



Saral Suraksha Bima (Micro Insurance) - Policy Wordings

In consideration of Your having paid the premium for the Policy Period stated in the Schedule We hereby agree, subject to the terms, conditions and exclusions stated in the Policy, to pay the Sum Insured on the occurrence of any of the insured events as mentioned under the item “What We cover” during the Policy Period.

This Policy is an evidence of the contract between You and Universal Sompo General Insurance Company Limited. The information furnished by You in the Proposal Form and the declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning wherever it may appear.

DEFINITION:

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

Accident

Means a sudden unforeseen and involuntary event caused by external, visible and violent means.

Adventure Sports

Means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

Bodily Injury It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause.

Cashless facility

Means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved.

Company

Means “Universal Sompo General Insurance Company Limited.”

Condition Precedent

Means a policy term or condition upon which Our liability under the policy is conditional upon.

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly:** means which is not in the visible and accessible parts of the body

b) **External Congenital Anomaly:** means which is in the visible and accessible parts of the body

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Children

Means a child (natural or legally adopted) from 10 to 25 years of age, who is financially dependent on You and does not have his / her independent sources of income.



Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic Surgery/implants.

Disclosure to information norm

Means that the Policy shall be void and all premiums paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Domiciliary Treatment

Means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- the patient takes treatment at home on account of non-availability of room in a Hospital.

Grace Period

Means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

Hospital means any institution established for in-patient care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified Medical Practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance Company's authorized personnel.

Hospitalisation

Means admission in a Hospital for a minimum period of 24 in patient care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Insured Person

The person named as Insured person(s) in the Schedule which may include You and Your family inclusive of dependent parents.

Injury

Means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner. The same has been referred to as "Bodily Injury" in the Policy.

In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life



support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Medically Necessary

Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the illness or injury suffered by You;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner

Means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and is not a member of your family.

Network Provider

Means hospitals or health care providers enlisted by Us or by a TPA and Us together to provide medical services to You on payment by a cashless facility.

Nominee

Means the person(s) nominated by You to receive the insurance benefits under this Policy payable on Your death.

Non- Network

Means any Hospital, day care centre or other provider that is not part of the Network.

Notification of Claim

Notification of claim is the process of notifying a claim to Us or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Policy

Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.

Policy Period

Means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid.

Permanent Total Disablement

Means the bodily injury that totally prevents You from engaging in any kind of occupation.

Pre- Existing Diseases means any condition, ailment or Injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first Policy issued by the insurer.

Portability means transfer by an individual health insurance Policy Holder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Renewal

Means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of all waiting periods.

Surgery or Surgical Procedure



Means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

Sum Insured

Means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period. For Section II, the Sum Insured has also been referred to as “Capital Sum Insured (CSI)” in the Policy.

Subrogation

Means Our rights to assume Your rights to recover expenses paid out under the policy that may be recovered from any other source.

TPA

Means a Third Party Administrator, who, for the time being, is licensed by the Insurance Regulatory and Development Authority, and is engaged, for a fee or remuneration, by whatever name called as may be specified in the agreement with Us, for the provision of health services.

You/Your/Yours/Yourself

Means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

We/Our/Ours/Us

Means Universal Sompo General Insurance Company Limited.

War

Means war , whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

Section I :- Critical Illness

Critical Illness: It means the following major diseases, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalization and are specifically defined as below:

1. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

2. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.



The following are excluded -

- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. 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
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

3. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures
- ii. any key-hole or laser surgery.

5. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

Coverage:-

WHAT WE COVER
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
WHAT WE EXCLUDE
<p>1) 90 days Waiting Period A waiting period of 90 days will apply to all claims unless:</p> <ul style="list-style-type: none"> i. You have been insured under this Policy continuously and without any break in the previous Policy Year, or ii. You were insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance Policy for similar risks, and You establish to Our satisfaction that You were unaware of and had not taken any advice or medication for such Illness or treatment. iii. If You renew with Us or transfer from any other insurer and increase the Sum Insured upon Renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.



2) Pre-existing diseases

Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

1. If You are presently covered and have been continuously covered without any break under:
 - i) An individual health insurance plan with an Indian insurer for similar health risks
OR
 - ii) Any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
 - i) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy;
AND
 - ii) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance Policy.
- 3) Death within 30 days following the diagnosis of the Critical Illness
- 4) Any Critical Illness which arises or is caused by any one of the following:
 - a. Dry addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
 - 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 or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on Insured Person to show any event was not caused by or did not arise through AIDS or HIV.

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 the happening of a Critical illness or injuries defined under the Policy.

Section II:- Personal Accident

Capital Sum Insured: It means the Monetary Amounts shown against insured person(s).

Bodily Injury It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause.

COVERAGE:-

WHAT WE COVER

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.

WHAT WE EXCLUDE

- 1) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- 2) Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable.
- 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.



- 4) Payment of compensation in respect of injury as consequence of
- Committing or attempting suicide, intentional self injury
 - Whilst under influence of intoxicating liquor
 - Drug addiction or alcoholism
 - Whilst engaged in any adventurous sports
 - Committing any breach of law with criminal intent

	TABLE OF BENEFITS	% OF CAPITAL SUM INSURED
1	Death	100
2	a) Loss of sight (both eyes)	100
	b) Physical separation of or loss of ability to use both hands or both feet	100
	c) Physical separation of or loss of ability to use one hand and/ or any feet	100
	d) Loss of sight of one eye and physical separation of or loss of ability to use either one hand or one foot	100
3	a) Loss of sight of one eye	50
	b) physical separation of or use of ability to use one hand or one foot	50
4	Permanent Total and absolute disablement as certified by a qualified medical practitioner	100

GENERAL EXCLUSIONS UNDER THE POLICY

We will not pay for any compensation in respect of death, Illness, Injury or disablement of the Insured Person arising out of:

- War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
- The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

CLAIMS PROCEDURE

- Upon happening of any accident and/or injury which may give rise to a claim under this Policy.
 - Your representative shall give the notice to Our call centre immediately and also intimate in writing to Our Policy issuing office unless reasonable cause is shown, the notice be given before internment/ cremation and in any case, within one calendar month after the Death.
 - All certificates, information and evidence from a Medical Practitioner or otherwise required by Us shall be provided.
- On receipt of intimation regarding a claim under the Policy, We are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.
- Following documents shall be required in the event of a Claim.



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.

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

Our obligation

We shall settle the claims, including its rejection, within 30 days of receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

Position after claim:

We shall not be liable for any claim payment once the Maximum Limit of Liability (Sum Insured) is exhausted under the Policy by You.

Claim Payment:

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

GENERAL CONDITIONS APPLICABLE TO BOTH THE SECTIONS:-

1) Notice:

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone

2) Mis-description:

This Policy shall be void abinitio and premium paid shall be forfeited by Us in the event of misrepresentation, mis-description or non-disclosure of material facts by You. Non-disclosure shall



include non-intimation of any circumstances which may affect the acceptance of the proposal and Insurance cover granted.

3) Contribution and Subrogation

These clauses shall not apply to this Policy.

4) Fraud

All benefit under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

5) Portability

If You were insured continuously and without a break under another Indian similar health insurance Policy with any other Indian General Insurance company or from Us, it is understood and agreed that:

- a. If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;
- b. This benefit is available only at the time of Renewal of the existing health insurance Policy.
- c. The Portability Benefit shall be applied subject to the following:
 - i. You shall give Us all additional documentation and/or information We request;
 - ii. You pay Us the applicable premium in full;
 - iii. There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;
 - iv. We have received the database and claim history from the previous insurance company for the Insured Persons' previous health insurance Policy.
 - v. Your proposal shall be subject to Our medical underwriting

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

6) Cancellation/ termination

By You

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Expired Period	Premium Retained
Upto 1 month	25% of the Annual Premium
Above 1 month and upto 3 months	50% of Annual Premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

By Us

We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address, However this clause shall not be exercised except on grounds of fraud, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the Policy . You will then be entitled to a pro-rata refund of premium for the unexpired Period of this Policy from the date of cancellation, which We are liable to pay on demand.

7) Renewal

- a. Your Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Persons
- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.



- c. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- d. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.
- e. The Policy shall terminate on payment under any of the covered benefits viz. Personal Accident or Critical Illness/ Surgical Procedure
- f. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.

8) Free Look-up period

1. The Policy shall have a free look period. The free look period shall be applicable at the inception of the Policy and:
 - i. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable
2. If You have not made any claim during the Free Look period, You shall be entitled to
 - i. A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - ii. Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

9) Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein provided, if the Company has disputed or not accepted liability under or in respect of this Policy

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

10) Disclaimer Clause

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.

11) Geographical Limit:

The geographical scope of this Policy will be India and all claims shall be payable in Indian currency only.



12) Policy Disputes

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.

13) Sum Insured Enhancement:

Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.

14) Three Months Notice:

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by Us.

15) Nomination

The Policy has provision of nomination, In absence of Your declaring Nomination at the time of Proposal, then all benefits accrued under the Policy if any, shall be given to Your legal heir/dependants.

16) Substitute Product

In case We may decide to withdraw this product under which this Policy is issued to You or where the children have attended maximum eligibility age under the Policy, if covered, We shall provide You with an option to buy a similar substitute Accident insurance Policy from Us.

17) Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710

Toll Free Numbers: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 - 2004030

Landline Numbers: (022) - 27639800 or (022) - 39133700 (Local Charges Apply)

E-mail Address: contactus@universalsompo.com. **Fax Numbers:** (022) 39171419

Note: Please include your policy number for any communication with us.

Claims Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-27639800/+91-22-39133700. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.



UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

18) Grievances

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting our website or write to us on contactus@universalsompo.com.

You may also contact the Branch from where You have bought the policy or the Complaints Coordinator who can be reached at Our Registered Office.

- You can also visit our Company website and click under links [Grievance Notification](#)
- You can also send direct mail to the concerned authorities at-
rajivkumar@universalsompo.com

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below and are also available on

http://www.irdaindia.org/ins_ombusman.htm

Office of the Ombudsman	Contact Details
AHMEDABAD	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.:- 079-27546840 ; Fax : 079-27546142; Email ins.omb@rediffmail.com
BHOPAL	Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201; Fax : 0755-2769203; Email bimalokpalbhopal@airtelmail.in
BHUBANESHWAR	62, Forest Park, BHUBANESHWAR-751 009 . Tel.:- 0674-2596455; Fax : 0674-2596429; Email ioobbsr@dataone.in
CHANDIGARH	S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017 . Tel.:- 0172-2706468; Fax : 0172-2708274; Email ombchd@yahoo.co.in
CHENNAI	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 . Tel.:- 044-24333668 /5284; Fax : 044-24333664 ; Email insombud@md4.vsnl.net.in
NEW DELHI	2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 . Tel.:- 011-23239633; Fax : 011-23230858; Email jobdelraj@rediffmail.com
GUWAHATI	“Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) . Tel.:- 0361-2132204/5; Fax : 0361-2732937; Email ombudsmanghy@rediffmail.com
HYDERABAD	6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123; Fax: 040-23376599; Email insombudhyd@gmail.com
ERNAKULAM	2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel : 0484-2358759; Fax : 0484-2359336; Email iokochi@asianetindia.com
KOLKATA	North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001 . Tel : 033-22134866; Fax : 033-22134868; Email iombsbpa@bsnl.in
LUCKNOW	Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 . Tel : 0522 -2231331; Fax : 0522-2231310; Email insombudsman@rediffmail.com
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