

General FAQs

Q: Is it mandatory for an Omni Agent to subscribe the insurance package?

A: The subscription of these products is not mandatory, these products are launched based on UBL Omni Agent suggestions/feedback.

Q: If I opt any plan in current month and withdraw the same in next month, will I be eligible for the benefits throughout the year?

A: No, Omni Agent can only unsubscribe if he/she has not launched any claim on the subscription. Omni Agent who have not launch any claim can unsubscribe the insurance packages. The time to unsubscribe is 30 days.

Q: How to subscribe to the insurance package?

A.: For subscription, please follow this link: www.ubli.pk and complete the form on the web portal. Alternatively, you can fill and sign the form, then send it from your official email ID to uilmarketing@ublinsurers.com.

Q: How to pay the Premium?

A: Branchless Banking Operation Department will deduct the premium in monthly payroll activity, based on the requests.

Q: When can I subscribe and what is the period of eligibility of claim?

A: Subscriptions are open throughout the month. Eligibility for any claim or benefit will be after first premium deduction through your salary i.e. disbursement day of salary at UBL or after issuance of E-Card.

Q: What is Insurance particular form on Web Portal?

A: Insurance Particular forms consist of fields which are mandatory for an Omni Agent to fill by themselves. Insurers' team will then use this data and issue Insurer Top Card or E-card. Forms are available at www.ubli.pk.

Q: What is Insurer Card or Ecard?

A: Insurers Card or Insurer E-card is equal to an Insurance Policy and consists all insured assets which you have opted in Insurance particular form.

Q: If I want to update my insurance particular during the policy period what is the process?

A: You can do so through by visiting www.ubli.pk. Alternatively download the same forms from UBL Insurer Web portal, fill, sign and submit through your Official Email ID to uilmarketing@ublinsurers.com.

Q: What is the TAT to update my revised particulars in insurance Card or E-card?

A: Duration to update the particulars is 30 days, during update of insurance particulars you are not allowed to take claim on previous or updated assets.

Q: How do I claim the payments?

A: Health Claim Process is called Health E-Connex on given number on your E-Card. E-Card valid for approved panel hospitals, Reimbursement for non-panel hospitals are also available. Rest all claims will be paid to agent name through cross cheque.

Q: What is the benefit of these insurance products?

A: These insurance products are not available in the Insurance market as an insurance basket which covers all areas of risk.

1. Health Insurance Coverage

Q: What health incidents are covered by the insurance?

A: Health insurance covers you and your family's wellbeing. It provides self, parents and siblings hospitalization coverage.

Hospitalization Benefits

These include surgical and miscellaneous hospital expenses described below:

- Daily Room and Board Charges: The Company will pay the 10k maximum cap or charges actually incurred under 10k of hospital accommodation (and patient meals) for in-patient treatment of a covered Medical Conditions.
- Intensive Care Unit (ICU) Charges: If an insured person requires admission to the intensive care unit (or a similar unit for a comparable purpose, however denominated) on the recommendation of a physician during in-patient treatment in a hospital, the company will cover the actual charges incurred for the insured person's accommodation in the intensive care unit.
- Physician's Visit (In-Patient) Charges: The charges for professional attendance and treatment by a Physician while the insured person is in hospital as an in-patient.
- Specialist Consultation (In-Patient) Charges: The charges for professional attendance and treatment by a specialist upon the recommendation of a physician, while the insured person is in hospital as an in-patient.
- Surgical Operation Charges: These charges can be for:
 - The charges made by a Surgeon in connection with the surgical operation, including preoperative investigations and preparation of the insured person, the operative procedure and the post-operative care rendered by the Surgeon while the insured person is in hospital.
 - The charges made by an Anesthetist in connection with the surgical operation or examination requiring general anesthesia including pre-operative and post-operative visits, the administration of the anesthesia and the administration of fluids and/or blood incidental to the anesthesia or surgery;

- Use of the operating theatre, treatment room and equipment; and such other charges approved in writing by the Company.
- Miscellaneous Hospital Expenses: The benefits are available if an insured person is confined in a Hospital for In-Patient Treatment:
 - Drugs, dressings and medicines prescribed by the attending Physician;
 - Laboratory examinations and other diagnostic procedures;
 - Physiotherapy
 - Intravenous injections and solutions administration of blood and blood plasma, including the cost of blood and blood plasma and any fluids administered during surgery;
 - General nursing services, and such other charges approved in writing by the Company.
- Day-care Surgery Charges/Pre & Post hospitalization Expenses/ Local Ambulance Cover
 - Not Covered
- Emergency Accidental Outpatient Cover: These are the expenses that relate to emergency treatment of an accident, undertaken in an emergency room or casualty ward of a hospital or any other facility that is appropriate for the medical services provided. Treatment must be taken within forty-eight (48) hours of the accident in order to be eligible for the outpatient cover for incident time only.
- Emergency Accidental Dental Treatment: These are the expenses that relate to the emergency treatment necessary to relieve pain only as the result of an accident and for which treatment is provided within forty-eight (48) hours following the accident.

Specialized Investigations Outpatient Cover

- Not Covered

Pre-existing Health conditions: Any Pre-existing health condition is also covered after (90) days from inception date of this policy.

Q: What is the annual deductible and how does it apply to different services?

A: There is no annual deductible, PKR 1200/- will be deducted monthly, and total available wallet limit will be PKR 100,000/-, which can be utilized across all four insurance options.

Q: What percentage of medical expenses does the insurance cover after the deductible is met?

A: The available wallet limit is Rs 100,000/- which can be utilized for medical expenses.

Q: Can non-resident of Pakistan assured and nominees can avail health coverage?

A: The insured persons must be residents of Pakistan. However, if an insured person is not a resident of Pakistan, the company at all times reserves the right to cover the Assured and/or their dependents on terms and conditions that it considers appropriate or to decline to cover the Assured and/or their dependents under this policy.

Q: How many nominees can be covered under this policy.? What is the eligibility criteria for nominees?

A: The assured can nominate 3 persons including parents, siblings and immediate blood relatives as per eligibility criteria of the company.

The dependents shall mean and include who are declared by the Assured in the prescribed form of dependents.

- All eligible dependents shall be covered under the same plan as the assured.
- A dependent daughter of a working Assured till she gets married or is employed. Divorced/separated/widowed daughter's dependent on the assured are also insured without any age limit.
- Son(s) shall be covered up-to the age of without age limit dependent on the assured unless employed.
- An assured step child or legally adopted child living permanently in the assured house and is registered as a dependent of the Assured in the records of the assured (proof of adoption required).
- Parents of an insured Assured provided they are fully dependent on the insured Assured (if covered under the policy).

The nominees shall become insured persons under health insurance sections of the policy and cannot be replaced with other nominees during the policy period.

Q: Are there any restrictions on which healthcare providers you can visit? Is there a preferred network of hospitals?

A: There are no restrictions, but we have a list of panel hospitals in all cities of Pakistan where you can seek treatment. In case there is no panel hospital within the city, assured can still receive treatment at non-panel hospitals and later request reimbursement.

Limitation on Reimbursement of Claims at Non-panel Hospitals

In an event where insured person obtains treatment at a non-panel hospital, the company reserves the right to limit the reimbursement for the medically necessary treatment to only the reasonable and customary charges.

- No request for reimbursement of the claim shall be entertained if the claim is lodged after expiry of 30 days from the date of the hospitalization.

Q: What is the process of health claim in non-emergency case?

A: In any non-emergency case, treatment may only be sought at a panel hospital. However, in cities within Pakistan where there is no panel hospital, the assured may avail treatment at a non-panel hospital.

In a non-emergency case involving a scheduled hospitalization, the Assured shall report to the admissions office of the panel hospital giving the reason for the admission, the name of the admitting physician and the information contained in his credit letter/UBL Insurers Health Card.

The panel hospital will forward detail to the company and company will approve the treatment. The company will not pay for non-eligible expenses; it will only pay for all eligible expenses directly to panel hospital.

Q: How is the emergency care handled, especially, in out of the network or panel hospital? What is the claim process?

A: In the case of an emergency, treatment may be sought at any hospital, regardless of whether or not it is a panel hospital. At a non-panel hospital, the insured person will be required to pay the non-panel hospital for all expenses incurred and then apply to the company for reimbursement of eligible expenses. All original documentation including receipts, prescriptions, diagnostic reports and clinical and discharge summaries must be submitted together with a fully completed claim form signed by the attending physician. Photocopies are not acceptable.

Q: Does the plan provide coverage for preventive/speciality services such as vaccinations, screenings/mental health or maternity care?

A: No, this policy does not cover preventive or speciality services. Also, you may read detailed Terms & Conditions including exclusions which are not covered under this policy.

Q: Does the plan provide coverage for maternity cases?

A: No, this policy does not cover Maternity cases.

2.Motorcycle Insurance Coverage

Q: What type of damage or incident are covered by the insurance?

A: The policy covers the cost of motorcycle in case of violent theft & snatching at gunpoint, only occurring during the period of insurance.

Q: Does the policy cover the cost of accessories or custom parts?

A: No, motorcycle accessories and custom parts are not covered.

Q: Is there coverage for medical payments in case of an accident?

A: Yes, in the event of an accident, a 24- hour hospital summary is required, covering the period from admission to discharge.

Please Note: Day care and OPD will not be covered.

Q: Are there any exclusions or limitations that you should be aware of?

Exclusions: The company shall not be liable to make any payment in respect of losses due:

- Accidental external means
- Fire, external explosion, self-ignition to lightning or frost
- Malicious act
- Riot, strike
- Act of God (earthquake and atmospheric disturbance)
- Liabilities of any sort due to use of motorcycle / motor car howsoever established.
- Consequential loss depreciation wear and tear mechanical or electrical break-downs failures or breakages.
- Theft of tyres, battery or any other part or accessories of Motor Cycle / Vehicle.

DRIVER: ANY OF THE FOLLOWING

- 1) The Insured
- 2) Any Person

Provided that the person driving holds a license to drive the motorcycle or has held and is not disqualified for holding or obtaining such a license.

Q: What is the process of reporting a claim and how many claims are allowed? What documentation is required?

A: Only one vehicle (Motorcycle) can be covered under this policy.

Notice shall be given in writing to the Company immediately upon the occurrence of the event of any claim and thereafter the Insured shall give all such information and assistance as the Company shall require. Every letter claim writ summons and/or process shall be forwarded to the Company immediately on receipt by the Insured. Notice shall also be given in writing to the Company immediately the insured shall have knowledge of any impending prosecution. In case of theft or other criminal act which may be the subject of a claim under this Policy the Insured shall give immediate notice to the Police and cooperate with the Company in securing the conviction of the offender.

The Insured shall take all reasonable steps to safeguard the Motor Cycle - Vehicle from theft. Company shall have at all times free and full access to examine the Motor Cycle - Vehicle thereof or any driver or Assured of the Insured.

Motorcycle/Car must in the name of Customer. Otherwise no claim will be entertained.

3.Mobile Phone Insurance Coverage

Q: What type of damage or incident are covered by the insurance?

A: Insurance covering the cost of mobile phones lost due to violently theft/ snatching at gunpoint anywhere in Pakistan, indemnifying up to 50% of the market value, subjected to the aggregate liability of the policy.

Q: Is there coverage for accidental, water damage, theft or loss?

A: No, this policy does not support the accidental or water damage of mobile phone. But in case of theft and loss inform the police, obtain F I.R. and render all reasonable assistance in causing the discovery and punishment of any guilty person and in tracing/recovering the property.

- In all cases, give notice thereof to the Company in writing within seven days, thereafter deliver to the Company a claim in writing and supply all such detailed proofs and particulars as may be reasonably required.
- In no case shall the Company be liable for any loss or damage not notified to the Company within thirty days after the event

Q: Are there any limitations on the number of claims allowed within specific period?

A: Customer can claim twice a year as per ratio of claim payment on each event as per 50:50.

Q: Does the insurance cover the full cost of replacing the phone or depreciated value?

A: Company covers the 50% of market value of mobile phone one each stance, maximum cap is Rs. 100k up to wallet amount in accumulation.

Q: Are accessories, such as chargers or cases covered under the policy?

A: No, only mobile phone will be covered in case of theft & snatching.

Q: Is international coverage included if you frequently travel?

A: No, this policy only provides coverage within the geographical limits of Pakistan.

Q: Are there any specific actions or behaviours that may void the coverage?

A: Yes, If the declaration of insured is un true in any respect, or if any material fact affecting the risk be incorrectly stated therein or omitted there from or if this insurance, or any renewal thereof shall have been obtained through any mis-statement, false representation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made support thereof, the Assured or anyone acting on the Assured's behalf to obtain a benefit, then in any of these cases, this policy shall be voided.

The company shall be entitled to any one or all of the following at the company's discretion:

- Refuse to pay any benefits in relation to the claim; to cancel the cover Immediately retaining all further benefits and premiums;
- Refuse to renew the cover
- Recover any claims monies already paid.

4. Optics Insurance Coverage:

Q: What types of eyewear are covered by the insurance?

A: Insurance for medically prescribed glasses, reinstating or repairing them if damaged by fire, accident, armed hold-up, and/or earthquake within Pakistan during the period of indemnity.

LIMITS

- The liability of the Company under this Policy during any one period of Indemnity shall not exceed 50% of invoice value subject to a maximum of Rs. 14,000 per event.
- Maximum 2 losses will be paid during policy period.
- Only one pair of medically prescribed glasses can be covered under this policy at any one time.

Q: Does the coverage include both prescription glasses and sunglasses?

A: Only one pair of medically prescribed glasses can be covered under this policy at any one time.

Q: Is there coverage for accidental damage, loss or theft of eyewear?

A: Eyewear are only covered, if damaged by Fire, Accident, Armed Hold-up, or earthquake within Pakistan.

Q: Are routine eye exams covered, or is the insurance limited to the replacement of eyewear?

A: Routine eye exams are not covered under this policy.

Q: Is there a network of preferred providers, and does using them affect coverage or costs?

A: There is no specific network, you need to follow the claim process. The Total available annual limit is Rs. 14,000/-, covering two claims. For one instance, it can cover up to Rs. 7,000/-.

Q: Can the policy be customized to fit specific needs or preferences?

A: Policy cannot be customized.

Q: Are there any exclusions that you should be aware of?

A: Yes, please read exclusions that are provided on the mentioned link <https://ubldigital.com/Omni-Insurance-For-Agents-and-Corporate-Clients/Terms-And-Conditions>

Q: Is there any help Desk to deal with General Insurance queries or is there any help line for the further discussion?

A: Yes, we have the Insurance Desk at UBL Premises:

Insurance Help Desk: -

Insurers Karachi: - 111-845-111 Extension: - 3023

Karachi Bank Insurance Desk: - 111-845-111 Extension # 3027

Islamabad Bank Insurance Desk: - 021990335730

Lahore Bank Insurance Desk: - 0332-7844435 / 0324-4761698 # 021990333312

Only Health Inquires at the time of Claim: - Health E-Connex 021-111-266-639