



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 Schengen Policy	-
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 Expenses and repatriation– Medical expenses due to sudden, unexpected sickness and/or accident, when insured is outside republic of India. 2. Personal accident – Death or Permanent disablement solely due to accident occurred outside India during the covered trip 	A B
6	Exclusions (What the hospital doesn't cover)	<p>The following is a partial list. Please refer to Policy Wordings for the complete list of exclusions.</p> <ol style="list-style-type: none"> 1. Insured travelling against Doctor's advice 2. Insured taking part in Naval, Military or Airforce operations 3. War, invasion, acts of foreign enemy, civil war and similar activities 4. Ionising radiations, contamination by radioactivity, nuclear fuel and similar activities 5. Insured participating in mountaineering, winter sports, manual work, hazardous occupation, etc. 6. HIV, HIV related illness including AIDS, Influence of drugs, alcohol or intoxicants, self-inflicted injury, attempted suicide 7. Claims arising from Pregnancy 	1.a 3 4 5.a 7 2 8

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)																									
7	Waiting Period	Not Applicable																									
8	Financial Limits of Sub-Limits	<p>The policy will pay only to the limits specified hereunder for the following diseases/procedures:</p> <table border="1"> <thead> <tr> <th>Covers</th> <th>Limit</th> <th>Deductible</th> </tr> </thead> <tbody> <tr> <td>Medical Benefits</td> <td>EURO 30000</td> <td>75</td> </tr> <tr> <td>Personal Accident</td> <td>EURO 2000</td> <td>Nil</td> </tr> </tbody> </table>	Covers	Limit	Deductible	Medical Benefits	EURO 30000	75	Personal Accident	EURO 2000	Nil																
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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> <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	
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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>																									

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		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.	
12	Things to remember	PERIOD OF INSURANCE: 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. 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 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.

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