United India Insurance Company Limited Corporate Identity Number: U93090TN1938GOI000108

Corporate Identity Number: U93090TN1938G0I000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG N0.545



OVERSEAS MEDICLAIM POLICY

CUSTOMER INFORMATION SHEET (CIS)

Guide to the CIS

This document provides key information about your Overseas Mediclaim Policy. You are also advised to go through your policy document.

(Description is illustrative and not exhaustive)

S. No.	TITLE	DESCRIPTION	POLICY CLAUS E NUMBE R
1	Name of Insurance Policy	Overseas Mediclaim Policy (Business & Holiday) Worldwide including USA & Canada (Plan B-2)	
2	Policy Number	{}	
3	Type of Insurance Policy	Indemnity Based	
4	Sum Insured Basis Sum Insured	{} {}	-
5	Policy Coverage (What the Policy Covers?)	 Medical Expenses and repatriation— Medical expenses due to sudden, unexpected sickness and/or accident, when insured is outside republic of India. Personal accident — Death or Permanent disablement solely due to accident occurred outside India during the covered trip Total Loss of checked-in Baggage Delay of checked in baggage — Delay of more than 12 hours from the arrival time in receiving the checked in baggage in the outbound flightfrom the Republic of India Loss of Passport- reasonable expenses incurred in obtaining traveldocuments/ duplicate/ fresh passport Personal Liability — If the Insured person becomes legally liable to pay any accidental Third Party bodily injury claims or Third Party property damages arising from an incident during the covered trip 	A B C D

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6	Exclusion s (What the hospital doesn't cover)	 4. Ionising radiations, of and similar activities 5. Insured participating work, hazardous occion 6. HIV,HIV related illne or intoxicants, self-in 7. Claims arising from line 8. Confiscation or determined 	ainst Doctor's an Naval, Military of foreign enemy contamination by in mountaineer upation, etc. ss including All officted injury, at Pregnancy ention by customal listing of the	ndvice or Airforce operations y, civil war and similar activ y radioactivity, nuclear fuel ring, winter sports, manual DS, Influence of drugs, alco tempted suicide	1.a 3 4 5. a 7 2 5hol 8 E.1
7	Waiting Period	Not Applicable	<u> </u>		
8	Financial Limits of	The policy will pay only to the limits specified hereunder for the following diseases/procedures:			
			Limits (figures in USD)	Deductible	
	Sub-Limits	Medical Expenses and Repatriation	100000	100	
		Personal Accident	25000	0	
		Loss of Checked in Baggage	1000	0	
		Delay of Checked in Baggage	100	0	
		Loss of Passport	150	30	
		Personal Liability	200000	200	
9	Claims Procedure	Turn Around Time (TAT i. TAT for claim settler Helpline number:			document

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	NO.545					
		Name of the Claims Administrator	Mayfair We Care			
		Address		vledge Park, 4/1 Bannerghatta Roa	ad, Bangalore - 560	
		Toll-Free No.	029 United States: 18888811701 United Kingdom: 0808304521 Canada: 18885192693 Singapore: 8003211710 India: 18004190133 For Other Country Specific Looplease visit https://www.mayfate	cal Contact Numbers,		
		Website	https://www.mayfairwecare.com/contact/			
		Contact Details	Medical Emergency	General Queries	Grievances and Escalations	
		Email ID	mayfairassist@mayfairwecare.c om	mayfair.claims@mayfairwecare.c om	info@mayfairwecare.c om	
10	Policy Servicing	Please contact yo in your Policy Sch	our Policy issuing office, nedule.	details of which are mo	entioned _	

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11	Grievance/ Complaint	c. E-Mail: customercare@uiic.co.in You may also approach the grievance cell at any of our branches with details of the grievance. Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region. Details of Insurance Ombudsman offices have been provided as Annexure – 3 in the Policy Wordings.	
		PERIOD OF INSURANCE:	
		i) This insurance is valid from the First Day of Insurance or date and time	
12	Things to	of departure from India, whichever is later, subject to Clause[1 (i)] and	
	remember	expires on the last day of the number of days specified in the policy	
		schedule or on return to India whichever is earlier. Extension of the period	
		of insurance is automatic for the period not exceeding 7 days, and without	
		extra charge if necessitated by delay of public transport services beyond	
		the control of the Insured person. When injury/illness accident covered	
		under this policy is contracted during policy period and treatment for the	
		same commences during the period and continues beyond the expiry date	
		of this policy, only emergency expenses would be paid up to 45 days from	
		the date of expiry of the policy provided the insured person is medically	
		incapable of travel. The CSA must be notified immediately as soon as it is	
		known that insured person is unfit to return to India. If any new	
		illness/injury/accident is contracted beyond the expiry date of the policy,	
		treatment for the same would not be covered.	
		ii) The policy will be valid only if the insured journey commences within 14	
		days of the first day of Insurance as indicated in the policy schedule.	
13	Your Obligatio ns	Disclosure of Information : This policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.	

Declaration by the Policy Holder

Signature of Policy Holder

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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 shall prevail.