

United India Insurance Company Limited

Corporate Identity Number: U93090TN1938G01000108

Registered Office: 24 Whites Road, Chennai – 600014

IRDAI REG NO.545



Public Liability- Non Industrial 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	Public Liability Non Industrial Policy	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0014V01202122	
3	Structure	Indemnity Policy	
4	Interests Insured	Insured will be indemnified against their legal liability to pay compensation including claimant's costs, fees and expenses anywhere in India in accordance with Indian Law.	
5	Sum Insured/ Limit of Indemnity	Any One Accident and Any One Year limits as opted by Insured.	
6	Policy Coverage	Insured will be indemnified against their legal liability to pay compensation including claimant's costs, fees and expenses anywhere in India in accordance with Indian Law.	
7	Add-on Cover	None	
8	Loss Participation	1/4% of AoA limit, subject to a minimum of Rs. 1,000/ and a maximum of Rs. 1,00,000/- .	

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9	Exclusions	<ol style="list-style-type: none">1. Arising out of deliberate, willful or intentional non-compliance of any statutory provision.2. Arising out of loss of pure financial nature such as loss of goodwill, loss of market etc.3 (a) Arising out of all personal injuries, such as libel slander, false arrest, wrongful eviction, wrongful detention, defamation, etc., and mental injury, anguish, or shock resulting there from.3 (b) Infringement of plans, copyright, patent, trade name, trademark, registered design.4. Arising out of fines, penalties, punitive or exemplary damages or any other damaged resulting from the multiplication of compensatory damages.5. Directly or indirectly occasioned by, happening through or inconsequent of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military of usurped power:6. Directly or indirectly caused by or contributed by:<ol style="list-style-type: none">(a) Ionizing radiations or contamination by radioactivity from any nuclear fuel or for much nuclear waste from the combustion of nuclear fuel.(b) The radioactive, toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. This policy does not cover liability for claims arising out of7. The owner-ship, possession of, use by or on behalf of the insured of any motor vehicle or trailer for which compulsory insurance is required by legislation other than the following:<ol style="list-style-type: none">(a) Claims caused by the use or any tool or plant forming part of or attached to or used in connection with any motor vehicle or trailer.(b) Claims arising beyond the limits of any carrier way or through fate caused by the loading or unloading of any motor vehicle/trailer.(c) Claims for damage to any bridge, weight bridge, road or anything beneath caused by the weight of any motor vehicle or trailer of the load carried therein;(d) Claims arising out of any motor vehicle or trailer temporarily in the Insured's custody or control for the purpose of parking.8. Transportation of materials and/or hazardous/dangerous substances outside Insured's premises unless specifically covered.9. The ownership possession or use by or on behalf of the insured of any aircraft, watercraft or hovercraft.10. Damage to property owned leased or hired or under hire purchase or on loan to the Insured or otherwise in the insured's care custody or control other then.<ol style="list-style-type: none">(a) Premises (or the contents thereof) temporarily occupied by the insured for work thereon or other property temporarily in the Insured's possession for work there on (but no indemnity is granted for damage to that part of the property on which the insured is working and which arises out of such work).(b) Employees' and visitor's clothing and personal effects.(c) Premises tenanted by the Insured to the extent that the Insured would be held legally liable in the absence of any specific agreement.11. Injury and/or damage occurring prior to the Retroactive Date in the Schedule. Provided always that in the event of any injury or damage arising	Exclusions (1) to (13)
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		<p>from continuous or continual Inhalation, Ingestion or application of any substance following the covered accident and where the Insured and Company cannot agree when the injury or damage occurred, then.</p> <p>(a) Injury shall be deemed to have occurred when the claimant first consulted a qualified medical practitioner in respect of such Injury;</p> <p>(b) Damage shall be deemed to have occurred when it first became evident to the claimant even if the cause was unknown.</p> <p>12.The deliberate conscious or intentional disregard of the Insured's technical or administrative management of the need to take all reasonable steps to prevent claims.</p> <p>13.Injury to any person under a contract of employment or apprenticeship with the insured when such injury arises out of the execution of such contract.</p>	
10	Special Conditions and Warranties (if any)	Not applicable.	
11	Admissibility of Claim	<p>- Upon occurrence of loss, notice of claim shall be made to the Policy issuing office immediately.</p> <p>Fatal Claims- Submit Claim form, original policy (for cancellation), Investigation report, Death certificate, Postmortem report (Coroner's report/inquest report-B29, Where ever necessary-FIR/Police report).</p> <p>- Payment shall be made to the assignee of the policy. If there is no assignee, payment shall be made to the legal representatives identified- Will/Probate/Succession certificate.</p> <p>Injury/disability claims-</p> <ul style="list-style-type: none"> -Disability/education Grant/Medical Expenses claims -Claim form duly completed -Report of attending doctor -Diagnostic reports (X rays, reports confirming injury) -Original Medical Bills -FIR/Police report wherever necessary -Certificate of Proof of Age of dependents (Education Grant Claims) <p>Claims calculation-</p> <p>In case of Death- Total SI of the policy including cumulative bonus, if any.</p> <p>In case of disability- As per the accessed %ge of disability.</p> <p>Medical expenses if incurred.</p>	
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. 	

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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	<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)