



## **Group Personal Accident Insurance Policy** **Policy Wording**

### **1. PREAMBLE**

#### **1.A – Preamble**

This policy is a contract of insurance between You and Universal Sampo General Insurance Company (hereinafter called the `Company`) and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

#### **1.B – Group and Membership**

Eligibility for a `Group` and for `Membership` thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14-July-2005 as amended from time to time. "Group" shall mean a group of Members who assemble together with a purpose of engaging in a common economic activity and not formed with the main purpose of availing insurance cover.

#### **1.C – Policy Period**

The policy period shall normally be a period of 12 months starting from the date of commencement of policy. The policy-holder shall have the option of choosing a shorter period than annual in which case premium shall be charged at our short period scales.

#### **1.C – Payment of Premium**

- i. Premium for the policy has to be paid in full in advance. We will assume risk and the cover will incept not earlier than the date of payment of full premium.



- ii. The policy-holder will have the option of premium payment in monthly, quarterly and half-yearly instalments in which case the chargeable premium will be loaded as per our instalment premium payment rules basis the frequency chosen by the policy-holder.
- iii. Instalment premium facility will be available only in case of 12-month annual policies.

## 2. POLICY WORDING

### 2.A – Operative Clause

If during the period of insurance an insured person sustains any bodily injury or affliction because of **Accident**, which solely and directly causes any of the contingencies opted for as cover from amongst the sub-sections listed under Sec 2.D and insured under this policy, We would pay the benefit as specified in the attached Schedule in accordance with terms, conditions and exclusions of the Policy.

### 2.B – Definitions

Definitions of key terms are given below. When used in this Policy, the Policy Schedule and Endorsements, they will always carry **such specific meanings** as in the following definitions.

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.

- a) **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b) **Admission** means admission of the insured in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
- c) **Age** means the completed years of the Insured Person on his/her last birthday as per the English calendar
- d) **Adventure Sports** means any sport or activity, which is potentially dangerous to the Insured Person whether he/she is trained or not in such sport or activity. Such sport/activity includes but is not limited to Insured Persons engaging in abseiling, aerial safari, ballooning, black water rafting, bouldering, bushwalking, canoeing, go karting, hiking/trekking, ice skating, jet boating, jet skiing, kayaking, mountain biking (cross country), mountain biking on tracks and trails, parasailing, parascending (over water only), rafting, river boarding, rock climbing, rowing / sculling, sea canoeing, sea kayaking, snorkelling, speed boating, surf boat rowing, surfing, tubing, wake skating, wakeboarding, windsurfing yachting, bungee jumping, speed-biking, sand-boarding, sand-skiing, scuba diving, skidoos, skiing / snowboarding, snow moiling, snow rafting, zip lining, zorbing, triathlon, gliding, hang gliding, parachuting, paragliding, skydiving, free solo climbing, base jumping, wing suit flying, big wave surfing, cave diving, white water rafting, high lining, ice climbing, BMX racing, free fall, base jumping, free soloing, motor racing, glacier walking, motor racing including speed and trial runs.
- e) **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- f) **AYUSH** means Ayurveda, Yoga, Unani, Siddha and Homeopathy systems of healthcare.



- g) **Bodily Injury** means accidental physical bodily Injury solely and directly caused by accident
- h) **Break In Policy** a policy not renewed in time caused by non-payment/non-receipt of premium due for renewal on a given policy
- i) **Capital Sum Insured** means the amount of Sum Insured as specified in the Policy Schedule and would form our limit of liability in respect of benefit sections 2.D.[a], 2.D.[c] and 2.D.[d] of the policy.
- j) **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 of pre-authorization approval.
- k) **Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional.
- l) **Contingency** means an event caused solely by accident
- m) **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
- n) **Contribution** means 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 assured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- o) **Daily Living Activities** means that the Insured Person is permanently unable to perform independently three or more of the following six activities of daily living:
- i. **Washing:** the ability to maintain an adequate level of cleanliness and personal hygiene;
  - ii. **Dressing:** the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary;
  - iii. **Feeding:** the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available;
  - iv. **Toileting:** the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene;
  - v. **Mobility:** the ability to move indoors from room to room on level surfaces at the normal place of residence;
  - vi. **Transferring:** the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
- p) **Dependent** means the insured's spouse or Parent or Parent-in-law or child [legal or adopted] or sibling who has been enrolled in the Group Policy with the onus of dependence lying on the Insured Person
- q) **Domiciliary Hospitalization** 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
- i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
  - ii. The patient takes treatment at home on account of non-availability of room in a hospital.
- r) **Elements** means wind, fire and water including snow-bite and frost-bite



- s) **Emergency** means a serious medical condition or symptom resulting from Injury or affliction which arises suddenly and unexpectedly due to accident requiring immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health.
- t) **Employee** means any member of Policyholder's staff under full time employment and who is nominated and sponsored by the Policyholder who becomes an Insured Person.
- u) **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive In-patient care hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours. It would also include **Domiciliary Hospitalization**.
- v) **Hospital** means any institution [including **AYUSH** hospitals] 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:
- i. Has qualified nursing staff under its employment round the clock,
  - ii. Has at least 10 inpatient beds, in those towns having a population of less than 10, 00,000 and 15 inpatient beds in all other places,
  - iii. Has qualified Medical Practitioner (s) in charge round the clock,
  - iv. Has a fully equipped operation theatre of its own where surgical procedures are carried out,
  - v. Maintains daily records of patients and will make these accessible to Insurance company's authorized personnel.
- w) **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.
- x) **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- y) **Insured** means the individual whose name is specifically appearing in the Schedule herein after referred as "You"/"Your"/"Yours"/"Yourself".
- z) **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.
- aa) **Insured Person** means person(s) named in the schedule of the Policy.
- bb) **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.
- cc) **Medical Practitioner** means 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 the license.



- dd) **Network Provider** 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.
- ee) **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits in respect of an Insured Person under the Policy in accordance with the terms and conditions of the Policy if the Insured Person has suffered death or has provably disappeared
- ff) **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
- gg) **Period of Insurance** means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by the insured from the company and then, running concurrent to the current Policy subject to the Insured's continuous renewal of such Policy with the company.
- hh) **Physical Severance** means complete separation of parts of body. In case of limbs, with respect to the hand, it would mean separation at or above the wrists, and with respect to the foot, separation at or above the ankle.
- ii) **Policy Period** means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.
- jj) **Proposal** means 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.
- kk) **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- ll) **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.
- mm) **Sum Insured** means the amount as opted by You and stated in the Policy Schedule against the Section/Cover for each insured person
- nn) **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- oo) **Time Excess** means the period beginning with the occurrence of the **insured** event and ending not later than the period specified in the schedule. You are not **insured** for any loss arising out of the cover during this period.
- pp) **Travel-in-Common-Carriers Cover** means benefit amount payable to the Insured Person or his/her nominee/legal heir for Death/Disappearance or Permanent Total Disablement caused by accident occurring while the Insured Person is travelling as an authorized passenger on a common carrier [such as but not limited to State Transport Undertakings, Indian Railways and Airlines].
- qq) **You/Your/Yours/Yourself/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us



- rr) **War** means armed hostilities, 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.
- ss) **We/Our/Ours/Us** means Universal Sompo General Insurance Company Limited.

## **2.C – General Conditions**

### **I. Geography**

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.

### **II. Timely Premium Payment**

Premium – whether full policy period premium or instalment premium or endorsement premium – will have to be paid before the due dates indicated by us and it is a condition precedent for assumption of risk on our part.

- i. In case of instalment facility, premium for all the instalments will have to be paid as per the frequency, amounts and dates indicated in the schedule.
- ii. Non-payment of an instalment will terminate the policy from the due date of the related unpaid instalment.

### **III. Duty of Disclosure**

Your duty to provide us facts related to the group and material to the insurance starts at the time of the proposal and continues through the policy period. The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

### **IV. Membership Inclusion**

All members of your group are deemed and required to be insured under this policy. The Policy-holder/Group administrator will have the duty of declaring all new inclusions to the group from the respective dates of their employment/enrolment and of paying the due additional premium.

### **V. Alteration of Risk**

You must inform us as soon as possible if circumstances occur, or if changes or alterations are intended or made which increase our risk of loss damage, injury, illness or liability. Failure to do so will render claims voidable.

### **VI. Cancellation**

The policy can be cancelled by either side – You and Us.

- i. You may cancel this Policy at any time by sending fifteen (15) days' notice stating the intended cancellation date. In the event of such Cancellation, We shall retain



premium for the period this Policy has been in force in accordance with the short-period rate table below. However, You will not be entitled for a refund if the sum of claims paid and outstanding under the policy as on the date of cancellation request is greater than 20% of the premium paid.

<b>Expired Period of the Policy</b>	<b>Percentage of annual premium to be retained</b>
Up to 1 month	25
Above 1 month and up to 3 months	50
Above 3 months and up to 6 months	75
Above 6 months	100

- ii. We may cancel this Policy on grounds of misrepresentation, fraud or non-disclosure of material facts by You or anyone acting on Your behalf. Cancellation of the Policy will be from inception date or the renewal date (as the case may be) upon 15 days written notice delivered to or mailed to the Insured Person's/Policyholder's last address as shown in the records followed by an endorsement signifying this without refund of any premium.
- iii. We may invoke provision 2.C.VI.ii above in respect of insured persons individually on the stated grounds of misrepresentation, fraud or non-disclosure of material facts.

#### **VII. Termination of Policy**

The policy shall terminate from the date of cancellation as per the cancellation condition or, in case of non-renewal, the policy expiry date whichever is earlier.

#### **VIII. Fake Claims**

If you or any one on your behalf makes a claim that is in any way false, dishonest or fraudulent, then payment of the claim will be prejudiced and may be denied.

#### **IX. Fact-finding and Medical Examination**

We shall be entitled at our expense to have any insured person medically examined and get facts verified through investigation in the event of a claim with reasonable notice to you or your nominee or your legal representative [as the case may be].

#### **X. Notifications**

Exchange of all notices and communications between you and us shall be in writing and have the following conditions:

- i. If it is to You, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
- ii. If it is to Us, it shall be delivered to Our address specified in the Policy Schedule.



- iii. No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iv. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- v. You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.

#### **XI. Contribution**

While making a claim on your policy, you must also provide us with written details of all other policies that may also pay or partially pay that claim. Providing such information in case of indemnity covers under this policy – 2.D.[f], [i], [k], [q], [r] – is mandatory.

#### **XII. Reasonable Care**

You must take all reasonable care to prevent or minimize loss, damage, injury, illness or liability. Willful neglect of any kind shall prejudice consideration of a claim.

#### **XIII. Jurisdiction**

The construction, interpretation and meaning of the provisions of this policy shall be determined in accordance with Indian law. In the event of any dispute arising under this policy, both You and Us will have to submit to the exclusive jurisdiction of Courts under the Indian judicial system.

#### **XIV. Arbitration**

If we admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing.

### **2.D - Coverage and Benefits**

- i. This section lists the contingencies coverable under this policy.
- ii. Choosing **at least one** out of Death, Permanent Total Disablement and Permanent Partial Disablement ( 2.D.[a], 2.D.[b] and 2.D.[c] ) covers is compulsory.
- iii. The rest others (some of which may be linked to 2.D.[a] / 2.D.[b]) / 2.D.[c]) are optional.
- iv. The option to allow the covers and vary the available benefits lies with the Insurer.
  - 'What we cover' is given under the heading 'Contingency Description'.





- The benefits of the cover available are captured in the 'Limit/Extension of Benefit' column. The column indicates the amount recoverable [**the limit of liability** under a particular cover during the policy period].
- The special conditions, if any, pertaining to each cover, are also mentioned.

#### 2.D.[a]

Contingency Description	Limit/Extent of Benefit
Death/Disappearance	Capital Sum Insured [CSI]

**Death** means cessation of blood circulation and breathing – the two criteria necessary to sustain life in a human being.

**Disappearance due to sinking or wreckage of the conveyance** means the untraceability of the insured person for a continuous period of 365 days following disappearance, sinking or wreckage of the conveyance he was provably travelling in, leading to a case of declared-death-in-absentia or legal presumption of death.

#### Special Conditions for the Cover

- I. If payment has been already made under Permanent Total Disablement, then no benefit/claim shall be due under this cover.
- II. If payment has been already made under Permanent Partial Disablement [PPD], then benefit recoverable under this cover will be reduced by the amount paid under PPD.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the Death cover, if opted and payable, will be paid along with the above.
- IV. The Disappearance Benefit will be payable provided that:
  - i. The legal heirs/representatives of the Insured Person's estate provide Us with a signed agreement stating that if it transpires later that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid will be reimbursed to Us immediately and without any deductions.
  - ii. The Insured Person's legal representative must intimate such disappearance to Us immediately upon happening of the event and shall carry the onus of proof of the claimed disappearance.

#### 2.D.[b]

Contingency Description	Limit/Extent of Benefit
Permanent Total Disablement [PTD]	As opted for by the Insured at inception of policy Percentage of CSI [starting from 125%] as stated in the Schedule



**Permanent Total Disablement** means any of the following happening within 365 days of the accident:

- a) Total Paralysis
- b) Total and irrecoverable loss of sight of both eyes
- c) Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot)
- d) Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot)
- e) Total and irrecoverable loss of speech
- f) Loss/Removal of lower jaw
- g) Third degree burn injury to 10% or more of the head surface area / 25% or more of the surface area of body other than the head
- h) Compound fracture of the skull with damage to brain tissues
- i) Permanent and incurable insanity
- j) Total 'brain dead' cases - the permanent total loss of the central nervous system
- k) Permanent total loss of thoracic or abdominal organs rendering the insured completely incapable to carry out daily living activities without full-time assistance
- l) Total and permanent loss of vocation/employment caused by any one or more of the above or by any combination of permanent partial disabilities

For the purpose of this definition,

- a. **Total Paralysis** means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.
- b. **Limb** means a hand at or above the wrist or foot above the ankle.
- c. **Loss of Limb** means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.

#### Special Conditions for the Cover

- I. The Permanent Total Disablement is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the PTD cover, if opted and payable, will be paid along with the above.
- IV. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum assured mentioned in the policy schedule against this coverage.



## 2.D.[c]

Cover Description	Limit/Extent of Benefit
Permanent Partial Disablement [PPD]	As in the following Table

Nature of Injury	% of Capital Sum Insured
a. Permanent and total loss of hearing	75
b. Loss of sight of one eye	50
c. Loss of one limb	50
d. Loss of toes-all	20
e. Great-both phalanges	5
f. Great-one phalanx	2
g. Other than great, for each of the others	1
h. Non-union of fractured leg or knee-cap	10%
i. Shortening of the leg by at least 2 inches	7.5%
j. Stiffening of elbow, hip or knee joints due to rigidity/fusion of bones	20
k. Loss of hearing – one ear	15
l. Loss of four fingers and thumb of one hand	40
m. Loss of four fingers	35
n. Loss of thumb-both phalanges	25
o. Loss of thumb-one phalanx	10
p. Loss of index finger	
i. Three phalanges	10
ii. Two phalanges	8
iii. One phalanx	4
q. Loss of middle finger	
i. Three phalanges	6
ii. Two phalanges	4
iii. One phalanx	2
r. Loss of ring finger	
i. Three phalanges	5
ii. Two phalanges	4
iii. One phalanx	2
s. Loss of little finger	
i. Three phalanges	4
ii. Two phalanges	3
iii. One phalanx	2
t. Any other permanent partial disablement [including disablement caused by the elements]	As assessed by Medical Practitioner appointed by us and not exceeding 75%

**Permanent Partial Disability** means the bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ as elaborately specified above.

**Special Conditions for the Cover**



- I. The PPD is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. If the Insured Member suffers accidental Injuries resulting in more than one of the Permanent Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Capital Sum Insured mentioned in the policy schedule.

#### 2.D.[d]

Contingency Description	Limit/Extent of Benefit
Temporary Total Disablement [TTD]	Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule

**Temporary Total Disablement** means the bodily Injury or affliction that prevents you from engaging in your occupation as certified by Medical Practitioner and attested by employer, if any.

#### Special Conditions for the Cover

- I. The Temporary Total Disablement is liable to be certified by a Medical Practitioner and Employer, if any. Submission of supporting documents/reports is a pre-requisite for consideration of any claim under this cover.
- II. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks mentioned in the Policy Schedule for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
- III. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks mentioned in the Policy Schedule for any and all claims arising within the Policy Period.
- IV. The benefit shall not be paid for the Time Excess mentioned in the Policy Schedule i.e. for the number of days mentioned in the Policy Schedule calculated from the date of commencement of TTD.
- V. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by You and Us.

#### 2.D.[e]

Contingency Description	Limit/Extent of Benefit
Miscarriage	Lump Sum Amount At the option of the Insured and as stated in the Schedule Over and above the CSI

**Miscarriage** means spontaneous or unplanned expulsion of a foetus from the womb of the Insured Person within the period of gestation caused by accident.



### Special Conditions for the Cover

- I. The miscarriage has to happen to the Pregnant Insured Person within 15 days of the claimed accident.
- II. Miscarriage having been caused by accident is liable to be proved in terms certification by a Medical Practitioner.

#### 2.D.[f]

Contingency Description	Limit/Extent of Benefit
Lifestyle Modification	Percentage of CSI as stated in the Schedule Over and above the CSI

**Lifestyle Modification** means reasonable and customary charges/expenses incurred towards support device acquisition [such as but not limited to artificial limbs, crutches, stretcher, tricycle, wheelchairs], or for any improvements / alterations / modifications to be carried out in the Insured Person's residence and/or vehicle due to Permanent Total or Permanent Partial Disablement caused by accident.

### Special Conditions for the Cover

- I. The modification requirement is liable to be certified in writing by a Medical Practitioner as necessary and as following the accident.
- II. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the new acquisition made or the alteration/improvement work undertaken.

#### 2.D.[g]

Contingency Description	Limit/Extent of Benefit
Assisted Mobility	Daily Allowance as stated in the Schedule up to a maximum of 30 days Over and above the CSI

**Assisted Mobility** means dependence of the Insured Person on hired cab, chauffeur salary and the like to ensure his mobility [for carrying out his normal occupational duties and for medical consultation visits] prevented by his disability caused by accident.

### Special Conditions for the Cover

- I. The disabilities as having been caused by accident and the requirement of assisted mobility have to be certified in writing by a Medical Practitioner.



## 2.D.[h]

Contingency Description	Limit/Extent of Benefit
Funeral Expenses	Benefit Amount as chosen and as stated in the Schedule  Over and above the CSI

**Funeral Expenses** means the cost of organizing and carrying out a funeral and would include expenses for burial, cremation or other culturally chosen method of interment of a corpse.

#### Special Conditions for the Cover

- I. The cover is available only as an appendage to the Death cover.

## 2.D.[i]

Contingency Description	Limit/Extent of Benefit
Medical Expenses Cover	Percentage of Capital Sum Insured at the option of the Insured and as stated in the Schedule  Over and above the CSI

**Medical Expenses Cover** means reasonable and customary charges/expenses incurred towards **hospitalization** caused by accident. They would include :

- a) Registration and Service Charges of Hospital/Nursing Home;
- b) Room Rent;
- c) Intensive Care/Therapeutic Unit expenses;
- d) Medical Practitioner/ Anaesthetist, Consultant fees;
- e) Surgeons fees and similar expenses;
- f) Expenses on Anaesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray.
- g) Pre-hospitalization expenses of 15/30/60/90/120 days
- h) Post-hospitalization expenses of 15/30/60/90/120 days

#### Special Conditions for the Cover

- I. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the claimed expenses.
- II. The Insured Person shall have the option of availing **Cashless Facility**.
- III. Medical Expenses having been caused by accident is liable to be proved in terms certification by a Medical Practitioner.
- IV. In case of Death of the Insured Person, claim can be made by his/her nominee/legal heirs.



## 2.D.[j]

Contingency Description	Limit/Extent of Benefit
Hospital Cash	Per day daily benefit At the option of the Insured and as mentioned in the Schedule  Up to a limit of 90 days per policy period  Over and above CSI

**Hospital Cash** means the daily miscellaneous expenses burden of the Insured because of hospitalization as an in-patient following accident.

#### Special Conditions for the Cover

- I. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- II. This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule for each Coverage Period.

## 2.D.[k]

Contingency Description	Limit/Extent of Benefit
OPD Visit	At the option of the Insured and as mentioned in the Schedule  Over and above the CSI

**OPD Visit** means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment following accident. The Insured is not admitted as a day-care or in-patient.

#### Special Conditions for the Cover

- I. The cover is an indemnity benefit and payment of claim shall be considered basis proof of monetary payment for the claimed expenses.
- II. OPD Expenses having been caused by accident is liable to be proved in terms of certification by a Medical Practitioner.

## 2.D.[l]

Contingency Description	Limit/Extent of Benefit
Marriage Expenses	Amount as opted at inception and as stated in the Schedule  Over and above the CSI

**Marriage Expenses** means expenses to be incurred on the marriage of unmarried children following Death/Disappearance or Permanent Total Disablement of the Insured Person caused by accident.



### Special Conditions for the Cover

- I. The cover can be opted for only when either or both of Death/Disappearance and Permanent Total Disablement covers are taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance or Permanent Total Disablement has become payable.
- III. Irrespective of the number of children, the maximum recoverable amount is the Sum Insured as mentioned in the Policy Schedule.

#### 2.D.[m]

Contingency Description	Limit/Extent of Benefit
Loss of Baggage	Lump Sum Amount At the option of the Insured and as stated in the Schedule Over and above the CSI

**Loss of Baggage** means the loss, caused by accident, of suitcases and bags containing personal belongings packed for travelling/commuting.

### Special Conditions for the Cover

- I. Benefit under this cover will accrue only when there is an admissible claim under Death/Disappearance or Permanent Total Disablement or Permanent Partial Disablement.

#### 2.D.[n]

Contingency Description	Limit/Extent of Benefit
Pending Bills Liability	Lump sum amount At the option of the Insured and as stated in the Schedule Over and above the CSI

**Pending Bills Liability** means the financial burden of the nominee/legal heir following Death/Disappearance of the Insured Person to cover the unpaid bill liabilities of all kinds of the latter.

### Special Conditions for the Cover

- I. The cover can be opted for only when Death/Disappearance cover is taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance has become payable.





## 2.D.[o]

Contingency Description	Limit/Extent of Benefit
Children's Education	Lump sum amount At the option of the Insured and as stated in the Schedule  Over and above the CSI

**Children's Education** means the financial burden of the Insured Person or his/her nominee/legal heir for the education of dependents [up to 25 years of age] following the Death/Disappearance or Permanent Total Disablement of the Insured Person due to accident.

#### Special Conditions for the Cover

- I. The cover can be opted for only when either or both of Death/Disappearance and Permanent Total Disablement covers are taken.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance or Permanent Total Disablement has become payable.
- III. Irrespective of the number of dependents, the maximum recoverable amount is the Sum Insured as mentioned in the Policy Schedule.

## 2.D.[p]

Contingency Description	Limit/Extent of Benefit
Road Ambulance Charges	At the option of the Insured and as stated in the Schedule  Over and above the CSI

**Road Ambulance Charges** means expenses incurred on insured person's road transportation by an ambulance to a Hospital for treatment following an emergency arising out of an accident or from one Hospital to another which is prepared to admit insured person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where insured is situated. They would also include expenses incurred by rescuers of accident victims on ambulances and hired transportation like cabs.

#### Special Conditions for the Cover

- I. This is an indemnity cover and claims will be considered in respect of actual incurred amount and only when proof of monetary payment is provided.
- II. Such road transportation has to be prescribed by a Medical Practitioner.



## 2.D.[q]

Contingency Description	Limit/Extent of Benefit
Air Ambulance Charges	Amount as chosen by the insured and as stated in the Schedule  Over and above the CSI

**Air Ambulance Charges** means expenses incurred for insured person's transportation in an airplane or helicopter for emergency arising out of an Accident which requires immediate and rapid ambulance transportation to the nearest hospital.

#### Special Conditions for the Cover

- I. Such air transportation has to be prescribed by a Medical Practitioner.
- II. This is an indemnity cover and claims will be considered in respect of actual incurred amount and only when proof of monetary payment is provided.

## 2.D.[r]

Contingency Description	Limit/Extent of Benefit
Carriage of Mortal Remains	Lump sum amount  At the option of the Insured and as stated in the Schedule  Over and above the CSI

**Carriage of Mortal Remains** means the financial burden of the nominee/legal heir for expenses incurred on the transportation of an insured person's deceased body back to his home or any other place as decided by his/her family and on other formalities associated with it following death due to accident.

#### Special Conditions for the Cover

- I. The cover can be opted for only when the Death cover is taken.

## 2.D.[s]

Add-on Description	Limit/Extent of Benefit
Travel in Common Carriers Cover	An Amount Equal to the Capital Sum Insured [CSI]

**Travel-in-Common-Carriers Cover** means additional benefit amount payable to the Insured Person or his/her nominee/legal heir for Death/Disappearance or Permanent Total Disablement caused by accident occurring while the Insured Person is travelling as an authorized passenger on a common carrier [such as but not limited to State Transport Undertakings, Indian Railways and Airlines].



### Special Conditions for the Cover

- I. The cover can be opted for only when either or both of Death/Disappearance and Permanent Total Disablement covers are taken under the 2.D Section.
- II. Claim under the cover can be considered only when a claim under Death/Disappearance or Permanent Total Disablement has become payable.

#### 2.D.[f]

Add-on Description	Limit/Extent of Benefit
Adventure Sports Inclusion Cover	Restoration of all covers/benefits excluded by General Exclusion No. 2.E.III

**Adventure Sports Inclusion Cover** means waiver of General Exclusion No. 2.E.XIII of the Policy. Accidents caused whilst engaging in any Adventure Sports would not be deemed as exclusion subject to the conditions listed below.

### Special Conditions for the Cover

- I. The due additional premium will have to be borne by the insured.
- II. We will not pay any claim under this Cover whilst :
  - i. You are Training for or Taking part in an adventure sport as a Professional for which You are paid or funded by sponsorship or grant; or as an amateur sportsperson; or
  - ii. You are not performing the activity under the supervision of a trained professional.
- III. Save as modified by 'I' and 'II' above, the benefits as well as terms and conditions for this cover shall be as in case of any other included accident.

#### 2.D.[u]

Cover Description	Limit/Extent of Benefit
Restricted Contingency Cover	Moderation in premium as per Our pricing rules

**Restricted Contingency Cover** means the flexible option with the proposer/policy holder to modify the standard 24-hour protection available for all accidents under the policy and keep the cover restricted to

- a] duty hours or
- b] chosen restricted hours.

### 2.E – General Exclusions Applicable to All Sub-sections of 2.D

We shall not be liable to make any payment for any claim under any of the Cover/ Benefits under the Policy in respect of any Insured Person, directly or indirectly caused by or arising from or in any way attributable to, any of the following:

- I. Disease, illness, sickness, ill-health, infection and ailment of all kinds unless proximately caused by accident



- II. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
- III. Any **Pre-existing** condition or any complication arising from the same.
- IV. Congenital external defects or anomalies or in consequence thereof.
- V. Pregnancy or childbirth or any consequence thereof.
- VI. Consequential losses of any kind or actual or alleged legal liability
- VII. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- VIII. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- IX. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- X. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
- XI. The Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- XII. Use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen **on the part of insured.**
- XIII. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
- XIV. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
  - a) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
  - b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

## 2.F – Claims Procedure

**Policyholder's / Insured Person's Duties at the Time of Claim** - On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall:

- a) Forthwith intimate the Claim
- b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
- c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.



**Claim Intimation:** Upon the occurrence of any event that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call center or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- a) Policy Number
- b) Name of the Policy-holder
- c) Employee / Member Code, if any
- d) Name of the Insured person in whose relation the Claim is being lodged
- e) Nature of Event
- f) Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- g) Date of Event
- h) Any other information, documentation as requested by Us

**Claims Documents** - In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

**Documents required for Claims Processing:**

Coverage Serial No..	Contingency Description	Documents
2.D.[a]	Death	<ul style="list-style-type: none"> <li>I. Intimation of Loss</li> <li>II. Duly Filled Original Claim form</li> <li>III. Copy of Policy</li> <li>IV. Police FIR</li> <li>V. Death Certificate</li> <li>VI. Post Mortem Report</li> <li>VII. Legal Heir Certificate (if Name of Nominee is not provided in policy).</li> <li>VIII. KYC documents of Insured and Nominee (if applicable)</li> </ul>



	Disappearance	<ol style="list-style-type: none"> <li>I. FIR for Disappearance, sinking or wreckage of conveyance he was traveling in.</li> <li>II. Non-traceable report issued by the police along with the court order (presuming the person dead) OR Any document issued by Local Government Authority having jurisdiction over such matters to declare any person presumed to be dead after the lapse of such period of time as deemed to be fit by such Local Government Authority.</li> <li>III. Indemnity letter to indemnify the USGIC in case the Insured person in whose favour such claim has been settled found later to be alive or has not been died arising out the accident leading to his disappearance or any other accident during the currency of the policy period.</li> </ol>
2.D.[b]	Permanent Total Disablement	<ol style="list-style-type: none"> <li>I. Intimation of Loss</li> <li>II. Duly Filled Original Claim form</li> <li>III. Copy of Policy</li> <li>IV. Police FIR</li> <li>V. Police Inquest Report wherever applicable</li> <li>VI. Certificate issued by Medical Board constituted at State or District Level authorized to issue Disability Certificate.</li> <li>VII. Discharge Summary along with other Medical Treatment Papers including Medical Diagnostic Reports of the Hospital where post occurrence of accident the medical treatment was taken.</li> <li>VIII. Leave Certificate (in case of employment)</li> <li>IX. Photograph of the insured reflecting disablement.</li> <li>X. KYC documents of Insured and Nominee (if applicable)</li> </ol>
2.D.[c]	Permanent Partial Disablement	<ol style="list-style-type: none"> <li>I. Intimation of Loss</li> <li>II. Duly Filled Original Claim form</li> <li>III. Copy of Policy</li> <li>IV. Police FIR</li> <li>V. Police Inquest Report wherever applicable</li> <li>VI. Certificate issued by Medical Board constituted at State or District Level authorized to issue Disability Certificate.</li> <li>VII. Discharge Summary along with other Medical Treatment Papers including Medical Diagnostic Reports of the Hospital where post occurrence of accident the medical treatment was taken.</li> <li>VIII. Leave Certificate (in case of employment)</li> <li>IX. KYC documents of Insured and Nominee (if applicable)</li> </ol>



2.D.[d]	Temporary Total Disablement	<ol style="list-style-type: none"> <li>I. Intimation of Loss</li> <li>II. Duly Filled Original Claim form</li> <li>III. Copy of Policy</li> <li>IV. Police FIR, if applicable</li> <li>V. Discharge Summary along with other Medical Treatment Papers including Medical Diagnostic Reports of the Hospital where post occurrence of accident the medical treatment was taken.</li> <li>VI. Certificate of the Qualified Registered Medical Practitioner who attended the injured person confirming the Temporary Total Disablement</li> <li>VII. Leave Certificate (in case of employment)</li> <li>VIII. KYC documents of Insured and Nominee (if applicable)</li> </ol>
2.D.[e]	Miscarriage	<ol style="list-style-type: none"> <li>I. Claim form duly filled and signed by the Insured.</li> <li>II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.</li> <li>III. All treatment papers of current ailment including previous treatment papers if any.</li> <li>IV. Original Discharge Card from the hospital.</li> <li>V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).</li> <li>VI. Original hospital bill and receipts.</li> <li>VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</li> <li>VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</li> <li>IX. Valid Photo ID Proof of the patient.</li> <li>X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</li> <li>XI. KYC documents of Insured and Nominee (if applicable)</li> </ol>
2.D.[f]	Lifestyle Modification	<ol style="list-style-type: none"> <li>I. Documents required under Section 2.D.[c] / 2.D.[d]</li> <li>II. Certificate of the Qualified Registered Medical Practitioner who attended the injured person certifying the requirement of such support.</li> <li>III. Payment receipt in support of expenses reasonably incurred for such implement /s or support system.</li> </ol>
2.d.[g]	Assisted Mobility	<ol style="list-style-type: none"> <li>I. Documents required under Section 2.D.[c] / 2.D.[d]</li> <li>II. The disabilities as having been caused by accident and the requirement of assisted mobility have to be certified in writing by a Qualified Registered Medical Practitioner who attended the injured person.</li> </ol>
2.d.[h]	Funeral Expenses	All Documents required for Death Claim under Section 2.D.[a].



<p>2.d.[i]</p>	<p>Medical Expenses Cover</p>	<ol style="list-style-type: none"> <li>I. Claim form duly filled and signed by the Insured.</li> <li>II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.</li> <li>III. All treatment papers of current ailment including previous treatment papers if any.</li> <li>IV. Original Discharge Card from the hospital.</li> <li>V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).</li> <li>VI. Original hospital bill and receipts.</li> <li>VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</li> <li>VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</li> <li>IX. Valid Photo ID Proof of the patient.</li> <li>X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</li> <li>XI. KYC documents of Insured and Nominee (if applicable)</li> </ol>
<p>2.d.[j]</p>	<p>Hospital Cash</p>	<ol style="list-style-type: none"> <li>I. Claim form duly filled and signed by the Insured.</li> <li>II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.</li> <li>III. All treatment papers of current ailment including previous treatment papers if any.</li> <li>IV. Original Discharge Card from the hospital.</li> <li>V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).</li> <li>VI. Original hospital bill and receipts.</li> <li>VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</li> <li>VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</li> <li>IX. Valid Photo ID Proof of the patient.</li> <li>X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</li> <li>XI. KYC documents of Insured and Nominee (if applicable)</li> </ol>
<p>2.d.[k]</p>	<p>OPD Visit</p>	<ol style="list-style-type: none"> <li>I. Claim form duly filled and signed by the Insured.</li> <li>II. All medical Investigation reports (viz. X-ray, ECG, Blood test etc).</li> <li>III. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</li> <li>IV. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</li> <li>V. Valid Photo ID Proof of the patient.</li> </ol>





2.d.[l]	Marriage Expenses	<ol style="list-style-type: none"> <li>I. All Documents as required under Death; Coverage Section 2.D.[a] Permanent Total Disablement; Coverage Section 2.D.[b]</li> <li>II. Marriage Certificate issued under (i) The Hindu Marriage Act-1955 OR (ii) The Special Marriage Act-1954</li> <li>III. Payment Receipts in support of the expenses reasonably incurred for the marriage of unmarried children.</li> </ol>
2.d.[m]	Loss of Baggage	<ol style="list-style-type: none"> <li>I. All Documents as required under Death; Coverage Section 2.D.[a] Permanent Total Disablement; Coverage Section 2.D.[b] &amp; Permanent Partial Disablement; Coverage Section 2.D.[c]</li> <li>II. Copy of FIR / Police Report if the baggage is stolen</li> </ol>
2.d.[n]	Pending Bills Liability	<ol style="list-style-type: none"> <li>I. All Documents as required under Death; Coverage Section 2.D.[a].</li> <li>II. The Documents confirming the financial liability of the deceased/disappeared insured presumed to be dead that has been transferred to the legal heir or nominee.</li> <li>III. The bank statement for all payments which has already been made by the insured prior to his death.</li> </ol>
2.d.[o]	Children Education	<ol style="list-style-type: none"> <li>I. All Documents as required under Death; and Coverage Section 2.D.[a] Permanent Total Disablement;</li> <li>II. The documents confirming the name of Institution / University where the children are pursuing study.</li> <li>III. The Tuition Fee Receipt in original paid for the continuation of such study.</li> </ol>
2.d.[p]	Road-Ambulance Charges	Payment Receipt in support of the expenses incurred for the transportation of the injured insured to the Hospital.
2.d.[q]	Air-Ambulance Charges	Payment Receipt in support of the expenses incurred for the transportation of the injured insured to the Hospital.
2.d.[r]	Carriage of Mortal Remains	Payment Receipt in support of the reasonable expenses incurred for the transportation mortal remains of the deceased insured to his home place or any other place of the choice of his family.
2.d.[s]	Travel in Common Carrier Cover	The passenger ticket or any other document issued by such common carrier establishing the insured as authorized passenger of such common carrier.



2.d.[t]	Adventure Sports Inclusion Cover	<ol style="list-style-type: none"> <li>I. Documents to establish that the insured was not a trainer who was imparting training to other for participation on hazardous Sports.</li> <li>II. Documents to establish that the insured was acting under the instructions of the Certified Professional Trainer of Adventure Sports.</li> </ol>
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### Claim Investigation

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.

### Settlement and Repudiation of a Claim

We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents. However, where the circumstances of a claim warrant an investigation it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document / information.

In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

### Payment Terms

- a) All Claims will be payable in India and in Indian rupees.
- b) We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance).
- c) Our total liability in aggregate for all claims under the Policy for a specific Insured Person shall not exceed the respective Sum assured of that Insured Person as mentioned in Policy Schedule.
- d) In case of claims for accidental death of the Insured Person, where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.

### 2.G – Grievance Redressal Procedure

In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link [www.universalsompo.com](http://www.universalsompo.com)

**IRDAI Integrated Grievance Management System** – <https://igms.irda.gov.in/>

**Insurance Ombudsman** — Insured person may also approach the office of

Insurance Ombudsman of the respective area/region for redressal of grievance.



The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>
Karnataka.	<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>
Madhya Pradesh Chattisgarh.	<b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>
Odisha	<b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>
Delhi.	<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504



	Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>
<b>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</b>	<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(Assam). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>
<b>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</b>	<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>
<b>Rajasthan.</b>	<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>
<b>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</b>	<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>
<b>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</b>	<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>
<b>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</b>	<b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>
<b>Goa, Mumbai Metropolitan Region</b>	<b>MUMBAI</b> Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevan Seva Annexe, S. V. Road,



<p>excluding Navi Mumbai &amp; Thane.</p>	<p>Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p>
<p><b>State of Uttaranchal and the following Districts of Uttar Pradesh:</b> Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>
<p><b>Bihar, Jharkhand.</b></p>	<p><b>PATNA</b> Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></p>
<p><b>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</b></p>	<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></p>



### 3. POLICY SCHEDULE

Group Personal Accident Insurance Policy  
Policy Schedule

<b>Issued At:</b>	<b>Issue date:</b>
<b>Intermediary Details</b>	
Agency/Broker Code:	Agency/Broker Name:
Agent's/Broker's Mobile No. :	Agent's/Broker's Email ID:
<b>Details of Policyholder</b>	
Name of the Policyholder	
Business/Occupation/Trade of the Policyholder	
Address	
<b>Policy Details</b>	
Policy Number	
Date of Proposal / Declaration	
Period of Insurance	From: _____ To: midnight of _____
Total Number of Insured Employee(s)/Member(s)	
Details of Insured Employee(s)/Member(s)	As per Annexure
<b>Coverage Details</b>	
<b>Capital Sum Insured : INR</b>	
<b>Scope of Coverage:</b>	
Death / Disappearance	INR
Permanent Total Disablement	INR



Permanent Partial Disablement	As per the table 2.D.[c]
Temporary Total Disablement	INR _____ per week, up to INR _____ Time Excess ____ days
Miscarriage Cover	INR
Lifestyle Modification	INR
Assisted Mobility Allowance	INR _____ per day, for ____ days
Funeral Expenses Cover	INR
Medical Expenses Cover	INR
Hospital Confinement Allowance	INR _____ for ____ days
OPD Cover	INR
Marriage Expenses Cover	INR
Loss of Baggage Cover	INR
Pending Bills Protection Cover	INR
Education Fund Cover	INR
Road Ambulance Cover	INR
Air Ambulance Cover	INR
Carriage of Mortal Remains Cover	INR
Travel in Common Carriers Cover	Capital Sum Insured opted
Adventure Sports Inclusion Cover	Yes/No
Restricted Contingency Cover	..... [Details of Restriction, if opted]
<b>Other Details:</b>	
<b>Conditions:</b>	

### Premium [including Instalment Premium schedule] Details

For Universal Sompo General Insurance Company Limited

Authorized Signatory

Stamp duty of ..... Paise paid in cash or by demand draft or by pay order, vide Receipt/Challan no. <Challan No.> dated <Challan Date>.



**Annexures**

Annexure forming part of Policy No.....

**Annexure A**

Employee(s)/Member(s) details:

Name of the Employee	Identification No	Age	Nature of Duty performed	Scope of Coverage	Capital Sum Insured.	Nominee details

**Annexure B**

Details of Family Members (spouse, dependent children/parents) covered:

Name of family members	Relationship with Employee/Member	Name and Identification No. of the employee	Scope of Coverage	Capital Sum Insured