

EXIT

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Universal Sampo General Insurance Co. Ltd.

A joint venture of Indian Bank * Indian Overseas Bank * Karnataka Bank Ltd. * Debur Investments Corp. * Sampo Japan Insurance Inc.
 Regd. & Corporate office: Unit 401, 4th Floor, Sangam Complex, 127, Andheri Kurla Road, Andheri (East), Mumbai - 400059, Maharashtra, Tel.: 022-2921 1800

COMPLETE HEALTHCARE POLICY SCHEDULE CUM TAX INVOICE

INVOICE NUMBER : 2420PR000006996

INTERMEDIARY NAME		RAKESH M KHANNA							
INTERMEDIARY CODE		201435034448		PHONE NO.	9274995029	E-MAIL	NA	SUB CODE	NA
POLICY NO	2825/61405410/00/000			Policy Type	Portable Business		Bank Branch Name	NA	
CUSTOMER ID	100011306636			Loan A/c No.	NA				
Insured Details					Policy Issued				
Name	PARULBEN GAUTAMBHAI BHIKADIYA				POLICY ISSUANCE OFFICE	SURAT BRANCH, HG - 23, INTERNATIONAL TRADE CENTRE, MAJURA GATE, RING ROAD SURAT, GUJARAT, STATE CODE - 24, PIN - 395002, GSTIN- 24AAACU8917F1ZC			
PROPOSER ADDRESS/PLACE OF SUPPLY	H-303, SHRADDHA RESIDENCY, OPP HATHI MANDIR, 10. NEAR GAJERA SCHOOL, KATARGAM				POLICY/INVOICE ISSUED DATE:	11/06/2020	EIA ACCOUNT NO :	NA	
City	SURAT	State:	GUJARAT		GST Number	NA		Period of Insurance	
Pincode	395004	Email ID:	GAUTAMBHIKADIYA3@GMAIL.COM		Policy Start From	00:00 Hrs Of		Policy End To	
Contacting Number	NA	Mobile Number	9274995029		13/06/2020			12/06/2021	
Covernote Number	NA			Plan Opted:	Essential		Plan Type:	Family Floater Basis	
Total Sum Insured					Sum Insured (In Rs.)				
					400000.00				
Premium Details (In Rs.)									
Total Premium					7031.00				
CGST (9%)					633.00				
SGST (9%)					633.00				
Total Amount Paid					8297.00				
Total Amount Paid (In words)					Rupees Eight Thousand Two Hundred Ninety Seven Only				

Insured Person Details								
NAME OF INSURED	DATE OF BIRTH	GENDER	RELATIONSHIP WITH PROPOSER	OCCUPATION	MEDICAL CASE	NOMINEE NAME	BASIC SUM INSURED	CUMULATIVE BONUS
PARULBEN GAUTAMBHAI BHIKADIYA	06/12/1987	F	Self	Other Normal	No	GAUTAMBHAI BHIKHABHAI BHIKADIYA	400000.00	0.00
GAUTAMBHAI BHIKHABHAI BHIKADIYA	01/12/1984	M	Spouse	Other Normal	No	PARULBEN GAUTAMBHAI BHIKADIYA		
YUVAL GAUTAMBHAI BHIKADIYA	29/09/2014	M	Son	Other Normal	No	PARULBEN GAUTAMBHAI BHIKADIYA		
DARSHI GAUTAMBHAI BHIKADIYA	31/01/2009	F	Daughter	Other Normal	No	PARULBEN GAUTAMBHAI BHIKADIYA		

Add-On Coverage Details							
Name Of Insured	Personal Accident SI	PA Premium	Critical Illness SI	CI Premium	Hospital Cash SI	HC Premium	
PARULBEN GAUTAMBHAI BHIKADIYA	NA	NA	NA	NA	NA	NA	NA
GAUTAMBHAI BHIKHABHAI BHIKADIYA	NA	NA	NA	NA	NA	NA	NA
YUVAL GAUTAMBHAI BHIKADIYA	NA	NA	NA	NA	NA	NA	NA
DARSHI GAUTAMBHAI BHIKADIYA	NA	NA	NA	NA	NA	NA	NA
Sub Limit Category	NA			Treatment in Tiered Network		No	

PREVIOUS POLICY DETAILS					
COMPANY NAME	POLICY NUMBER	POLICY YEAR	POLICY START DATE	POLICY END DATE	CLAIM STATUS
NATIONAL	311500501910001702	2019	13/06/2019	12/06/2020	NO
NATIONAL	310500501810002986	2018	13/06/2018	12/06/2019	NO
NEW INDIA	230100041728000001555	2017	13/06/2017	12/06/2018	NO

NOTE: The Cumulative Bonus (CB) shown in the Policy Schedule is provisional. The CB calculated on the Expiry Date, shall only be considered as final. However, in case of any change in provisional CB, the same shall be intimated to You by Us through a separate endorsement.

Policy subject to the following Special condition(s):

1) Continue health insurance cover in India from any of the insurers without break: (date): 13/06/2015 Period of Insurance without break: 5 years. 2) The CHI policy is issued via portability subject to continuity benefit would be restricted to expiring SA + next slab of CB as per our product. All relevant clauses like 30 days waiting period, 1st yr. exclusion and 36 months waiting period for Pre-existing disease would be applicable for incremental Sum Assured if any. However the said confirmation and other benefits have been provided on the basis of declaration provided in proposal form and other documents provided. In case of any discrepancy at the time of claim, the benefits extended would stand not applicable. w.e.f. 13/06/2020. 3) The Cumulative bonus transferred under portability or achieved in claim free renewals would be restricted to maximum 50% % of basic sum insured only.

EXCLUSIONS: NA

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 2011968034 **Dated** 11/06/2020

IRDAI UIN NO: IRDA/NL-HLT/USGI/P-H/V.I/221/13-14

SAC CODE : 997133

USGI IRDAI REGISTRATION NO. 134

Territorial Scope: India **FOR UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD.**

DULY CONSTITUTED ATTORNEY(S)

Consolidated stamp duty Rs 1.00 paid towards Insurance policy stamp vide receipt no. NA dated NA of General Stamp Office Mumbai.

DISCLAIMER: For USGIC renewal policies, the policy wordings including terms and conditions were sent with the first year policy. The same policy wordings stands correct with no changes. You can also refer the wordings at our website www.universalsampo.com. 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.

CLAIMS DISCLAIMER: In the unfortunate event of any claim under the policy, please intimate IMMEDIATELY to our Call Centre at Toll Free Numbers: 1800-267-4030 / 1800-200-5142, Chargeable Numbers: 022 - 39635200 or Email at contactclaims@universalsampo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

RESOLVING ISSUES

Please read your policy and policy schedule:

The policy and policy schedule set out the terms of your contract with us. please read this carefully to ensure that the cover meets your needs.

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

Universal Sampo 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: 1800-200-5142, Chargeable Numbers: 022 – 39635200, Fax Toll Free Numbers: 1800-200-9134.

Local Branch office : 0261 - 2479474 Head Office: 02229211800 Grievance redressal officer: 022-39171375. E-mail Address: contactus@universalsompo.com. Fax Number: 022-39171419. 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 to www.irdaindia.org/ins_ombusman.htm.

TPA DETAILS : UNIVERSAL SOMPO-HEALTH SERVE

The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

ANNEXURE ATTACHED TO AND FORMING PART OF COMPLETE HEALTHCARE INSURANCE POLICY SCHEDULE1 : 2825/61405410/00/000	
Plan Name : ESSENTIAL	
Coverages	Liability Of Coverages
COVERS	ESSENTIAL
Inpatient Treatment	Covered
Day Care Procedures	Covered
Post-Hospitalization	Covered
Pre-Hospitalization	Covered
Domiciliary Treatment	Covered
Organ Donor	Covered
Ambulance	Up to 1% of SI or Rs 2,000 or actuals whichever is less.
Dental Treatment in case of Accidents	Inpatient Dental Treatment-Upto 100% of In-patient Treatment Sum Insured.
AYUSH Benefit	Upto SI
Daily Cash for accompanying an Insured child	Rs 300 per day subject to maximum of Rs 9,000.
Vaccination (In case of Post Bite Treatment)	Inpatient treatment- Upto 100% of In-patient Treatment Sum Insured or actuals whichever is less.
Out-Patient Treatment Cover after waiting period of 3 years a) Out-patient Consultation b) Diagnostic Tests c) Dental Treatment d)Spectacles, Contact Lens, Hearing Aids	Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 5,000.
Convalescence Benefit	Flat Rs. 10,000 per member when Hospitalisation exceeds 10 days.
Maternity Expenses with waiting period of 3 years	Normal Delivery: up to Rs 15,000 or actuals whichever is less Caesarean Delivery: up to Rs 25,000 (including pre and post natal expenses up to Rs 2,000) or actuals whichever is less
New Born Baby Cover	Upto Basic Sum Insured from 1st Day till expiry of Policy or the child is 91 days old whichever is earlier subject to an intimation of such new born baby to the insurance company for addition of member in the said policy and payment of additional premium to be charged as per revised plan for such addition of member in the policy
Restore Benefit	Covered
Cover for People Living with HIV/AIDS	Not covered
Personal Accident	NA
Critical Illness	NA
Hospital Daily Cash when Hospitalisation exceeds 3 days for a maximum number of 7 days	NA
Waiting Period	A waiting period of 30 days will apply to all claims as per policy term & condition.
For Policy Terms and Conditions visit our website	www.universalsompo.com



Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act

This is to certify that Shri/Smt PARULBEN GAUTAMBHAI BHIKADIYA has paid Rs. 8297.00 (Rupees Eight Thousand Two Hundred Ninety Seven Only) by Cheque/Online towards premium for COMPLETE HEALTH CARE INSURANCE POLICY under Policy No. 2825/61405410/00/000 for the period from 13/06/2020 TO 12/06/2021 vide Collection No. 2011968034 Collection Date 11/06/2020.

USGI IRDAI REGISTRATION NO: 134

FOR UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD.

Authorized Signatory