

JANATA PERSONAL ACCIDENT POLICY (GROUP)



UNITED INDIA INSURANCE COMPANY LIMITED

CIN: U93090TN1938GOI000108

CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Group Janata Personal Accident Insurance. Please refer to the policy wordings for detailed terms and conditions..

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	Product Name	GROUP JANATA PERSONAL ACCIDENT POLICY	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0053V01199900	
3	Structure	Fixed Benefit Policy	
4	Interests insured	Any person irrespective of sex, occupation and profession in the age group of 10 to 70 years	
5	Sum Insured / Scope	Rs.25,000/- to 1,00,000/- in multiples of Rs.25,000/-	
6	Policy Coverage (What the policy covers)	a) Accidental Death of the insured – 100% of Sum Insured b) Permanent Total Disablement due to accident- 100% of Sum Insured. c) Total and irrecoverable loss of sight of one eye or one limb due to accident - 50% of the Capital Sum Insured. d) Permanently and totally disabling the Insured from any employment or occupation due to an accident. – 100% of Sum Insured	II. a) II. b) II. c) II. d)
7	Add-on-Cover	Nil	
8	Loss Participation	Nil	
9	Exclusions (What the policy does not covers)	1. Compensation under more than one of the Sub- clause (a). (b), (c) or (d) in respect of same injury or disablement. 2. Any payment in excess of sum insured. 3. Payment of compensation in respect of any disability already existing on the date of commencement of this policy. 4. Payment of compensation in respect of death, injury or disablement of the insured from (a) intentional self-injury, suicide or attempted suicide. (b) Whilst under the influence of intoxicating liquor or drug. (c) Whilst racing on wheels, hunting Big Games Shooting, Mountaineering or hills engaged in winter sports, skiing & ice hockey. (d) Directly or indirectly caused by insanity. (e) Arising or resulting from insured committing any breach of the law criminal intent. 5. Payment of compensation in respect of death, injury or disablement due to a) War, invasion, or Civil war. b) Mutiny, civil commotion, rebellion, or military actions. 6. Payment of compensation in respect of death of or bodily injury caused by radiation or nuclear weapons.	III. 1 III. 2 III. 3 III. 4 III. 5 III. 6

10	Special Conditions and Warranties (if any)	<ul style="list-style-type: none"> The insured must maintain a record of all insured persons and their details. Any additions must be declared and additional premium paid. Unless otherwise agreed, all insured persons are assumed to be free from disabilities or defects that would be covered by the policy. 	IV. 7 IV. 7								
11	Admissibility of Claim	<p>✚ Immediate claim intimation on death / Injury of the insured person to be given to the Insurer and submit all supporting documents for processing the claim.</p> <p>✚ Claim Procedure</p> <ul style="list-style-type: none"> ➤ The Insured must provide satisfactory proof for all claims. ➤ The Company's medical/other agent shall be allowed to examine the Insured for injuries and, in the case of death, to make a post-mortem examination (if necessary). ➤ Required documents must be submitted within 14 days of a written request. ➤ For claims involving loss of sight, the Insured must undergo necessary treatment at their own expense. ➤ Payments for death or permanent total disablement will only be made upon cancellation and discharge of this Policy. <p>✚ The company will not pay any claims that are fraudulent or supported by fraudulent statements.</p>	IV. 1 IV. 2 IV. 4								
12	Policy Servicing – Claim Intimation and Processing	<p>Please contact your Policy issuing office, details of which are mentioned in your Policy Document.</p> <table border="1"> <thead> <tr> <th colspan="2">Turn Around Time (TAT) for claims settlement</th> </tr> </thead> <tbody> <tr> <td>Settlement Offer</td> <td>Upon receiving the final survey report and all necessary documents, a claim settlement offer will be made within 30 days to the insured/claimant.</td> </tr> <tr> <td>Claim Rejection</td> <td>Upon deciding to reject the claim, the reasons will be communicated in writing within 30 days of receiving the final survey report and/or necessary documents.</td> </tr> <tr> <td>Claim Payment</td> <td>Claims will be paid within 5 working days after receiving the discharge voucher from the insured/claimant.</td> </tr> </tbody> </table>	Turn Around Time (TAT) for claims settlement		Settlement Offer	Upon receiving the final survey report and all necessary documents, a claim settlement offer will be made within 30 days to the insured/claimant.	Claim Rejection	Upon deciding to reject the claim, the reasons will be communicated in writing within 30 days of receiving the final survey report and/or necessary documents.	Claim Payment	Claims will be paid within 5 working days after receiving the discharge voucher from the insured/claimant.	
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13	Grievance Redressal and Policyholders' Protection	<p>In case of any grievance, you may contact UIIC through</p> <ol style="list-style-type: none"> Website: www.uiic.co.in Toll Free Number: 1800 425 333 33 E-Mail: customercare@uiic.co.in <p>You may also approach the grievance cell at any of our branches with details of the grievance.</p> <p>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.</p>									
14	Obligations of the Policyholder	<ul style="list-style-type: none"> To disclose all Information correctly sought by the insurer at the 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. 									

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.

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

Place:

Date:

Signature of the Policyholder.