



SampoornaSurakshaBima (Micro Insurance) –Policy Wordings

In consideration of Your having paid the premium for the Policy period stated in the Schedule We will indemnify You on the happening of any insured event, as mentioned under the item “What We Cover” under each Section, to the extent of loss suffered but not exceeding the Sum Insured stated in the Schedule of the Policy in respect of each item, provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You, have been met.

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.

Definitions

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

Accidental Death: Accidental death means death resulting from Bodily Injury solely and independently of any other cause except illness directly resulting from medical or surgical treatment rendered necessary for such injury, occasions the death of the insured person within 12 months from the date of accident.

Deductible: Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

Market Value: This is the basis of Sum Insured for household goods other than electrical, mechanical and electronic machines/gadgets under this Policy. Market value for household goods means the procurement value of goods from the same or similar source at the time of damage or Loss less appropriate depreciation

Family: Family means Your spouse and Your dependent children ordinarily residing with You.

First Loss Limit: The amount mentioned in the Schedule which represents the specified percentage of the full value at risk .The First Loss Limit represents our maximum liability in event of any one claim.

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.

Insured Premises: The place(s) named in the Schedule where You normally reside.

Market Value: This is the basis of Sum Insured for household goods other than electrical, mechanical and electronic machines/gadgets under this Policy. Market value for household goods means the procurement value of goods from the same or similar source at the time of damage or Loss less appropriate depreciation

Period of Insurance: The time period for which the contract of insurance is valid as shown in the Policy Schedule.



Permanent Furniture, Fixtures & Fittings: Permanent furniture, fixtures and fittings include false ceiling glass /wooden partitions, wooden/steel cupboards fixed to the walls, electrical tube lights and fans only.

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

Policy: Policy wordings, the Schedule, the Proposal form and Endorsement / Memoranda if any.

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.

Reinstatement Value: This is the basis of Sum insured for building and permanent furniture, fixtures and fittings and electrical/mechanical/electronic machines/ gadgets under this Policy. Reinstatement Value represents the replacement value of the asset as New at time of Damage or Loss.

Schedule: The document which describes You, the cover that applies the Period of Insurance and other details of Your Policy.

Sum Insured: It means the amount stated against each item in each Section of the Schedule which shall be our maximum liability under this Policy for any one claim or in the aggregate for all claims under each Section during the Policy period.

Terrorism: Terrorism means an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person/ group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purpose, including the intention to influence any government and/or to put the public or any Section of the public in fear.

Valuables: Valuables means (a) gold or silver or any precious metals or articles made from any precious metals (b) watches/ Jewellery/ precious stones/ models/ coins/ curios, sculptures, manuscripts, stamps, collection of stamps, rare books, medals, moulds, designs or any other collectibles (c) deeds, ATM cards, credit cards, bonds, bills of exchange, bank notes, treasury/ promissory notes, cheques, money, securities/any other negotiable instrument (d) works of art

We/Us/Our: Universal Sompo General Insurance Company Limited

You/Your: The person (s) named as Insured in the Schedule

SCOPE OF COVER

Section 1 - Fire and Allied perils -Household Structure and Contents

What We Cover	
Loss or Damage directly caused to hereunder and subject to its not being otherwise excluded.	Household Contents by insured perils listed
1. Fire	
2. Lightning	
3. Explosion/Implosion.	
4. Damage caused by an aircraft, other aerial or spaced devices and articles dropped therefrom.	
5. Riot, Strike and Malicious Damage:	- Visible physical Damage by external violent means directly caused to the property insured.
6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation.	
7. Impact Damage by any rail/road vehicle or animal by direct contact.	
8. Subsidence and Landslide including	Rockslide: Damage caused by subsidence of the part of site on which the insured property stands or landslide/rockslide.
9. Bursting and overflowing of water tank, apparatus and pipes.	
10. Missile testing operations.	



11. Leakage from automatic sprinkler installations
12. Bush Fire.
13. Earthquake – Damage to property insured including by fire occasioned by or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and/or landslide/rockslide resulting there from.
14. Terrorism

What We Exclude

- 1 Damage caused by pressure waves.
- 2 Destruction or damage caused to the property by its own fermentation, natural heating or spontaneous combustion or its undergoing heating or drying process
- 3 Burning of property insured by order of any Public Authority.
- 4 Explosion/implosion loss of boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) including their contents.
- 5 Destruction or damage to property caused by centrifugal forces.
- 6 Damages caused by
 - a. Permanent or temporary dispossession of any building resulting from the unlawful occupation by any person of such building or prevention of access to the same.
 - b. Burglary, housebreaking, theft, larceny or any other such attempt or any omission of any kind of any person (whether or not such act is committed in connection with the disturbance of public peace) in any malicious act.
 - c. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omission of any kind
- 7 Damage by vehicle/animals belonging to or owned by You or Your Family.
- 8 Damages caused by:-
 - a) Normal cracking, settlement or bedding of structures.
 - b) Settlement or movement of made up ground.
 - c) Coastal or river erosion.
 - d) Defective design or workmanship or use of defective material
 - e) Demolition, construction, structural alteration or repair of any property or ground work or excavation.\
- 9 Damage caused by
 - a) Repairs or alteration to Your Home.
 - b) Repairs, removal or extension of the sprinkler installation.
 - c) Defects in construction known to You.
- 10 Damages caused to the insured property by pollution or contamination.
- 11 Expenses necessarily incurred on Architect, Surveyor and Consulting Engineer's fees and Debris Removal following Damage to property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
12. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
13. Loss, destruction or damage to any electrical machine, apparatus, fixture or fittings arising from or occasioned by overrunning excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included provided that this exclusion will apply only to the particular electrical machine, apparatus, fixture or fittings which may be destroyed or damaged by fire) set up.
14. Livestock or pets
15. Valuables as defined under the Policy, unless specifically covered.
16. Loss or damage to property insured if removed to any building or place other than in which it is here instated, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.



17. Liability in excess of First Loss Limit as stated in the Schedule.

Special Condition applicable to Section 1:

If the property hereby insured shall at the breaking out of any fire or at the commencement of destruction of or damage by any of the insured perils be collectively of greater value than the 100% of total value at risk (as based on the first loss percentage chosen), then You shall be considered as Your own insurer for the difference and shall bear a rateable proportion of the loss in same proportion as insured value at risk bears to actual value at risk Provided, however, that if the sum insured hereby on the property insured shall at the event of such fire or at the commencement of such destruction damage be not less than 85% of the collective value of the property insured, this condition shall be of no purpose and effect if the Policy has been taken on Full Value Basis (100% First Loss Limit).

Section 2 - Burglary & Theft

Definitions:

Burglary: Burglary means the unforeseen and unauthorized entry to or exit from the insured premises by aggressive and detectable means with the intent to steal the contents there from.

Theft: Theft means the illegal taking of property belonging to another person without his consent with the intention of permanently depriving the other of it.

Household Goods: Household goods mean the personal belongings to You and Your family members who permanently reside with You which includes all mechanical and electrical gadgets for personal use and specified in the Schedule.

First Loss Limit: The amount mentioned in the Schedule which represents the specified percentage of the full value at risk .The First Loss Limit represents our maximum liability in event of any one claim.

What We cover

Loss or Damage directly caused to

1. Contents’ or any part thereof whilst kept in the insured premises
2. Damage to Insured premises (including reasonable costs for damaged locks at the entry and/or exit points) caused by actual or attempted burglary and/or theft during the Policy Period. In any case the cost of repair or replacement of locks shall not exceed 5% of the sum insured

What We exclude

1. Loss or damage from any yard, garden outbuilding (including sheds or garages not attached to the building) or any other property outside the confines of the premises unless specified in the Schedule
2. Valuables and cash in safe/Almirah, unless specifically covered in the Schedule
3. Loss or damage of motor vehicles, trailers unless mentioned as covered in the Schedule
4. Loss or damage in which You, Your family members or any other person lawfully on or about Your premises is or is alleged to be in any way concerned or implicated
5. Loss or damage resulting from an act of Riot, Strike, Malicious Damage and Terrorism
6. Damage to glass and sign boards
7. Live stock
8. Loss or damage to contents or stock when the premises are left unoccupied for more than 30 consecutive days unless the same has been reported to us in writing and our written approval obtained.
9. Any consequential loss or legal liability
10. First Rs 2500/- under each and every claim

Special Condition applicable to Section 2

Reinstatement of Sum Insured



UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

Immediately upon happening of loss or damage under the Policy, the Sum Insured stated in the Schedule shall be reduced by the amount of loss or damage and such reduced sum insured shall be limit in respect of any further damage occurring during the current period of insurance unless We give our consent upon payment of additional premium to reinstate the said sum insured.



Basis of Settlement

Subject to Special Condition above and deductible stated in the Schedule, We may at our option reinstate, replace or repair the assets covered under this Policy which are lost or damaged or pay the amount of Loss/Damage or may join with any other insurer(s) in doing so.

We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner and in no case We shall be bound to spend more in reinstatement than it would cost to reinstate the assets as it was at the time of occurrence of such damage, nor more than the limit of liability mentioned under the Schedule.

All claims settlement under this Policy are subject to the following conditions

1) When the Sum Insured represents the full value of the assets covered:

If actual value of the assets insured under this Policy shall at the time of loss be collectively of greater value than the sum insured opted by You, then You will be considered as being Your own insurer for the difference and shall bear a ratable proportion of the loss accordingly. Every item, if more, than one in the Policy shall be separately subject to this condition.

2) When the ‘Sum Insured’ represents a fixed proportion of the value of the assets covered referred to as First Loss Limit:

If the fixed proportion of value of the assets is insured under this Policy and at the time of loss the full value at risk is greater value than the 100% value at risk as implied by the First Loss Limit chosen, then You will be considered as being Your own insurer for the difference and shall bear a rate able proportion of the loss accordingly. Every item, if more, than one in the Policy shall be separately subject to this condition.

Section 3 - Personal Accident

What We cover

Accidental bodily injury directly resulting in the Death or disablement to insured person as per the Table of Benefits.

The scope of coverage shall depend on the benefit selected by you and as described in the Schedule

- a) Basic Cover- Death only
- b) Wider Cover- Death + Permanent Total Disability.

We shall pay to the insured person or his/her legal personal representative/assignee, the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured)

Geographical eligibility: Worldwide

What We exclude

- 1. Natural Death
- 2. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- 3. Any other payment after a claim under one of the benefits 1 or 2 in Table of benefits has been admitted and becomes payable.
- 4. 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
- 5. Payment of compensation in respect of Death or injury as a consequence of/resulting from
 - a) Committing or attempting suicide, intentional self-injury.
 - b) Whilst under influence of intoxicating liquor or drugs.
 - c) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol.
 - d) Whilst engaged in any adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature and/or hazardous activities like Persons working in underground mines, explosives, workers involved in electrical installations with High tension supply, jockeys, circus Personnel or activities of similar nature



- e) Committing any breach of law with criminal intent.
- f) War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalization or requisition by or under the order of any government or public authority.
- 6. Consequential loss of any kind and/or any legal liability
- 7. Pregnancy including child birth, miscarriage, abortion or complication arising there from.
- 8. Participation in any naval, military or air force operations.
- 9. Curative treatments or interventions
- 10. Venereal or sexually transmitted diseases.
- 11. HIV and or related illness
- 12. Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-glider, rock or mountain climbing.

Table of Benefits		% of Capital Sum Insured
1	Accidental Death	100%
2	Permanent Total Disability:	
	a) Loss of sight (both eyes) or Loss of two limbs or Loss of one limb and one eye	100%
	b) Total Loss of sight of one eye or loss of use of one hand or foot	50%
	c) Any other Permanent Total and absolute disablement as certified by Medical Practitioner	100%

Extra Benefits under the Policy in addition to capital sum Insured, in case the liability under the policy for Accidental Claim has been admitted.

A. Transportation cost for carriage of dead body to Home including funeral charges.	1% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower.
B. Cost of Clothing damaged in the Accident as described above and liability is admitted by US.	Actual expenses subject to maximum of Rs 1000/
C. Ambulance charges for transportation of Insured person to Hospital following Accident	Actual expenses subject to maximum of Rs 1000/
D. Education Fund:- In the event of Death, permanent total disablement of the proposer that is the first Insured Person, We will approve compensation towards Education Fund for up to two dependent children as below	5% (Five percent) of C.S.I @2.5% per child.
E. Loss of Employment: In the event of accident leading to loss of employment as a consequence of Permanent Total Disability as per the table of benefits.	2% of Capital Sum Insured.

Claim Procedure:

- a) Upon happening of any accident and/or injury which may give rise to a claim under this policy
 - You shall give the notice to our call center immediately and also intimate in writing to our policy issuing office. In case of Death, written notice also of Death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the Death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
 - All certificates, information and evidence from a Medical Practitioner or otherwise required by us shall be provided by you.
- b) On receipt of intimation from you 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.



For Death Claim

- Duly filled up claim form
- Death Certificate
- Original FIR
- Original Panchnama
- Post mortem report if conducted

For Permanent Total Disablement

- Duly filled up claims form
- Original FIR
- Panchnama
- Hospitalization Report
- Hospital discharge card
- Original Certificate from Doctor of Govt. Hospital stating the degree of disability
- Termination letter for claim under “Loss of Employment”

Section 4 - Health Insurance

Definition

Any one illness: means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Day Care Treatment/Procedures: means any institution established for Day Care Treatment of Illness and/or Injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under

- has qualified nursing staff under its employment;
- has qualified Medical Practitioner/s in charge;
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance Company’s authorized personnel

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.

Emergency Care: means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person’s health.

Illness: means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a) **Acute Condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.

b) **Chronic condition** is defined as a disease, Illness, or Injury that has one or more of the following characteristics

- it needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs on-going or long-term control or relief of symptoms
- it requires Your rehabilitation or for You to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back.



Dependent Child: A dependent child refers to a child (natural or legally adopted), up to age 25 years, who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

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.

Hospitalization: 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.

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.

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.

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

Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medical Practitioner: is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence and is not a member of the Insured Person's Family.

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 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.



Network Providers: means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Non-Network: means any Hospital, day care centre or other provider that is not part of the network.

Pre-Hospitalization Medical Expenses: means the Medical Expenses incurred immediately before the Insured Person is hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Post Hospitalization Medical Expenses: means the Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
- The Inpatient Hospitalization claim for such Hospitalization is admissible by the insurance Company.

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.

Qualified Nurse: means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges: means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

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.

What We cover

The Hospitalization expenses incurred by the insured when he/she sustains any injury or contracts any disease and is advised hospitalization by a Medical Practitioner

We will pay Reasonable and Customary charges of the following Hospitalization expenses:

1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.
 - a) Sub limit per day for Normal Room
 - b) Expenses: 1.0% of Basic Sum Insured.
 - c) Sub limit per day for Intensive Care/Therapeutic Unit expenses: 2% of Basic Sum Insured
 - d) Registration Charges of Hospital/Nursing Home : Actual
2. Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Basic Sum Insured (excluding sum insured for Critical Illness).
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% of Basic Sum Insured .
4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.
5. Expenses incurred for Domiciliary Hospitalization will be paid up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured.
6. Additional Benefits



- a) An additional Daily Allowance amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalization towards miscellaneous expenses. The maximum amount payable under this extension is limited to Rs 2500/- in a year
- b) Ambulance charges in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1000/- whichever is less for each claim.

Note

1. Pre-Hospitalisation medical expenses up to 30 days and Post Hospitalization medical expenses up to 60 days will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.
2. If medical expenses are incurred under two Policy Periods, Our total liability shall not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only.

What We exclude

1. Hospitalization/ Domiciliary Hospitalization 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. Hospitalization/Domiciliary Hospitalization expenses for any Disease which incepts during first 30 days of commencement of this Insurance cover.
3. Hospitalization/Domiciliary Hospitalization expenses incurred in the first year of operation of the insurance cover on treatment of the following Diseases :
 - Cataract
 - Benign Prostatic Hypertrophy
 - Myomectomy, Hysterectomy
 - Hernia, Hydrocele
 - Fistula in anus, Piles
 - Arthritis, Gout, Rheumatism
 - Joint replacement unless warranted due to an accident
 - Sinusitis and related disorders
 - Medical Management of tonsillitis.
 - Stone in the urinary and biliary systems
 - Dilatation and Curettage
 - Skin and all internal tumors/cysts/nodules/polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids
 - Dialysis required for renal failure
 - Surgery on tonsils and sinuses
 - Gastric and duodenal ulcers
4. Hospitalization for only Investigations and diagnosis.
5. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).
6. Circumcision unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury; vaccination, except as may be requested for post animal bite treatment inoculation, cosmetic or aesthetic treatment of any description(including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.



7. Cost of spectacles and contact lens or hearing aids.
8. Dental treatment or surgery of any kind unless requiring inpatient hospitalization due to Accident.
9. Convalescence, general debility, run down condition or rest cure, external congenital disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohols.
10. Any expense on treatment related to HIV, AIDS and all related medical conditions.
11. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalization claim.
12. Expenses on treatment arising from any infertility, sub fertility or assisted conception treatment.
13. Expenses on Voluntary termination of pregnancy within first 12 Weeks.
14. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
15. Any expense on treatment of Insured Person as an outpatient in a Hospital.
16. Any expense on Naturopathy, non-allopathic treatment and/or any treatments not approved by Indian Medical Council any expense related to Disease/Injury suffered whilst engaged in adventurous sports.
17. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, an accidental abortion or complications of any of these, including caesarean section. This exclusion is not applicable to ectopic pregnancy.
18. Any Expense of any treatment related to Human T-Cell Lymphotropic Viruses types III (III-LB-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome.
19. External medical equipment of any kind used at home as post hospitalization care like wheelchairs, crutches, instruments used in treatment of Sleep Apnea Syndrome (C.P.A.P) or Continuous -Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.
20. War, riots, strike, terrorism acts, nuclear weapon induced treatment section.

1. Claim Procedure:

Health Hospitalization Claims Procedure

A - Reimbursement Claims Process

Upon happening of any injury/disease which may give rise to a claim under this Policy

- You shall give Us a notice at Our call center immediately and also intimate in writing to Our Policy issuing office but not later than 7 days from the date of Hospitalization. A written statement of the claim will be required, a Claim Form will have to be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment and in case of Post hospitalization expenses being incurred, within 90 days from the date of discharge from Hospital
- You must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us. On receipt of intimation from You regarding a claim under the Policy, We are entitled to: Carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization if and when We may reasonably require.

B - Cashless Claims Process:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalization or within 24 hours after the treatment or Hospitalization in the case of an emergency



(namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention).

In case if You want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital

On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses.

- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

GENERAL EXCLUSIONS APPLICABLE TO THE POLICY

1) Radioactive contamination

Any loss, damage or legal liability directly or indirectly caused by:

- ionizing radiation or radioactive contamination from nuclear fuel or nuclear waste arising from burning nuclear fuel; or
- the radioactive, poisonous, explosive or other dangerous properties of any nuclear equipment or nuclear part of that equipment.

2) War Risks

Any consequence whatsoever resulting directly or indirectly from or in connection with any of the following regardless of any other contributing cause or event. War, invasion, act of foreign enemy hostilities or a warlike operation or operations (whether war be declared or not) civil war rebellion revolution insurrection civil commotion assuming the proportions of or amounting to an uprising military or usurped power.

3) Sonic bangs

Any loss, damage or legal liability directly or indirectly caused by pressure waves caused by aircraft and other flying objects traveling at or above the speed of sound.

4) Pollution and/or Contamination

Loss, destruction or damage caused to the insured property by pollution or contamination excluding

- Pollution or contamination which itself results from a peril hereby insured against
- Any peril hereby insured against which itself results from pollution or contamination

5) Gradually occurring losses

Loss or damage by Wear and tear, depreciation, insects, vermins, moth, fungus, corrosion, rust, atmospheric or climatic conditions ingress of water, gradually operating cause, process of cleaning, dyeing, repair, alteration or restoration.

6) Wilful Act

Loss or damage caused by or arising out of wilful act of the insured or any person acting on his/her behalf including circumstance, fact or matter You are or ought to be reasonably aware prior to the commencement of this contract.

7) Accidental External

Loss or damage caused by arising out of accidental external means other than due to the perils covered

8) Consequential Losses

Loss by delay, loss of market, loss of goodwill and / or any other consequential or indirect loss or damage not covered under the Policy.



9) Public Authority

- Loss, destruction or damage caused to the property insured by burning by order of any Public Authority
- Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority

10) Liability

- (a) Liability more specifically insured elsewhere
- (b) Liability arising out of Asbestosis or any matter related to or arising out of the sale, manufacture, production, distribution or the like of asbestos.

GENERAL CONDITIONS APPLICABLE TO THE POLICY

1. Reasonable care

You must take all reasonable steps to protect the property insured, prevent damage or accidents and maintain the property insured in a sound condition.

2. Mis-description

This Policy shall be void and premium paid shall be forfeited in the event of mis-representation, mis-description or non-disclosure of any material facts as sought to be declared on the Proposal Form by You or Your representative.

3. Alteration of Risk

The cover afforded under this Policy shall be suspended and no payment shall be made hereunder if there is any material changes in the facts and matters stated in the proposal

The ownership of the building, stocks/contents/any other insured property passes from You to any other person or entity otherwise than by the operation of the law of succession as applicable.

4(A) Claims Procedure

I. In the event of any circumstances likely to give rise to a claim You must:

- (a) Intimate us as soon as reasonably possible, but in any event within 15 days of the date the incident.

However in respect of loss or damage under Section 2 (Burglary and Theft) the loss must be reported within 24 hours of the happening of any insured event.

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.

- (b) Lodge complaint with the local police immediately in case of fire, theft, burglary, riot strike, malicious damage or any other criminal act.
- (c) Take all reasonable steps to recover any property which has been lost and protect /safe guard damaged property from further loss or damage.
- (d) Provide without expense to us, all proofs, certificates, evidence, assistance or information which We may reasonably require

II. The documents normally required to be submitted in the event of a claim for Section 1 and Section 2 are :

- a. Duly completed Claim form
- b. Copy of FIR
- c. Estimate of loss / repairs
- d. Invoice/ Bills/Receipts
- e. FR
- f. Any other details/documents called for a specific loss.

III. Rights and Responsibilities

On the happening of loss or damage to any of the property insured by this Policy, the Company may



1. Enter and take and keep possession of the building or premises where the loss or damage has happened.
2. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
3. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
4. Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the insured that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim.

If the insured or any person on his behalf shall not comply with the requirements of the Company or shall hinder or obstruct the company, in the exercise of its powers hereunder, all benefits under this Policy shall be forfeited.

The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not.

4(B) Basis Of Claims Settlement

Unless otherwise specifically stated under the respective Section, the basis of settlement shall be as under:

For Claims under Section 1 and Section 2

Where a damaged item can be repaired or reinstated at a cost less than the replacement cost then We will indemnify You in respect of expenses necessarily incurred to restore the affected item to its state immediately prior to the happening of the insured event.

In case of a total loss of contents, We will pay You in respect of restoration or replacement costs. We shall not be bound to reinstate or restore exactly or completely but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the insured event.

Applicable to Section 1 and Section 2 only

1. Condition of Average

Unless otherwise expressly stated in particular Section, if the value of the insured property shall at the time of any insured event be collectively of greater value than the sum insured (if insured on full value basis) thereon then You shall be considered as Your own insurer of the difference and shall bear a rateable proportion of the loss or damage. Each item if more than one shall be separately subject to this condition.

2. Modified Condition of Average

In case of the coverage being taken under Sections 1 and 2 on First Loss Basis our liability shall be limited to the sum insured chosen (25% or 50% of full value at risk). However in case the full value at risk is found to be higher than that deemed declared on basis of the First Loss Limit chosen a modified condition of average shall apply. Our liability shall stand reduced to the same extent as the insured value at risk bears to the actual value at risk.

For Claims under Section 3

In case of claim by Death or Permanent Total Disablement compensation will be made only after deleting by an endorsement the name of the deceased/ injured person in respect of whom such sums shall become payable.

We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability), as stated in the Policy Schedule with respect to this Section, is exhausted by You or Your Insured Family Member.



For Claims under Section 4

In the event that a claim becomes payable under the terms of this Section, We shall make such payment as incurred by You and accepted by Us towards the Medical Expenses during Hospitalisation within the Policy Period.

We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity), as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

3. Condoning Delay in Claim Intimation

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.

4. 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.

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. In such circumstances you will not be entitled to any refund.

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:

Period of Risk	Rate of premium to be charged
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

6. Fraud

If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefits under the Policy or if loss or damage be occasioned by the willful act or with Your connivance, all benefits under this Policy shall be forfeited.

7. Contribution (This clause is not applicable to Section 3 – Personal Accident)

If at the time of any loss or damage happening to any property hereby insured there be any other subsisting insurance or insurances, whether effected by You or by any other person on Your behalf covering the same property We shall not be liable to pay or contribute more than its rateable proportion of such loss.

8. Subrogation (This clause is not applicable to Section 3 – Personal Accident)

You shall at our expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by us for the purpose of enforcing any rights and remedies or obtaining relief or indemnify from the other parties to which We shall be or would become entitled or subrogated upon our paying or making good any loss or damage under this Policy whether such acts and things shall be or become necessary or required before or after We indemnify Your loss or damage.



9. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability) being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to 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 3 arbitrators, comprising of 2 arbitrators, 1 to be appointed by each of the parties to the dispute/difference and the 3rd arbitrator to be appointed by 2 such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the company has disputed or not accepted liability under or in respect of this policy. It is understood, however, that the Insured shall have the right at all times during currency of the Policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance. Subject otherwise to the terms, exceptions, conditions and limitations of this policy.

10. Disclaimer Clause

If We shall disclaim Our liability in any claim, and such claim shall not have been made the 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 Limits:

The Geographical Limit of this Policy and jurisdiction shall be India. All claims under this Policy shall be settled in Indian Rupees only.

12. Renewal

- a. Your Policy shall ordinarily be renewable till 80 years of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Person
- 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 not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years, except for the optional benefit covers where the coverage under the benefits viz. Personal Accident shall terminate following payment
- d. 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.
- e. 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.
- f. All premiums are payable in advance of any cover under this Policy being provided.
- g. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.
- h. We shall provide You with a substitute product if You have reached maximum renewable age under the Policy and suitable credits (continuity benefits) for all the previous Policy years that You have been covered shall be provided to You if the Policy has been maintained without break.

Please note: This Policy is in force for the Policy Period in Your Policy Schedule and is renewable subject to the terms provided at the time of each Renewal. We, however, are not bound to give notice that the Policy due for Renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

13. Continuity

In the event of the Policy under which You are a covered member and which is being discontinued or not renewed or You cease to be a member of the group, You have the option of taking a standard individual health policy from Us without any benefit of continuity of cover for any additional benefits that You may have enjoyed under this policy and for which additional premium has been charged. In



such an event, all the waiting periods as stipulated under the individual health insurance policy will be applicable with due adjustment for the uninterrupted period in completed years for which You were covered under the SampoornaSurakshaBima issued by Us. However, any such benefit would be restricted to the maximum of Your eligibility of Sum Insured under the individual health insurance policy or the Sum Insured enjoyed by You under Hospitalisation Section under this Policy whichever is lower. Also, all the underwriting rules and regulations of our individual health insurance policy would be applicable for acceptance of such risk.

In case, where the Company may decide to withdraw SampoornaSurakshaBima Policy after prior approval from the Authority, options shall be available to You to migrate to nearest substitute product offered by the Company. The children, who have attended the maximum age under eligibility, can opt for nearest substitute health product offered by the Company on individual basis. Continuity benefits in all such cases shall be carried to the individual health insurance policy as per provisions mentioned above.

14. Discounts under the Policy

Sectional Discounts:

We will be creating packages of 2 or more covers from the above for offering them to the various customer groups / segments as per their specific requirements, the names of any specific package created shall be advised to IRDA prior to selling the same.

If coverage for more than one section is opted under the Policy, sectional discounts as mentioned below can be provided.

All four sections	10% discount
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Sectional Discounts are not applicable for Group Policies.

Group Discount:

201 To 500 persons	10% discount
501 and above	15% on total premium

15. 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.

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

16. Grievance or Complaint

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.



UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

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 may also contact on our- Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700.; and also send us fax at: (022) 39171419

➤ You can also visit our Company website and click under links [Grievance Notification](#)

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	JanakVihar 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	FathimaAkhtar 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 iobdelraj@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	JeevanBhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001 , Tel : 0522 -2231331; Fax : 0522-2231310; Email insombudsman@rediffmail.com
MUMBAI	3rd Floor, JeevanSevaAnnexe, S.V. Road, Santacruz(W), MUMBAI-400 054 , Tel : 022-26106928; Fax : 022-26106052; Email ombudsmanmumbai@gmail.com