



Universal Sampo General Insurance Co. Ltd.

SARAL SURAKSHA BIMA POLICY
(MICRO INSURANCE PRODUCT)

In consideration of You 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 Sampo 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

1. **You/Your** : The person (s) named as Insured in the Schedule
2. **We/Us/Our** : Universal Sampo General Insurance Company Limited
3. **Proposal**: The application form You sign for this insurance and/or any other information You give to Us or which is given to Us on Your behalf.
4. **Policy**: Policy wording, the Schedule, the Proposal form and Endorsement / Memoranda if any.
5. **Schedule**: The document which describes You, the cover that applies, the Period of Insurance and other details of Your Policy.
6. **Sum Insured**: It means the amount stated in the Schedule which shall be our maximum liability under this Policy for any one claim during the currency of the Policy.
7. **Period of Insurance**: The time period for which the contract of insurance is valid as shown in the Policy Schedule.
8. **Pre-existing Condition**: 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 prior to Your first Policy with Us.
9. **Insured Person**: The person named as Insured person(s) in the Schedule which may include You and Your family inclusive of dependent parents

10. Injury: It shall mean accidental bodily injury solely and directly caused by external, physical and visible cause.

11. Disease: It shall mean a condition affecting the general wellbeing and health of the body that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner.

Disease does not include any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.

12. Medical Practitioner: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

13. Medically Necessary: Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which,

- Is required for the medical management of illness or injury suffered by the Insured;
- 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.

14. Critical Illness:

It means any disease/condition as defined hereunder, which Insured Person is diagnosed to have suffered from.

Stroke resulting in Permanent Symptoms

Any cerebral vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial 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:

- Transient Ischemic Attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

Cancer of Specified Severity

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

The following are excluded –

- Tumors showing the malignant changes of carcinoma in situ and tumors which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any skin cancer other than invasive malignant melanoma
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- All tumors in the presence of HIV infection.

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.

Open Chest Coronary Artery Bypass

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 : (1) Angioplasty and/or any other intra-arterial procedures (2) any key-hole or laser surgery.

Major Organ Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted it means human to human transplant from a donor to the recipient

Coverage-:

WHAT WE COVER	WHAT WE EXCLUDE
Compensation to the extent of sum insured against the person, if detected/ diagnosed for the first time during the Policy period as suffering from a Critical Illness as defined under the Policy.	1. Hospitalisation/ Domiciliary Hospitalisation expenses arising from all Diseases/ Injuries which are in Pre-existing Condition. a. Any claim occurring as a result of any

condition, ailment or injury or related condition(s) for which the insured had signs or symptoms, and / or was diagnosed, and / or received medical advice / treatment, within 48 months prior to the insured's first policy with the Company would not be payable until 48 months of continuous coverage have elapsed, since inception / reinstatement of the first policy with the Us.

2. Any critical illness, which incepts or manifest during the first 90 days from the date of commencement of the 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 Lymphadinopathy 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.
5. Any claim if a critical Illness is caused directly or indirectly or contributed to by or arising from:
 - a. Ionizing Radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel or nuclear weapon materials.
6. War, Invasion, Act of foreign enemy, Hostilities, Civil war, Rebellion, Revolution, Insurrection, Mutiny, Military or usurped Power, Seizure, Capture, Arrest, Restraints and Detainments of all kinds, Princes of whatever nation

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.

Claims Process

- A) 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 interment/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.
- B) 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.
- C) Following documents shall be required in the event of a Claim.

Critical illness Claims:

- i. Certificate from the attending Doctor of the Insured confirming,
 1. Name of the Insured;
 2. Name, date of occurrence and medical details of the Insured Event
 3. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any 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.
- v. Any other documents as may be required by the Company

Section II:-

- 1 **Capital Sum Insured:** It means the Monetary Amounts shown against insured person(s).
- 2 **Bodily Injury_**It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause.
- 3 **Permanent Total Disablement** The bodily injury that totally prevents You from engaging in any kind of occupation.

COVERAGE-:

WHAT WE COVER	WHAT WE EXCLUDE
<p>Bodily injury directly resulting to the death or disablement to You as per the Table of Benefits. WE shall pay to You or Your legal personal representative / nominee the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured)</p>	<ol style="list-style-type: none"> 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 a consequence of 5. Committing or attempting suicide, intentional self-injury. 6. Whilst under influence of intoxicating liquor. 7. Drug addiction or alcoholism. 8. Whilst engaged in any adventurous sports. 9. Committing any breach of law with criminal intent.
TABLE OF BENEFITS	PERCENTAGE 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 both 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	100

GENERAL EXCLUSIONS APPLICABLE TO SECTION II –PERSONAL ACCIDENT

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

1. 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.
2. 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.
3. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

Personal Accident Claims Procedure

A. 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.

B. 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.

C. Following documents shall be required in the event of a claim.

Death Claims

- a. Duly filled up claim form
- b. Death Certificate and Original FIR
- c. Original Panchnama
- d. Post mortem report
- e. Any other document as per the merits of the case.

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
- i. Any other documents as and when requested by the claim settling authority

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

If, when any claim arises, there is in existence any other Insurance (other than Critical Illness insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim. The benefits under this Policy shall be in excess of the benefits available under any Critical Illness Insurance 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. Cancellation

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.

You may cancel this Policy by sending a written notice to Us. Retention premium for the Period We were on risk will be calculated based on following Short Period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us :

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

6. 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.

7. 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 .

8. Geographical Limit:

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

9. Renewal:

We agree to renew the Policy on payment of renewal Premium. However We may exercise Our option not to renew the Policy 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 earlier policies. Policy ceasing age is 80 years. Policy must be renewed with fifteen days of expiry to maintain the continuity of Coverage. however no coverage shall be available for expenses incurred during the period of such break.

10. Grievance or Complaint

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.

11. Insurance Ombudsman

We shall endeavour to promptly and effectively address Your grievances. In the event You are dissatisfied with the resolution of Your grievance or complaint, You may approach the Insurance Ombudsman located nearest to You. Details of the offices across the Country are made available on Our website or write to contactus@universalsompo.com

12. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the We shall be liable to pay You interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is received by Us