

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



Professional Indemnity for Doctors

CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

(Description is illustrative and not exhaustive)

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Professional Indemnity Policy for Doctors	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0294V01200708	
3	Structure	Indemnity Policy	
4	Interests Insured	The Policy provides coverage for Financial liability including Defence costs arising in the event of a third party submitting a complaint against insured for losses arising on account of negligence / failure in performance of professional service.	
5	Sum Insured/ Limit of Indemnity	As opted by Insured. Any One Accident limit and Any One Year limit	
6	Policy Coverage	<p>The Indemnity applies only to claims arising out of bodily injury and/or death of any patient caused by or alleged to have been caused error, omissions or negligence in professional service rendered or which should have been rendered by the Insured OR qualified assistants named in the schedule or any nurse or technician employed by the Insured PROVIDED ALWAYS THAT</p> <p>(a) Such Act during the Period of Insurance results in a claim being first made in writing against the Insured during the policy period as stated in the Schedule.</p> <p>(b) There shall be no liability hereunder for any claim made against the insured for act committed or alleged to have been committed prior to the Retroactive Date specified in the Schedule.</p> <p>For the purpose of determining the Indemnity granted.</p> <p>(a) 'Policy Period' means the period commencing from twelve midnight following the date of acceptance of risk and payment of the premium and terminating at midnight on the expiry date as shown in the Policy Schedule.</p> <p>(b) 'Period of Insurance' means period commencing from retroactive date and terminating on the expiry date as shown in the Policy Schedule.</p> <p>(c) 'Bodily Injury' means death, injury, illness or disease of or to any person.</p>	

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



7	Add-on Cover	None	
8	Loss Participation	0.50% of the Indemnity/ Limit opted for, subject to minimum of Rs.5,000/- and maximum of Rs.1,00,000.	
9	Exclusions	<p>1. No liability shall be attach to the company in respect of</p> <ul style="list-style-type: none"> (a) any criminal Act or any act committed in the violation of any law or ordinance. (b) service rendered while under the influence of any intoxicants or narcotics. (c) third party public liability. (d) cosmetic surgery. (e) claims arising from any directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III LYMPHADENCPATHY ASSOCIATED VIRUS (LAV) or the mutants derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome or condition of a similar kind howsoever it may be named. <p>2. This policy does not cover liability</p> <ul style="list-style-type: none"> (a) assumed by the Insured by agreement and which would have attached in the absence of such agreement. (b) arising out of deliberate, wilful or intentional non-compliance of any Statutory provision. (c) arising out of loss pure financial nature such as loss of goodwill, loss of market etc. (d) arising out of all personal injuries such as libel, slander, false arrest, wrongful eviction, wrongful detention etc. and mental injury, anguish or shock. (e) arising out of fines, penalties, punitive or exemplary damages. (f) directly or indirectly occasioned by happening through or in consequence of war, invasion or act of foreign enemy, hostilities(whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power; (g) directly in directly caused by or contributed by (h) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from the combustion of nuclear fuel. (i) the radioactive, toxic, explosive or other hazardous property of any explosive nuclear assembly or nuclear component of thereof. (j) arising out of genetic injuries caused by x-ray treatment/diagnose with radioactive substances. (k) in respect of professional services rendered by the insured prior to the Retroactive Date in the Schedule. (l) the deliberate conscious or intentional disregard of Insured's technical administrative management of the need to take all reasonable steps to- prevent claims. (m) injury/death to any person under a contract of employment or apprenticeship with the Insured when such injury/death arises out of the execution of such contract. 	Exceptions

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



10	Special Conditions and Warranties (if any)	Not applicable.	
11	Admissibility of Claim	Any event or occurrence that may give rise to a claim under the policy shall be immediately notified to the Policy issuing office.	
12	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none">· Toll free / IVRS number – 1800 425 33 333· Website / Email- https://uiic.co.in/ customercare@uiic.co.in· Contact details of Claims servicing office/Hub.· Turn Around Time (TAT) for claims settlement· Grievance Escalation Matrix is available at United India Insurance Company Ltd. website under Complaints Section.	
13	Grievance Redressal and Policyholders Protection	<ul style="list-style-type: none">a. https://uiic.co.in/en/customercare/grievanceb. IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/c. Insurance Ombudsman – The contact details of the Insurance Ombudsman have been provided as annexure –B of Policy Document	
14	Obligations of the Policyholder	<ul style="list-style-type: none">· To disclose all information correctly sought by the insurer at time of filling the proposal form.· In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately.· Non-disclosure of material information may affect the claim settlement.· Disclosure of other material information during the policy period.	

Declaration by the Policyholder:

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

Place:

Date:

(Signature of the policyholder)