---	--

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.