

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 (E&S) Plan C (Excluding USA & Canada) | - |
| 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">1. Medical Accident and Sickness Expenses– Medical expenses due to sudden, unexpected sickness and/or accident, when insured is outside republic of India.2. Medical Evacuation Expenses3. Repatriation (Preparation and Transportation of Remains) and Alternative Expenses4. Medical Emergency Reunion Expenses5. Contingency Insurance (Applicable to Sponsored Students only) | 3.2 3.3 3.4 3.5 4 |

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| 6 | <p>Exclusions (What the hospital doesn't cover)</p> | <p>1. No claim will be paid under Section 1(A), (D) & 2 in respect of any injury or sickness (or complication arising from any injury or sickness) which had its origins or for which a Licensed Physician was consulted or for which treatment or medication was received prior to the effective date of this Insurance</p> <p>2. No claim will be paid where, at the time of taking out this Insurance the Insured Person:</p> <p>(a) is on a waiting list for treatment;</p> <p>(b) has travelled for the purpose of obtaining treatment;</p> <p>(c) has received a terminal prognosis;</p> <p>(d) has travelled to the Country of Posting or Study against the advice of a Physician;</p> <p>(e) is over 60 years of age unless specifically endorsed hereon.</p> <p>3. Temporomandibular joint dysfunction and dental treatment except when as the direct result of a Covered Injury</p> <p>4. Treatment of congenital conditions or the costs of cosmetic surgery & correction of deviated nasal septum except when necessitated by a Covered Injury to the Insured Person</p> <p>4. Self-inflicted injury, suicide or attempted suicide, the influence of alcohol or intoxicants, the use of drugs except as prescribed by a Licensed Physician</p> <p>5. Loss, damage or liability directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, ionizing radiations or contamination by radioactivity from any nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component.</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p> | <p>5.1</p> <p>5.2</p> <p>5.2.a</p> <p>5.2.b</p> <p>5.2.c</p> <p>5.2.d</p> <p>5.2.e</p> <p>5.3.a</p> <p>5.3.b</p> <p>5.3.c</p> <p>5.3.d</p> | | | | | | | | |
| 7 | <p>Waiting Period</p> | <p>Not Applicable</p> | | | | | | | | | |
| 8 | <p>Financial Limits of</p> | <p>The policy will pay only to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" data-bbox="440 1675 1344 1883"> <tr> <td>Hospitalisation & Medical Expenses - Accident & Sickness</td> <td>US \$ 150000</td> </tr> <tr> <td>Medical evacuation expenses</td> <td>US \$ 10000</td> </tr> <tr> <td>Medical repatriation & alternative expenses</td> <td>US \$ 10000</td> </tr> <tr> <td>Medical emergency reunion expenses</td> <td>US \$ 5000</td> </tr> </table> | Hospitalisation & Medical Expenses - Accident & Sickness | US \$ 150000 | Medical evacuation expenses | US \$ 10000 | Medical repatriation & alternative expenses | US \$ 10000 | Medical emergency reunion expenses | US \$ 5000 | |
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| Medical evacuation expenses | US \$ 10000 | | | | | | | | | | |
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| | Sub-Limits | Contingency Insurance: For sponsored students following: a) Death b) Loss of entire eye set of either or both eyes. C) Permanent total disability followed by medical evaluation. | US \$ 750 capital sum for each month of study during the period of insurance. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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> <table border="1"> <tr> <td>Name of the Claims Administrator</td> <td colspan="3">Mayfair We Care</td> </tr> <tr> <td>Address</td> <td colspan="3">Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore - 560 029</td> </tr> <tr> <td>Toll-Free No.</td> <td colspan="3"> United States: 18888811701 United Kingdom: 08083045211 Canada: 18885192693 Singapore: 8003211710 India: 18004190133 For Other Country Specific Local Contact Numbers, please visit https://www.mayfairwecare.com/contact/ </td> </tr> <tr> <td>Website</td> <td colspan="3">https://www.mayfairwecare.com/contact/</td> </tr> <tr> <td>Contact Details</td> <td><i>Medical Emergency</i></td> <td><i>General Queries</i></td> <td><i>Grievances and Escalations</i></td> </tr> <tr> <td><i>Email ID</i></td> <td>mayfairassist@mayfairwecare.com</td> <td>mayfair.claims@mayfairwecare.com</td> <td>info@mayfairwecare.com</td> </tr> </table> | | | Name of the Claims Administrator | Mayfair We Care | | | Address | Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore - 560 029 | | | Toll-Free No. | United States: 18888811701 United Kingdom: 08083045211 Canada: 18885192693 Singapore: 8003211710 India: 18004190133 For Other Country Specific Local Contact Numbers, please visit https://www.mayfairwecare.com/contact/ | | | Website | https://www.mayfairwecare.com/contact/ | | | Contact Details | <i>Medical Emergency</i> | <i>General Queries</i> | <i>Grievances and Escalations</i> | <i>Email ID</i> | mayfairassist@mayfairwecare.com | mayfair.claims@mayfairwecare.com | info@mayfairwecare.com |
| Name of the Claims Administrator | Mayfair We Care | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <i>Email ID</i> | mayfairassist@mayfairwecare.com | mayfair.claims@mayfairwecare.com | info@mayfairwecare.com | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Policy Servicing | Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Grievance/ Complaint | <p>In case of any grievance, you may contact UIIC through:</p> <p>a. Website: www.uiic.co.in</p> <p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: customercare@uiic.co.in</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 (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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Things to remember | The benefits payable under this Insurance in respect of hospital, dental, nursing, medical or surgical services may at the Insurers option unless such Insured Person requests otherwise in writing not later than when filing proof of loss, be paid directly to the hospital or individuals rendering the services. Any benefit unpaid at such Insured Person's death will be paid to such Insured | | 8.2 | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | Person's estate. In any event written advice together with relevant notes, documentation etc. in respect of any claim under this Insurance must be given to the Claims Administrator within 30 days after the date of diagnosis with respect to a claim which may be covered by this Insurance | |
| 13 | Your Obligations | 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

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.