

# KISAN CREDIT CARD HOLDERS (PERSONAL ACCIDENT) INSURANCE



UNITED INDIA INSURANCE COMPANY LIMITED  
CIN: U93090TN1938GOI000108

## CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Kisan Credit Card Holders (Personal Accident) Insurance. Please refer to the policy wordings for detailed terms and conditions.

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	<b>Product Name</b>	KISAN CREDIT CARD HOLDERS INSURANCE POLICY	NA
2	<b>Unique Identification Number (UIN) allotted by IRDAI</b>	IRDAN545RP0024V01199900	NA
3	<b>Structure</b>	Indemnity Policy	NA
4	<b>Interests insured</b>	Kisan Credit Card holders of Bank	
5	<b>Sum Insured / Scope</b>	Rs. 50,000/- (fixed)	
6	<b>Policy Coverage (What the policy covers)</b>	i) Death of the insured (KCC Holders) due to accident: <b>The Capital Sum Insured of Rs. 50,000/-</b> ii) Permanently and totally disabling the Insured from any employment or occupation due to an accident - <b>The Capital Sum Insured of Rs. 50,000/-</b> iii) Permanent Total Disablement due to accident: <b>The Capital Sum Insured of Rs. 50,000/-</b> iv) Total and irrecoverable loss of sight of one eye or one limb due to accident due to accident: <b>50% Of Capital Sum Insured</b>	
7	<b>Add-on-Cover</b>	Nil	
8	<b>Loss Participation</b>	Nil	
9	<b>Exclusions (What the policy does not covers)</b>	(a) Compensation under more than one of the sub-clause (i), (ii), (iii) or (iv) above in respect of same injury / disablement. (b) Any payment for multiple claims cannot exceed the maximum liability specified in sub-clause (i) of this policy. (c) Payment of compensation in respect of any disability already existing on the date of commencement of this policy.	Exclusions - (a) & (f)

		<p>(d) Payment of compensation in respect of death, Injury or disablement of the insured from</p> <p>(a) intentional self-injury, suicide or attempted suicide,</p> <p>(b) whilst under the influence of intoxicating liquor or drugs,</p> <p>(c) caused by insanity,</p> <p>(d) arising out of or resulting from the Insured committing any breach of the law with criminal intent.</p> <p>(e) Payment of compensation in respect of death, injury or disablement due to</p> <p>1) War, invasion, or Civil war.</p> <p>2) Mutiny, civil commotion, rebellion, or military actions.</p> <p>(f) Payment of compensation in respect of death of or bodily injury due to radiation or nuclear weapons</p>	
10	<b>Special Conditions and Warranties (if any)</b>	Nil	
11	<b>Admissibility of Claim</b>	<ul style="list-style-type: none"> <li>✚ Immediate claim intimation on death/Injury of the insured person to be given to the Insurer through Bank and submit all supporting documents for processing the claim.</li> <li>✚ The Insured must provide satisfactory proof for all claims.</li> <li>✚ 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).</li> <li>✚ Required documents must be submitted within 14 days of a written request.</li> <li>✚ For claims involving loss of sight, the Insured must undergo necessary treatment at their own expense.</li> <li>✚ The company will not pay any claims that are fraudulent or supported by fraudulent statements.</li> </ul>	<p>Condition – 1</p> <p>Condition – 2</p> <p>Condition - 4</p>
12	<b>Policy Servicing – Claim Intimation and Processing</b>	Policy issuing office details as mentioned in Policy Schedule	Policy Schedule
13	<b>Grievance Redressal and Policyholders' Protection</b>	<p>In case of any grievance, you may contact UIIC through</p> <p>a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></p> <p>b. Toll Free Number: 1800 425 333 33</p>	NA

		<p>c. E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></p> <p>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 (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>) OR approach the Office of the Insurance Ombudsman in your respective Area/Region or lodge a complaint in Bima Bharosa Portal</p>	
14	<b>Obligations of the Policyholder</b>	<p>To disclose all Information correctly sought by the insurer at the time of filling the proposal form such as Age, Occupation and present disablement if any.</p> <p>Non-disclosure of material information may affect the claim.</p>	

**Note:** 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.