United India Insurance Company Limited Corporate Identity Number: U93090TN1938G0I000108

Corporate Identity Number: U93090TN1938G0I000108 Registered Office: 24 Whites Road, Chennai – 600014 IRDAI REG NO.545



Plate Glass 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)

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Plate Glass Insurance Policy	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0035V01202122	
3	Structure	Indemnity Policy	
4	Interests Insured	accidental breakage of plate glass	
5	Sum Insured	As opted & mentioned in policy schedule.	
6	Policy Coverage	Protection against accidental breakage of plate glass, including the cost of replacement and repair.	Operative Clause
7	Add-on Cover	Nil	
8	Loss Participation	Deductible as mentioned on policy Schedule.	
9	Exclusions	(i) Fire, explosion, gas heat, war, war-like operations, riot and strike, loot, pillage, flood, storm, earthquake and kindred perils. (ii) Breakage of or damage to frames or frame work of any description unless specifically declared. (iii) Breakage of lettering unaccompanied by breakage or damage of glass. (iv) Breakage of or damage to frames or frame work of any description unless specifically declared. (v) In any action, suit or other proceedings where the Company alleges that by reason of the above Provisions any loss or damage is not covered by this Insurance, the burden of proving that such loss or damage is covered shall be upon the Insured. (vi) Disfiguration' or scratching or damage of glass, other than fracture extending through the entire thickness of glass. (vii) Embossed silvered, lettered, ornamental curve or any glass whatsoever, other than plain and/or ordinary glass quality unless specially declared. (viii) Breakage of glass not completely and securely fixed. (ix) Consequential loss. (x) Nuclear Risks	Exclusions

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10	Special Conditions and Warranties (if any)	 Reasonable care: Insured shall take ordinary and reasonable precautions for the safety of the property insured. Condition of Average: If the actual value of the Insured property at the time of loss is found to be greater than the sum insured, then the claim will be reduced proportionately 	Conditions
11	Admissibility of Claim	The Insured shall upon the occurrence of any event giving rise or likely to give rise to a claim under the policy give thereof to the Company and shall within fourteen (14) days thereafter furnish to the Company at his own expenses detailed particulars of the amount of loss or damage together with such explanation and evidence to substantiate the claim as the company may reasonably require. In the event of the Company replacing the broken glass, all window- fittings or other obstructions to replacement shall be removed by the insured at his own expense. All salvage shall be the property of the Company.	Conditions (6)
12	Policy Servicing - Claim Intimation and Processing	 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	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	
14	Obligations of the Policyholder	 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. 	

<u>Declaration</u> by the Policyholder:

I have read the above and confirm having noted the details.	
Place:	
Date:	(Signature of the policyholder)