

# United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.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 CLAUSE NUMBER
1	Name of Insurance Policy	Overseas Mediclaim Policy (Business & Holiday) Worldwide including USA & Canada (Plan LB-2)	-
2	Policy Number	{ }	-
3	Type of Insurance Policy	Indemnity Based	-
4	Sum Insured Basis Sum Insured	{ } { }	-
5	Policy Coverage (What the Policy Covers?)	<ol style="list-style-type: none"><li>1. Medical Expenses and repatriation– Medical expenses due to accident, when insured is outside republic of India.</li><li>2. Personal accident – Death or Permanent disablement solely due to accident occurred outside India during the covered trip</li><li>3. Total Loss of checked-in Baggage</li><li>4. Delay of checked in baggage – Delay of more than 12 hours from the arrival time in receiving the checked in baggage in the outbound flight from the Republic of India</li><li>5. Loss of Passport- reasonable expenses incurred in obtaining travel documents/ duplicate/ fresh passport</li><li>6. 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</li></ol>	A B C D E F

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6	<p>Exclusion s (What the hospital doesn't cover)</p>	<p><b>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</b></p> <ol style="list-style-type: none"> <li>1. Insured travelling against Doctor's advice</li> <li>2. Insured taking part in Naval, Military or Airforce operations</li> <li>3. War, invasion, acts of foreign enemy, civil war and similar activities</li> <li>4. Ionising radiations, contamination by radioactivity, nuclear fuel and similar activities</li> <li>5. Insured participating in mountaineering, winter sports, manual work, hazardous occupation, etc.</li> <li>6. HIV, HIV related illness including AIDS, Influence of drugs, alcohol or intoxicants, self-inflicted injury, attempted suicide</li> <li>7. Claims arising from Pregnancy</li>   <li>8. Confiscation or detention by custom's officials</li> </ol> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	<p>1. a 3 4  5. a  7  2  8 (specific condition) E.1</p>																					
7	Waiting Period	Not Applicable																						
8	<p>Financial Limits of  Sub-Limits</p>	<p>The policy will pay only to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" data-bbox="440 1144 1336 1703"> <thead> <tr> <th></th> <th>Limits (figures in USD)</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>Accident</td> <td>US\$ 250,000</td> <td>US\$ 100</td> </tr> <tr> <td>Personal Accident</td> <td>US\$ 25,000</td> <td>0</td> </tr> <tr> <td>Loss of Checked in Baggage</td> <td>US\$ 1,000</td> <td>0</td> </tr> <tr> <td>Delay of Checked in Baggage</td> <td>US\$ 100</td> <td>12 Hours</td> </tr> <tr> <td>Loss of Passport</td> <td>US\$ 150</td> <td>US\$ 30</td> </tr> <tr> <td>Personal Liability</td> <td>US\$ 200,000</td> <td>US\$ 200 (TPPD only)</td> </tr> </tbody> </table>		Limits (figures in USD)	Deductible	Accident	US\$ 250,000	US\$ 100	Personal Accident	US\$ 25,000	0	Loss of Checked in Baggage	US\$ 1,000	0	Delay of Checked in Baggage	US\$ 100	12 Hours	Loss of Passport	US\$ 150	US\$ 30	Personal Liability	US\$ 200,000	US\$ 200 (TPPD only)	
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9	Claims Procedure	<p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for claim settlement: 15 days of receipt of last necessary document</p> <p>Helpline number:</p>																						

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10	Policy Servicing	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.	-																							
		In case of any grievance, you may contact UIIC through: a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a>																								

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11	Grievance/ Complaint	<p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></p> <p>You may also approach the grievance cell at any of our branches with details of the grievance.</p> <p>Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>) OR approach 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.</p>	
12	Things to remember	<p><b>PERIOD OF INSURANCE:</b></p> <p>i) This insurance is valid from the First Day of Insurance or date and time 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.</p> <p>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.</p>	
13	Your Obligatio ns	<p><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.</p>	

## Declaration by the Policy Holder

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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.