

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



Money Insurance Policy			
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)			
Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Money Insurance Policy	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0026V01202122	
3	Structure	Indemnity Policy	
4	Interests Insured	Money during transit or while secured in safes and strong rooms.	Operative Clause
5	Sum Insured	As opted and mentioned in policy schedule.	
6	Policy Coverage	<p>1. Money in Transit (Section I):</p> <ul style="list-style-type: none"> - Wages, salaries, or petty cash in transit from the bank to the insured's premises, covered from the moment the cash is received until it is disbursed or secured within the premises. - Other funds in transit, whether in the insured's or their authorized employees' personal custody, within a specified period. <p>2. Money on the Insured Premises (Section II):</p> <ul style="list-style-type: none"> - Protection against theft, burglary, and robbery when money is securely stored in a safe or strong room outside business hours. - Money on the premises during business hours is also covered. 	Operative Clause
7	Add-on Cover	NIL	
8	Loss Participation	Deductible as mentioned on policy Schedule.	
9	Exclusions	<ul style="list-style-type: none"> • Shortage of money due to errors or omissions. • Losses caused by employees or third parties involved as principals or accessories in theft or fraud. • Losses occurring when money is not secured in a locked safe outside business hours. • Loss of money from unattended vehicles. • Losses due to war, nuclear risks, or communicable diseases. 	Exclusions (i) to (viii)

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10	Special Conditions and Warranties (if any)	<ol style="list-style-type: none"> 1. MAINTENANCE OF BOOKS AND KEYS : The Insured shall keep a daily record of the amount of cash contained in the Safe or Strong - room and such record shall be deposited in a secure place other than the said safe or Strong room and produced as documentary evidence in support of a claim under this policy . The keys of the Safe or Strong room shall not be left on the premises out of business hour unless the premises are occupied by the insured or any authorized employee of the insured in which case , such keys if left on the premises shall be deposited in a secure place in the vicinity of the safe or strong room. 2. Sum Insured: The Sum Insured should represent the estimated annual turnover, which should not be lesser than the previous years' turnover of money in transit plus 15% the insured has the option of increasing the sum insured as and when required during the currency of the policy. 3. Liability of the Insurer: If at the time of loss, it is found that the actual money is transit has exceeded the sum insured under the policy, no liability shall attach . However, this does not apply to the cash in the premises during business hours. 4. RIGHTS OF RECOVERY : The company shall be entitled in the name of the insured to have the absolute conduct and control of all or any proceedings that it considers necessary for the purpose of tracing and recovering money lost or of securing reimbursement in respect of money lost and the insured shall at the company's expense furnish all such assistance as may reasonably be required by the Company in Connection with such proceedings and the event of any or all of the money being recovered, it shall be imperative upon the Insured to refund to the Company such a proportion of the sum allowed by way of compensation as the amount recovered bears to the total amount of money lost . 	Special Conditions 1 to 4
11	Admissibility of Claim	<p>CLAIMS PROCEDURE: Upon the happening of any event giving rise to or likely to give rise to a claim under this policy, coming to the knowledge of the Insured :</p> <ol style="list-style-type: none"> (a) The Insured shall give immediate notice to the Police and to the policy issuing office of the Company and take all practicable steps to discover the guilty person or persons and to recover the cash lost. (b) The Insured shall deliver to the Company, within fourteen days from the date on which the event shall have come to his knowledge, a detailed statement in writing of the loss. (c) The Insured shall furnish all explanations, vouchers, proof of ownership and other evidence to substantiate the claim and the Company may, if it deems necessary, require corroborative evidence of the statements of the insured or any of the insured's family members or employee/s. 	General 4
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 as mentioned in policy schedule. · Grievance Escalation Matrix is available at United India Insurance Company Ltd. website under Complaints Section. 	
13	Grievance Redressal and Policyholders Protection	<ol style="list-style-type: none"> a. https://uiic.co.in/en/customercare/grievance b. 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 	

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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.	
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Declaration by the Policyholder:

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

Place:

Date:

(Signature of the policyholder)