United India Insurance Company Limited Corporate Identity Number: U93090TN1938GOI000108 Registered Office: 24 Whites Road, Chennai - 600014 IRDAI REG NO.545



LOSS OF LICENCE POLICY FOR PILOTS

CUSTOMER INFORMATION SHEET

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

Sl	Title	Description	Policy /
No		(Please refer to applicable Policy Clause Number in next column)	Clause Number
1	Product Name	Loss of Licence Group to Pilots	
		Loss of License	
		Loss of License	
		Loss of Licence Group to Pilots	
2	Unique Identification	IRDAN545CP0022V01199900	
	Number (UIN) allotted by	IRDAN545CP0025V01199900	
	IRDAI	IRDAN545RP0042V01199900	
		IRDAN545RP0058V01199900	
3	Structure	State basis of Sum / Limit Insured	
		Fixed Benefit (Where an Insurance Policy pays a	
		fixed amount under the policy on the occurrence	
	latanata lasco I	of a covered event)	
4	Interests Insured	Insured must hold a valid License and Certificate required by law for their accuration.	
		required by law for their occupation.	
		 Proposal and Declaration deemed incorporated and form the basis of the contract. 	
5	Sum Insured	Individual Sum Insured -Where each member has a	
3	Sum insured	separate sum insured under the policy	
		separate sum insured under the policy	
6	Policy Coverage	List and describe each insured Coverage:	
		ITEM 1: Permanent Total Disablement (not due to	
		psychosis, psychoneurosis, or epilepsy): 100% of	
		the Capital Sum Insured.	
		• ITEM 2: Permanent Total Disablement (due to	
		psychosis, psychoneurosis, or epilepsy): 18% of the Capital Sum Insured.	
		ITEM 3: Temporary Total Disablement (not due to	
		psychosis, psychoneurosis, or epilepsy): 2% of the	
		Capital Sum Insured per month for up to 12	
		months.	
		• ITEM 4: Temporary Total Disablement (due to	
		psychosis, psychoneurosis, or epilepsy): 1.5% of the	
		Capital Sum Insured per month for up to 12	
		months.	
		ITEM 5: Legal costs for court proceedings with Insurance Company content, up to INP 2, 000	
		Insurance Company consent, up to INR 2,000.	
7	Add-on Cover	NIL	
8	Loss Participation	No compensation for the first 90 days of	
	•	incapacity.	
		 If the insured dies within 180 days of incapacity, no 	
		further payments will be made.	

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9	Exclusions	 Pre-existing Conditions: No coverage for conditions existing prior to insurance inception unless declared and accepted by the company. War: No coverage for incapacity due to war or actions by the United Nations. Civil Commotion: No coverage for participation in riots or civil unrest. Self-Injury: Excludes self-injury, suicide, or any acts of aggression unless in self-defense. Exceptional Danger: No coverage for deliberate exposure to danger (unless saving a life). Nuclear Risks: No coverage for injuries related to ionizing radiation or nuclear activities. Riding or driving in any kind of a race. Chronic alcoholism or the habitual taking of drugs. The death of the person insured. 	
10.	Special Conditions and Warranties	 Age Limit: Insured must be between 19 and 65 years old at the start of the insurance. Medical Examination: Insured may be required to submit to independent medical examinations. Fraudulent Claims: Any misstatement or concealment will void the insurance. Change of Occupation: Notification required if the insured changes occupation. Cancellation Clause: The retail policyholder can cancel the policy at any time during the term, by informing the insurer. In case the Policyholder cancels the policy, he/ she is not required to give reasons for cancellation. The insurer can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the retail policyholder. The insurer shall - Refund proportion premium for unexpired policy period, if the term of the policy is up to one year and there is no claim(s) made during the policy period.	

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11.	Admissibility of Claim	Immediate notice in writing must be sent to the company at its office noted in the policy of any personal injury, illness, disability including natural deterioration of the person insured for which compensation might become payable under the insurance and the person insured must as early as possible place himself under the care of a duly qualified medical practitioner. When a notice isn't receive with in three calendar months after the occurrence of the personal injury or of the first appearance of the disease or disability including natural deterioration or of the date of commencement of the illness, a fair and reasonable explanation for the delay must be given ,otherwise a claim will not be admitted .Furthermore unless within six calendar months on the date of expiry of this policy due notice in writing has been sent to the company for any personal injury, illness, dieses or disability deterioration for which compensation might become payable no claim will be admitted hereunder.	
12.	Policy Servicing	Please contact your Policy issuing office, details of which are mentioned in your Policy Schedule.	
13.	Grievance Redressal and Policyholders Protection	In case of any grievance, you may contact UIIC through: a. Website: www.uiic.co.in b. Toll Free Number: 1800 425 333 33 c. E-Mail: customercare@uiic.co.in You may also approach the grievance cell at any of our branches with details of the grievance. Alternatively, you may lodge a complaint at the IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) OR approach the Office of the Insurance Ombudsman in your respective Area/Region.	
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. Nomination: 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. 	

Declaration by the Policyholder;

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

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy shall prevail.