

## CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.

Insured Name	MR/Ms. XXXXXX XXXXXXXX
--------------	---------------------------

Sr. No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of Insurance Product	Standalone Motor Third Party Insurance - Passenger Carrying Vehicle	Not Applicable
2.	Unique Identification Number (UIN) allotted by IRDAI	IRDAN134RP0003V01202122	Not Applicable
3.	Structure	Indemnity Basis: Section I Liability to Third Parties Benefit Basis: Section II Personal Accident Cover for Owner-driver	Section I – Liability to Third Parties Section II - Personal Accident Cover For Owner-Driver
4.	Interests Insured	<ul style="list-style-type: none"> <li>Liability to Third Party arising out of use of the insured vehicle</li> <li>Personal Accident Cover for Owner- Driver of the Insured Vehicle</li> </ul>	Section I – Liability to Third Parties Section II - Personal Accident Cover For Owner-Driver
5.	Sum Insured / Motor Insured Declared Value Scope	<b>Section I- Liability to Third Party</b> For Third Party Death / bodily injury – No Limit (Motor Accidents Claim Tribunal decides the third-party insurance claim amount)	Section I- Liability to Third Parties
		<b>Section II - Personal Accident Cover For Owner-Driver (if Opted and shown in the Policy Schedule):</b> Benefit payment up to 15 Lakhs basis below scale	Section II - Personal Accident Cover For Owner-Driver
		<b>Nature of injury</b>	<b>Scale of Compensation</b>

		<table border="1"> <tr> <td>i) Death</td> <td>100%</td> <td></td> </tr> <tr> <td>ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td> <td>100%</td> <td></td> </tr> <tr> <td>iii) Loss of one limb or sight of one eye</td> <td>50%</td> <td></td> </tr> <tr> <td>iv) Permanent Total Disablement from injuries other than named above</td> <td>100%</td> <td></td> </tr> </table>	i) Death	100%		ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%		iii) Loss of one limb or sight of one eye	50%		iv) Permanent Total Disablement from injuries other than named above	100%		
i) Death	100%														
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%														
iii) Loss of one limb or sight of one eye	50%														
iv) Permanent Total Disablement from injuries other than named above	100%														
		<p>Third Party Property Damage- <b>Rs.6000/Rs. 7.5 lakhs</b> PA Cover (other than Owner Driver)- <b>Upto 2 lakh</b></p>													
<b>6.</b>	Policy Coverage	<p><b>1. Liability To Third Parties</b> We will indemnify against legal liabilities with respect to the following arising out of accident of insured vehicle:</p> <p>a) Death of or bodily injury to any person including occupants carried in the vehicle (provided such occupants are not carried for hire or reward) but except so far as it is necessary to meet the requirements of Motor Vehicles Act, the Company shall not be liable where such death or injury arises out of and in the course of the employment of such person by the insured.</p> <p>b) Damage to property of the third party other than property belonging to the insured or held in trust or in the custody or control of the Insured.</p> <p>c) Legal liability for death or bodily injury to employees whilst travelling/getting in or alighting from insured's vehicle (including paid driver)</p> <p><b>2. Personal accident cover for owner-driver (if opted and shown in the Policy Schedule)</b> We will compensate for bodily injury/ death sustained by the owner-driver of the vehicle up to Rs. 15 lakhs during any one period of insurance.</p>	<p>Section I – Liability to Third Parties</p> <p>Section II - Personal Accident Cover For Owner-Driver</p>												

7.	Add on Cover	Nil	Not Applicable
8.	Loss Participation	Value as applicable ▪Compulsory deductible ▪Voluntary deductible	Endorsements
9.	Exclusions	<p><b>SECTION II PERSONAL ACCIDENT COVER FOR OWNER-DRIVER</b></p> <p>The Company shall not be liable to pay in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (1) intentional self injury suicide or attempted suicide physical defect or infirmity or (2) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.</p> <p><b>General Exclusions</b></p> <ol style="list-style-type: none"> <li>1. Any claim arising out of any contractual liability;</li> <li>2. Any accidental loss or damage and/or liability caused sustained or incurred whilst the vehicle insured herein is being used otherwise than in accordance with the 'Limitations as to Use' or being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.</li> <li>3. Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death arising out of and in the course of employment of a person in the employment of the insured or in the employment of any person who is indemnified under</li> </ol>	<p>Section II - Personal Accident Cover For Owner-Driver</p> <p>General Exclusions</p>

		<p>this policy or bodily injury sustained by such person arising out of and in the course of such employment</p> <p>4. Except so far as is necessary to meet the requirements of the Motor Vehicles Act, the Company shall not be liable in respect of death or bodily injury to any person (other than a passenger carried by reason of or in pursuance of a contract of employment) being carried in or upon or entering or mounting or alighting from the Motor Vehicle at the time of the occurrence of the event out of which any claim arises</p> <p>5. The Company shall not be liable in respect of any liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with War, Invasion, the Act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), Civil War, Mutiny, Rebellion Military or usurped power or by any direct or indirect consequences of any of the said occurrences and in the event of any claim hereunder, the Insured shall prove that the accident, loss, damage and/or liability, arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim</p> <p>6. The Company shall not be liable in respect of any liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</p>	
10	Special Conditions and Warranties (if any)	NIL	Not Applicable

**11** Admissibility of Claim

1. Claims will be admissible under Third Party Liability Claims only if your vehicle has caused accidental bodily injury or damage to property of third party.
  2. Claim will be admissible under Personal Accident Cover for Owner Driver only if you have received accidental bodily injury while driving or mounting into/dismounting from the vehicle insured or whilst traveling in it as a co-driver.
- The Third Party should lodge a FIR at the local police station. All third-party liability claims are settled in a Motor Accident Claims Tribunal (MACT). The third party must file a case at the local tribunal.

**Sample Claims Calculation:**

**Claim Calculation Process. These figures are only for illustration purpose.**

Nature of Injury	Scale of Compensation
Death	100%
Loss of Two Limbs or sight of two eyes or one limb and sight of one eye.	100%
Loss of one limb or sight of one eye.	50%
Permanent total disablement from injuries other than named above	100%

Section: Claims Procedure

<p><b>12</b></p>	<p>Policy Servicing - Claim Intimation and Processing</p>	<p>The insured/ claimant may intimate claim at the below mentioned details</p> <p><b>Policy Servicing – Claim Intimation and Servicing</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Toll free numbers: 1800-22-4030 / 1800-200-4030, Senior citizen number: 1800-267-4030</li> <li><input type="checkbox"/> Website: www.universalsompo.com</li> <li><input type="checkbox"/> Pulz app from Play Store</li> </ul> <p><b>LIABILITY TO THIRD PARTIES CLAIM PROCESS</b></p> <ul style="list-style-type: none"> <li>• Give immediate written notice to the insurance company about an accident to third party within 30 days.</li> <li>• Furnish all information and documentary evidence as the insurance company may require for future action.</li> <li>• At the same time, you should be submitting a claim form along with relevant documents and information about the third-party victim.</li> <li>• On receipt of intimation from Court / MACT/ EC Court, a competent Advocate from the company’s panel may be appointed.</li> <li>• On receipt of notice from any authority pertaining to the said accident to be duly informed to the insurance company along with received documents.</li> <li>• No offer or promise to be given by the insured to third party without the written consent of the insurance company.</li> </ul> <p><b>Personal Accident Cover For Owner-Driver</b></p> <ul style="list-style-type: none"> <li>• <b>Turn-around time (TAT) for claim settlement:</b></li> </ul> <p><b><u>Investigator appointment</u></b>- within 24hrs from Claim Intimation  <b><u>Investigator First Visit</u></b>- within 24hrs of Investigator appointment  <b><u>Investigators report submission</u></b>- within 15 days from Date of First Visit.  <b><u>Settlement / Claim decision</u></b>- within 7 days from date of receipt of Last Document  <b><u>Claim Payment to Nominee / Legel Hier</u></b> –Claims shall be settled within</p>	<p>Section: Claims Procedure</p>
------------------	---	--	----------------------------------

		<p>15 days of receipt of the last relevant and necessary document.</p> <ul style="list-style-type: none"> <li>• <b>Claim Procedure</b></li> </ul> <ol style="list-style-type: none"> <li>1. Intimate the claim through the various channels available for intimation.</li> <li>2. Submit duly filled and signed claim form by Nominee / Legal Hier. Please mention the correct cause of loss.</li> <li>3. Loss falling within the definition of named peril in the policy will be covered for any insurance claim.</li> <li>4. Furnish all information and documentary evidence as required.</li> <li>5. The Company will appoint Investigator immediately after receipt of intimation for Facts Finding.</li> <li>6. The investigator will visit to Person who intimate the claim for facts finding.</li> <li>7. In case of Permanent Total Disablement as per Policy Terms / Death- immediately inform the police authorities and Insurance company as well</li> </ol> <ul style="list-style-type: none"> <li>• <b>Escalation Matrix when TAT is not satisfied</b></li> </ul> <p>For lack of a response or if the resolution still does not meet your expectations, you can write to</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Level 1: <a href="mailto:contactclaims@universalsompo.com">contactclaims@universalsompo.com</a></li> <li><input type="checkbox"/> Level 2- <a href="mailto:grievance@universalsompo.com">grievance@universalsompo.com</a></li> <li><input type="checkbox"/> Level 3- <a href="mailto:gro@universalsompo.com">gro@universalsompo.com</a></li> </ul>	
13	Grievance Redressal and Policyholders Protection	<p>The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through:</p> <p>Toll Free @ 1-800-224030/1-800-2004030  Email of Grievance Redressal Officer at <a href="mailto:Contactus@universalsompo.com">Contactus@universalsompo.com</a></p> <p><b>Write to us at (courier/ post):</b>  Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708  Visit the Servicing Branch mentioned in the policy Document</p>	Section: Grievances

		<p><b>Insurance Ombudsman</b> If You are still not satisfied with the redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Details of the offices of the Insurance Ombudsman are available at IRDAI website <a href="http://www.irdai.gov.in">www.irdai.gov.in</a> or General Insurance Council website <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a> or on company website <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System (<a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>)</p>	
14	Obligations of the Policyholder	<ol style="list-style-type: none"> <li>1. You are advised to go through the policy schedule cum certificate of insurance which is issued based on information and declaration provided by you.</li> <li>2. In case of any change / modification / addition to the already declared information the same should be brought to the notice of the insurer immediately</li> <li>3. Transcript of Information &amp; Declaration is also provided to enable you to go through the same again and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other information provided by you, it should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed to be correct.             <ol style="list-style-type: none"> <li>a) Please note that any fraud will lead to cancellation of Policy ab initio with non-consideration of claim, if any.</li> <li>b) Further, non-disclosure of material facts may impact the claim settlement. Material facts include vehicle details such as Class of Vehicle, Cubic Capacity, Make, Model, Variant</li> </ol> </li> <li>4. This policy has been issued upon declaration by the Insured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy. The insured undertakes to renew and</li> </ol>	Section: Conditions



		maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy	
--	--	--	--

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

*Please read carefully the Customer Information Sheet (CIS) of your policy and acknowledge having received and noted the contents.  
Your acknowledgement will be deemed if no response is received within 15 days.*