

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 CORPORATE FREQUENT TRAVELLER - WORLDWIDE (Plan E-1)	-
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 trip3. Total Loss of checked-in Baggage4. 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 India5. Loss of Passport- reasonable expenses incurred in obtaining travel documents/ duplicate/ fresh passport6. 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	5.A 5.B 5.C 5.D 5.E 5.F

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		<p>during the covered trip</p> <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>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. Self-inflicted injury, attempted suicide 3. Insured taking part in Naval, Military or Airforce operations 4. War, invasion, acts of foreign enemy, civil war and similar activities 5. Ionising radiations, contamination by radioactivity, nuclear fuel and similar activities 6. Insured participating in mountaineering, winter sports, manual work, hazardous occupation, etc. 7. HIV, HIV related illness including AIDS 8. Claims arising from Pregnancy 9. Transmission of a communicable disease by insured 10. Sexual Molestation, Corporal Punishment 11. Suits or legal action by insured's family members 12. Confiscation or detention by custom's officials 13. Influence of drugs, alcohol or intoxicants <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: 10%;">Section</th> <th style="width: 40%;">Benefits</th> <th style="width: 50%;">SUM INSURED - USD</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">100000 (PLAN E-1)</td> </tr> </tbody> </table>	Section	Benefits	SUM INSURED - USD			100000 (PLAN E-1)	
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			Limits (figures in USD)	Deductible
Sub-Limits	A	Medical Expenses and Repatriation	100000	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	150	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	
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:		

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		<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, B 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></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, 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 https://www.mayfairwecare.com/contact/			Website	https://www.mayfairwecare.com/contact/			Contact Details	<i>Medical Emergency</i>	<i>General Queries</i>		<i>Email ID</i>	mayfairassist@mayfairwecare.com	mayfair.claims@mayfairwecare.com	info@mayfairwecare.com	
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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>																									

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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">a . The Policy Expiration date as specified in the schedule orb. The policy is terminated orc. The date the Insured person requests, in writing, that his or her coverage be terminated; ord. 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. <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>	
13	Your Obligations	<p>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.</p>	

Declaration by the Policy Holder

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

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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.