

Policy No. 2816/70135355/00/000

CRAVATEX LIMITED

GROUND FLOOR, FORBES BUILDING
CHARANJIT RAI MARG, FORT, MUMBAI,
MUMBAI,
MAHARASHTRA- 400001,

9892371212

nitin.patel@pincinsure.com

Dear Sir/Madam,

Thank you for choosing us as your insurance partner for GROUP HEALTH INSURANCE POLICY - CUM TAX INVOICE. We're extremely delighted to have you on-board and we are going to be with you every step of the way.

To make your insurance experience seamless, we have introduced below tech-based solutions.

USGI PULZ App - One stop solution for all your insurance needs. Now enjoy below complimentary value added benefits with our app.

- **Insurance Wallet** – Manage insurance policies on the go with buy and renew Option
- **Claim Management** – Intimate claim online and track claim status
- **Complete Auto Care Solutions** – Online car service appointment, road side assistance, extended warranty, buy spare parts and accessories, sell car online, self-drive car discount, tips to maintain your vehicle.
- **24X7 Road Side Assistance*** – In case you are in distress due to flat tyre, drained battery, minor repairing or towing of vehicle in case of break down or accident of your vehicle, Key locked in car or lost, fuel run dry or arrangement of taxi/ ambulance
- **Location based Service** – Find nearest pharmacy, blood bank, wellness center, lab test center, online medicine stores. Also you can track your daily activity, set reminders, and maintain your health profile and much more

** Subject to Terms and conditions of Universal Sampo Policy covering the vehicle with RSA cover*

AI-Powered Virtual Agent

- Helps you to intimate claim with ease

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800- 200-4030 (Other Users), 1-800-22-4030 (MTNL/BSNL Users), or mail us at contactus@universalsompo.com. You can also drop by at one of our branches. For more information visit our website www.universalsompo.com

Please note that your policy is issued as per the information provided by you to us in the proposal form/e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 15 days of policy received.

You can also visit below link to check the hospital list or scan the QR code.

LINK <https://universalsompo.com/cashless-hospitals/Hospital>

Thanks again for choosing Universal Sampo, look forward to a long and healthy relationship.



Scan to check Hospital List



Scan to download USGI Pulz App

GROUP HEALTH INSURANCE POLICY - CUM TAX INVOICE

INTERMEDIARY DETAILS			
Intermediary Name	PIONEER INSURANCE & REINSURANCE BROKERS PVT LTD.	Phone Number	22-66188501
Intermediary Code	201670877714	Email	NA

POLICY ISSUANCE DETAILS			
Policy Number	2816/70135355/00/000	Policy Type	Transferred Business
Branch Name	MAHARASHTRA	Invoice Number	2723PR0000551245
Manual Covernote Number	NA		

Policy/Invoice Issued Date	10/05/2023	Total Sum Insured	10,650,000
Name of the Proposer	CRAVATEX LIMITED	Total Premium	342,570.00
Proposer Id	102115509168		
Proposer Address/Place of Supply	GROUND FLOOR,FORBES BUILDING, CHARANJIT RAI MARG,FORT,MUMBAI, MUMBAI, MUMBAI, MAHARASHTRA(27), PIN - 400001 , Mobile - 9892371212 ,Email - nitin.patel@pincinsure.com GSTIN - 27AAACC2734N1ZK UNIT NO. 105, 1ST FLOOR, ACKRUTI STAR, MIDC, GAUTAM NAGAR, ANDHERI (EAST) , MUMBAI MAHARASHTRA PIN - 400093 , MAHARASHTRA(27) , GSTIN - 27AAACU8917F1Z6	CGST(9%)	30831.50
Period of Insurance	From : 00:00 of 19/04/2023 To : 23:59 of 18/04/2024	SGST(9%)	30831.50
Type Of Cover	Basic Cover	Total Amount Payable	404,233.00
Optional Extension Opted	Coverage against pre existing diseases,Waiver of 30 days waiting period,Waiver of First year exclusions,Maternity	Total Amount Payable (in words)	Rupees Four Lakh Four Thousand Two Hundred Thirty-Three Only
Basic of Sum Insured	Floater	Details of the Insured Persons(s)	As per annexure attached
		Total No. of Insured Person(s)	No of Primary Insured(s) : 31 No of Dependents : 30
Policy Issuance Office	ANDHERI (MUMBAI) BRANCH UNIT NO. 105, 1ST FLOOR, ACKRUTI STAR, MIDC, GAUTAM NAGAR, ANDHERI (EAST) , MUMBAI MAHARASHTRA PIN - 400093 , MAHARASHTRA(27) , GSTIN - 27AAACU8917F1Z6		

Policy is subject to the following Warranty: As Mentioned Within

Policy subject to the following Special
condition(s): NA

Clauses/Endorsements attached to the policy

- Family Definition : Employees, Spouse, 2 Dependent children and 2 Dependent Parents
- Age Limit : Age limit for Employees and Spouse - 18years to 70 years, for Children - upto 23 years and for Parents upto 80 years.
- Floater/Individual : This policy is on Family floater basis
- Sum Insured Criteria : Sum Insured criteria is required for policy issuance
- 30 days waiting Period : Waived off and Exclusion No. 2 of section ¿What we exclude¿ in Group Health Insurance Policy Wording stands deleted.
- 1st Year exclusions : Waived off and Exclusion No. 3 of section ¿What we exclude¿ in Group Health Insurance Policy Wording stands deleted.
- 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section ¿What We Exclude¿ in Group Health Insurance Policy Wording stands deleted.
- Domiciliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurance Policy wording stands deleted
- Maternity Treatment Charges Benefit Extension without waiting period : Covered up to a maximum of Rs.95,000/- for Normal delivery and Rs.95,000/- for Caesarean section delivery, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 10 A of the Section ¿What We Exclude¿ in Group Health Insurance Policy Wording stands deleted.
- Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation
- New Born baby cover : Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth
- Aliment Capping : I) PPN Hospital Network: Applicable.
- II) Cataract : No limit.
- III) Dental Treatment covered in case of accident and hospitalisation required.

- 15 Room Rent Capping : Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to no capping for normal and ICU hospitalization. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
- 16 Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
- 17 Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered
- 18 Emergency Ambulance Charges : Covered upto Rs.1000/- per claim
- 19 Terrorism Exclusion Waiver : Yes, but excluding nuclear, chemical and biological terrorism subject to minimum 24hrs of hospitalisation
- 20 Day care treatments : Total 141 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
- 21 Cashless Facility : Health India
- 22 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 24 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
- 23 Process for Mid-term Inclusion / Deletion
- 24 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
- 25 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.
- 26 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.
- 27 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.
- 28 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.
- 29 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.
- 30 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.
- 31 * Inclusion of an employee does not warrant automatic inclusion of the employee's dependants, unless agreed in the policy.
- 32 * Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

Conditions attached to the Policy

- 1 Premium payable under this policy shall be payable in advance.
- 2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd
- 3 After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No 2051473059

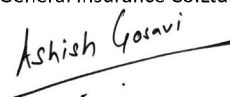
Dated

10/05/2023

Examined By:

Underwriter:

For Universal Sompo General Insurance Co.Ltd.



Authorized Signatory

Consolidated stamp duty Rs.1 paid towards Insurance policy stamp vide receipt no. dated of General Stamp Office Mumbai.

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

IN WITNESS WHEREOF this Policy has been signed at Mumbai in lieu of e-covernote No. NA

GSTIN No : 27AAACU8917F1Z6

USGI IRDA Registration No. 134

SAC Code : 997133

IRDAI UIN NO:- UNIHLP21355V022021

SP Name-SP Code:-

Resolving Issues - Please read your Policy & Policy Schedule:

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

* Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions.

TPA Condition :CASHLESS CLAIM FACILITY IS EXTENDED UNDER THE POLICY AND YOUR THIRD PARTY ADMINISTRATOR IS HEALTH INDIA TPA PVT LTD CONTACT NUMBERS OF TPA FOR REGISTERING CLAIMS FOR PRE AUTHORIZATION 1800 2200 33 OR 022 42471904

N.B. The benefits provided under the policy and/or terms and conditions of the policy including premium rates may be subject to change on renewal, with prior approval from IRDAI.

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

Address: Universal Sompo General Insurance Co.Ltd. Airoli Office-Unit No.601 & 602,A wing, 6th floor, Reliable Tech Park, Cloud City Campus, Gut no 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708

Toll Free Numbers:1800 22 4030 / 1800 200 4030

Grievance Redressal Officer Number:022-41690824

Website: www.universalsompo.com

E-mail Address: contactus@universalsompo.com.

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

Universal Sompo General Insurance Co.Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2017. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer <https://www.cioins.co.in/ombudsman>.