### United India Insurance Company Limited Corporate Identity Number: U93090TN1938G01000108

Corporate Identity Number: U93090TN1938GOI000108 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-3)			
2	Policy Number	$\{ \}$	-		
3	Type of Insurance Policy	Indemnity Based	-		
4	Sum Insured Basis Sum Insured	{} {}	-		
5	Policy Coverage (What the Policy Covers?)	<ol> <li>Medical Expenses and repatriation- Medical expenses due to sudden, unexpected sickness and/or accident, when insured is outside republic of India.</li> <li>Personal accident - Death or Permanent disablement solely due to accident occurred outside India during the covered trip</li> <li>Total Loss of checked-in Baggage</li> <li>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</li> <li>Loss of Passport- reasonable expenses incurred in obtaining traveldocuments/ duplicate/ fresh passport</li> <li>Personal Liability - If the Insured person becomes legally liable to payany accidental Third Party bodily injury claims or Third Party property damages arising from an incident during the covered trip</li> </ol>	A B C D E		

United India Insurance Company Limited Corporate Identity Number: U93090TN1938G01000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545



		The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.					
6	Exclusion s (What the hospital doesn't cover)	<ol> <li>Insured travelling against Doctor's advice</li> <li>Insured taking part in Naval, Military or Airforce operations</li> <li>War, invasion, acts of foreign enemy, civil war and similar activities</li> <li>Ionising radiations, contamination by radioactivity, nuclear fuel and similar activities</li> <li>Insured participating in mountaineering, winter sports, manual work, hazardous occupation, etc.</li> <li>HIV, HIV related illness including AIDS, Influence of drugs, alcohol or intoxicants, self-inflicted injury, attempted suicide</li> <li>Claims arising from Pregnancy</li> <li>Confiscation or detention by custom's officials</li> <li>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</li> </ol>					
7	Waiting Period	No	Not Applicable				
Financial The policy will pay only to				the limits specified hereunder for			
8	Limits of	the following diseases/procedures:					
				Limits (figures in USD)	Deductible		
	Sub-Limits	A	Medical Expenses and Repatriation	250000	100		
		В	Personal Accident	25000	0		
		С	Loss of Checked in Baggage	1000	0		
		D	Delay of Checked in Baggage	100	0		
		E	Loss of Passport	150	30		
		F	Personal Liability	200000	200		
9	Claims Procedure	Turn Around Time (TAT) for claims settlement: i. TAT for claim settlement:15 days of receipt of last necessary document Helpline number:					

United India Insurance Company Limited Corporate Identity Number: U93090TN1938G01000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545



		Name of the Claims Administrator	Mayfair We Care					
		Address						
		Toll-Free No.	United States: 18888811701 United Kingdom: 0808304521 Canada: 18885192693 Singapore: 8003211710 India: 18004190133 For Other Country Specific Lo please visit <u>https://www.mayfa</u>	cal Contact Numbers, irwecare.com/contact/				
		Website Contact Details	https://www.mayfairwecare.co		Grievances and			
		Email ID	Medical Emergency mayfairassist@mayfairwecare.c	General Queries <u>mayfair.claims@mayfairwecare.c</u>	Escalations info@mayfairwecare.c			
10	Policy	Please contact yo	ur Policy issuing office,	, details of which are m	entioned			
10	Servicing	in your Policy Sch	edule.		-			
		a. Website: <u>www.</u>	evance, you may contac <u>uiic.co.in</u> per: 1800 425 333 33	ct UIIC through:				

# United India Insurance Company Limited Corporate Identity Number: U93090TN1938G01000108

Corporate Identity Number: U93090TN1938GOI00010 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG N0.545



11	Grievance/ Complaint	<ul> <li>c. E-Mail: <u>customercare@uiic.co.in</u></li> <li>You may also approach the grievance cell at any of our branches with details of the grievance.</li> <li>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (<u>https://igms.irda.gov.in/</u>) OR approach</li> </ul>	
		the <b>Office of the Insurance Ombudsman</b> 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 remember	of departure from India, whichever is later, subject to Clause [1 (i)] and	
		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	<b>Disclosure of Information</b> : 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**

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

Place: Date:

Signature of Policy Holder



**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.