Corporate Identity Number: U93090TN1938G0I000 $\hat{10}$ 8 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG N0.545



# **Uni Criti Care Policy**

UIN: IRDA/NL-HLT/UII/P-H(C)/V.1/234/13-14

# **Policy Terms & Conditions**

#### I. PREAMBLE & OPERATING CLAUSE

Whereas The Insured designated in the schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this contract and are deemed to be incorporated herein, applied to **UNITED INDIA INSURANCE COMPANY** (hereinafter called the **COMPANY**) for the insurance hereinafter set forth in respect of PERSONS named in the Schedule hereto (hereinafter called the **Insured Person**) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH that subject to the terms, definitions, provisions, exclusions and conditions contained herein or endorsed to otherwise expressed hereon, should an Insured Person be diagnosed during the period of Insurance stated in the schedule or during the continuance of this policy by renewal without break as suffering from a critical illness (as defined and listed hereunder) at least three months after commencement date of insurance and survive 30 days after such diagnosis the Company shall pay to the Insured Person as compensation the Sum Insured set against such Insured Person's name in the Schedule.

#### II. DEFINITIONS

## A. Standard Definitions

## 1. Critical illness means

#### a) Cancer of specified severity

- I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.
- II. The following are excluded -
  - i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN 1.

CIN -2 and CIN-3; ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3;

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- vii. Non-invasive papillary cancer of the bladder histologically described as TaNOMO or of a lesser classification;
- viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

# b) Myocardial Infarction (First Heart Attack of specified Severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
  - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain).
  - ii. New characteristic electrocardiogram changes. iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

## II. The following are excluded:

- i. Other acute Coronary Syndromes.
- ii. Any type of angina pectoris.
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

# c) Coronary Artery Surgery (CABG) Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded
  - i. Angioplasty and/or any other intra-arterial procedures.

## d) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

# e) Coma Of Specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i. No response to external stimuli continuously for at least 96 hours;
  - ii. Life support measures are necessary to sustain life; and
  - iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

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## f) Kidney Failure requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

### g) Stroke Resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
  - Transient ischemic attacks (TIA). ii.
     Traumatic injury of the brain.
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

## h) Major Organ/ Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
  - i. Other stem-cell transplants. ii. Where only islets of Langerhans are transplanted.

## i) Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and;
  - There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months. II. Neurological damage due to SLE is excluded.

#### i) Motor Neurone Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months. k) Permanent Paralysis of Limbs

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Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

- 2. Medical Practitioner means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
  - The term Medical Practitioner would include Physician, Specialist and Surgeon...
- 3. Third Party Administrator (TPA) means a company registered with the Insurance Regulatory & Development Authority of India (IRDAI) and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under the IRDAI (Third Party Administrators Health Services) Regulations, 2016.

### **B. Specific Definitions**

- 1. Age will mean completed age in years as on the date of proposal for insurance.
- 2. Break In Policy means the period of a gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
- 3. Diagnosis means Diagnosis by a registered Medical Practitioner, supported by clinical radiological, histological and laboratory evidence and also surgical evidence wherever applicable.
- 4. Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 5. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - a. Acute Condition Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
  - b. Chronic Condition A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics.
    - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - ii. it needs ongoing or long-term control or relief of symptoms

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- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it iv. it continues indefinitely
- v. it recurs or is likely to recur
- 6. ID Card means the identity card issued to the insured person by the TPA.
- 7. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

#### III. COVERAGE

If an Insured Person is diagnosed to be suffering from any of the critical illness of the nature, as defined and listed above in Section 2.A.1 at least three months after commencement date of insurance and survives 30 days after such diagnosis, then the Company shall pay to the Insured Person as compensation the Sum Insured specified in the Policy Schedule set against such Insured Person's name.

## **Provisios**

- 1. The Company shall compensate the Insured person, only once in respect of any one or more of the covered diseases under the policy.
- 2. Should a benefit be paid in terms of this policy on behalf of an Insured Person the coverage for that person terminates under this policy and such person shall not be entitled to be covered by this policy or its renewal thereof.

#### IV. SPECIFIC EXCLUSIONS

The company shall not be liable to make any payment under this policy in respect of:

- 1. Such Critical Illness caused by or associated with directly or indirectly by any of the following:
  - a) Attempted suicide or intentional self-inflicted injury by the insured person.
  - b) Addiction to alcohol or drugs.
  - c) Smoking more than 40 cigarettes/ cigars or equivalent tobacco intake in a day.
- 2. Such Critical Illness suffered by any insured person under the age of 21 years or aged more than 65 years except where specifically renewed by the company beyond the age of 65 years.
- 3. Critical Illness symptom/s (and / or the treatment) of which were present in the insured person at any time before inception of this policy or on the date on which cover here under was granted to such insured person, or which manifests itself within a period of three calendar months from such date, whether or not the insured or the insured person has knowledge that the symptoms or treatment were related to such Critical Illness. In the event of any interruption in cover hereunder as defined in the renewal clause, the terms of this exclusion shall apply afresh from re-commencement of cover.

Uni Criti Care Policy Wordings
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- 4. Any claim whether directly or indirectly, occasioned by happening through or arising from any consequence of war invasion, act of foreign enemy hostilities (whether war be declared or not or any civil war mutiny rebellion, revolution insurrection, military or usurped power.
- 5. Any claim whether directly or indirectly caused by contributed to or by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons materials.

#### V. TERMS AND CLAUSES

#### 1. Disclosure of Information:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk).

## 2. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.

- i. The Company will give notice for renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

## 3. Cancellation Clause

i. The policyholder may request for cancellation of the policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

| Cancellation Grid                 |        |  |
|-----------------------------------|--------|--|
| Period for which risk is retained | Refund |  |
| Up to 1 Month                     | 75%    |  |
| >1 Month up to 3 Month            | 50%    |  |
| >3 Months up to 6 months          | 25%    |  |
| >6 Months                         | NIL    |  |

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Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.

ii. The Company may cancel the policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

#### 4. Redressal of Grievance

In case of any grievance the Insured Person may contact the company through:

Website: www.uiic.co.in
Toll free: 1800 425 333 33

E-mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a>

Courier: Customer Care Department, Head Office, United India Insurance Co. Ltd., 24,WHITES ROAD

**CHENNAI TAMIL NADU - 600014** 

Insured Person may also approach the grievance cell at any of the Company's nearest office with the details of grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a>
For updated details of grievance officer, kindly refer the link

https://uiic.co.in/en/customercare/grievance

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure.

Grievance may also be lodged at IRDAI Integrated Grievance Management System:

https://igms.irda.gov.in/

#### 5. Fraud

If any claim made by the Insured Person is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/ any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

i. The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

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ii. The active concealment of a fact by the Insured Person having knowledge or belief of the fact; iii. Any other act fitted to deceive; and iv. Any such act or omission as the law specially declares to be fraudulent.

The company shall not repudiate the claim and/ or forfeit the policy benefits on the ground of fraud, if the Insured Person/Beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

#### 6. Free Look Period

The free look period shall be applicable on new Uni-Criticare Insurance policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed free look period of 30 days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy and to return the same if not acceptable.

If the Insured has not made any claim during the free look period, the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

## 7. Migration

The Insured Person will be provided a facility have the option to migrate the policy (including all members) to other health insurance products/plans offered by the company by applying for migration of the policy before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

#### 8. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

### 9. Multiple Policies

On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

#### 10. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. This policy is not assignable. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal

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representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

### 11. Portability

The Insured Person will be provided facility to port the policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health Insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

## 12. Possibility of Revision of Terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

## 13. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Policyholder about the same 90 days prior to expiry of the policy.
- ii. Insured Person will be provided facility to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, and waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

### 14. Endorsements (Changes in Policy)

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.

## 15. Limitation of Liability

If a claim is rejected and is not the subject of any pending suit or other proceeding within twelve months from the date of such rejection, the claim shall be deemed to have been abandoned. Our liability shall be extinguished and the claim shall not be recoverable thereafter.

## 16. Notice & Communication

- Any notice, direction or instruction or any other communication related to the Policy should be made in writing.
- ii. Where the claims are serviced by the TPA, communication should be made to the TPA at the contact details provided in the Policy Schedule for issues related to ID card. Where the claims are serviced by the company, any policy related issues or change in address, communication should be made to the policy issuing office at the address mentioned in the schedule.
- iii. The Insured shall notify the policy issuing office in writing, of any material change, such as change in occupation, during the policy period.
- iv. The company or TPA shall communicate to the Insured Person at the address mentioned in the schedule.

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- v. No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us.
- vi. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

### 17. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the policy shall be determined by the Indian court and according to Indian law.

#### 18. Territorial Limit

The geographical scope of this Policy applies to events limited to India. All medical treatment for the purpose of this insurance will have to be taken in India only and all admitted or payable claims shall be settled in India in Indian currency only.

## 19. IRDAI Regulations

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (Insurance Product) Regulations 2024 and IRDAI (Protection of Policyholders' Interest) Regulations 2024 as amended from time to time.

### **ANNEXURE - 1**

The contact details of the **Insurance Ombudsman** offices are as below:

| Jurisdiction                               | Office of the Insurance Ombudsman  |
|--|--|
| Gujarat, Dadra & Nagar Haveli, Daman & Diu | Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>                               |
| Karnataka                                  | Office of the Insurance Ombudsman, Jeevan Soudha Building No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in   |
| Madhya Pradesh, Chhattisgarh               | Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market, Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202<br>Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a> |
| Odisha                                     | Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>   |

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| Punjab, Haryana (excluding Gurugram,<br>Faridabad, Sonepat and Bahadurgarh), Himachal<br>Pradesh, Union Territories of Jammu & Kashmir,<br>Ladakh & Chandigarh  | Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468<br>Email: bimalokpal.chandigarh@cioins.co.in   |
|---|--|
| Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)   | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>  |
| Delhi & following Districts of Haryana -<br>Gurugram, Faridabad, Sonepat & Bahadurgarh  | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.  Tel.: 011 - 23232481/23213504  Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>  |
| Assam, Meghalaya, Manipur, Mizoram,<br>Arunachal Pradesh, Nagaland and Tripura  | Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Pan bazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>                                |
| Andhra Pradesh, Telangana, Yanam and part of<br>Union Territory of Puducherry   | Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.<br>C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.<br>Tel.: 040 - 23312122<br>Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a> |
| Rajasthan   | Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in  |
| Kerala, Lakshadweep, Mahe- a part of Union<br>Territory of Puducherry   | Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338<br>Email: <u>bimalokpal.ernakulam@cioins.co.in</u>   |
| Jurisdiction  | Office of the Insurance Ombudsman  |
| West Bengal, Sikkim, Andaman & Nicobar<br>Islands   | Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>   |
| Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>                                     |
| Goa, Mumbai Metropolitan Region (excluding<br>Navi Mumbai & Thane)  | Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai<br>- 400 054.<br>Tel.: 69038821/23/24/25/26/27/28/28/29/30/31<br>Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>                        |

United India Insurance Company Limited
Corporate Identity Number: U93090TN1938G01000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545



| State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur | Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in |
|--|--|
| Bihar, Jharkhand   | Office of the Insurance Ombudsman,<br>2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.<br>Tel.: 0612-2547068<br>Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>  |
| Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)   | Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in          |

The updated details of Insurance Ombudsman are also available at:

- IRDAI website: https://www.irdai.gov.in/
- General Insurance Council website: <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a>
- Our Company Website: <a href="https://uiic.co.in/">https://uiic.co.in/</a>
- From any of the offices of our Company



# UNITED INDIA INSURANCE COMPANY LIMITED

**Policy Issuing Office Address** PH: (\*\*\*\*) \*\*\*\*\*\* EMAIL:\*\*\*\*@\*\*\*\*

**Uni Criti Care Policy Wordings** UIN: IRDA/NL-HLT/UII/P-H(C)/V.1/234/13-14

United India Insurance Company Limited
Corporate Identity Number: U93090TN1938G01000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545



# **Uni Criti Care Policy**

POLICY NO.:

PERIOD OF INSURANCE FROM --:-- Hours on dd/mm/yyyy To MIDNIGHT on dd/mm/yyyy

> Policyholder Name

**Present Address** 

**Agent Name** Agent Code Mobile/Landline Number/Email

IMPORTANT NOTICE: KINDLY UPDATE YOUR AADHAAR NO. AND PAN/FORM 60. PLEASE IGNORE IF ALREADY UPDATED.

For any Information, Service Requests and Grievances please write to {officecode}@uiic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

REGD. & HEAD OFFICE, 24, WHITES ROAD, CHENNAI – 600014 Website: http://www.uiic.co.in

United India Insurance Company Limited
Corporate Identity Number: U93090TN1938G01000108
Registered Office: 24 Whites Road, Chennai – 600014
IRDAI REG NO.545



# **UNI CRITI CARE POLICY SCHEDULE**

| Policy Number   |                 |                              |            |             |            | Previous       | s Policy No                    |                              |   |              |  |  |  |  |
|---|-----------------|------------------------------|------------|-------------|------------|----------------|--------------------------------|------------------------------|---|--------------|--|--|--|--|
| Name/ID Of Policyholo   | ler             |                              |            |             |            | •              |                                |                              |   |              |  |  |  |  |
| Tel. (O)  |                 | Tel(R)                       |            |             | Tel(R)     |                | I                              | -ax                          |   |              |  |  |  |  |
| Business/Occupation   | ł               | {}                           |            |             | Mobile     |                |                                | Email                        |   |              |  |  |  |  |
| Period Of Insurance   |                 | From: Hours of dd/mm/yyyy    |            |             |            |                | To Midnight of dd/mm/yyyy      |                              |   |              |  |  |  |  |
| Policy Type   |                 | Individual Sum Insured Basis |            |             |            | 1              |                                |                              |   |              |  |  |  |  |
| Insured Details   | <u>.</u>        |                              |            |             |            |                |                                |                              |   |              |  |  |  |  |
| Insured Name  | Date of (dd/mm/ |                              | Age/Gender | ABHA ID     | Occupation | Sum<br>Insured | Inception Date of first policy | Pre-Existir<br>Disease/ Illr |   | Dolotionobio |  |  |  |  |
| х   |                 |                              |            |             |            |                |                                |                              |   |              |  |  |  |  |
| Details of past p   | olicies         |                              |            |             |            |                |                                | Details of past policies     |   |              |  |  |  |  |
|   |                 |                              |            |             |            |                |                                |                              |   |              |  |  |  |  |
| Policy Nu   | ımber           |                              | ı          | Period Fron | n          |                | Period To                      |                              | S | um Insured   |  |  |  |  |
| Policy Nu   | ımber           |                              | ı          | Period Fron | n          |                | Period To                      |                              | S | um Insured   |  |  |  |  |
| Policy Nu   | ımber           |                              | I          | Period Fron | n          |                | Period To                      |                              | S | um Insured   |  |  |  |  |
| Policy Nu   | ımber           |                              | 1          | Period Fron | n          |                | Period To                      |                              | S | um Insured   |  |  |  |  |
| Policy Nu   | ımber           |                              | 1          | Period Fron | n          |                | Period To                      |                              | S | um Insured   |  |  |  |  |
| Total Basic Premium   | ımber           |                              |            | Period Fron | n          | Total Pre      | Period To                      |                              | S | um Insured   |  |  |  |  |
|   |                 |                              |            | Period Fron | n          | Total Pre      | mium Payable                   |                              | S | um Insured   |  |  |  |  |
| Total Basic Premium   | emium           |                              |            | Period Fron | n          |                | emium Payable                  |                              | S | um Insured   |  |  |  |  |
| Total Basic Premium Add CGST@ 9% of Pr                                    | emium           |                              |            | Period Fron | n          | Receipt N      | emium Payable                  |                              | S | um Insured   |  |  |  |  |
| Total Basic Premium  Add CGST@ 9% of Pr  Add SGST @ 9% of Pr              | emium           |                              |            | Period Fron | n          | Receipt N      | emium Payable                  |                              | S | um Insured   |  |  |  |  |
| Total Basic Premium  Add CGST@ 9% of Pr  Add SGST @ 9% of Pr              | emium<br>remium |                              |            | Period Fron | n          | Receipt N      | emium Payable<br>No<br>Date    |                              | S | um Insured   |  |  |  |  |
| Total Basic Premium Add CGST@ 9% of Pr Add SGST @ 9% of Pr Add Stamp Duty | emium<br>remium |                              |            | Period Fron | n          | Receipt I      | emium Payable<br>No<br>Date    |                              | S | um Insured   |  |  |  |  |

| Date of Proposal and Declaration: {31/03/2021} IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at <office location=""> <office code=""> on this _</office></office>  | _ day of , <mm> ,<yy>.</yy></mm>     |
|--|--------------------------------------|
| For and on behalf of   | Affix                                |
| United India Insurance Co. Ltd.  | Policy                               |
|  | Stamp                                |
|  | Here                                 |
|  |                                      |
| Authorised Signatory.  |                                      |
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| Uni Criti Care Policy Wordings<br>UIN: IRDA/NL-HLT/UII/P-H(C)/V·1/234/13-14  |                                      |
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| United India Insurance Company Limited Corporate Identity Number: U93090TN1938G0I000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545   | गुण्युरेज इंडिया<br>पंताप्रदेश काठका |
|  | POLICY NO.:<br>UIN:                  |

# WHAT TO DO IN THE EVENT OF A CLAIM

If a claim arises under this Policy, kindly contact the TPA mentioned here. Notice or communication in respect of claim or for any other reason to be given to TPA as per Clause V.16 in the Policy Wordings.

Additionally, for issuance of ID Cards, Cashless Approvals & Claims Settlement, please contact the TPA mentioned here.

Anti-Money Laundering Clause: -In the event of a claim under the policy exceeding Rs. 1 lakh or a claim for refund of premium exceeding \$\frac{x}{2}\$ lakh, the insured will comply with the provisions of the AML policy of the company. The AML policy is available in all our operating offices as well as the Company's website.

## **Details of TPA**

Please contact the following TPA for the Issue of Identity Cards, Cashless Approvals & Claims Settlement.

| Name of TPA      |  |
|------------------|--|
| Address          |  |
| Toll-Free number |  |

| Toll-free (Sr Citizen) |                       |                       |                      |                |
|------------------------|-----------------------|-----------------------|----------------------|----------------|
| Contact Details        | For General Enquiries | For Cashless approval | For Claim intimation | For Grievances |
| Telephone No.s         |                       |                       |                      |                |
| Email IDs              |                       | 1                     |                      |                |
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Uni Criti Care Policy Wordings UIN: IRDA/NL-HLT/UII/P-H(C)/V.1/234/13-14

United India Insurance Company Limited
Corporate Identity Number: U93090TN1938G0I000108
Registered Office: 24 Whites Road, Chennai - 600014 IRDAI REG NO.545



**Annexure** 

# **Details of Insurance Ombudsmen**

| Jurisdiction   | Office of the Insurance Ombudsman  |
|--|--|
| Gujarat, Dadra & Nagar Haveli, Daman and Diu                                   | Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001.  Tel No: 079 - 25501201/02/05/06. Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>   |
| Karnataka  | Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078.  Tel.: 080 - 26652048 / 26652049. Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a> |
| Madhya Pradesh, Chhattisgarh   | Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202. Fax: 0755 – 2769203  |
|  | Email: bimalokpal.bhopal@ecoi.co.in  |
| Orissa   | Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.  Tel.: 0674 - 2596461 /2596455. Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in  |
| Punjab, Haryana, Himachal Pradesh, Jammu &<br>Kashmir, Chandigarh              | Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.  Tel.: 0172 - 2706196 / 2706468. Fax: 0172 – 2708274  Email: bimalokpal.chandigarh@ecoi.co.in  |
| Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)      | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.  Tel.: 044 - 24333668 / 24335284. Fax: 044 – 24333664  Email: bimalokpal.chennai@ecoi.co.in  |
| Delhi  | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.  |
|  | Tel.: 011 - 23232481/2321350   |
| Assam, Meghalaya, Manipur, Mizoram,<br>Arunachal Pradesh, Nagaland and Tripura | Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM).  Tel.: 0361 - 2632204 / 2602205. Email: bimalokpal.guwahati@ecoi.co.in  |
| Andhra Pradesh, Telangana, and Yanam - part of Territory of Pondicherry        | Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122. Fax: 040 - 23376599   |
| Rajasthan  | Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.   |
|  | Tel.: 0141 – 2740363. Email: <u>Bimalokpal.jaipur@ecoi.co.in</u>   |
| Kerala, Lakshadweep, Mahe- a part of<br>Pondicherry                            | Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.  Tel.: 0484 - 2358759 / 2359338. Fax: 0484 – 2359336   |
|  | Email: bimalokpal.ernakulam@ecoi.co.in   |
| West Bengal, Sikkim, Andaman & Nicobar<br>Islands                              | Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.  Tel.: 033 - 22124339 / 22124340. Fax: 033 - 22124341   |
|  | Email: <u>bimalokpal.kolkata@ecoi.co.in</u>  |

Districts of Uttar Pradesh:
Laitpur, Jhansi, Mahoba, Hamirpur, Banda,
Chitrakoot, Allahabad, Mirzapur, Sonbhadra,
Fatehpur, Pratapgarh, Jaunpur, Varanasi,
Gazipur, Jalaun, Kanpur, Lucknow, Unnao,
Sitapur, Lakhimpur, Bahraich, Barabanki,
Raebareli, Sravasti, Gonda, Faizabad, Amethi,
Kaushambi, Balrampur, Basti, Ambedkarnagar,
Sultanpur, Maharajgang, Santkabirnagar,
Azamgarh, Kushinagar, Gorakhpur, Deoria,
Mau, Ghazipur, Chandauli, Ballia,
Sidharathnagar

Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.

Tel.: 0522 - 2231330 / 2231331. Fax: 0522 - 2231310

Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>

| Uni Criti Care Policy Wordings            |
|---|
| UIN: IRDA/NL-HLT/UII/P-H(C)/V.1/234/13-14 |

**United India Insurance Company Limited**Corporate Identity Number: U93090TN1938G0I000108
Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545



| Goa, Mumbai Metropolitan Region excluding<br>Navi Mumbai & Thane   | Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.  Tel.: 022 - 26106552 / 26106960. Fax: 022 - 26106052  Email: bimalokpal.mumbai@ecoi.co.in                     |
|--|---|
| State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kasganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur | Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.  Tel.: 0120-2514250 / 2514252 / 2514253. Email: bimalokpal.noida@ecoi.co.in        |
| Bihar, Jharkhand   | Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006.  Tel.: 0612-2680952. Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a> |
| Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region  | Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.  Tel.: 020-41312555. Email: bimalokpal.pune@ecoi.co.in                           |

The updated details of Insurance Ombudsman are also available at:

IRDAI website: <a href="https://www.irdai.gov.in/">https://www.irdai.gov.in/</a>

General Insurance Council website: <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a>

Our Company Website: <a href="https://uiic.co.in/">https://uiic.co.in/</a>

From any of the offices of our Company

