

# United India Insurance Company Limited

Corporate Identity Number: U93090TN1938GOI000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



## OVERSEAS TRAVEL INSURANCE POLICY 2014

### CUSTOMER INFORMATION SHEET (CIS)

#### Guide to the CIS

This document provides key information about your Overseas Travel Insurance Policy 2014. 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 Travel Insurance Policy 2014 (Business & Holiday) Worldwide excluding USA & Canada (Plan A- 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 style="list-style-type: none"><li>1. Medical Expenses and repatriation– Medical expenses due to sudden, unexpected sickness and/or 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 flightfrom 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 payany accidental Third Party bodily injury claims or Third Party property damages arising from an incident during the covered trip</li></ol>	5.A 5.B 5.C 5.D 5.E 5.F

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		<p>7. Trip delay – Reasonable additional accommodation charges and travelling expenses incurred due to Delay of trip beyond 6 hours of scheduled departure</p> <p>8. Pecuniary loss on account of Trip cancellation due to an insured peril</p> <p>9. Distress allowance on account of Hijacking of the common carrier in which the insured is travelling</p> <p>10. Missed connection – In case of aircraft from India delayed beyond 12 hours from the scheduled time of arrival.</p> <p>11. Hospital Daily allowance in the event of hospitalization</p>	<p>5.G</p> <p>5.H</p> <p>5.I</p> <p>5.J</p> <p>5.K</p>						
6	Exclusions (What the hospital doesn't cover)	<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. Self-inflicted injury, attempted suicide</li> <li>3. Insured taking part in Naval, Military or Airforce operations</li> <li>4. War, invasion, acts of foreign enemy, civil war and similar activities</li> <li>5. Ionising radiations, contamination by radioactivity, nuclear fuel and similar activities</li> <li>6. Insured participating in mountaineering, winter sports, manual work, hazardous occupation, etc.</li> <li>7. HIV, HIV related illness including AIDS</li> <li>8. Claims arising from Pregnancy</li> <li>9. Transmission of a communicable disease by insured</li> <li>10. Sexual Molestation, Corporal Punishment</li> <li>11. Suits or legal action by insured's family members</li> <li>12. Confiscation or detention by custom's officials</li> <li>13. Influence of drugs, alcohol or intoxicants</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>3.1</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.5</p> <p>3.7</p> <p>3.10</p> <p>3.11</p> <p>3.14</p> <p>3.15</p> <p>3.16</p> <p>3.17</p> <p>3.18</p>						
7	Waiting Period	Not Applicable							
8	Financial Limits of	<p>The policy will pay only to the limits specified hereunder for the following diseases/procedures:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Section</th> <th style="width: 40%;">Benefits</th> <th style="width: 40%;">SUM INSURED - USD</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">250000 (PLAN A-3)</td> </tr> </tbody> </table>	Section	Benefits	SUM INSURED - USD			250000 (PLAN A-3)	
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			Limits (Figures in USD)	Deductible
Sub-Limits	A	Medical Expenses and Repatriation	250000	100
	B	Personal Accident	25000	0
	C	Loss of Checked in Baggage	1000	0
	D	Delay of Checked in Baggage	100	0
	E	Loss of Passport	250	30
	F	Personal Liability	200000	200
	G	Trip Delay	20 per 12 Hrs/Maximum per policy USD 120	
	H	Trip Cancellation	ACTUALS SUBJECT TO MAXIMUM OF USD 500 PER POLICY	
	I	Hijacking	USD 50 PER DAY MAXIMUM OF USD 300 PER POLICY	
	J	Missed Connection	ACTUALS SUBJECT TO MAXIMUM OF USD 250 PER POLICY	
	K	Hospital Daily Allowance	USD 25 PER DAY SUBJECT TO MAXIMUM OF USD 100 PER POLICY PERIOD	

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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 data-bbox="440 411 691 464">Name of the Claims Administrator</td> <td colspan="3" data-bbox="696 411 1323 464">Mayfair We Care</td> </tr> <tr> <td data-bbox="440 470 691 522">Address</td> <td colspan="3" data-bbox="696 470 1323 522">Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, B 029</td> </tr> <tr> <td data-bbox="440 529 691 699">Toll-Free No.</td> <td colspan="3" data-bbox="696 529 1323 699">                     United States: 18888811701                      United Kingdom: 08083045211                      Canada: 18885192693                      Singapore: 8003211710                      India: 18004190133                      For Other Country Specific Local Contact Numbers, please visit <a href="https://www.mayfairwecare.com/contact/">https://www.mayfairwecare.com/contact/</a> </td> </tr> <tr> <td data-bbox="440 705 691 737">Website</td> <td colspan="3" data-bbox="696 705 1323 737"><a href="https://www.mayfairwecare.com/contact/">https://www.mayfairwecare.com/contact/</a></td> </tr> <tr> <td data-bbox="440 743 691 774">Contact Details</td> <td data-bbox="696 743 980 774"><i>Medical Emergency</i></td> <td data-bbox="985 743 1269 774"><i>General Queries</i></td> <td data-bbox="1274 743 1323 774"></td> </tr> <tr> <td data-bbox="440 781 691 833">Email ID</td> <td data-bbox="696 781 980 833"><a href="mailto:mayfairassist@mayfairwecare.com">mayfairassist@mayfairwecare.com</a></td> <td data-bbox="985 781 1269 833"><a href="mailto:mayfair.claims@mayfairwecare.com">mayfair.claims@mayfairwecare.com</a></td> <td data-bbox="1274 781 1323 833"><a href="mailto:info@mayfairwecare.com">info@mayfairwecare.com</a></td> </tr> </table>	Name of the Claims Administrator	Mayfair We Care			Address	Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, B 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 <a href="https://www.mayfairwecare.com/contact/">https://www.mayfairwecare.com/contact/</a>			Website	<a href="https://www.mayfairwecare.com/contact/">https://www.mayfairwecare.com/contact/</a>			Contact Details	<i>Medical Emergency</i>	<i>General Queries</i>		Email ID	<a href="mailto:mayfairassist@mayfairwecare.com">mayfairassist@mayfairwecare.com</a>	<a href="mailto:mayfair.claims@mayfairwecare.com">mayfair.claims@mayfairwecare.com</a>	<a href="mailto:info@mayfairwecare.com">info@mayfairwecare.com</a>	
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10	Policy Servicing	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.	-																								
11		<p>In case of any grievance, you may contact UIIC through:</p> <p>a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></p> <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>																									

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	Grievance/ Complaint	<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>Multi-trip - Effective date - The Policy will start on the latest of the effective date specified on the Policy Schedule, or the commencement of a Trip and the required premium has been paid.</p> <p>The Annual Multi Trip Policy shall be renewed on mutual consent by payment of the premium in advance specified by the Insurance Company, which premium shall be at the premium rate in force at the time of renewal. Unless renewed as herein provided, this policy shall terminate at the expiration of the period for which premium has been paid.</p> <p>However, the Insured Person's coverage under this policy ends on the earliest of –</p> <ul style="list-style-type: none"><li>a . The Policy Expiration date as specified in the schedule or</li><li>b. The policy is terminated or</li><li>c. The date the Insured person requests, in writing, that his or her coverage be terminated; or</li><li>d. Termination of the insured journey. In case of Individual Journey during the insured period, it shall expire 30 days or less, from the commencement of each Insured Journey.</li></ul> <p>The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or noncooperation by the insured by sending fifteen days' notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy.</p>	

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13	Your Obligations	<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.	
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## 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.