

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 XXXXXXX |
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|--------------|--------------------------|

| Sr. | Title | Description | | Policy Clause Number |
|-----|--|--|-----------------------|---|
| No | | (Please refer to applicable Policy Clause Number in next column) | | |
| 1. | Name of Insurance Product | Third Party Two Wheeler Policy - 5 Years | | Not Applicable |
| 2. | Unique Identification Number (UIN) allotted by IRDAI | IRDAN134RP0006V02201819 | | 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 | Personal Accident Cover for Owner- Driver of the Insured Vehicle Liability to Third Party arising out of use of the insured vehicle | | Section I – Liability to Third Parties Section II - Personal Accident Cover For Owner- Driver |
| 5. | Sum Insured / Motor Insured Declared Value Scope | Section I- Liability to Third Party For Third Party Death / bodily injury – No Limit (Motor Accidents Claim Tribunal decides the third-party insurance claim amount) Section II - Personal Accident Cover For Owner-Driver (if Opted and shown in the Policy Schedule): | | Section I- Liability to Third Parties Section II - Personal Accident Cover For Owner- |
| | | Benefit payment up to 15 Lakhs basis below scale Nature of injury | Scale of Compensation | Driver |



| | | i) Death | 100% | |
|----|-----------------|--|--------------------|--|
| | | ii) Loss of two limbs or sight of two eyes or one limb and | 100% | |
| | | | 100 /6 | |
| | | sight of one eye | 50% | |
| | | iii) Loss of one limb or sight of one eye | | |
| | | iv) Permanent Total Disablement from injuries other than | 100% | |
| | | named above | | |
| | | Third Party Property Damage- Rs.6000/Rs. 7.5 lakhs | | |
| • | Dalias Cassas | PA Cover (other than Owner Driver)- Upto 2 lakh | | |
| 6. | Policy Coverage | The Tenure of the policy is for 5 years Coverages available | 9: | |
| | | | | |
| | | 1. Liability To Third Parties | | Section I – Liability to Third |
| | | We will indemnify against legal liabilities with respec | t to the following | Parties |
| | | arising out of accident of insured vehicle: | | |
| | | a) Death of or bodily injury to any person including occ | | |
| | | the vehicle (provided such occupants are not ca | | |
| | | reward) but except so far as it is necessary to meet | the requirements | |
| | | of Motor Vehicles Act, the Company shall not be I | iable where such | |
| | | death or injury arises out of and in the course of the | e employment of | |
| | | such person by the insured. | | |
| | | b) Damage to property of the third party other than p | roperty belonging | |
| | | to the insured or held in trust or in the custody | | |
| | | Insured. | | |
| | | | | |
| | | 2. Personal accident cover for owner-driver (if opted a | nd shown in the | Section II - Personal |
| | | Policy Schedule) | | Accident Cover For Owner- |
| | | We will compensate for bodily injury/ death sustained b | v the owner- | Driver |
| | | driver of the vehicle up to Rs. 15 lakhs during any one | | |
| | | insurance. | 301100 01 | |
| | | insurance. | | |
| | | | | |
| | | | | |



| 7. | Add on Cover | Nil | Not Applicable |
|----|--------------------|---|--|
| 8. | Loss Participation | Value as applicable -Compulsory deductible -Voluntary deductible | Endorsements |
| 9. | Exclusions | SECTION II PERSONAL ACCIDENT COVER FOR OWNER-DRIVER 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. | Section II - Personal Accident Cover For Owner- Driver |
| | | General Exclusions 1. The Company shall not be liable in respect of any claim arising whilst the vehicle insured herein; a. being used otherwise than in accordance with the "Limitations as to Use" OR b. being driven by or is for the purpose of being other than a Driver as stated in the Driver's Clause 2. The Company shall not be liable in respect of any claim arising out of any contractual liability; 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 | |



| | | this policy or bodily injury sustained by such person arising out of and in the course of such employment 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 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 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. | |
|----|--|--|----------------|
| 10 | Special Conditions and Warranties (if any) | NIL | Not Applicable |



| | | | | | Suraksha, Hamesha Aapke Saath |
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| 11 | Admissibility of Claim | vehicle has caused accidently. 2. Claim will be admissible only if you have recemounting into/dismountiit as a co-driver. The Third Party should | under Personal Accived accidental borng from the vehicle lodge a FIR at the lessettled in a Motomust file a case at ton: | ident Cover for Owner Driver dily injury while driving or insured or whilst traveling in ocal police station. All third-or Accident Claims Tribunal he local tribunal. | Section: Claims Procedure |
| | | 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% | | |
| | | | | Liability Claims only if your range to property of third | |



| the written consent of the insurance company. |
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Details of designated company officials to be contacted in time of claim

Once the claim is registered, SMS/Email/WhatsApp communication is sent to Insured on the mobile number/email ID registered in policy providing the name and contact details of company official to be contacted for any concerns/queries regarding the claim. Surveyor Appointment and contact details will be sent to Insured on the mobile number/email

PERSONAL ACCIDENT COVER FOR OWNER-DRIVER

• Turn-around time (TAT) for claim settlement:

Investigator appointment- within 24hrs from Claim Intimation
Investigator First Visit- within 24hrs of Investigator appointment
Investigators report submission- within 15 days from Date of First Visit.
Settlement / Claim decision- within 7 days from date of receipt of Last Document

<u>Claim Payment to Nominee / Legel Hier</u> –Claims shall be settled within 15 days of receipt of the last relevant and necessary document.

• Claim Procedure

- 1. Intimate the claim through the various channels available for intimation.
- 2. Submit duly filled and signed claim form by Nominee / Legel Hier. Please mention the correct cause of loss.
- 3. Loss falling within the definition of named peril in the policy will be covered for any insurance claim.
- 4. Furnish all information and documentary evidence as required.
- 5. The Company will appoint Investigator immediately after receipt of intimation for Facts Finding.
- 6. The investigator will visit to Person who intimate the claim for facts finding.
- 7. In case of Permanent Total Disablement as per Policy Terms / Death-



| | immediately inform the police authorities and Insurance company as well | |
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| | Escalation Matrix when TAT is not satisfied For lack of a response or if the resolution still does not meet your expectations, you can write to Level 1: contactclaims@universalsompo.com Level 2- grievance@universalsompo.com Level 3- gro@universalsompo.com | |
| Grievance Redressal and Policyholders Protection | 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: Toll Free @ 1-800-224030/1-800-2004030 Email of Grievance Redressal Officer at Contactus@universalsompo.com Write to us at (courier/ post): Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708 Visit the Servicing Branch mentioned in the policy Document | Section: Grievances |
| | Insurance Ombudsman 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 www.irdai.gov.in or General Insurance Council website https://www.cioins.co.in/ombudsman or on company website www.universalsompo.com. Grievance may also be lodged at IRDAI Integrated Grievance Management System | |
| | | Escalation Matrix when TAT is not satisfied For lack of a response or if the resolution still does not meet your expectations, you can write to Level 1: contactclaims@universalsompo.com Level 2- grievance@universalsompo.com Level 3- gro@universalsompo.com 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: Toll Free @ 1-800-224030/1-800-2004030 Email of Grievance Redressal Officer at Contactus@universalsompo.com Write to us at (courier/ post): Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708 Visit the Servicing Branch mentioned in the policy Document Insurance Ombudsman 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 Combudsman are available at IRDAI website www.irdai.gov.in or General Insurance Council website https://www.cioins.co.in/ombudsman or on company website www.universalsompo.com. Grievance may also be lodged at IRDAI Integrated Grievance Management |



| 14 Obligations of the Policyholder | You are advised to go through the policy schedule cum certificate of insurance which is issued based on information and declaration provided by you. In case of any change / modification / addition to the already declared information the same should be brought to the notice of the insurer immediately Transcript of Information & 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. a) Please note that any fraud will lead to cancellation of Policy ab initio with non-consideration of claim, if any. 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 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 maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy |
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Declaration by the Policyholder;

| I have read the above and confirm having noted the details |
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Place:

Date: (Signature of the Policyholder)

| Universal Sompo General Insurance Suraksha, Hamesha Aapke Saath |
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| 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. |
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