

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



Sampurna Suraksha Bima Insurance Policy

CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

(Description is illustrative and not exhaustive)

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Sampurna Suraksha Bima	
2A	Unique Identification Number (UIN) allotted by IRDAI	UIIPAIP26041V012526	
2B	Policy no.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3	Structure	Both Indemnity and Benefit (the policy has elements of both the above)	
4	Interests Insured	Accidental Death/Disability & other benefits of the Insured Person (s) as mentioned in Policy schedule & Annexure I .	
5	Sum Insured	Dynamic as per plan opted on the basis of cover opted (Table of Benefits) as mentioned in Policy schedule & Annexure I.	
6	Policy Coverage	Policy coverage as per Annexure I attached.	Section 3A, 3B, 3C
7	Add-on Cover	Optional Cover(s) Member wise as per Annexure I attached.	Section 3.C
8	Loss Participation	No deductible/excess.	

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9	Exclusions	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1) 4) Payment of compensation in respect of death, injury or disablement of insured arising or resulting from the insured committing or attempting to commit any breach of the law with criminal intent. 2) Intentional self-inflicted injury, suicide or attempted suicide. 3) Any Insured Person's participation or involvement in naval, military or air force operation. 4) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol. 5) War, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. 6) Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death disablement resulting directly or indirectly from Pregnancy or childbirth or in consequence thereof. 7) Communicable Disease Exclusion Clause: The Company not be liable for any claim, loss, cost, or expense arising directly or indirectly from any Communicable Disease, including its transmission, spread, or any restrictions imposed by authorities (such as quarantine or lockdown) due to such a disease. For the purpose of this exclusion, Communicable Disease refers to any infectious disease capable of being transmitted between persons or between humans and animals. This includes, but is not limited to, COVID-19, SARS, Influenza, Tuberculosis, and Ebola, whether or not declared an epidemic or pandemic by the World Health Organization (WHO) or any government authority. 8) Vector-Borne Disease Exclusion Clause: The Company shall not be liable for any claim, loss, cost, or expense arising directly or indirectly from any Vector-Borne Disease, including but not limited to Malaria, Dengue, Chikungunya, Zika Virus, Japanese Encephalitis, or any other disease transmitted by mosquitoes, ticks, fleas, or other vectors. This exclusion applies regardless of whether such a disease is classified as an epidemic or pandemic by any government or health authority. 	Section 5
10	Special Conditions and Warranties (if any)	Not applicable.	

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11	Admissibility of Claim	<p>1) Claim Notification : It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than (30) Days after an actual or potential loss begins. Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.</p> <p>2) Claim Payment: All claims under the policy shall be payable in Indian currency only irrespective of the location of accident which has given rise to the claim.</p> <p>3) Claim documentation: Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.</p>	Section 5.L
12	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> • Toll free / IVRS number – 1800 425 33 333 • Website / Email- https://uiic.co.in/ customercare@uiic.co.in • Contact details as mentioned in policy schedule. • Grievance Escalation Matrix is available at United India Insurance Company Ltd. website under Complaints Section. 	
13	Grievance Redressal and Policyholders Protection	<p>a. https://uiic.co.in/en/customercare/grievance</p> <p>b. IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman – The contact details of the Insurance Ombudsman have been provided as annexure –B of Policy Document</p>	Section 7
14	Obligations of the Policyholder	<ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form. • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately. • Non-disclosure of material information may affect the claim settlement. • Disclosure of other material information during the policy period. 	

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policyholder:

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I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the policyholder)

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Annexure I

Member wise Sum Insured & Coverage details

A. PRIMARY COVERS					
Cover Name	Primary Insured	Insured 2	Insured 3	Insured 4	Insured 5
Name of Insured					
Total Accidental Death Sum Insured (₹)					
Table I: Death only (₹)					
Table II: Death + PTD (₹)					
Table III: Death + PTD + PPD (₹)					
Table IV: Death + PTD + PPD + TTD (₹)					
Total Accidental Death Sum Insured (₹) (sum of all the tables)					
B. IN-BUILT COVERS					
Cover Name	Primary Insured	Insured 2	Insured 3	Insured 4	Insured 5
Transportation of Mortal Remains					
Funeral Expenses					
Emergency Road Ambulance Charges					
Education Grant					
Family Transportation					
Purchase of Blood					

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Transportation charges of Imported Medicine/implants					
Cost of Prosthetics/ /Wheel Chair					
C. OPTIONAL COVERS					
Cover Name	Primary Insured	Insured 2	Insured 3	Insured 4	Insured 5
Broken Bones/Fracture					
Burns					
Coma					
Loan Secure					
EMI Protect					
Education Security Benefit					
Modification of residence/ vehicle					
Accidental Medical Expenses					
Accidental In-patient Hospitalisation					
Marriage Expenses for Children					
Orphan Support					
Elderly Care					
Adventure Sports Benefit					
Emergency Air Ambulance					
Accident Hospital Cash	Per day limit	Per day limit	Per day limit	Per day limit	Per day limit
Accidental Care at Home <ul style="list-style-type: none"> • ICU at Home: ₹ 20,000 per day for maximum 15 days. • Nursing Care at Home: ₹ 2,000 per day for maximum 15 days. • Physiotherapy: ₹ 2,000 per day for maximum 15 days. • Single Nurse Procedural Visit: actuals upto maximum ₹ 5,000 per policy year 	Opted/Not Opted	Opted/Not Opted	Opted/Not Opted	Opted/Not Opted	Opted/Not Opted
Chauffeur Plan Benefit	Per day limit	Per day limit	Per day limit	Per day limit	Per day limit
Pet Care	Per day limit	Per day limit	Per day limit	Per day limit	Per day limit